

The role of the Clinical Nurse Specialist

Advancing practice to meet future
health needs in Aotearoa- New
Zealand





Ko wai au?

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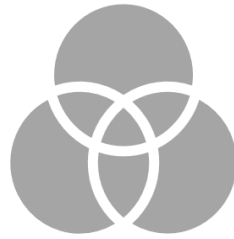
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Overview

Characteristics of
the Clinical Nurse
Specialist role in NZ



Compare

Alignment of
characteristics with
advanced practice
profile



Identify

Predicted health
needs in NZ



Suggest

Some advanced
nursing responses



Questions

What are the characteristics of the CNS role in Aotearoa-New Zealand?

Study AIMS

- What is known about the CNS role?
- Describe qualities/characteristics of CNS role
- Compare/contrast NZ CNS role with how it is described in international literature



What did the literature say?

Offered a range of definitions:

“A RN who has expert knowledge base, complex decision making skills and clinical competencies for expanded practice...A masters degree recommended” (ICN)

CNS research internationally (USA, Au)

Little from New Zealand perspective



What did I do?

2009 masters research

2011 research grant to extend interviews

Descriptive case study of the CNS role

Study METHOD- two parts

1. Document content analysis of CNS job descriptions (15)
2. Interviews with CNSs in mid-lower North Island (4/4)

What did the
job
descriptions
tell me?

Qualifications

Essential

- RN with a current APC (all 15)
- Holding/working toward PG qual (7)
- Drivers license (4)
- Level 4 PDRP (2)
- PG Cert/Dip speciality (2)
- No mention of PG qual (4)

Desirable

- Adult teaching qual (2)
- Holding/working towards masters (3)

What did the
job
descriptions
tell me?

Experience

Clinical expertise-speciality (all 15)

Teaching/mentoring (13)

Leadership (10)

Research/auditing (7)

Quality improvement (7)

Level 4 PDRP (6)

Change agent (6)

Project management (6)

Autonomous practice (4)

Expert assessment skills (4)


Role modelling (3)

Policy (1)

Job
descriptions
Purpose /KPI
themes


The Clinical Nurse Specialist as:

- Leader
- Clinical Expert
- Coordinator
- Educator

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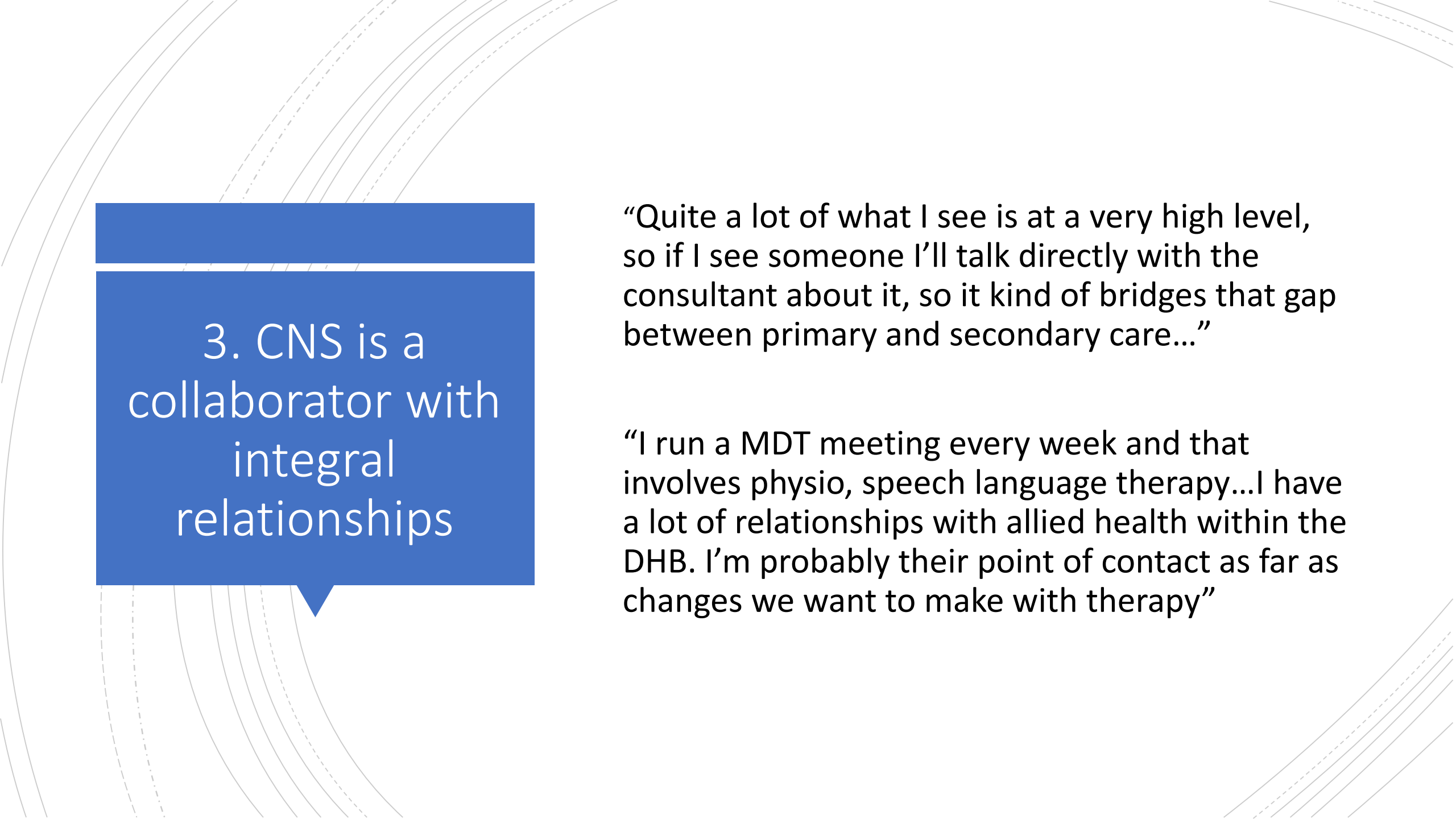
1. CNS is a leader
and the driving
force of the
specialty

“I've had the role since 2003 and I think I have been informally fulfilling many part of the role as an extension of my role as a RN. So eventually I presented a business case for the role. There were no CNS's here yet”

The background of the slide features a series of thin, curved lines in shades of grey and blue, creating a sense of motion and depth. These lines are more prominent on the left side and fade towards the right.

2. CNS is an
autonomous expert
providing direct and
indirect care

“One of the complications is a build up of fluid, and what used to happen is they had to go to their GP or into clinical to drain it. So now I drain it, and that’s part of my expanded role, or my expert role, because I have been overseen and signed off by the surgeon on that”

The background of the slide features a series of concentric, curved lines in a light gray color, creating a sense of motion and depth. These lines are more prominent on the left side and fade towards the right.

3. CNS is a collaborator with integral relationships

“Quite a lot of what I see is at a very high level, so if I see someone I’ll talk directly with the consultant about it, so it kind of bridges that gap between primary and secondary care...”

“I run a MDT meeting every week and that involves physio, speech language therapy...I have a lot of relationships with allied health within the DHB. I’m probably their point of contact as far as changes we want to make with therapy”

4. Sharing expertise

“I guess I am a resource person, GPS will ring me for advice, nurses will ring me, patients will ring me with problems...”

“I do quite a lot of teaching. We run 4 day workshops and do some other teaching. I work with GPs and I’ve organised some junior doctors to come and do clinical work a few days with us too”

5. Extending time and care

“I find I work more than 40 hours a week and that’s where the problem comes in with the study- there's no time, you don’t get paid for overtime”

“I find I don’t manage my professional development well, because if a patient needs to be seen I’ll go and see them- you know what I mean?”

“The other main issue for this man was financial, he couldn’t afford his meds. We made a pact that if he couldn’t afford his meds we would find the money somewhere in our budget”

Challenges

- Lack of knowledge of the role
- Invisibility
- Other nurses

“There was a little bit of, who do I think I am and why am I any better than the others...”

- Inadequate resources
- No clear pathway to role
- Expertise measured in a range of ways
- No succession planning

“When I go on leave there’s no one to do my role...”

Strong model of advanced practice
Ackerman et al.,
(1996).
Development of a model of advanced practice. *American Journal of Critical Care*, 5, 86-73.

5 PILLARS OF ADVANCED PRACTICE

1. PATIENT CARE

2. SUPPORT OF SYSTEMS

3. EDUCATION

4. RESEARCH

5. PROFESSIONAL LEADERSHIP

NP and CNS roles in New Zealand:

Carrier, Wilkinson,
Towers & Gardner
(2017). Delineating
advanced nursing
practice in New
Zealand: a national
survey. *International
Nursing Review*.

Looked *all* nursing roles – 4 defined as senior:

- Nurse Practitioner
- Clinical Nurse Specialist
- Clinical Nurse Educator
- Clinical Nurse Manager

NPs and CNS only roles defined as advanced
nursing practice

***“Clinical Nurse Specialists represent the
threshold for advanced nursing practice”***

NP and CNS roles in New Zealand:

Carrier, Wilkinson,
Towers & Gardner
(2017). Delineating
advanced nursing
practice in New
Zealand: a national
survey. *International
Nursing Review*.

- Similar profile, but NPs higher in direct patient care and professional leadership
- Both not highly involved in research
- Many CNS have same qualifications as NP
- Suggest some CNS practising at same level as NP
- Suggests employment practice favour CNS appointment over NP

Clinical Nurse Consultant- Australia

Cashin et al., (2015).
Clarifying Clinical
Nurse Consultant
work in Australia: A
phenomenological
study. *Collegian*, 22,
405-412.

Characteristics of Clinical Nurse Consultant

Qualifications:

- 28% PG Cert/Dip
- 49% masters qual

Mean experience:

- 30 years in RN role
- 11 years CNC role

Clinical Nurse Consultant- Australia

Cashin et al., (2015).
Clarifying Clinical
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phenomenological
study. *Collegian*, 22,
405-412.

What is the **value add** of the role?

Findings:

- Interconnectivity between 5 pillars AND
- 'head-up' view
- Crossing boundaries (geographically, systems, interdisciplinary)
- Systems remediation and rescue

Recommends:

- Specific education for the role
- Focused research on **measuring outcomes**

5 pillars of advanced practice *plus*

1. Patient care

- *Autonomous expert*
- *Direct and indirect care*
- *Extending time and care*
- *Head up view*

2. Support of systems

- *Collaborator with integral relationships*
- *Crossing boundaries*
- *Remediation and rescue*

3. Education

- *Sharing expertise*

4. Research

5. Professional leadership

- *Driving force of specialty*

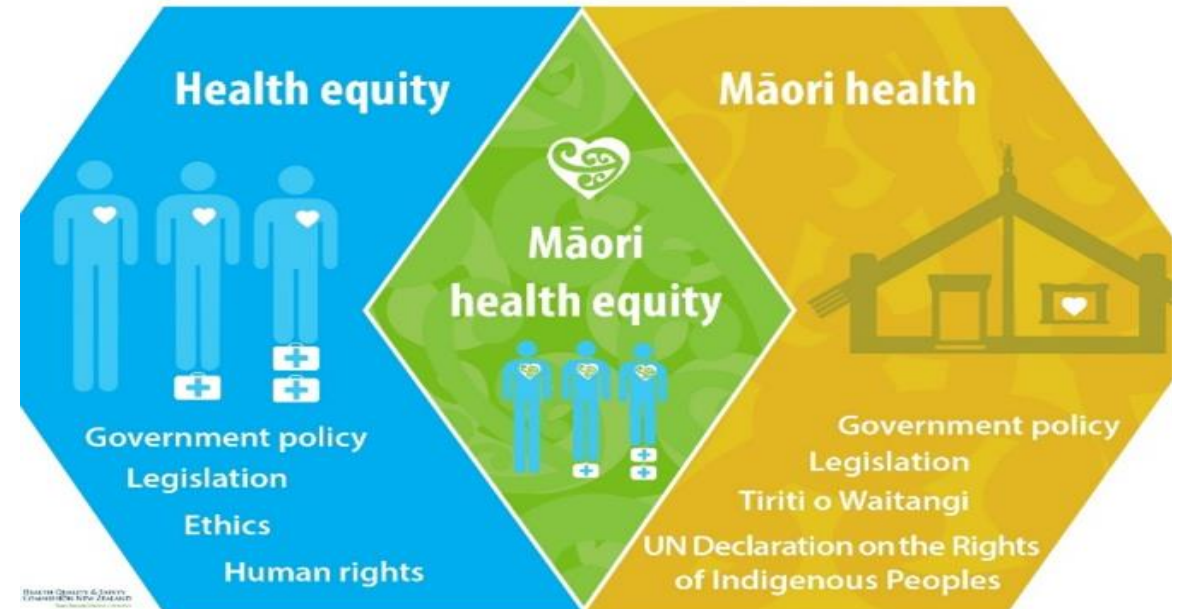
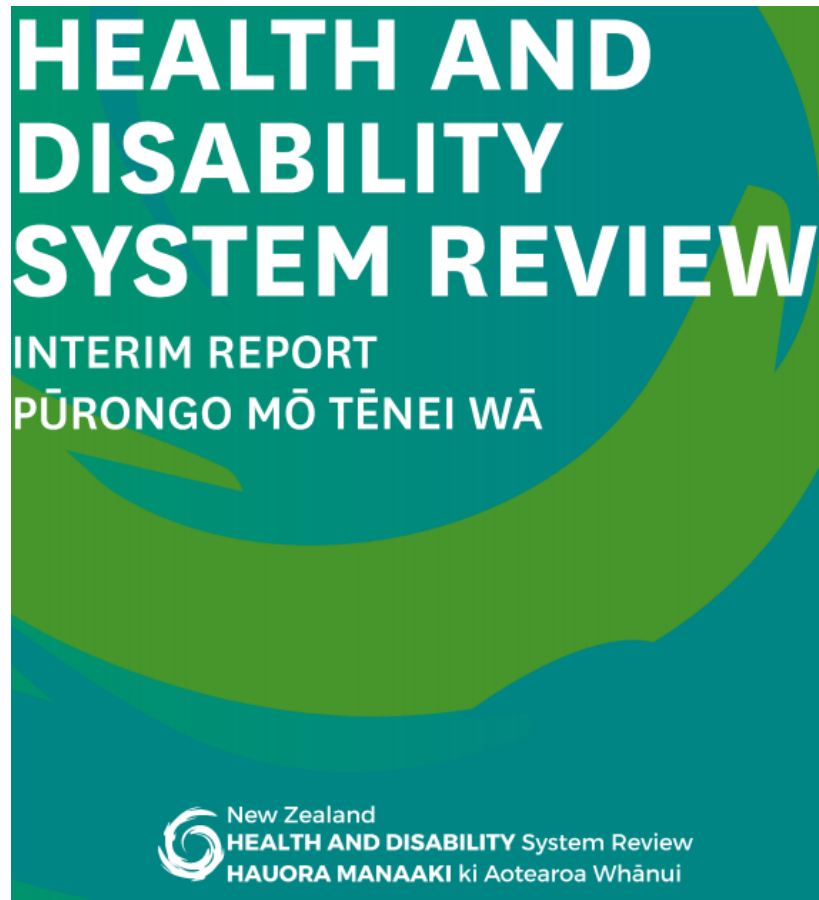
Advanced practice at top of scope And may have additional scope (RN prescriber)

“Working to top of scope means enhanced opportunities and capacity to utilise specialised knowledge and expertise in a way that is efficient, adaptive, collaborative, holistic and ethical, and fundamentally supports the service user and their whānau” (*Scope it right, Te Pou, 2015*)

Features:

- Role clarity
- Role changes (enhancement, enlargement, delegation...)
- Enhanced capability (teamwork, leadership)
- Knowing professional boundaries

Contemporary issues



Postcode lottery

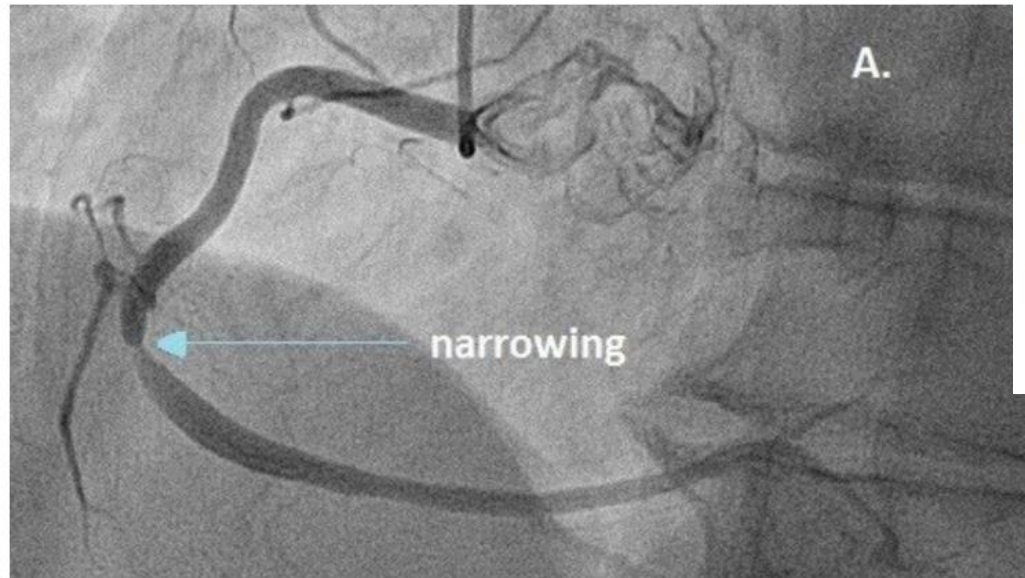
Moves to rid NZ's cancer care postcode lottery applauded

Tina Law • 19:10, Sep 01 2019



Why are people in Hawke's Bay and Whanganui needing angiograms waiting longer than those in Wellington?

MARTY SHARPE • 16:27, Nov 04 2018



Friday, 23 September 2016

Operations a 'postcode lottery'

By Eileen Goodwin



News > Dunedin > Health



Access to aged care is a DHB lottery

New research released today proves that postcode healthcare is a reality for older Kiwis, due residential aged care by District Health Boards.

Photo 1

April 11, 2018





Issues for Māori are *issues for all of us*

- Persistent health inequities
- WAI 2575
- Racism
- Institutional racism
- Poor cultural competence
- Poor Tiriti/Treaty responsiveness

Current and predicted population health needs and issues

- Aging population
- Mental health
- More diverse population
- Increased LTC
- People living with disabilities
- Māori inequities
- Pacific inequities
- Migrant and refugees
- More ESL
- Regional inequities
- Rural inequities
- New infections/ antibiotic resistance
- Climate change
- Technology
- Changing public expectations

Key themes for health and nursing

Sustainability

Equity

Rapid advancements in technology

Workforce shortages

Potential workforce skills deficit

Service redesign/ reform

Kaupapa services

Future knowledge and skills

- Tiriti/Treaty responsiveness
 - Bicultural way of practice
 - Abilities to influence:
 - Social determinants of health
 - Cultural determinants of health
 - Leadership, governance, policy
 - Ability to collect and interpret nurse sensitive data
 - All nurses with a level of mental health skill
 - All nurses agile and adaptable with technology
- ↑ demand for soft skills:
 - Complex communication skills
 - Complex social skills
 - Cultural competencies
 - Critical thinking
 - Clinical judgement
 - Creativity
 - Direction, supervision, teamwork
 - Inter-cultural communication



Future team profile and skills

Team profile

- Diverse teams
- ↑ Māori health professionals
- Tiered teams
- Unregulated roles
- New roles
- Inter-professional
- Students

Skills

- Inter-cultural communication
- Bicultural competence
- Direction/ delegation
- Supervision/ mentoring
- Collaboration
- Education
- Coaching



Reinventing the wheel? Protecting the place of nursing requires articulation and evidence

stuff

national

Waikato University offers new health degree

Aaron Leaman · 10:41, Aug 23 2019



New Zealand Doctor

4 hrs ·



Physician associate in Te Awamutu: Awaiting recognition of registration

"Sorry, I've just sent someone off to hospital, how about we talk in half an hour."

Those were physician associate Tiffany Hodgson's first words when meeting with her at Te Awamutu Medical Centre.

The patient safely off to nearby Waikato Hospital and time to spare, Ms Hodgson sat down in her consultation room to talk about her role.

The fact work is still under way to get the profession regulated here hasn't stopped Ms Hodgson and six American colleagues from becoming integral parts of the practices they work in.

Trained using the medical model, physician associates act as the name implies, to support doctors and be their extension treating patients, she says.

In summary

Clinical Nurse Specialist's ARE

Advanced practice role, working at the top of scope

- With features that are unique, not static
- System advocates, leaders and experts in patient care

Current and predicted population needs will require new knowledge and skills

Nurses, particularly advanced practice nurses are in an ideal position to respond to these needs

Articulation and demonstration of unique value add is essential



Suggestions

- Identify **unique value add**
 - Identify and articulate core advanced practice knowledge/ skills/ attributes unique to CNS role
 - Develop national consensus statement on CNS role, practice
 - Collect CNS specific data, measure outcomes, provide evidence
- Specific educational pathway ? CNS practicum
- Promote CNSSNZ, leadership and direction (united)
- Consider regulatory guidance
- Negotiate for CNS consensus statements in MECA
- Continue to be at the forefront of change and at decision making fora

