

Clinical Nurse Specialist and Advanced Nurse Practitioner Roles in Intellectual Disability Nursing

POSITION PAPER

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*National Council for the
Professional Development
of Nursing and Midwifery*

*An Chomhairle Náisiúnta d'Fhorbairt
Ghairmiúil an Altranaís agus
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Introduction

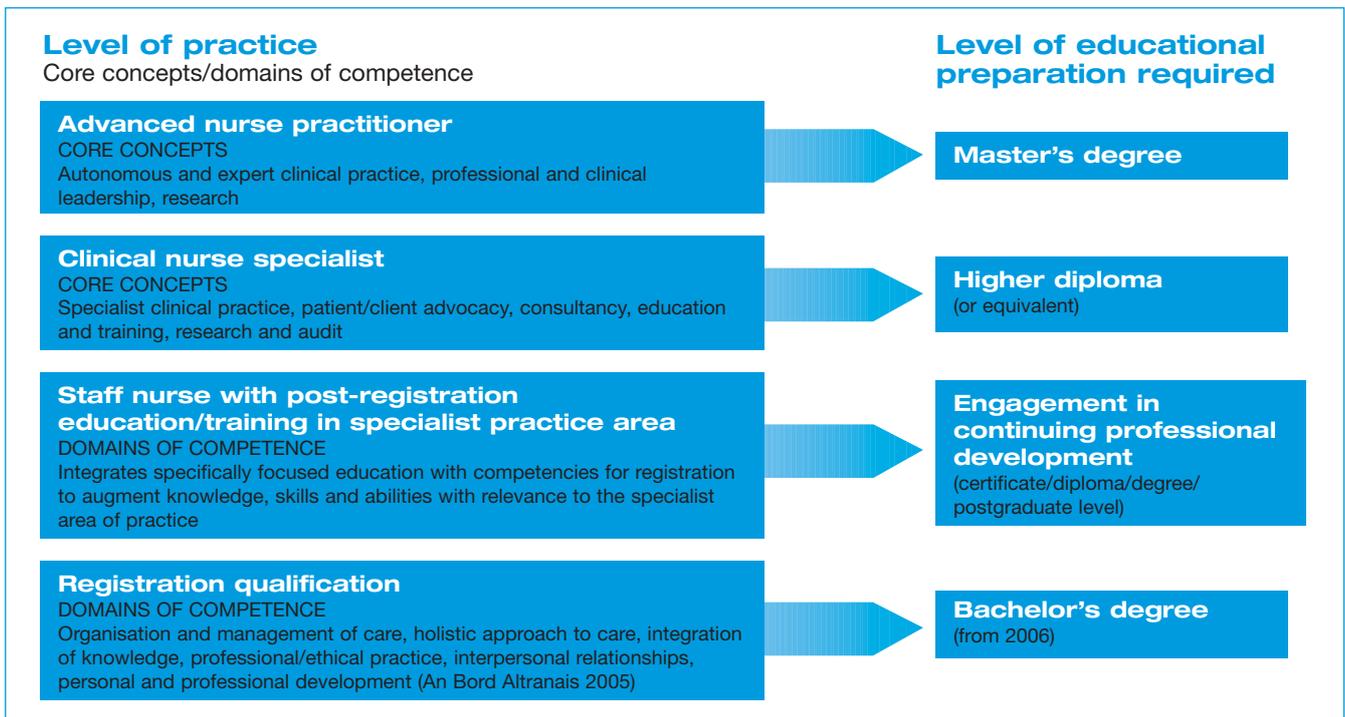
The development of specialist and advanced practice roles in nursing in Ireland is part of the on-going strategic development of the health service as a whole. This role development is taking place against a backdrop of evolving health and social policy, changing population health needs, increasing participation of the public in policy and service development and the service planning process.

One strand of the National Council's mission is to provide guidance to the health services on development of nursing practice to meet emerging patient/client needs. The National Council therefore welcomes and supports the development of clinical nurse specialist and advanced nurse practitioner posts in intellectual disability (ID) nursing. This position paper aims to assist ID services considering the introduction of such posts by addressing the implications of specialist and advanced nursing practice specific to ID nursing.

Background: Clinical Nurse Specialist and Advanced Nurse Practitioner Posts

Since the publication of the final report of the Commission on Nursing (Government of Ireland 1998) the clinical career pathway for nurses and midwives has been adopted enthusiastically throughout the Irish health system. Its development has been facilitated by reference to clear definitions and core concepts for clinical nurse/midwife specialist (CNS/CMS) and advanced nurse/midwife practitioner (ANP/AMP) posts, and by precisely stated levels of practice and corresponding levels of educational preparation required for these posts (National Council 2001a, 2001b; see Figure 1). To date 1,828 CNS and CMS and 48 ANP posts have been approved by the National Council. The growth in the numbers of CNSs and ANPs and the development of the clinical career pathway have been facilitated by a number of factors within nursing and midwifery; postgraduate education and the health system have also enabled the clinical career pathway to flourish (see An Bord Altranais 2000; Department of Health and Children 2001; An Bord Altranais and National Council 2005).

Figure 1. Clinical Career Pathway: Levels of Practice and Corresponding Educational Preparation



Specialist and Advanced Practice in Intellectual Disability Nursing

The respective roles of CNSs and ANPs are distinguished by their scope of practice, educational preparation and levels of clinical decision-making, responsibility and autonomy.

Clinical nurse specialist roles

As of September 2006, the National Council had approved 118 CNS posts in ID services around the country. The key practice areas and/or client groups indicated by the post titles are:

- challenging behaviour and behaviour management (26 posts)

- community nursing (26 posts, including one in early services)
- early intervention (16 posts)
- creative, recreational and diversional activation (9 posts)
- autism spectrum disorders (6 posts, including two with client groups of specific ages)
- health promotion with or without intervention (6 posts, including one concerned with mental health promotion)
- older people with intellectual disabilities (4 posts, including one concerned with health promotion)

Other practice areas indicated by the post titles are alternative and augmentative communication, complementary therapies, continence promotion, epilepsy and health promotion, feeding and nutrition, infection control, mobility, palliative care, personal development and therapeutic programmes, physical disability and special needs, sensory integration, supported living, and vocational rehabilitation. These practice areas and client groups are broadly similar to those previously identified by the National Council (National Council 2003) and others (Department of Health and Children 2002; Eastern Regional Health Authority 2004).

An examination of the demographic profile of people with intellectual disabilities, of clients/service-users, and of trends in social attitudes to disability, disability service models and service provision should assist in the identification of appropriate new posts and in the development of existing posts; this may apply to ANP posts too (see Box 2 below and the section on identifying the need for CNS and ANP roles in ID services).

Box 2. Profile of People with Intellectual Disabilities in Ireland in 2005

- 24,917 people registered on the National Intellectual Disability Database (NIDD) (prevalence rate - 6.36 per 1,000 population)
- Administrative prevalence rate for mild ID: 2.16 per 1,000
- Prevalence rate for moderate, severe and profound ID: 3.72 per 1,000
- 24,078 people with an ID in receipt of services (97% of total population registered on the NIDD)
- Proportion of people with moderate, severe and profound ID in 2005: 47% (increase from 29% in 1974)
- 15,827 children and adults with ID (64%) live at home with parents, sibling, relatives or foster parents
- More than 25% of people with moderate, severe and profound ID and over the age of 35 live in home settings, but will require formal supervised living arrangements

Source: Barron S. & Mulvany F. (2005) *Annual Report of the National Intellectual Disability Database Committee 2005*. Health Research Board, Dublin.

Advanced nurse practitioner posts

A lifespan stage approach (i.e., the child, the adolescent, the adult and the older adult) has been proposed as one model for the development of advanced practice in ID nursing in Ireland (DoHC 2002). It is also likely that ANP posts in ID services will develop in response to identified needs within these services and in such areas as profound and multiple disabilities, challenging behaviour, autism spectrum disorders and mental health (Northway et al 2006). Interest in ANP posts has been expressed informally by nurses in a small number of ID services, and at the time of writing there is one project being undertaken with the support of the National Council focusing on the site preparation and development of a job description for an ANP in the area of behaviour management.

Educational preparation for clinical specialist and advanced practice roles

In order to meet the National Council's criteria, CNS post-holders are required under the intermediate pathway to be "educated to higher diploma level or equivalent" or to "undertake a contractual agreement to obtain a relevant higher diploma or equivalent" (National Council 2004a, p8); ANP post-holders are required to be "educated to master's degree level (or higher)" and their educational preparation must include "a substantial clinical modular component(s) pertaining to the relevant area of specialist practice" (National Council 2004b, p11). A wide variety of areas have been identified in which nurses working in ID services have specialised, some of which are reflected within the range of postgraduate nursing education programmes currently offered by schools of nursing in the third-level education sector.

The various schools of nursing have indicated to the National Council that courses offered in the past and/or on offer in the academic year 2006-2007 and aimed specifically at nurses working ID services include care of the older person with ID, dementia care, challenging behaviours and community ID nursing. Some of the schools of nursing have also indicated that all their nursing programmes are being developed so that nurses can choose from a range of optional modules. In a number of cases the masters' degree programmes offered are generic (i.e., containing modules considered to be relevant to all branches of nursing) with opportunities to undertake specialised modules in theory and/or clinical practice. As ANP posts in ID nursing should be developed in response to service-users' need, the education providers and the ID services may be required to consider how nurses wishing to meet the requirements for an ANP post can gain access to and complete substantial clinical and other modular components pertaining to the relevant area of their specialist practice (National Council 2004b).

An Approach to Identifying the Need for CNS and ANP Roles in Intellectual Disability Services

Service planners in ID services should give consideration to the demographics and health of their clients/service-users when identifying the need for CNS and/or ANP posts (National Council 2005a). Trends in service usage indicate that there is a clear relationship between level of disability, age and the type of service, with day services attended by younger people with less severe ID and residential services by adults with a moderate, severe or profound level of ID (Barron and Mulvany 2005).

In terms of the health of people with an ID, it is now well established that their health needs are greater and more complex and often present differently from those of the general population (NHS Quality Improvement Scotland 2006). Specific conditions are associated with people with an ID and require additional consideration by service providers (Royal College of Nursing 2006; Atherton 2006). Furthermore, people with an ID are more likely to have communication impairments which affect their own and others' ability to recognise any deterioration in health status and contribute to inequalities in their health care (Atherton 2006).

In tandem with the increasing evidence emerging internationally around the health needs of people with an ID, many ID services are aiming to provide a social model of service for their clients. In this context ID nurses can become "agents of social inclusion" (Gates 2006) and work to ensure that service-users' health needs are addressed sufficiently within both specialised ID services and mainstream services. It may be apt and opportune for ID services to develop CNS and/or ANP posts that can address the particular health needs of their clients and in a manner that complements the ideals of the social model of disability and service provision (Northway et al 2006).

Assessing the Need for a CNS and/or ANP Post

When assessing whether or not a CNS and/or ANP post would be appropriate to their service, service planners and other interested parties might start by referring to the *Service Needs Analysis for Clinical Nurse/Midwife Specialist and Advanced Nurse/Midwife Practitioner Posts* document (National Council 2005a). The following questions may also be of assistance.

- What are the specific health needs and other of clients/service-users?
- What specialised competencies, skills and knowledge are required to meet the physical and mental health care and health promotion, behaviour management, and other needs of clients/service-users and their families?
- What specialised nursing and related competencies, skills and knowledge are required to meet these needs?
- Do nurses working in this service possess these specialised nursing and related competencies, skills and knowledge? If so, to what extent?
- What levels of autonomy and expertise should a CNS and/or ANP have in relation to clinical and other decision-making?

Is a CNS required in this service to:

- Implement health promotion strategies for clients/service-users in accordance with the public health strategies and with ideological trends in service provision for people with an ID?
- Enable clients/service-users, their families and carers to participate in decisions about their health and other needs?
- Articulate and represent clients'/service-users' interests in collaboration with the multidisciplinary/interdisciplinary team?
- Implement change in health and related services provided by this organisation in response to clients'/service-users' identified needs?
- Provide mentorship, etc, for other nurses and health and social care workers in this organisation?
- Educate clients/service-users, their families and carers, and the wider community in relation to their specialised health and related care needs?
- Identify and integrate nursing and other evidence into health and related care practice?
- Initiate, participate in and evaluate audits of nursing, health and related care practice?
- Contribute to service planning and budgetary processes?
- Provide leadership in clinical, nursing, health and related care practice?
- Generate and contribute to the development of clinical, nursing, health and related care standards and guidelines?
- Use specialist knowledge to support and enhance generalist nursing and interdisciplinary practice?

Is an ANP required in this service to:

- Carry out comprehensive and/or specific health and other related assessments and diagnostic procedures?
- Prescribe and provide appropriate treatment, care and interventions in response to clients'/service-users' identified needs?
- Lead innovations in clinical, nursing, health and related care practice in order to enhance standards of care?
- Facilitate service and multi-professional practice developments based on relevant research, clinical and other audit and educational activity?
- Provide new and additional health and related services, in collaboration with other health and social care professionals in response to identified needs?
- Participate in and develop educational programmes for nursing and other health and social care staff within the organisation and the wider community?
- Provide supervision and mentoring to other nurses and health and social care staff?
- Contribute to annual service reports and service plans in the interests of high-quality care and service provision?
- Identify nursing and other relevant research supporting best practice in relation to clients'/service-users' specific needs?
- Identify research priorities?
- Integrate nursing and other relevant research into clinical, nursing, health and related care practice?
- Initiate, co-ordinate and conduct clinical, nursing, health and related research and audit?

One further question is: could a CNS and/or ANP post be set up as a joint appointment with another service (National Council 2005b)?

Box 3 below shows the key areas for consideration by planners when determining the need for CNS and ANP roles (National Council 2005a); some additional considerations for ID services have been included. It is by no means an exhaustive list and should be underpinned by the local service planning process.

Box 3. Determining the Need for CNS and ANP Roles: Key Areas and Considerations for Intellectual Disability Services

Key Areas	Considerations for Intellectual Disability Services
Epidemiology or Disease Patterns	<ul style="list-style-type: none"> • Number of clients/service-users • Breakdown of numbers by age, presenting conditions particularly associated with ID (e.g., epilepsy, other health risks) • Incidence and/or prevalence of conditions • Increasing or decreasing patterns of diseases or conditions, e.g., dementia in people with Down's syndrome • Epidemiological clusters
Population Health/ Demographics	<ul style="list-style-type: none"> • Information from established sources, e.g., National Intellectual Disability Database, National Sensory and Physical Disability Database, International Association for the Scientific Study of Intellectual Disabilities • Local health statistics • Global trends • Ageing population with intellectual disabilities and concomitant physical and mental health problems • Birth rate of infants with genetic disorders; developmental disorders in children born pre-term • Life expectancy

Key Areas	Considerations for Intellectual Disability Services
Hospital/Service/ Organisation Data	<ul style="list-style-type: none"> • Numbers and rates of admissions (including emergency/respice admissions; source/route of admissions; etc) • Type/area of service to which clients are admitted • Length of stay • Waiting times for admission • Other clinical nurse specialist or advanced nurse practitioner posts, where applicable • Results of audit of measurable outcomes of existing clinical nurse specialist or advanced nurse practitioner posts • Other audit data
Relevant Health and Social Policy Documents	<ul style="list-style-type: none"> • <i>National Disability Strategy</i> (Department of Justice, Equality and Law Reform 2004) • <i>Draft National Standards for Disability Services</i> (National Disability Authority and Department of Health and Children 2004) • <i>Guidelines on Person-Centred Planning in the Provision of Services for People with Disabilities in Ireland</i> (National Disability Authority 2005) • Equality and disability legislation • Reports and other documents by advocacy groups for people with intellectual and other disabilities • Various national health strategy documents
Geographic Context	<ul style="list-style-type: none"> • Types of services available in the locality or region (e.g., voluntary or public; special pre-school, community group homes, intensive placement for challenging behaviour, etc) • Multi-agency working/sharing of services; joint appointments (National Council 2005b) • Regional posts; joint appointments
Additional Supporting Evidence	<ul style="list-style-type: none"> • Evidence from the national and international literature demonstrating the benefits of clinical nurse specialist and advanced nurse practitioner roles • Workforce planning data including reviews of skill-mix • Clients'/service-users' expectations of the service • Perceived contribution of the clinical nurse specialist or advanced nurse practitioner to the care of clients/service-users
Other Factors Affecting Service Needs Analysis	<ul style="list-style-type: none"> • Entire service planning process and prioritisation of services for development • Facilities for the clinical nurse specialist or advanced nurse practitioner to maintain and develop existing and future competencies • Availability of appropriate education programmes and continuing professional development activities such as higher diploma and/or master's degree programmes. This may require consultation with third-level education institutions and centres of nurse education • Philosophical approaches to and trends in the provision and delivery of care to and services for people with intellectual disabilities and their families, e.g., social model of disability and social inclusion, implementation of the social model of service provision, and multidisciplinary person-centred planning

Conclusion

This paper has demonstrated the progress made to date in the development of the clinical career pathway in nursing and midwifery in Ireland. In particular it has focused on factors affecting the clinical career pathway in ID nursing as well as illustrating how the supporting documentation provided by the National Council might be used by nurses and managers working in ID services who wish to determine and articulate potential appropriate CNS and ANP roles.

CNS posts have already been established in areas first proposed by the Department of Health and Children and these areas provide a firm basis for future development. At this time, service providers may now wish to give consideration to CNS and ANP posts that complement the aims of social inclusion, address the specific health needs of people with an ID and promote enhanced access to and within mainstream health services.

The National Council is keen to support service providers and nurses wishing to establish CNS and ANP posts. The particular challenges facing service providers wishing to establish CNS and ANP posts include working with the third-level education sector and other education providers to arrange suitable preparation for potential post-holders. Some components of this preparation may have to be undertaken in collaboration with other disciplines. Furthermore, where an organisation is providing services for small numbers of clients, it may be a more effective use of resources to create a joint appointment across agencies (National Council 2005b) or a regional post as has happened with nursing practice development co-ordinator posts.

In order to promote the clinical career pathway for nurses working in ID services, the National Council welcomes discussions with service providers and nurses working in ID services in order to provide further assistance, and will continue to provide seminars, open days, telephone, e-mail and web support, and site visits to promote the development of CNS and ANP posts.

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