

Standards

CARNA College & Association of
Registered Nurses of Alberta

Standard for the Use of the Title “Specialist” in Registered Nurse Practice

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Approved by the College and Association of Registered Nurses of Alberta (CARNA)
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Introduction

In the spring of 2005 an amendment was made to the *Health Professions Act* (HPA) (2000) in Alberta to protect the use of the title “***specialist***”¹. According to HPA in section 128(11):

No regulated member shall use the term “specialist” or hold himself or herself out to be a specialist in connection with providing a health service unless the regulated member is authorized to use the term “specialist” by a Schedule in this Act or by a regulation made under section 131.

In nursing, the most common use of the term “specialist” is “clinical nurse specialist”. However, a number of nurses in various roles have the term “specialist” in their job title or designation within the work setting. In order to allow nurses to use the title “specialist” in nursing practice, a clause in the *Registered Nurses Profession Regulation* (2005) was included. It states:

A regulated member on the registered nurse register may use the title “specialist” in conjunction with the delivery of professional nursing services in accordance with the standards of practice adopted by the Council in accordance with the bylaws and section 133 of the Act.

The following document has been developed to identify the requirements for registered nurses and provide guidance for employers in the use of the term “specialist” in registered nurse practice.

Background and Literature Review

Specialization has been occurring in health care for the past century, evolving in response to knowledge and technology development as well as professionalization processes (Cheah & Moon, 1993). The explosion of knowledge and technological advancement has forced the need for specialization and along with it enhanced

¹ Words or phrases in bold italics are listed in the Glossary. They are displayed in bold italics upon first reference.

professional status and prestige. Nursing specialization has evolved in response to health-care needs that have occurred as a result of the development of knowledge in nursing and other health disciplines.

Historically, specialization in nursing has emerged by nurses developing knowledge and skills in an area through an “on the job” process involving work experience, hospital-based training programs, and continuing education (Hamric, 2005). As specialties emerge, specialty groups are formed and the scope and standards of practice of the specialty are developed. These legitimize the professional status of the specialty and form the basis for education and certification (Hanson & Hamric, 2003). Sub-specialties represent areas of further demarcation of knowledge in a specialty area.

The Canadian Nurses Association (CNA) describes specialized practice as concentrating on a particular aspect of clinical nursing and states that the focus of practice may be related to age (e.g., paediatrics, gerontology), a specific issue (e.g., pain management, bereavement), a medical diagnostic grouping (e.g., orthopaedics, cardiology), practice setting (e.g., emergency department, home care) or the type of care (e.g., wound care, critical care, palliative care) (CNA, 2005).

Other definitions of specialization vary, but include some common elements. First, as in the CNA definition, specialization involves a concentration in a particular area of nursing (ICN 1987, as cited in Clarke, 2003, p. 83; Salyer & Hamric, 2005). Another way of stating this is that specialized practice is focused on one part of the whole of nursing (Salyer & Hamric).

Since virtually all nurses practise in a specific area of nursing practice, common sense would dictate that practice in a specialty area of practice cannot provide a full explanation of the term “specialist”. The knowledge and skills required to practise in a specialty area are acknowledged as being more than what is developed through basic nursing education (ICN 1987, as cited in Clarke, 2003, p. 83).

Initiated in 1980 at the request of its membership, the CNA Certification Program aims to promote excellence in nursing care by 1) having national standards of practice in nursing specialty areas and 2) providing an opportunity for nurses to confirm their competence in a specialty through a recognized national credential (CNA, 2005). Currently CNA recognizes 17 nursing specialties for which national certification is available on a voluntary basis including: neuroscience; occupational health; nephrology; emergency; critical care; psychiatric/mental health; perioperative; oncology; gerontology; perinatal;

cardiovascular nursing; critical care paediatrics; hospice palliative care; gastroenterology; orthopaedics; rehabilitation; and community health. Certification in some specialty areas is recognized for credit by some Canadian universities (CNA).

The terms “**expert**” and “**advanced nursing practice**” are often discussed within the context of specialized practice. The clinical nurse specialist, nurse practitioner, nurse anaesthetist and nurse midwife are specialized roles in advanced nursing practice, some of which have sub-specialties such as geriatrics, paediatrics and acute care (Hanson & Hamric, 2003; Hickey, 2000). Family nurse practitioners are specialists in primary care although a hallmark of the role is its generalist nature with respect to the age range of patients served and their reasons for seeking care (Hamric, 2005). CNA defines “clinical nurse specialist” as the following:

The clinical nurse specialist (CNS) is a registered nurse who holds a master’s or doctoral degree in nursing with expertise in a clinical nursing specialty. The CNS role is an advanced nursing practice (ANP) role. The CNS’s practice reflects and demonstrates the characteristics and competencies of ANP. With in-depth knowledge and skills, advanced judgment and clinical experience in a nursing specialty, the CNS assists in providing solutions for complex health-care issues at all levels – with patients, families, other disciplines, administrators and policy-makers. The role of the CNS comprises five interrelated domains: practice, consultation, education, research and leadership. The balance among domains varies depending upon the needs of clients and nurses, as well as the care setting.

(CNA, 2003)

Expertise in Nursing

The Merriam-Webster’s Collegiate dictionary (1993) defines expert as “*having, involving, or displaying special skill or knowledge derived from training or experience*”. In her seminal work on expertise in nursing, Benner (1984) identified that experience is the main component of nursing expertise, although experience in the sense of it being the passage of time does not necessarily equate with achievement of expert practice. Benner theorized that the process of nursing skill development involves passage through five levels of ability including novice, advanced beginner, competent, proficient and expert. Each level of practice is differentiated from the previous levels by hierarchy of thinking, judgment, behaviour and experience. Experts, she argued, grasp a situation

intuitively, have focused problem solving abilities and act on the basis of an integrated, holistic appraisal of a particular situation. Benner’s work does not explicitly define who is an expert but rather describes the expert knowledge embedded in practice; that is, the contextual nature of expertise (Cash, 1995).

In other fields, expertise has been defined as “*the capacity to perform in complex situations using thought processes and skills which are not used by novices*” (Berliner, 1986; Carter et al., 1987; and Schön, 1983, as cited in Fox-Young, 1994, p. 97). Weiss (2003) identifies four categories of expertise all of which require judgment or evaluation. These four categories are expert judgment, expert prediction, expert instruction and expert performance. The ability to distinguish between stimuli within a domain *and* to do so consistently are two essential criteria Weiss believes are at the core of expertise. A review of the literature on development of expertise in the cognitive processes required for medical diagnostics found that most studies defined these levels of expertise as novice, intermediate, sub-expert and expert (Cuthbert et al., 1999). There are many differences between the studies examined in this review and the work of Benner (1984); however, one obvious difference is that Benner examined the development of expertise in nursing as a post-licensure phenomenon whereas Cuthbert et al. examined development of expertise within medical education. New graduates from nursing programs were regarded as novices/advanced beginners and new graduates from medicine were regarded as experts.

What then is the relationship between specialist practice and expertise? It has been argued both that being a specialist does not equate with being an expert (Castledine, 1997, as cited in Marshall & Luffingham, 1998) and that the two are interchangeable, emphasizing the difference between novice and expert (Marshall & Luffingham). Dreyfus and Dreyfus (1996), the theorists upon which Benner formulated her work, note that achievement of an expert level of practice does not necessarily occur even when a nurse has considerable experience in a specialized area. Australian authors Sutton & Smith (1995) add that expert nursing and specialist nursing practice are different. They point out that the concept of expert is located in the practical and technical, the “doing” of nursing, and is developed on the basis of experience. The concept of specialist is located in the field of practice, usually emerging as a result of advancement of knowledge in a specialty, and developed as a result of a formal education program combined with experience.

Advanced Practice Nursing

Hanson and Hamric (2003) have argued that specialty development in a practice setting in response to patient needs, followed by the beginning of organized training for the specialty are stages in the evolutionary process of advanced practice nursing. They suggest that as the knowledge base in the specialty area grows and as advanced practice nurses move into the specialty area, pressures for standardization increase, leading to graduate education and advanced practice nursing. They recognize that the evolution is not inevitable for every specialty area nor is it necessarily complete. That is, there may be a rationale for a specialty area to have both advanced practice nurses and other registered nurses.

The literature is definitive that advanced practice nursing does not equate with specialty or expert nursing (Hamric, 2005). CNA (2002) describes “advanced nursing practice” as an umbrella term that describes practice that maximizes use of in-depth nursing knowledge and skill to meet patient needs. The CNA definition characterizes “advanced nursing practice” as expert **and** specialized. The American Nurses Association (ANA) states that advanced practice nursing includes but goes beyond specialization to involve expansion and advancement that includes a broad range of theoretical, research-based and practical knowledge (ANA, 2003, as cited in Hamric, 2005 p. 87). Similarly Salyer and Hamric (2005, p. 679) identify that “*advanced practice nursing reflects concentrated knowledge in a specialty that offers the opportunity for expanded and autonomous practice based on a broader practical and theoretical knowledge base*”.

The Canadian Association of Oncology Nurses (CANO) distinguishes between the roles of a generalist, specialized and advanced oncology nurse. A generalist nurse is one who is either a recent baccalaureate graduate or new to the field of oncology nursing. A specialized oncology nurse is one who has a combination of experience as an oncology nurse (two years is suggested) as well as education in oncology nursing or completion of a specialty certification exam. An advanced oncology nurse is master’s degree prepared, ideally in oncology, and includes domains of practice encompassing advanced clinical practice, education, research, scholarly/professional leadership and organizational leadership. CANO identifies that the continuum of novice to expert exists in each of these roles (CANO, 2001).

Standard of Practice for Use of the Term “Specialist”

The term “specialist” is defined as:

An individual whose practice is focused in a particular clinical area. The focus of practice may be related to age (e.g., paediatrics, gerontology), a specific issue (e.g., pain management, bereavement), a medical diagnostic grouping (e.g., orthopaedics, cardiology), practice setting (e.g., emergency department, home care) or the type of care (e.g., wound care, critical care, palliative care).

The following standard of practice has been approved by Provincial Council for use of the title “specialist” by registered nurses in conjunction with the delivery of nursing services.

Registered nurses who use the title “specialist” in nursing practice must be currently practicing in the specialty and have:

- three or more years of full-time experience in the specialty area of practice
- a graduate degree applicable to the area of practice

It would be expected that registered nurses using the title “specialist” in nursing practice would demonstrate in depth theoretical and clinical expertise gained through education and experience. Their practice would be consistent with the characteristics and competencies of advanced nursing practice outlined in the CNA position statement on Advanced Nursing Practice (2002) (see Appendix A).

Conclusion

Under the amendments to HPA, all nurses and employers must examine the use of the title “specialist” in registered nurse practice. The standard in this document identifies the requirements for nurses and provides guidance for employers. The process for determination of whether a RN is a specialist must be current, relevant, timely and allow for review and revision.

Employers must not confuse a position designation (e.g., certified asthma educator or occupational health nurse) with a specialist title (e.g., asthma nurse specialist or occupational health nurse specialist), since one defines the work and the other defines the level of education and expertise held by the RN who holds the position. Nursing must oversee the determination of whether or not a RN is a specialist. Members of another discipline cannot make this determination.

Individuals wishing to use the title may seek guidance from CARNA, who would provide assistance, offer clarification and direct the nurse to the appropriate process for review.

Glossary

Specialist – An individual whose practice is focused in a particular clinical area and meets the standard outlined in this paper. The focus of practice may be related to age (e.g., paediatrics, gerontology), a specific issue (e.g., pain management, bereavement), a medical diagnostic grouping (e.g., orthopaedics, cardiology), practice setting (e.g., emergency department, home care) or the type of care (e.g., wound care, critical care, palliative care).

Expert – The Merriam-Webster’s Collegiate dictionary (1993) defines expert as “*having, involving, or displaying special skill or knowledge derived from training or experience*”. In her seminal work on expertise in nursing, Benner (1984) identified that experience is the main component of nursing expertise, although experience in the sense of it being the passage of time does not necessarily equate with achievement of expert practice. Benner theorized that the process of nursing skill development involved passage through five levels of ability including novice, advanced beginner, competent, proficient and expert. Each level of practice was differentiated from the previous levels by hierarchy of thinking, judgment, behaviour and experience. Experts, she argued, grasped a situation intuitively, had focused problem solving abilities and acted on the basis of an integrated, holistic appraisal of a particular situation.

Advanced Nursing Practice – Is an umbrella term. It describes an advanced level of nursing practice that maximizes the use of in-depth nursing knowledge and skill in meeting the health needs of clients (individuals, families, groups, populations or entire communities). In this way, advanced nursing practice extends the boundaries of nursing’s scope of practice and contributes to nursing knowledge as well as the development and advancement of the profession” (CNA, 2000).

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Appendix A: Canadian Nurses Association – Advanced Nursing Practice: A National Framework (Revised April 2002)

Definition and Characteristics

ANP can be described with a broad definition and a number of characteristics.

ANP is an umbrella term. It describes an advanced level of nursing practice that maximizes the use of in-depth nursing knowledge and skill in meeting the health needs of clients (individuals, families, groups, populations, or entire communities). In this way, ANP extends the boundaries of nursing's scope of practice and contributes to nursing knowledge and the development and advancement of the profession.

In ANP, certain characteristics are consistently evident.² ANP

- is expert³ and specialized⁴ practice grounded in knowledge that comes from nursing theory and other theoretical foundations, experience and research
- involves the deliberate, purposeful and integrated use of in-depth nursing knowledge, research and clinical expertise. It also involves integration of knowledge from other disciplines into the practice of nursing.
- requires a depth and breadth of knowledge that enables the nurse to provide an ever-increasing range of strategies to meet the complex needs of clients
- includes the ability to explain the theoretical, empirical, ethical, and experiential foundations of nursing practice

² The practice of many nurses may be described by one or more of these characteristics; however, in ANP, all of these characteristics are consistently reflected in practice (Davies and Hughes, 1995).

³ Expert practice is characterized by the ability to assess and understand complex client responses in a particular practice area; significant depth of knowledge and intervention skills, often acquired informally; and strong intuitive skills in the practice area (RNABC, 1997).

⁴ Specialized practice concentrates on a particular aspect of nursing. The focus of the practice may relate to the client's age (e.g., pediatrics, gerontology), the client's problem (e.g., pain management, bereavement), the medical diagnostic grouping (e.g., orthopedics, vascular surgery), the practice setting (e.g., home care, emergency) or the type of care (e.g., primary health care, palliative care, critical care).

- contributes to the understanding and development of evidence-based nursing knowledge through involvement in research and the evaluation and utilization of relevant research findings
- influences the practice of nurses by facilitating the integration of research-based knowledge into practice
- involves planning, coordinating, implementing, and evaluating programs to meet client needs through partnerships and intersectoral collaboration
- involves the ability to critically analyze and influence health policy
- reflects substantial autonomy and independence, with a high level of accountability

Competencies

ANP is demonstrated by a set of core competencies integral to the characteristics described in this paper. Competencies are the specific knowledge, skills, judgment and personal attributes required for a registered nurse to practise safely and ethically in a designated role and setting (CNA, 2000). Core competencies for ANP build on the nurse’s education and experience, and they develop over time. The core competencies described here serve as a foundation for ANP and a framework for defining specific competencies associated with different contexts of practice, including the client or population group, roles, settings and practice environments.⁵

While the competencies are grouped in five main areas, it is the effective interaction, blending and simultaneous execution of the identified skills, knowledge, judgment and personal attributes in highly complex practice environments and health care organizations that characterize ANP. The core competencies draw from knowledge and experience that are substantive in depth, breadth and range in one or more domains of

⁵ The following references were used in developing the competencies: Canadian Clinical Nurse Specialist Interest Group. (1997). *Canadian Clinical Nurse Specialists in action standards.*; Davies, B., & Hughes, A.M. (1995). Clarification of advanced nursing practice: Characteristics and competencies. *Clinical Nurse Specialist* 9(3), 156-160,166.; Hamric, A.B., Spross, J.A., & Hanson, C.M. (1996). *Advanced nursing practice: An integrative approach.* Philadelphia: W.B. Saunders.; Hebert, M. *National Nursing Informatics Project Discussion Paper* (1999, unpublished). Project sponsored by CAUSN, CNA, Registered Nurses Association of British Columbia, Academy of Canadian Executive Nurses, and the Nursing Informatics Special Interest Group of COACH; Faculty of Nursing, University of Alberta. (1996, unpublished). *Domains and competencies of advanced practice in individual/family health nursing. Proposal for revision of graduate programs in nursing.* Approved at Faculty of Nursing Spring Council. Edmonton: Author.

nursing practice. Further, these competencies are demonstrated in roles that require highly autonomous, independent, accountable, and ethical practice in complex, often ambiguous and rapidly changing environments.

It is the effective interaction, blending and simultaneous execution of the identified skills, knowledge, judgment and personal attributes in highly complex practice environments and health care organizations that characterize ANP.

Clinical Competencies

The cornerstone of ANP is expertise in a specialized area of nursing. Clinical experience and additional education equip the nurse with the skill to synthesize from a broad range of nursing, experiential and scientific knowledge in addressing the health concerns of clients along a continuum of care. The nurse in ANP uses a nursing model of care based on theoretical, empirical and experiential knowledge in the area of practice to achieve holistic, integrated and comprehensive health care. The nurse works in partnership with the client, other health care professionals and health care team members.

The nurse in ANP:

1. develops and uses multiple assessment strategies within a holistic (client-centred) nursing framework for individual clients and the client population
2. discriminates and makes qualitative/quantitative distinctions from multiple sources of data, often in ambiguous and complex situations, when making clinical decisions
3. demonstrates an in-depth understanding and analysis of the complex interaction of presenting sociological and biophysiological processes, determinants of health and clients' lived experience
4. draws on experiential knowledge and a body of current knowledge about the client population to predict, anticipate and explain the wide range of client responses to actual or potential health problems
5. uses critical thinking and synthesis skills to guide decision-making in complicated, unpredictable and dynamic situations
6. engages clients and other team members in anticipating, discussing and resolving moral, ethical and legal issues relevant to client care at individual and organizational levels

7. uses multiple interventions (e.g., interpersonal, teaching, coaching, counselling, technological, pharmaceutical) to influence client health status and quality of life
8. coordinates the plan of care and mobilizes client and other resources to achieve integrated and comprehensive health care
9. advocates with or on behalf of clients, nurses and other team members to improve and enhance health care for individuals and the client population in the practice area
10. monitors, evaluates and documents outcomes of decisions and interventions
11. uses clinical exemplars⁶ to generate new knowledge and develop new standards of care, programs, and policies in the practice area
12. educates other nurses, health professionals and clients about the link between nursing interventions and outcomes in order to effect health care changes

Research

Central to the competencies of nurses in ANP is evidence-based practice. The nurse in ANP:

1. identifies and initiates research relevant to practice as the primary investigator or as a collaborator with other members of the health care team or community
2. disseminates and facilitates the implementation of recent innovations and research findings relevant to nursing practice and client outcomes
3. applies a broad range of theories and relevant research to clinical practice
4. evaluates present practice at the individual and system levels in light of current research findings
5. interprets research findings and shares relevance to clinical practice

⁶ An exemplar refers to an example that conveys more than one intent, meaning function or outcome and can easily be compared or translated to other clinical situations whose objective characteristics might be quite different (Benner, 1984).

Leadership

Nurses in ANP take on leadership roles in the organizations in which they work. The nurse in ANP:

1. develops innovative approaches for complex practice issues and evaluates programs
2. demonstrates an understanding of the legislative and socio-political issues that influence decision-making and develops strategies to influence health outcomes and health policies
3. participates and provides leadership on intra- and interdisciplinary committees related to the development of policies and procedures, education or research in the practice area
4. provides leadership in professional activities and professional development
5. has a vision for nursing practice within the context of the health care system
6. provides consultation to both colleagues and clients
7. acts as a mentor to nursing colleagues and others to improve and support nursing practice
8. interprets and organizes data obtained through information and communication technologies into information to affect nursing practice and combines information to contribute to knowledge development in nursing

Collaboration

An important aspect of the competencies of the nurse in ANP is effective collaboration and communication with the client and health care team. The ability to establish collaborative practice at a systems level reflects the advanced competencies of the nurse in ANP. The nurse in ANP:

1. communicates effectively with the client and members of the health care team
2. respects the practice and knowledge of other members of the health care team
3. shares decision-making with clients and health care team members
4. demonstrates knowledge and skill in conflict resolution including the ability to analyze, manage and negotiate conflict

5. understands and applies theories related to group dynamics, role and organizational theory
6. contributes to and participates in quality improvement processes

Change Agent

A key role for nurses in ANP is that of change agent. This role exists not only at the level of nurse and client but, perhaps more significantly, at the systems level to influence health policy. The nurse in ANP:

1. manages change effectively, demonstrating knowledge of the change process
2. demonstrates knowledge and skill in coalition building
3. demonstrates attributes such as assertiveness and enhanced listening and conflict resolution skills