

Clinical Nurse Specialist and Advanced Nurse Practitioner roles in Emergency Departments

The development of specialist and advanced practice roles in Ireland is part of the strategic development of the overall health service and is taking place in the context of contemporary health and social policy, the requirements of population health and the service planning process. National policy documents such as the *Report of the Commission on Nursing* (Government of Ireland 1998) and the national health strategy *Quality and Fairness: A Health System for You* (DoHC 2001) recommend the development of specialist and advanced nursing practice posts within the framework of the National Council.

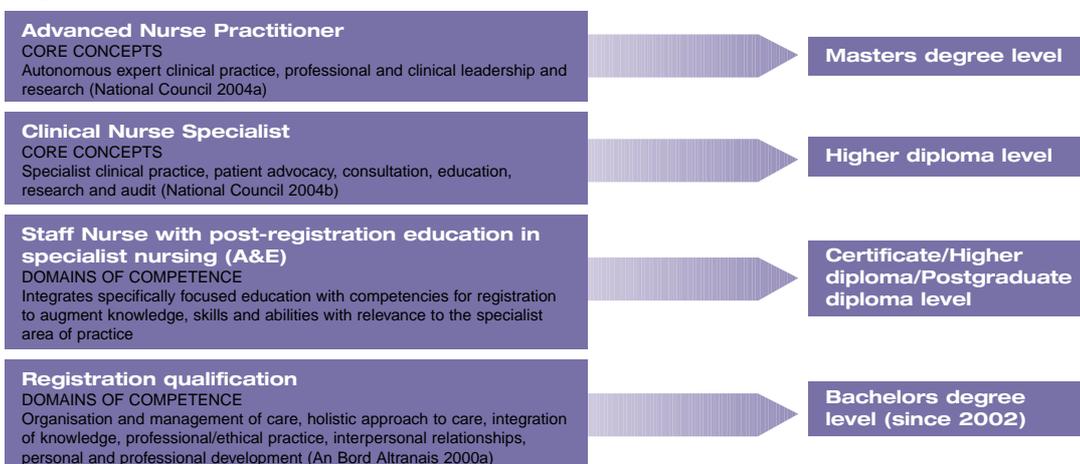
Part of the mission of the National Council is to provide guidance to the health services on development of nursing practice to meet emerging patient/client needs. This position paper aims to address the specific implications related to specialist and advanced practice in emergency nursing.

The National Council welcomes and supports the development of specialist and advanced practice in emergency nursing and has initiated and formalised the processes, by developing frameworks for the establishment of Clinical Nurse Specialist/ Clinical Midwife Specialist (CNS/CMS) and Advanced Nurse Practitioner/ Advanced Midwife Practitioner (ANP/AMP) posts. There are 1,662 CNS/CMS and 24 ANP posts approved by the National Council to date. In 2003 the National Council completed a review of CNS posts in Ireland (National Council 2003) and is currently conducting a research study evaluating the role of the ANP.

Key issues relating to specialist and advanced practice roles

- The clinical career pathway enables nurses to continue to practice in the clinical practice setting while allowing them to increase their levels of responsibility, develop skills and expertise beyond that of a generalist nurse.
- The CNS and ANP are distinct roles. Levels on the clinical career pathway are defined by the scope of practice, levels of clinical decision-making, educational preparation, responsibility and subsequent autonomy attached to the roles (see figure 1).
- Research indicates that positive outcomes can be achieved through the development of specialist and advanced practice nursing roles such as enhanced service provision, improved staff retention, increased patient satisfaction and a positive contribution to the delivery of quality care and population health (OECD 2004). There is therefore, an enormous opportunity for nursing roles to actively contribute to the health agenda particularly in areas such as emergency services.

Figure 1 Clinical career pathway



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Practice and education capacity in specialist and advanced practice emergency nursing care

There has been flexibility and innovation in the development of a number of roles to meet patient/client needs in the emergency department. Table 1 outlines specialist and advanced practice posts approved by the National Council working within emergency services in Ireland. Outcomes associated with these roles are shorter waiting times, increased patient satisfaction, improved health education for patients (Small 1999, Dunne 2001, Keenan 2002). There is a need for the development of further posts such as these throughout the country. There are other groups of patients/clients, such as older people who present to emergency departments with particular needs that could be responded to by CNS and ANP roles.

Table 1 Specialist and advanced nursing practice posts working within emergency services

Post	Title	Number
ANP	Emergency	15
CNS	Emergency respiratory care	2
CNS	Chest pain assessment	9
CNS	Minor Injuries	3
CNS	Crisis intervention liaison posts (psychiatry)	4
CNS	Mental health liaison	6

An overview of specific education programmes available in Ireland, to support emergency nursing practice, at higher /graduate diploma and Masters level is detailed in Table 2. These programmes have developed through partnership between 3rd level institutions and service. This has ensured a more regionalized approach facilitating participants to undertake advanced level supervision in local services. The continued and further development of these education programmes is dependent on need arising from service.

Table 2 Education Programmes - for emergency nursing

Title of Course/Module	Third-Level and Other Institution(s)	Number of Nurses Participating/Completed
MSc in Nursing -Advancing Clinical Skills Module: Clinical Diagnostic Skills for ANP in Emergency Nursing <i>(Module can be taken on a stand-alone basis if candidate has already completed a master's degree in nursing)</i>	Trinity College, Dublin, with St James's Hospital	5 participating 13 completed
MSc in Nursing (Advanced Practice Module)	University College, Dublin	2 participating 1 completed
Master of Health Sciences	National University of Ireland, Galway	3 participating
		Average Annual Intake
Higher/Graduate Diploma in Specialist Nursing (A&E)	<ul style="list-style-type: none"> • National University of Ireland, Galway • Royal College of Surgeons • St Angela's College, Sligo • University College, Cork • University College, Dublin • University of Dublin, Trinity College • Letterkenny Institute of Technology • Waterford Institute of Technology 	6-7 6-7 4 10 30 (2 programmes) 13 2-4 4

An approach to identifying the need for CNS and ANP roles in Emergency Care

The following questions should be asked when assessing the need for CNS and/or ANP roles in emergency departments.

- Needs assessment - what gaps are there in the current care delivery system that could be addressed through the enhancement of nursing roles?** Regional and local demographics and epidemiology including public health data, HIPE (Hospital In-patient Enquiry) and case mix data, throughput in emergency departments, service gaps, waiting times and quality of care should be reviewed.
- What is the skill mix currently available?** Is it appropriately based on the case-load? Managers of emergency departments should consider the particular needs of their departments in the context of skill mix of staff available, i.e., nursing, medical, support staff and allied health professionals. What are the competencies needed (ie, by all personnel) to provide the care required?
- Are CNS and/or ANP roles required?** Crucial factors in determining specialist and advanced nursing practice include the level of decision-making and responsibility the post-holder will have rather than the nature or difficulty of the tasks to be undertaken. Nursing knowledge and experience should continuously inform the nurse's decision-making process. The extent of clinical decision-making should be appropriate to the level of practice, i.e. specialist or advanced practice, the educational preparation and the competencies of the individual nurse.
- What level of education and training is required to enable the introduction of new nursing roles?** When considering what a CNS or ANP can offer in meeting the health care needs identified, cognisance should be given to the core clinical competencies required for CNS and ANP roles (see table 3). These will indicate the level of education and training needed.
- What supports are necessary for new nursing roles?** Job descriptions, protocols and guidelines should reflect the scope of practice and provide a clear indication of the level of autonomy in practice expected of a CNS and ANP.
- Who will provide the clinical lead for expanded nursing roles?**
Two models for consideration are an ANP or Emergency Consultant. This should be decided, based on the nature of the nursing practice and the resources available to the department. It is anticipated with the expected proliferation of ANP roles in emergency departments that increasingly ANPs will provide clinical leadership for expanded nursing roles.

Table 3 Core clinical competencies for CNS and ANP roles (National Council 2004)

CNS	ANP
Articulates and demonstrates the concept of nursing specialist practice within the framework of relevant legislation, eg, the <i>Scope of Nursing and Midwifery Framework</i> (An Bord Altranais 2000b) and the <i>Code of Professional Conduct</i> (An Bord Altranais 2000c)	Articulates and demonstrates the concept of nursing advanced practice within the framework of relevant legislation, eg, the <i>Scope of Nursing and Midwifery Framework</i> (An Bord Altranais 2000b) and the <i>Code of Professional Conduct</i> (An Bord Altranais 2000c).
Possesses specially focused knowledge and skills in a defined area of nursing or midwifery practice at a higher level than that of a staff nurse/midwife.	Demonstrates advanced clinical decision-making skills to manage a patient/client caseload
Performs a nursing assessment, plans and initiates care and treatment modalities within agreed multidisciplinary protocols to achieve patient/client-centred outcomes and evaluates their effectiveness.	Performs comprehensive health assessment, plans and initiates care and treatment modalities to achieve patient/client-centred outcomes and evaluates their effectiveness, initiating and terminating a care episode.
Identifies health promotion priorities in the area of specialist practice.	Identifies health promotion priorities in the area of clinical practice.
Implements health promotion strategies for patients/client groups in accordance with public health agenda	Implements health promotion strategies for patient/client group in accordance with the public health agenda
	Accepts accountability and responsibility for clinical decision-making at advanced practice level through caseload management for patients/clients.
	Uses professional judgment to refer patients/clients to nurses, midwives, healthcare professionals and healthcare agencies.

What is the difference between a CNS and an ANP service in an emergency department?

In determining service need with respect of skill mix, the primary consideration should be the level of clinical decision-making required for the post. Other factors will contribute to the decision-making including the anticipated client caseload, the level of support available from the multidisciplinary team, availability of resources and the expertise, skill and educational level of the nursing workforce.

Table 4 gives an example of a clinical episode for a CNS and ANP role in emergency. The areas of practice specified are not exhaustive.

Table 4 Examples of clinical episode CNS and ANP

Clinical Nurse Specialist

Following formal triage the CNS may select a patient from an agreed caseload. The caseload may include patients with uncomplicated minor injury, surgical, respiratory, cardiac, mental health conditions or other. The CNS performs focused assessment of relevant clinical condition. The CNS will initiate investigations and holistic care based on his/her findings and initiate continuous monitoring of patient/client responses to interventions while liaising with an identified clinical lead. Decision-making regarding the definitive management and further care of the patient is shared by the CNS and clinical lead (or clinical link). The ultimate decision to conclude an episode of care will rest with the clinical lead who may be an ANP, or Emergency Consultant (or designated clinical link such as a Registrar in Emergency Medicine). Patient assessment and management by the CNS is based on specific education and clinical experience in relation to a defined area of practice. Continuing clinical support and clinical supervision is provided by an ANP or Consultant in Emergency Medicine.

Advanced Nurse Practitioner

Following formal triage the ANP may select a patient from an agreed caseload. The caseload includes more complex conditions, illnesses, or injuries than those managed by the CNS. The ANP will accept referred patients who fall within the agreed scope of ANP practice from CNS, self referred, medical staff and professions allied to medicine.

The ANP will elicit a full history and carry out a comprehensive physical examination. The ANP will formulate a working diagnosis and initiate investigations and holistic care based on patient history and physical assessment. The ANP will initiate continuous monitoring of patient responses to interventions and treatments and through interpretation of investigation results will formulate a definitive diagnosis and plan of management for each patient. The decision to refer the patient for further specialist care immediately (for advice or admission), to out-patient clinics or discharge home thus concluding a complete episode of care, rests with the ANP. Clinical judgment and decision making carried out by the ANP is based on expert knowledge, specific education and vast clinical experience grounded in the art and science of nursing, on-going clinical support, and peer review is provided by other ANPs and the Consultant in Emergency Medicine.

CNS services are offered at a clinical decision making level beyond that of staff nurse and provide specialist nursing practice to a discrete group of clients within a defined scope of practice working closely with the multidisciplinary team. Autonomy in decision-making is within agreed protocols.

ANP services provide autonomous caseload management with high levels of clinical decision-making and while they work within the multidisciplinary team they have a greater level of autonomy than CNSs. ANPs also provide leadership in the area of clinical practice through development of service and practice and through progressing the research agenda. This has potential not only to greatly effect the quality of patient care on a day to day basis but to impact on the practice of other members of the multidisciplinary team including nurses and to continually develop the practice setting in response to patient need (See table 5).

Table 5 Clinical Decision making of staff nurse, CNS and ANP role in Emergency Care

Staff Nurse	CNS	ANP
<p>Undertakes nursing assessment and devises and implements nursing care plan for all patients in the emergency department. Prioritises patient activity level using standard triage tool. Implements prescribed treatment plan, monitors and evaluates patient response to interventions as a member of the multidisciplinary team.</p>	<p>Performs focused assessment for particular patient groups and provides expanded nursing care. Initiates assessments and treatments within agreed parameters – works closely with the clinical lead i.e. an ANP or Emergency Consultant in making decisions regarding client/patient episode of care.</p>	<p>Is responsible for case management, of particular patient groups, which includes comprehensive patient assessment, independent management of specific client/patient needs. Has the ability to admit or discharge the patient and autonomously conclude an episode of care. Provides clinical leadership, clinical supervision and support to CNS, staff nurses and members of multidisciplinary team.</p>

The way forward

The National Council supports the development of enhanced nursing roles in the emergency department. Such roles will greatly improve the service offered to patients/clients. Careful consideration must be given to appropriate implementation of these roles in order to maximise their potential. In line with international standards clarity and consistency around job titles, definition of roles and educational preparation ensures that the public and health professionals understand the level of care to expect and the knowledge and competence that the nurse possesses. The frameworks for CNSs and ANPs are now in place and the numbers approved show the success of the robust processes. This is a direct result of the recommendations of the *Report of the Commission on Nursing* (Government of Ireland, 1998).

A number of factors that support the development of CNS and ANP posts exist. These are:

- The National Council CNS and ANP frameworks have provided the templates and processes to utilise in developing CNS and ANP posts. The staff of the National Council are available to support services in the development of roles.
- *Scope of Nursing and Midwifery Practice Framework* (An Bord Altranais 2000b) supports nurses in determination, review and expansion of their scope of practice. Scope of practice is defined as *'the range of roles, functions, responsibilities and activities which a registered nurse is educated, competent and has authority to perform'*. The framework acknowledges the evolving roles of nurses and differentiates between the terms expansion and extension favouring the former. Furthermore it highlights the principles and values that should underpin role development and expansion. These in turn inform the standard of practice for which nurses are accountable.
- The development of robust and dedicated education programmes for specialist and advanced nursing practice approved by An Bord Altranais underpinning the standard of care.
- In relation to medications management nurses may be authorised to supply medications to patients/clients without the requirement of an individual prescription, provided they satisfy the specific criteria outlined in a written protocol. Responsibility for the procedures and controls that are applicable to medication protocols rests with the individual hospital, local policies and guidelines must be created to support the development and implementation of any medication protocols for patient/client care (An Bord Altranais News 2004).

Areas requiring development include:

- The introduction of nurse prescribing is currently being considered by a national project being conducted under the auspices of the National Council and An Bord Altranais. This development is critical to support CNS and ANP roles (see www.ncnm.ie or www.nursingboard.ie) for further details and
- A national and local approach to provide the support necessary for nurses to request x-rays. Legislation exists to allow practitioners designated by the Minister to request ionizing radiation (S.I. 478 2002, section 2c). The implementation of this in relation to nursing is currently being considered by the Department of Health and Children.

Conclusion

This timely position paper reviews progress to date, identifies key components of role development for specialist and advanced nursing practice within an emergency context and outlines areas that require further development in order to enhance service. A focused needs assessment for managers is provided. It is envisaged that this paper will assist opportune and appropriate progress of such posts. The National Council welcomes discussions with service providers and nurse managers of emergency areas with regard to specialist and advanced practice. The National Council will continue to provide seminars, open days, telephone, web and email support and site visits to progress post development.

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