

# A specialized look at the role and the position essay



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Clinical Nurse Specialists (CNSs) are registered nurses (RNs) that have earned an advanced degree in nursing and are essential members of the healthcare team. CNS's are experts in a particular clinical practice and valuable learning resources that help increase quality of care to the health care system. CNSs use clinical expertise and knowledge in the delivery of evidence based nursing interventions in order to provide high quality of care to patients with particularly complicated or multifaceted problems.

The following is a summary of CNS's roles, historical evolution, education and licensure requirements in differing states, as well as the future of the CNS in the healthcare system. CNSs are skilled clinicians who work in dedicated areas of nursing within the healthcare system. They may practice in many different settings including hospitals, clinics, consultations, education, and in research laboratories. Improving patient care and practice standards according to evidence-based outcomes is a major role of the CNS at all healthcare levels.

The CNS has a versatile role that includes providing direct patient care, improving patient outcomes, providing leadership to establish program improvements, and influencing health care delivery services (Hamric, Hanson, & Spross, 2009). The physician shortage in the 1960's increased the need for cost effective care and consequently lead to the advanced degree of the CNS. According to the American Nurses Association, the CNS was formally accepted as an expert who required a master's degree in 1970. The role of the CNS was first developed by the National League for Nursing Education in the 1940's. Today, over 73, 000 RN's are qualified to practice as a CNS (Chitty & Black, 2007). With the sudden increase in technology and

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intricate patient problems facing the healthcare system, the specializations within the CNS role will become even more important.

States such as South Carolina and Mississippi vary in how they define the CNS role and the requirements for licensure. The South Carolina Nurse Practice Act (1976) recognizes CNSs as advanced practice nurses (APNs) who must be licensed RNs and certified in specialties. In South Carolina, CNSs hold at least a Master's degree. They may perform delegated medical acts with physician direction and prescribe medication (South Carolina Nurse Practice Act, 1976).

In Mississippi, CNSs are licensed RNs who provide expert care; a Master's Degree or higher is required. However, Mississippi does not recognize the CNS as an APN (Mississippi Nursing Practice Law, 1972). To challenge state regulations, The National Association of Clinical Nurse Specialists (NACNS) argues that some state guidelines for this role should be modified. The NACNS does not support requirements for CNSs to hold a second license to practice, unless they desire prescriptive rights or perform duties that extend beyond that of an RN.

They do not agree that the APNs should acquire certification in the form of an examination in specialty areas. The NACNS is concerned that certain state guidelines will alter the scope of practice for the CNS role and create obstacles (Lyon, 2003). Hamric's early work for conceptual framework for advanced nursing greatly emphasized the CNS. Hamric, along with minor revisions from Spross and Hanson, proposed a framework that would apply to all APN specialties by combining three primary criteria with seven

fundamental competencies. The first realm contains three primary criteria: Graduate education, certification in a specialty of choice, and practice that focuses highly on patient and family care.

The second realm consists of the seven fundamental competencies: adequate research skills, clinical leadership, collaboration, decision-making skills, adept coaching, guidance and consultation. Without conquering each realm, a CNS would be vulnerable to environmental elements that affect APNs (Hamric, et al., 2009). Hamric's Integrative Model of Advanced Practice Nursing encompasses all the competencies needed to carry out each of the numerous roles of the CNS.

These core competencies include expertise in direct clinical practice, consultation, collaboration, expert coaching skills including guidance, advanced research skills including utilization and evaluation, skills in ethical decision-making, clinical and professional leadership, and proficiency as a change agent (Spross & Lawson, 2009). These competencies are the fundamentals of all advanced nursing professions. CNSs can use Hamric's model to articulate the value of the profession. Clinical, professional, consultative, and collaborative leadership skills are all CNS competencies and attributes.

The central competency in Hamric's model is the direct care of patients and families and appraises all other competencies (Sparacino & Cartwright, 2009). Clinical work incorporated with intermediate and long-term planning to improve patient care is a characteristic that frames the practice of the CNS (Sparacino & Cartwright, 2009). Hamric's model emphasizes the

importance of that type of direct care. Clinical expert care positively influences patient care on a one-to-one basis and improves the entire health care process. CNS preparation into practice includes assumption of the case management role. Hamric's model can aid the CNS in organizing a practice's services and resources.

The model is also a guideline in controlling costs. Thus, powerful roles within the health care practice and managed care can be accomplished. Developing a uniform standard for quality of care with staff nurses is equally important. Because it covers patient, staff, and community education, the educational role of the CNS is a vital component.

Developed skills, understanding of change, expanded knowledge, and trustworthiness all translate into effective nursing. This sequence produces positive consequences: better medical outcomes, improved professional nursing self-image, and overall job satisfaction. By incorporating Hamric's model into practice, the CNS has the ability to cause positive transformation within the health care practice. By 2015, the American Association of Colleges of Nursing (AACN) proposes that the Doctorate of Nursing Practice (DNP) be the entrance degree for APNs. They use the advancement of technology, intricacies in healthcare, and increasing knowledge to support this position.

They reason that with the increase in coursework and clinical requirements for Master's prepared programs, the preparation is more consistent with a higher level degree. The AACN insists that the DNP will align nursing more equally with other professions in healthcare. They also predict that this

initiative will improve patient care outcomes. In addition to studying quality improvement, the AACN highlights other areas of focus for DNP preparation: the framework for advance practice, use of evidence based practice, policy development, technology, and interdisciplinary client care (Position Statement Practice Doctorate, 2004, p. 10).

This proposal will stir many challenges and questions. The NACNS argues that no evidence investigates how this will contribute to patient safety, and that the cost of implementing this change has not been thoroughly examined. The NACNS questions the effect that this may have on Master's prepared APNs and the CNS shortage. (NACNS Board of Directors, 2005). CNSs are valuable to the healthcare team as experts in high quality care.

The CNS role will always play an intricate part in advanced nursing care. Hamric's model is imperative to successful advance nursing practice and patient outcomes. With the rate of change in the healthcare system, organizations like the AACN and NACNS are dedicated to advocating for CNSs and ensuring that they receive adequate preparation and support for the role they will fill in the future of the healthcare team.; ReferencesChitty, K., Black, B., (2007).

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