
P O S I T I O N S T A T E M E N T

Advanced Practice Nursing

The Nurses Association of New Brunswick (NANB) believes increased numbers of advanced practice nurses (APNs) should be integrated into the healthcare system as a means of reducing costs to the system, improving the use of resources in healthcare and to improve health outcomes for clients/patients.

APNs have a graduate degree in Nursing and use critical thinking in analyzing and applying clinical knowledge, nursing theory and research (CNA, 2014). In New Brunswick, two APN roles are recognized: the nurse practitioner (NP)¹ and the clinical nurse specialist (CNS).

The APN exercises a high degree of independent judgement. They provide client-centered care across the health continuum and throughout the client's lifespan, including: health promotion, disease and injury prevention, curative, supportive, rehabilitative and palliative care. The APN is a member of the interdisciplinary health team and may practise in a variety of settings including, but not limited to: hospitals, community health centres, schools, work sites, family practice offices and nursing homes. They engage in reflective practice and support others in this process, through clinical supervision or mentoring.

Both the CNS and the NP possess the leadership skills to lead within healthcare, including the facilitation of care-teams. They are also educated to conduct or assist in research, and to interpret and apply research into practice.

¹ The title nurse practitioner or NP is a protected title, meaning individuals not on NANB's NP register are not permitted to use the NP title.

Clinical Nurse Specialist (CNS):

A CNS is an RN with a graduate degree in Nursing (Masters or PhD), who has an advanced level of knowledge in a specific clinical specialty of healthcare, (i.e., gerontology, cardiology, perinatal & emergency). The CNS has advanced skills in analyzing and integrating evidence into care delivery for a specific client or population, resulting in the development of nursing knowledge and the promotion of excellence in clinical practice, (CNA, 2014; McMaster University, n.d.).

The CNS role encompasses five components:

Clinician — provides an advanced level of nursing care by conducting detailed assessments, creating care plans and intervening in complex care situations.

Consultant — uses expertise in their clinical specialty to support and provide clinical direction to all stakeholders (e.g., regulated nurses, policy makers and other health-care professionals) and to promote positive client outcomes.

Educator — promotes and engages in the utilization of evidence-informed practices; educating clients, nurses, students and other health-care professionals.

Researcher — participates in research, disseminating findings and assisting with knowledge transfer to the healthcare team, ensuring that their practice applies evidence-based care most effectively.

Leader — promotes the advancement of their specialty and provides clinical leadership as an agent of change in their clinical practice and policy-level system changes (CNA, 2018).

Nurse Practitioner (NP)

In New Brunswick, an NP is a registered nurse (RN) who has completed a masters-level nurse practitioner program in primary health care, also known as family all ages (NANB, 2018). NPs are authorized to assess and diagnose a disease or disorder and communicate the assessment or diagnosis to the client; order and interpret screening and laboratory tests; select, prescribe and monitor the effectiveness of medications; and order the application of forms of energy (*Nurses Act, 2002*). NPs work collaboratively with their clients to establish measurable goals and identify gaps in health outcomes.

The principles of primary health care are foundational to NP practice, therefore, in addition to their role in clinical care, NPs provide leadership and collaborate with multiple stakeholders to improve health outcomes at the individual client, community and population health levels.

Research concludes that greatly reduced health-system costs and improved client outcomes result where APNs are practising. Examples of such positive findings include: improved client health status; improved satisfaction of received care by patients and their families; lower hospital admissions; improved access to primary care; fewer emergency-department visits and therefore reduced wait times; shorter lengths of stay; fewer readmissions; improved levels of clinical practice amongst the nursing team; and improved health-system functioning (CNA, 2012; Staples & Pierazzo, 2016).

References

Canadian Nurses Association. (2012). *Strengthening the role of the clinical nurse specialist in Canada* (Background Paper). Ottawa: Author.

Canadian Nurses Association. (2014). *Pan Canadian Core Competencies for the Clinical Nurse Specialist*. Ottawa: Author.

Canadian Nurses Association. Retrieved on January 18th, 2018 from:
<https://cna-aiic.ca/en/professional-development/advanced-nursing-practice/clinical-nurse-specialists>

McMaster University. (n.d.) *The Clinical Nurse Specialist: Getting a good return on healthcare investment*. Retrieved January 30th, 2018 from:
https://fhs.mcmaster.ca/ccapnr/documents/onp_project/CNS_Brief_final.pdf

Nurses Association of New Brunswick. (2002). *Nurses Act*. Fredericton: Author.

Nurses Association of New Brunswick. (2018). *Standards for the Practice of Primary Healthcare Nurse Practitioners*. Fredericton: Author.

Nurses Association of New Brunswick. (2016). *Entry-Level Competencies for Nurse Practitioners*. Fredericton: Author.

Staples, E. & Pierazzo, J. (2016). Outcomes evaluation and performance assessment of advanced practice nursing roles. In E. Staples, S. Ray, & R. Hannon (Eds.), *Canadian perspectives on advanced practice nursing* (pp. 274-284). Toronto: Canadian Scholar's Press.