

# NURSING NOW

ISSUES AND TRENDS IN CANADIAN NURSING

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## Out in Front – Advanced Nursing Practice

Nursing is first and foremost a practice profession in which clinical practice is supported by education, administration and research. At the cutting edge of nursing practice, roles have developed for direct-care providers that are often referred to as “advanced practice.” Such progress in practice, along with advances in education and research, help propel the profession forward. And as the practice of nursing evolves, it is both energized and challenged by registered nurses' whose practice is leading the way.

In recent years, advanced practice in nursing has developed in three general categories: the clinical nurse specialist (CNS); the nurse practitioner (NP); and, a variety of new roles and titles that are often local solutions to specific needs in health care facilities. Many Canadian tertiary hospitals either employ nurses in advanced practice roles or are planning to develop these roles in the future. In addition to CNS and NP, other titles include: expanded role nurse, clinician nurse, neonatal practitioner, physi-

cian's assistant, nurse associate, nursing coordinator, case manager, lithotripsy nurse and transplant nurse.<sup>2</sup>

The titles, roles, and even the term advanced practice are used in many different ways. As a further complication, the word “advanced” is seen increasingly in advertisements for nursing positions and for education programs but it does not always mean the same thing.

New titles and roles for nurses raise both opportunities and concerns in the nursing community. Upon learning about a new nursing role and title, nurses want to know the impact on client care and job opportunity.

In response to requests for clarification on advanced nursing practice, CNA has prepared this resource to answer some frequently asked questions and to foster a discussion that focuses on the evolution of nursing roles to meet the changing needs of clients. CNA is also concerned that all new roles in nursing develop in a way that promotes excellence in client-centred care and in the public's best interest.<sup>3</sup>

*The Canadian Nurse*, November 1996

**Advanced Diploma in Psychiatric Nursing** – Today, registered nurses working in the mental health field are experiencing challenges...the move to the community, the increasing demand for specialized knowledge and skills; and the expanding roles of mental health practitioners...

*The Globe and Mail*, August 1995

**Expanded Role Nurses** – In association with physicians and other health team members, these **advanced** nurse practitioners will function with a high degree of autonomy and responsibility in their respective areas of either Dialysis, Liver Transplant or Renal Transplant. Applications are encouraged from individuals who possess a master's degree in Nursing with a significant clinical specialty component...

*Job Description*

**Nurse Associate – Interventional Cardiology** – To provide interventional cardiology expertise in the assessment, planning, implementation and evaluation of cardiac patients...patient and nursing education...teaching and emotional support to patients and families; participating in cardiac rounds, ambulatory clinics,...research projects...**Advanced** skills... Leadership...

### What is advanced nursing practice?

Advanced nursing practice refers to the role of a nurse working within a specialty area where superior clinical skills and

judgement are acquired through a combination of experience and education. Advanced nursing practice integrates research-based theory with expert nursing in a clinical specialty, and combines the roles of practitioner, teacher, consultant and researcher.

**"...nurses have always expanded and advanced their practice roles to meet the needs of the public..."**

### **Who are advanced practice nurses?**

The CNS is a registered nurse who holds a master's or doctoral degree in nursing with expertise in a clinical nursing specialty.<sup>4</sup> This role has the most consistency across the country. The NP role has been defined by the Ontario Ministry of Health as a registered nurse with additional nursing education to provide services, within the scope of nursing, in all five areas of comprehensive health services (promotion, prevention, cure, rehabilitation and support) and at all levels in the health care system. The services provided in the area of cure (assessment/diagnosis and treatments) overlap between medicine and nursing, and can be safely and effectively given by either a physician or nurse.

Less commonly used titles, developed by institutions include "expanded role nurse," "nurse associate" and "physician's assistant." Unlike the titles "nurse" or "registered nurse," which are protected under provincial or territorial law,<sup>5</sup> these titles are only position or role descriptions and are not protected. Therefore, the development of these roles and the expertise required to carry them out can and do change from one setting to another with both positive (flexibility) and negative effects (inconsistency and confusion).

### **What does advanced nursing practice look like?**

*The Gage Canadian Dictionary* defines advanced as "ahead of most others in progress, ideas, etc." The concept of advanced nursing practice has deep roots in Canada where nurses have

always expanded and advanced their practice roles to meet the needs of the public, beginning with pioneer work in the community and the development of public health nursing.

Today, you can't recognize advanced nursing

practice by how seasoned the practitioner is or by the setting where the practice takes place. The nurse's use of medical knowledge and diagnostics won't tell you for certain, either. When it is identified, advanced nursing practice exhibits both the confidence that comes with years of experience and an ongoing curiosity that keeps it dynamic. It reflects and involves the whole range of human emotional, physical, mental and cultural responses to health and illness within a particular clinical nursing specialty. In advanced nursing practice, nursing assessments and actions are explained in plain language to the client by a nurse who can in turn, explain case requirements to colleagues in terms of supporting theory and research. In this role, the nurse teaches other practitioners, applies or conducts research, shows leadership in policy development, and makes innovations to health care systems and to nursing practice.

### **Is advanced practice more than specialty practice?**

Being an expert-by-experience in a specialty is not on its own sufficient for advanced nursing practice. In advanced nursing practice, the nurse makes use of scientific theories drawn from nursing and other disciplines, as well as current research, which enables her/him to identify and articulate the reason for selecting nursing actions. Advanced knowledge and education are also needed so that the nurse can draw, not only on considerable personal experience, but on the experience and research of the profession as a whole. The understanding of recent theory allows the nurse to contribute to knowledge development and to be involved in advancing the profession.

**What kind of specialty experience should be required?** It is generally held that the specialty experience required for advanced nursing practice should be in clinical practice. For example, the foundation of the CNS role is advanced clinical practice even though it includes components of research, education, consulting and leadership.

Since some nurses specialize as educators, administrators or researchers, there are nurses with advanced education in the functional specialties of education, research and administration. This discussion, however, is focused on advanced nursing practice roles that include a direct-care component.

**How does certification fit in?** CNA offers a certification program that provides a clinical credential in a growing number of clinical specialties. A nurse can be eligible for CNA certification based solely on experience in the specialty or on a combination of experience and post-basic education. While this program provides an opportunity for nurses to have their expertise acknowledged, it does not differentiate advanced practice from competence and experience in a specialty. Therefore, nurses in both basic and advanced practice in the same specialty field may hold the certification credential.

### **What level of education should be required?**

Nurses are practising in new and changing roles with various credentials. In different parts of the country, nurses are taking advanced clinical courses in their post-RN baccalaureate degree programs, or in specialty certificate courses such as outpost nursing courses and Northern clinical programs, and many other forms of post-basic courses.

Although the Nurse Practitioners Association of Ontario recommends that NP education should be at the master's level, Ontario NP programs have been developed to build on basic nursing education. Ontario university schools of nursing offer a 12-month certificate program for degree nurses and a 24-month degree program for diploma nurses.

With the exception of the CNS, most professional nursing associations in Canada

do not have firm positions on the educational requirements for advanced nursing practice. Some have decided not to establish guidelines on advanced nursing practice, allowing for a flexible and creative evolution of practice.

However, all agree that a CNS should have a master's or doctoral level education in nursing.<sup>6</sup>

There is also strong agreement among nursing academics, with support from some nursing groups, that a graduate degree in nursing, either master's or doctoral, is necessary for all forms of advanced nursing practice. A formal graduate degree program is valued because it covers the growing theoretical base of nursing, promotes the incorporation of new knowledge into the nurse's practice, and evaluates and documents the nurse's achievement. Graduate degrees also provide a credential that can be evaluated for equivalency throughout the world.

So there is consensus that advanced nursing practice requires education that goes beyond the basic, but not all groups agree on whether it should consist of post-basic courses or whether it must be a graduate degree.

### Is it nursing or is it medicine?

When governments and institutions develop advanced practice roles, it is often to replace or support medical personnel. Part of the movement to develop NPs in Canada stemmed from a shortage of physicians or the desire to replace them with a less costly service.<sup>7</sup> Today, NPs, nurse associates and extended role nurses carry out some medical functions in the health clinics, general practice or acute care settings where they work.

It's important to remember that nursing has struggled to be recognized as a profession separate from medicine, with its own theory, knowledge and practice. It is also important to the autonomy of the profession and to the individual nurse to understand how nursing differs from medicine. But in day-to-day work, caring and curing overlap, as do the practices of nursing and medicine. Many functions are shared.

Some view advanced nursing practice as a combination of advanced nursing skills and functions traditionally considered medical, resulting in better, more coordinated client care. Taking a person's temperature and blood pressure were formerly medical procedures. No doubt some of the medical functions of today, such as diagnostic tests and prescribing medications and referring to specialists, will be part of general nursing practice in the future.

A nurse can incorporate shared functions into practice, whether in basic practice or in advanced nursing practice. **It is not the addition of functions from another profession, but the application of advanced nursing knowledge itself that makes nursing practice advanced.**

### Do we need new laws to protect the public?

For advanced practice nurses working entirely within the scope of nursing – for example, most clinical nurse specialists – the existing nursing legislation and standards of practice provide comprehensive protection of the public. Nursing legislation across Canada is built on professional responsibility and accountability. All practitioners are responsible for their own actions and **must not** act beyond their individual level of competence and preparation.

Where nurses in an extended role take on additional functions or competencies shared with other regulated professions there are two main approaches to regulation: a) the delegation of authority using established protocols for the delegation, or b) new legislation for a special category of nurse.

**Is special licensure or registration needed?** Some countries, such as the United States, have special categories of licensure for advanced practice nurses, while others, such as the United

Kingdom, choose not to regulate advanced practice in this way so as not to stifle progress and innovation.

So far in Canada, the regulation of nursing practice, including new nursing roles, has been maintained mostly through a system of initial registration/licensure by examination, followed by reliance on professional responsibility and accountability for acting within one's competence and, as the need arises, on disciplinary investigation and action. Recent developments in two provinces have added a special registration dimension to the nursing regulatory framework.

### Legislating a new role in Ontario.

Ontario has legislation to regulate 13 health care activities determined to be potentially dangerous to the public. The *Regulated Health Professions Act* allows registered nurses to perform three of these controlled acts: procedures below the dermis or mucous membrane; administering a substance by injection or inhalation; and, putting an instrument, hand, finger, beyond an opening in the body.

The College of Nurses in Ontario is proposing to create an Extended Class of registration to support the NP role. This would allow nurses in the Extended Class to perform three additional controlled acts: communicate a diagnosis; prescribe drugs; and, order the application of energy (for defibrillation and diagnostic ultrasound). This development coincides with support from the Ontario Ministry of Health for the NP program in Ontario universities.

**Legislating a new role in Alberta.** In 1995, Alberta's *Public Health Act* was amended to authorize registered nurses to provide extended health services in underserved areas. These designated registered nurses will focus on population

#### POINTS OF CONSENSUS

- expertise in a specialty
- education beyond basic
- combines roles of practitioner, teacher, consultant, researcher
- provides leadership and innovation

#### POINTS OF DEBATE

- clinical and functional specialties
- graduate degree vs other education
- includes functions from other professions
- necessity for special licensure/registration

health while providing extended services including diagnosis and treatment of common disorders in adults and children, referrals and emergency services. In this role, nurses will also prescribe drugs and order tests.

The amended legislation addresses functions that are shared with physicians, pharmacists and other service providers. It does not address advanced nursing practice specifically.

The Alberta Association of Registered Nurses is establishing an extended practice roster for qualified nurses. Requirements are: 1) a baccalaureate in nursing, 2) three to five years experience, 3) an approved program preparing them to provide extended health services, 4) a demonstrated expertise in their practice area, and, 5) personal qualities congruent with the responsibility.

### **Is there increased professional liability for the nurse?**

If nurses working in advanced nursing practice positions carry out their role within the provincial/territorial nursing legislation, the nature of the professional liability will be the same as in any basic nursing role. Nurses should be aware, however, that taking on responsibilities usually carried out by a physician or other professional can result in nurses being held to a higher standard of practice. Instead of being compared to what **any reasonable and prudent nurse** would do, the nurse's actions will be measured against what a nurse **or other profession-**

**If you are thinking about working in a new nursing position, look carefully at how the role was developed and by whom.**

### **al carrying out that same role** would do.

Nurses working in advanced nursing practice roles provide care to clients in complex situations, therefore face an increased risk of liability. Allegations of breaching the standards of care, however, can

happen to any nurse, anywhere and is one reason that nurses have professional liability protection.

### **Is it right for you?**

If you are thinking about working in a new nursing position, look carefully at how the role was developed and by whom. New nursing roles need to be developed through negotiations with the government agencies, employers and professional regulatory bodies responsible for health service to the public. Because these organizations are mandated to protect the public, they should ensure new roles are supported by appropriate regulation, additional education, and ongoing mechanisms of consultation for individual practitioners.

## **RESOURCES FOR NURSES CONSIDERING ADVANCED NURSING PRACTICE:**

- ✔ Consult your provincial or territorial nursing association for relevant documents on the scope of nursing practice, advanced nursing practice, nurse practitioners and clinical nurse specialists.

- ✔ See CNA's Directory of Associate and Affiliate Members for specialty group information found on the internet at [www.cna-nurses.ca](http://www.cna-nurses.ca)
- ✔ Contact the Canadian Clinical Nurse Specialist Interest Group (CCNSIG) (c/o CNA) for membership information and documents of interest.
- ✔ Ask the Canadian Association of University Schools of Nursing (CAUSN) for information about continuing education and degree programs. Found on the internet at [www.causn.org](http://www.causn.org)

- ✔ Contact local community colleges about post-basic specialty courses.
- ✔ The Canadian Nurses Protective Society (CNPS) can discuss issues of liability related to advanced nursing practice. Nurses who are members of participating professional associations are eligible for professional liability protection from CNPS for incidents that arise out of the provision of nursing services. Telephone: 1-800-267-3390.

(Members of the Registered Nurses Association of British Columbia [RNABC] have liability protection through the RNABC Captive Insurance Corporation. Contact RNABC at 604-736-7331 or 1-800-565-6505.)

- ✔ Contact the nursing libraries of associations, colleges and universities, and CNA's Helen K. Mussallem Library for literature under headings such as advanced nursing practice, nurse practitioner, and clinical nurse specialist.
- ✔ Contact the CNA Certification Program at 1-800-450-5206.

<sup>1</sup> Subsequent use of "nurse" refers to registered nurse.

<sup>2</sup> Dunn, K. and Nicklin, Wendy (1995). The status of advanced nursing roles in Canadian teaching hospitals. *Canadian Journal of Nursing Administration*, January/February, pp. 111-135.

<sup>3</sup> Canadian Nurses Association (1995). *Vision Statement: CNA's vision of nursing*. Ottawa: CNA.

<sup>4</sup> Canadian Nurses Association (1993). *Policy Statement: Clinical nurse specialist*. Ottawa: CNA.

<sup>5</sup> In Canada, nursing is regulated by professional legislation that defines, describes and controls the practice of nursing. As a self-regulating profession, the responsibility for regulation is usually granted to a professional body by the legislation. This responsibility usually rests with the provincial or territorial nursing association, although in Ontario, there is a separate college for this purpose. The nursing regulatory bodies specify the details of how legislation is applied. (Canadian Nurses Association [1993]. *The scope of nursing practice: A review of issues and trends*. Ottawa: CNA, pp. 10-12.)

<sup>6</sup> Canadian Nurses Association (1993). *Policy Statement: Clinical nurse specialist*. Ottawa: CNA.

<sup>7</sup> Canadian Nurses Association (1993). *The Nurse Practitioner: A discussion paper*. Ottawa: CNA.

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Additional references are available upon request.

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