

Expertise in nursing – different titles, roles and tasks

The titles, roles and tasks of different type of experts in healthcare are inconsistent both nationally (Finland) and globally. Lack of consistency creates barriers to utilization of experts' competencies. Consequently, this inhibits the evaluation of the effect of expertise position on patients', staffs' and organizational outcomes (Donald et al. 2010). In Finland, the Ministry of Social Affairs and Health (2009) has published the National Nursing Action Plan for the years 2009–2011, which aims to increase the effectiveness and attraction of nursing care by means of management. In the Action Plan a model of expertise to facilitate the development of evidence-based health care was introduced. The model brings forward the roles of four types of experts, their core competencies, the emphasis on competency and the actions in implementation of EBP.

Internationally, inconsistency among different expertise is even greater than in Finland. In the table below, different kinds of titles, descriptions and rationales for the experts' roles are introduced based on international literature. The aim of the table is to introduce the issues for further discussion in order to enhance descriptions relating to the roles, tasks and rationales for different expert positions in Finnish social and health care.

More information: Nursing Research Foundation/ Dr Anne Korhonen, [anne.korhonen \(at\) hotus.fi](mailto:anne.korhonen@hotus.fi)

Titles, appreviation and country	Description	Reasons for establishing a position
<p><i>Advanced Practice Roles</i> APN/AP</p> <p>or</p> <p><i>Advanced Practice Registered Nurses</i> APRN</p> <p>USA Canada</p>	<p>Umbrella term including nurse practitioners, certified midwives, nurse anesthetist and certified nurse specialists</p> <p>Education</p> <ul style="list-style-type: none"> - master degree and/or certification in a clinical specialty <p>Tasks</p> <ul style="list-style-type: none"> - master degree prepared nurses are expected to be able to evaluate research findings, identity problems needing study and collaborated with investigators to conduct research - intra- and inter-professional collaboration - development of nursing education - documentation of effectiveness of the advanced roles <p>Other issues</p> <ul style="list-style-type: none"> - the roles differ in USA and Canada (see below NP) - development of advanced education as a catalyst for the APN roles <p>References: Ketefian et.al 2001, Carnwell & Daly 2003, Bryant-Lukosius et al.2005, Gardner et al. 2007, Donald et al. 2010, Urden & Stacy 2011, Jamerson & Vermeersch 2012</p>	<ul style="list-style-type: none"> - changes in: - socio-political environment - the health needs of society - the health workforce supply and demands - rapid changes in health care delivery system, financial mechanisms and consumer demand
<p><i>Certified Nurse Specialist</i> CNS</p> <p>Japan</p>	<p>Education</p> <ul style="list-style-type: none"> - master degree and a specialty to correspondence to those in basic nursing education (for example child health nursing) <p>Tasks</p> <ul style="list-style-type: none"> - practice, consultation, coordination, ethical coordination, education and research in specialty area <p>Other issues</p> <ul style="list-style-type: none"> - perform wider range of roles within the institution than general nurses do, their level of clinical authority is the same - resembles specialist nurse roles in American and European more than NP <p>References: Onishi & Kanda 2010</p>	<ul style="list-style-type: none"> - expanding and improving nursing care in Japan
<p><i>Certified Nurse</i> CN</p> <p>Japan</p>	<p>Education</p> <ul style="list-style-type: none"> - six months intensive education, more focused specialty area like palliative care or intensive care <p>Tasks</p> <ul style="list-style-type: none"> - practice, teaching and consultation <p>Other issues</p> <ul style="list-style-type: none"> - performs wider range of roles within the institution than general nurses do, their level of clinical authority is the same - resembles specialist nurse roles in American and European more than NP <p>References: Onishi & Kanda 2010</p>	<ul style="list-style-type: none"> - expanding and improving nursing care in Japan

Titles, appreviation and country	Description	Reasons for establishing a position
Clinical Nurse Specialist CNS USA UK	Expert of defined area of knowledge and practices in a certain clinical area Education <ul style="list-style-type: none"> - master degree or first degree - similar core nursing competencies as any registered nurse, but practicing these at a “higher level” than basic practitioner - competencies are introduced in Lewandowski & Adamle (2009) Tasks <ul style="list-style-type: none"> - improving patient outcomes and nursing care by mentoring and promoting the system changes that empower nurses - usually focus on single specialty, in acute care settings and focus more on the nursing workforce - acts as clinical expert, consults other disciplines, educates staff and participates researcher Other issues <ul style="list-style-type: none"> - improves patient outcomes by acting in three spheres of influence, as patients, nurses and organizations References: Lincoln 2000, Ketefian et.al 2001, Robert-Davis & Read 2001, Carnwell & Daly 2003, Buchan & Calman 2005, LaSala et al. 2007, Lewandowski & Adamle 2009	<ul style="list-style-type: none"> - closing research-practice gap
Doctorate in Nursing Practice DNP or Practice Doctorate	Education <ul style="list-style-type: none"> - nurses with baccalaureate degree + complete 83-credit hour (in 4 years full time), the first 2 years are the master degree level courses, in years 3 and 4 additional coursework and clinical development projects are completed. - Wall et al. (2005) describe the program Tasks <ul style="list-style-type: none"> - practice-focused doctorate - prepared to focus on the evaluation and use of research rather than the conduct of research Other issues <ul style="list-style-type: none"> - ongoing debate in international literature relating to the role (USA) (see Dracup et al. 2005, Milton 2005) concerns relate to maintaining scientific research skills in practice field References: Dracup et al. 2005, Milton 2005, Wall et al. 2005, Jamerson & Vermeersch 2012	<ul style="list-style-type: none"> - getting advanced practice knowledge without strong research focus

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<p><i>Nurse Practitioner / Advanced Nurse Practitioner</i> NP</p> <p>Canada</p>	<p>Education</p> <ul style="list-style-type: none"> - nurses with additional education preparation and experiences <p>Task</p> <ul style="list-style-type: none"> - autonomously diagnose, order and interpret diagnostic tests, prescribed pharmaceuticals and performs certain procedures within legislated scope of practice <p>Other issues</p> <ul style="list-style-type: none"> - title depends on the work environment as: <p>PHCNP is registered to family and or all ages or primary care as primary healthcare NP</p> <ul style="list-style-type: none"> - works typically in the community health centers, family physician office, primary care networks and long-term care - main focus in health promotion, preventive care - focus also in diagnosis and treatment of acute common illnesses and injuries as well monitoring and management of stable chronic diseases <p>ACNP is registered to adults, pediatrics or neonatal NP in acute care</p> <ul style="list-style-type: none"> - works in settings as cardiology, neonatology, oncology - typically provides advanced acute care across the continuum of acute care services for patients who are acutely, critically or chronically ill with complex conditions <p>NP vs CNS in Canada</p> <ul style="list-style-type: none"> - NP is formal and protected role by legislation, CNS is not. NP provides direct patient care, expanded clinical functions and legislated authority to additional activities (traditionally performed by physicians) - CNS spends more time for professional development, organizational leadership, resources and education and less time for direct patient care - similar authorized acts as RN (registered nurse) <p>References: Gardner et al. 2007, Donald et al. 2010, Kilpatric et al. 2010</p>	<ul style="list-style-type: none"> - not discussed

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<p><i>Nurse Research Facilitator</i> NRF</p> <p>USA</p>	<p>Education</p> <ul style="list-style-type: none"> - require the doctoral prepared nurse, who is equipped to design and conduct research <p>Tasks</p> <ul style="list-style-type: none"> - conducts research by her own or in collaboration with others - develops research capacity by educating the staff and acts as liaison to outside agencies for support - builds research culture within the organization - needs to provide affordable, competitive healthcare <p>Other issues</p> <ul style="list-style-type: none"> - similar position than DNS <p>References: Jamerson & Vermeersch 2012</p>	<ul style="list-style-type: none"> - evidence-based practice and quality-driven practices in desiring for acquisition of AACN magnet status
<p><i>Patient Care Facilitator</i> PCF</p>	<p>Education</p> <ul style="list-style-type: none"> - clinical experts (non-master degree) <p>Tasks</p> <ul style="list-style-type: none"> - performs daily routine as rounding and chart reviews - acts as a liaison for other health care personnel and being a consistent contact for patients and families - is accountable for outcome measures in micro-level <p>Other issues</p> <ul style="list-style-type: none"> - is considered as leader but does not perform managerial duties <p>References: Smith & Dabbs 2007</p>	<ul style="list-style-type: none"> - PCF position adds responsibilities for the nurses, facilitates growing in leadership and decision-making abilities
<p><i>Specialist</i></p> <p>Canada, Alberta</p>	<p>Education</p> <ul style="list-style-type: none"> - nurses with graduate degree and three or more year experience in a certain specialty <p>Other issues</p> <ul style="list-style-type: none"> - “specialist” restricted to registered nurse (RN) who practice in a specialty <p>References: College and Association of Registered Nurses of Alberta 2006</p>	

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