



ASK A PRACTICE ADVISOR

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What is the difference between a Clinical Nurse Specialist (CNS), and the Registered Nurse (Nurse Practitioner) RN(NP)?

There are two Advanced Nursing Practice (ANP) roles recognized in Canada today, the Clinical Nurse Specialist (CNS) and the Nurse Practitioner (NP). In Saskatchewan (Province of Saskatchewan, 1988), the title protected in legislation is Registered Nurse (Nurse Practitioner). There are similarities and difference in the CNS and RN(NP) roles.

Both the CNS and the RN(NP) role are RNs that provide advanced level of clinical practice (CNA, 2008). Both the CNS and RN(NP) “spend different amounts of time providing direct clinical care, but both roles incorporate education, research, consultation and leadership components” (CNA, 2008, p.17). The Canadian Nurses Association states: “The minimal educational preparation for ANP is a graduate degree in nursing. A nurse with this type of graduate preparation has a thorough grounding in the theoretical foundation of nursing and can promote nursing research, generate new knowledge and use academic preparation, synthesis, and knowledge-transfer skills to interpret and incorporate new knowledge into clinical practice” (2008, p.13). The SRNA Council has set the education for the RN(NP) as a graduate degree in nursing, however, there has not been a date set for implementation.

According to Association of Registered Nurses of Newfoundland and Labrador the CNS role, “provides expert nursing care for specialized client populations. They play a leading role in the development of clinical guidelines and protocols, promote the use of evidence, provide expert support and consultation, and facilitate system change” (CNA, 2008).

The RN(NP) provides direct care and attention is directed to health promotion and the treatment and management of health conditions. RN(NP)s are “RNs with additional educational preparation and experience who possess and demonstrate the competencies to autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals and perform specific procedures within their legislated scope of practice” (CNA 2006).

There are currently 116 RN(NP)s and 78 self identified CNS practitioners in Saskatchewan. Both roles are important in the provision of quality health care in Saskatchewan. All provinces in Canada have developed regulation for the nurse practitioner role.

Alberta is the only province to have developed guidelines to help employers and nurses. They define the CNS role as:

“An individual whose practice is focused in a particular clinical area. The focus may be related to age (e.g., pediatrics, gerontology), a specific issue (e.g., pain management, bereavement), a medical diagnostic grouping (e.g., ortho, cardiology), practice setting (e.g., emergency department, homecare), or type of care (e.g., wound care, critical care, palliative care.” (CARNA 2006, p.4).

The SRNA is excited about the future for APN for both the CNS and RN(NP) roles. Both are important members of the health care team and both roles must be optimized. We will see more growth in these roles in the future as the SRNA looks to meet the needs of the Saskatchewan public and the growing health issues. The emerging roles of the RN(NP) Specialties (Adult and Pediatrics) will have a large impact on the way services are delivered in this province and across the country.

References

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