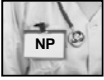



**Advanced Practice Registered Nurse:  
What Skill Set Do You Need?  
Does It Matter?**

Session C836, 2015 National Magnet Conference®  
October 8, 2015 2:15 p.m. – 3:15 p.m.

Marygrace Hernandez Leveille, PhD, RN, ACNP-BC<sup>1</sup>  
Sonya Flanders, MSN, RN, ACNS-BC, CCRN<sup>2</sup>  
Kathleen Shuey, MS, RN, ACNS-BC, AOCN<sup>1</sup>  
Sandy McCoy, MSN, RN, FNP-BC<sup>3</sup>

Baylor University Medical Center at Dallas, Dallas, TX<sup>1</sup>  
Baylor Scott & White Health, Dallas, TX<sup>2</sup>  
Northstar Healthcare Surgery Center - Dallas, Dallas, TX<sup>3</sup>

Images: Thinkstock

---

---

---

---

---

---

---

---

**Overview**

---

- ✦ Research project – Strong Model
- ✦ Present study overview and results
- ✦ Highlight two of the APRN roles
  - Nurse Practitioner (NP)
  - Clinical Nurse Specialist (CNS)
- ✦ Recommendations for future practice

---

---

---

---

---

---

---

---

**Background**

---

- ✦ Multi-hospital system
- ✦ Hospital-based Advanced Practice Registered Nurses (APRN) within the Dep. of Nursing
  - CNSs
  - NPs
- ✦ APRN practice varies depending on role, job, position requirements
  - Population based vs. geographically based vs. specific clinical focus
  - ± prescriptive authority
- ✦ Practice variation - difficult to succinctly describe what APRNs are & do

---

---

---

---

---

---

---

---

## Scope

### ✦ United States

- 158,348 NPs<sup>1</sup>
- 69,000+ CNSs<sup>2</sup>

### ✦ Texas<sup>3</sup>

- 9432 NPs
- 3414 CRNAs
- 1408 CNSs
- 363 CNMs

### ✦ Baylor Health Care System (BHCS)

- 29 APRNs



1 US Department of Health & Human Services, 2010  
2 National Association of Clinical Nurse Specialists, n.d.  
3 Texas Board of Nursing, 2011

## Review of Literature

### ✦ Strong Model (Ackerman, Norsen, Martin, & Kitzman, 1996)

- Patient centric model with five APRN practice domains
  - Direct comprehensive care
  - Education
  - Research
  - Support of systems
  - Publication and professional leadership
- Varying levels of experience: novice to expert



### ✦ Follow up study (Ackerman & Mick, 2000)

- Eighteen APRNs (NP = 12; CNS = 6)
- Self ranked level of expertise using practice domains
- CNSs ranked selves higher in all practice domains
- NPs placed greater value on tasks related to direct care
- CNSs ranked education, research, leadership more important
- Conclusions:
  - CNS and NP roles are different
  - Model reflected CNS practice more than NP practice

## Review of Literature, cont.

### ✦ Role clarity (Gardner, Chang, Duffield, 2007)

- Examined practice of 9 APRNs in 3 Australian hospitals
- Concluded Strong Model representative of subjects' practice

### ✦ Expert panel to validate content depicting role (Chang, Gardner, Duffield, & Ramis, 2010)

- Expert panel of Australian nurses, not limited to APRN
- Concluded model useful in defining core activities; could be used to help with appropriate utilization, adoption and evaluation of roles

### ✦ Professional development and mentoring needs (Doerkson, 2010)

- 14 hospital based CNSs and NPs in Canada
- Findings indicate need for ongoing professional development and mentoring across all practice domains

## Study Purpose

### ✦ Purpose:

- Differentiate roles of CNSs and NPs in various BHCS hospital clinical settings

### ✦ Research Question:

- Is there a difference of BHCS employed CNSs and NPs in the five domains of the Strong Model of Advanced Practice?

## Methods

### ✦ Non-experimental, exploratory, descriptive on-line survey

### ✦ Invitation sent via internal email to the 29 APRNs employed by BHCS

### ✦ Setting

- Non-profit organization, Dallas-Fort Worth Metroplex

### ✦ Sample

- Non-probability convenience sample

## Survey

### 5 domains 41 questions

#### a. Direct comprehensive care

1. Conduct and document patient history and physical examination.
2. Assess psychosocial, cultural, and religious factors affecting patient needs.
3. Make a medical diagnosis within specialty scope of practice and practice guidelines.
4. Identify and initiate required diagnostic tests and procedures.
5. Gather and interpret assessment data to formulate plan of care on the

13. Coordinate interdisciplinary plan for care of patients.
14. Collaborate with other services to optimize patient's health status.
15. Facilitate efficient movement of patient through health care system.

## Research Team



### ✦ Primary Investigator

- Marygrace Leveille, PhD, RN, ACNP-BC

### ✦ Co-Investigators

- Sonya Flanders, MSN, RN, ACNS-BC, CCRN
- Sandy McCoy, MSN, RN, FNP BC, CBN
- Kathleen Shuey, MS, RN, ACNS-BC, AOCN

---

---

---

---

---

---

---

---

## Subjects

### ✦ Inclusion criteria

- Currently employed CNS or NP in selected BHCS facilities
- Male or female
- Age 18 or older
- Willing & able to give informed consent

### ✦ Exclusion criteria

- Non-BHCS employed CNSs & NPs
- CRNAs
- CNMs



Image: Thinkstock

---

---

---

---

---

---

---

---

## Nurse Practitioner Role



Image: Thinkstock

---

---

---

---

---

---

---

---

### Areas of Focus/Certification for NPs

- ✦ Adult-Geriatrics
- ✦ Family
- ✦ Acute Care
- ✦ Psych-Mental Health
- ✦ Woman's Health
- ✦ Neonatal



Image: Thinkstock

---

---

---

---

---

---

---

---

### Nurse Practitioner History




---

---

---

---

---

---

---

---

### NP History Timeline

"How NP Obtained Provider Status", John Michael O'Brien, American J. Health System. 2003, 60 (22) and AANP, Historical Time Line, [www.aanp.org](http://www.aanp.org)

- ✦ **1950-1960s**
  - Physicians began training nurses
  - Physicians more specialized (8% primary care)
  - Shortage primary care physicians
- ✦ **1965**
  - Medicare/Medicaid increase demand primary care service
  - Loretta Ford & Henry Silva created 1<sup>st</sup> training for NPs at University of Colorado

**\*\*Opposition from physicians and nurses\*\***

---

---

---

---

---

---

---

---

## Loretta Ford 2013



## Major Influences on the NP Role

- + **2008** - Gov. Accounting Office report NPs fastest growing group of primary care providers
- + **2008** - Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education
  - Framework to increase APRN role and improve health outcomes in US
- + **2010** - Robert Wood Johnson Foundation Initiative on the Future of Nursing at the IOM
  - "Remove Scope of Practice Barriers" "Practice to full extent of their education and training"
- + Each state regulates NP scope of practice
  - 21 states and the District of Columbia allow NP full autonomy to practice according TNP

## Role Responsibilities Comparisons for Strong Model\*

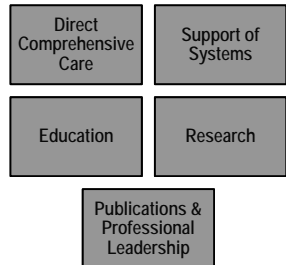
- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>+ <b>NP</b></p> <ul style="list-style-type: none"> <li>• Provide health &amp; medical care for diverse populations of primary, acute &amp; long term care.</li> <li>• Direct practice of Nursing &amp; Medicine</li> <li>• Primary function to provide direct patient care including medical practice whether delegated or autonomous</li> <li>• Teach pts, family, groups</li> <li>• Usually in outpatient settings but when in hospital settings serves on committees to implement change</li> <li>• Educated through program for prescriptive authority</li> </ul> | <p>+ <b>CNS</b></p> <ul style="list-style-type: none"> <li>• Expert in defined area of a selected clinical area of nursing</li> <li>• Direct Practice of Nursing Education: mentor, educator of staff &amp; pts (Consensus Model changing role)</li> <li>• Functions as consultant to staff, research, change agent</li> <li>• Assess pts, nursing personnel, organization, networks, and intervene by participating in multidisciplinary activities, designing &amp; evaluating programs of care</li> <li>• Usually in hospital settings</li> <li>• Requires additional education for prescriptive authority however, many are adding to program</li> </ul> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

\*Texas Nurse Practitioners

\*National Association for CNS  
\*Society for CNS Education

## Strong Model

The 5 domains applied to NPs




---

---

---

---

---

---

---

## Direct Comprehensive Care

- ✦ Assess, examine, treat, perform procedures either in clinics or offices
- ✦ Order & interpret labs & diagnostic studies
- ✦ Prescribe & order medications
- ✦ Family planning services
- ✦ Healthcare during pregnancy
- ✦ Health risk evaluation
- ✦ Psychological counseling
- ✦ Coordination of health care services
- ✦ Consult & refer as necessary

---

---

---

---

---

---

---

## Support of Systems

- ✦ Consult with colleagues & physicians regarding patient care
- ✦ Participate in QI projects
- ✦ Participate in strategic planning for facility/organization
- ✦ Serve as a leader in initiating or updating policies & procedures
- ✦ Advocating for the role of the NP by serving on committees & educating physicians, administration, & colleagues.

---

---

---

---

---

---

---

## Education

- ✦ Teach patient & families specifics of their care
- ✦ Serve as a mentor/preceptor to NP students & new NP employees
- ✦ Provide in-services to the staff within the facility & at present at local and state NP chapters
- ✦ Educate legislators on the role of NP to try to get legislation passed to broaden the scope of practice

---

---

---

---

---

---

---

## Research

- ✦ Participate in research projects
- ✦ Incorporate research findings into policy & procedures
  - (e.g. LMWH\* for DVT prevention)
- ✦ Conduct research pertinent to your practice:
  - NPs more likely on how they are saving money or how they can make money
  - Unless they work with a physician that does research or a teaching facility

\*LMWH = low molecular weight heparin

---

---

---

---

---

---

---

## Publication & Professional Leadership

- ✦ Letters to the editors
- ✦ Letters to the legislators
- ✦ Submitting articles in magazines
- ✦ Chair committees in the organization
- ✦ Run for local or state leadership positions
- ✦ Talk with legislators
- ✦ Testify before the State House or Senate on Nursing Issues
- ✦ Serve on local Boards

---

---

---

---

---

---

---






---

---

---

---

---

---


---

---

## Clinical Nurse Specialist

---

- ✦ CNS graduate preparation
  - 1954
- ✦ Expert clinicians with a nursing practice specialty
  - populations, settings, diseases, type of care, or specific problem



Walker, J., et al. (2003). Clin Ns Spec.  
[www.nacns.org/html/cns-facts.php](http://www.nacns.org/html/cns-facts.php)  
 Image: Thinkstock

---

---

---

---

---

---

---

---

## CNS Areas of Certification


---

**Current**

- ✦ Acute/ Critical Care
- ✦ Adult Health\*
- ✦ Adult-Gerontology
- ✦ Psych-Mental Health
  - Adult
  - Child/Adolescent
- ✦ Pediatric
- ✦ Neonatal

**Retired**

- ✦ CNS Core
- ✦ Diabetes Mgmt
- ✦ Gerontological
- ✦ Home Health
- ✦ Public/Community Health



<http://www.nursecredentialing.org/certification.aspx#specialty>  
<http://www.aacn.org/dm/mainpages/certificationhome.aspx?menu=certification>

Image: Thinkstock

---

---

---

---

---

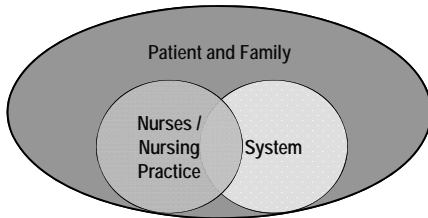
---

---

---

## Clinical Nurse Specialist

### ✦ Spheres of influence



<http://www.nacns.org/html/cns-faqs.php>  
<http://www.nacns.org/docs/NACNS-Statement.pdf>

## CNSs and Prescriptive Authority

### ✦ 2014 Clinical Nurse Specialist Census

- 1 in 4 CNSs has authority to prescribe medications



<http://www.nacns.org/docs/CensusInfographic.pdf>  
<https://www.ncsbn.org>  
 Image: Thinkstock

## Strong Model

The 5 domains applied to CNSs



## CNS – Direct Comprehensive Care

Perform  
specialty-  
specific  
procedures



Medical  
Diagnosis

Collaborating with  
other services



Consultant for  
patient care &  
nursing  
practice

---

---

---

---

---

---

---

---

## CNS – Support Systems



Serve as  
a mentor

Direct and  
participate in  
QI



Advocate for the  
role of the APRN




---

---

---

---

---

---

---

---

## CNS – Research

Conduct,  
facilitate, and/or  
participate in  
clinical research



Recommend policy changes  
on the basis of research




---

---

---

---

---

---

---

---

## CNS – Education

Identify learning needs...development of education programs and resources



---

---

---

---

---

---

---

## CNS – Publication & Professional Leadership



Disseminate nursing knowledge through presentation or publication at local, regional, national, and international levels

Serve as a resource or committee member in professional organizations



---

---

---

---

---

---

---

## CNS Practice is VERY Diverse

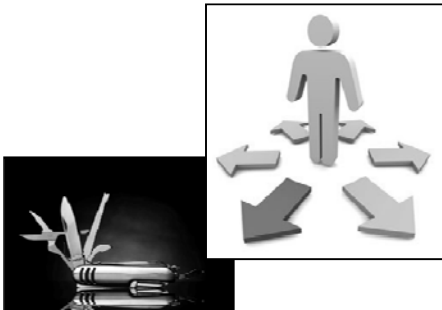


Image: Thinkstock

---

---

---

---

---

---

---

## Back to OUR Study



Image: Thinkstock

---

---

---

---

---

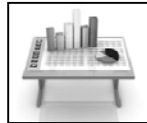
---

---

---

## Statistical Analysis

### ✦ Descriptive Statistics



### ✦ Fisher's Exact test

- to determine if there are non-random associations between two categorical variables (CNS/NP group)

Image: Thinkstock

---

---

---

---

---

---

---

---

## Demographics

22/29 respondents

	CNS (%)		NP (%)		Total (%)	
Age	N		N		N	
20-29	0	0.00	2	16.67	2	9.00
30-39	5	50.00	2	16.67	7	31.82
40-49	1	10.00	3	25.00	4	18.18
50-59	3	30.00	3	25.00	6	27.27
60+	1	10.00	2	16.67	3	13.64
Gender						
Female	9	90.00	10	83.33	19	86.36
Male	1	10.00	2	16.67	3	13.64
Race						
Caucasian	9	90.00	10	83.33	19	86.36
Asian	0	0.00	2	16.67	2	9.09
African American	1	10.00	0	0.00	1	4.55
Ethnicity						
Hispanic	0	0.00	3	25.00	3	13.64
Non-Hispanic	10	100.00	9	75.00	19	86.36
Mean (Min, Max)						
Length of Experience as RN (years)	20.5	(7.0, 49.0)	21.17	(7.0, 44.0)	20.85	(7.0, 49.0)
Length of Experience as APN (years)	9.0	(2.0, 25.0)	4.89	(0, 19.0)	6.76	(0, 25.0)

---

---

---

---

---

---

---

---



## Recommendations

### ✦ Clear understanding of:

- Job description
- Goals
- Outcome measures




---

---

---

---

---

---

---

---

## Recommendations

### ✦ Resources available for APRN success

### ✦ Support Systems



### ✦ Research and Continuing Education

### ✦ Dissemination

Image: Thinkstock

---

---

---

---

---

---

---

---

## Invest in your investment!

### Questions & Comments

Thank you

M. Leveille [Marygrace.Leveille@baylorhealth.edu](mailto:Marygrace.Leveille@baylorhealth.edu)

Sonya Flanders [sonyaf@baylorhealth.edu](mailto:sonyaf@baylorhealth.edu)

Sandy McCoy [tsmac5@twc.com](mailto:tsmac5@twc.com)

Kathleen Shuey [Kathleen.Shuey@baylorhealth.edu](mailto:Kathleen.Shuey@baylorhealth.edu)

---

---

---

---

---

---

---

---