

Running head: PERSONAL REFLECTIVE STATEMENT ABOUT THE ROLE

Personal Reflective Statement about the  
Role of the Clinical Nurse Specialist (CNS)

Kent State University

Ping Xu

February 1, 2010

Personal Reflective Statement about the  
Role of the Clinical Nurse Specialist (CNS)

**Reflections on Advanced Nursing Practice**

Advanced Practice Nurses (APNs) are nurses who have acquired the knowledge base from a graduate program (master or doctoral degree) and practice experiences that prepare them for specialization, expansion, and advancement in selected roles (Morse, 2001). In addition to their knowledge and their expertise, they are distinguished by autonomy of practice, increased complexity of clinical decision making, and greater skill in the management of organizations and environments (Milone-Nuzzo & Pike, 2001). There are four groups of APNs, including clinical nurse specialists (CNS), nurse practitioners (NP), nurse midwives, and nurse anesthetists, with each group specialized in various ways to meet the unique health needs of the individuals, families, groups and communities (National Association of Clinical Nurse Specialists, 2004).

The evolution of APN (particularly, the NP and the CNS) was driving by responding to patient's unmet needs, social demands for increase access to affordable, quality primary health care, and specialized nursing care for increasingly complex patients (Hanson & Hamric, 2003; Dunn, 1997). APN has been functioned as important roles in different settings, including acute and critical care (Mick & Ackerman, 2000), home care (Milone-Nuzzo & Pike, 2001; Pierson, 2001), heart transplant (Morse, 2001), school (DeSocio, Loretta & Puckett, 2008), etc.

In my daily nursing practice, the two groups of APNs that I have been working with are: NPs and CNSs. Since the floor that I am working is a general medical-surgical floor, the NPs are usually working with the physician to provide the direct patient care using their knowledge and skills. However, there are some differences between them and the physicians. The NPs are more close to nurse staff. Most of the time, they listen to nurses and patients, and meet the unmet

needs of the patients and their families. One of the good examples is that NPs always adjust the dose and time of patient's medications based on their home management while the physicians just put the medications into order by the usually routine. For the CNSs, they are specialized into different categories. For example, the wound CNS will provide elegant wound care and ostomy care for the patients who have those needs. The gerontological CNS focuses on the needs of the older patients, and meets their special care during hospital stay, and makes plan for their discharge. From my personal view, the NPs and the CNSs have become an important part of health care team.

### **The role of the CNS in health Care**

The CNS as the one of four groups of APNs, have existed for 50 years (National Association of Clinical Nurse Specialists, 2004). The core competence of the CNSs is identified in three spheres: direct patient care, nurses and nursing practice, and organization and systems (National Association of Clinical Nurse Specialists, 2004). The CNS is educated to assess, plan, and evaluate not only the patients, but also nursing personnel, and organization/network domain, which makes them unique from the roles of NPs (Zuzelo, 2003). The CNSs usually affect patient care by intervening in complex cases, consulting and participating in multidisciplinary activities, and designing and evaluating program of care (Zuzelo, 2003). They also consult and provide support for the nursing personnel, and working on projects at the unit, department, institution or network levels (Zuzelo, 2003).

In the hospital that I am working, the CNSs involve in different activities in the three spheres: patient, nursing, and organization by applying their specialty knowledge and skills. For example, my preceptor, who is a gerontological CNS, provides the direct patient care to the

patients with pressure ulcers, falls, and delirium. She is also in the charge of interdisciplinary round for patients' discharge plan. She works with other health care professions, including social worker, geriatrics, physical therapist, nurses, dietitians, and case manager to provide the comprehensive patient discharge plan. As a CNS, my preceptor is involved in several different research projects. Based on the research that she and other clinical staff have been done, the hospital adjusts several protocols to meet the high-quality patient care standard. CNSs are also working as educators. My preceptor has been teaching the nursing staff using her specialty knowledge in gerontology for many years.

### **The Factors that Facilitate My Pursuit as a CNS**

According to the statistics, about 38.9 million of people are 65 years or older in 2008, and they represent of about 13% of American population (Administration on Aging, 2010). It is estimated that about 71.5 million older adults will be age 65 years or older by 2030 (Administration on Aging, 2010). About 80% of older adults have at least one chronic condition, such as hypertension, diabetes, cardiovascular diseases; and 50% of them have at least two (Centers for Disease Control and Prevention, 2009). The dramatically increasing aging population and complex health problems of the older people request specialized health care from the professional health provider, which is the major factor that facilitates my pursuit as a gerontological CNS.

The second factor is that the establishment of therapeutic relationship between me and my older patients. From my personal clinical experience, I have encountered many older patients with different health concerns. I can always establish a therapeutic relationship with them even. And I feel very comfortable and confident when I am working around the older patients.

Another important factor that affects me to pursue my gerontological CNS is that my culture background. I grew up in a traditional Chinese family. In a Chinese tradition, the older persons are always deserved the most respect from the younger people. They are treated as authority, power, knowledge, and great experience. Every young generation has the duty to take care of their parents when they turn old. This tradition makes me to treat very older patients with great respect, and I always feel that I have the duty to provide them the best care that I can.

### **The Plan to Acquire Knowledge and Skills for CNS Practice**

Since the primary criteria of APN includes: graduate education, certification, and practice focused on patient/family (Hanson & Hamric, 2003), my plan will be focus on building my knowledge foundation and mastering the clinical skills in my specialty. I will read the books, and the journal articles to enhance my knowledge foundation. In order to be a competent gerontological CNS, I need to enrich my knowledge about aging process, and their normal aging changes of the body systems.

In order to develop the specialized clinical skills, I will work with my preceptor, and practice assessment skills for the older adults on a weekly basis. I will master the different assessment tools to assess the older patients who have different health issues, such as falls, delirium, depression, mental health, etc.

Besides the knowledge and clinical skills in direct patient care, I also need to improve my communication skill with the nursing staff and other health care professions. Because of my culture background, I do not feel completely confident and comfortable to speak in front of a group of people. However, as a future gerontological CNS, I need to overcome this point and

become relax and comfortable to talk with people. I will observe my preceptor and other health care providers, and practice the communication skills along my graduate study.

Currently, I am involved some projects. The first one is to investigate the ratio of people who have constipation before operation and after the operation to provide better bowel management for the patient with orthopaedic surgery. Another project that I am participating is that “are you smarter than a geriatric nurse”, in which a question from gerontological nurse review test is sent out every two weeks, and ask the participated staff nurse to send the answer and their rationale. Those two projects will help me to refresh my knowledge, and provide the evidence for the nursing practice. I would like to involve in some research studies in the future.

I have been a member of the National Association of Clinical Nurse Specialists, and American Geriatrics Society. I will keep checking those websites and other important CNS recourse websites to keep myself updated for my CNS practice.

## References

- Administration on Aging (AOA) (2010). *Aging statistics*. Retrieved February 2, 2010, from [http://www.aoa.gov/aoaroot/aging\\_statistics/index.aspx](http://www.aoa.gov/aoaroot/aging_statistics/index.aspx)
- Centers for Disease Control and Prevention (CDC) (2009). *Healthy aging: improving and extending quality of life among older Americans: At a glance 2009*. Retrieved February 5, 2010, from <http://www.cdc.gov/chronicdisease/resources/publications/AAG/aging.htm>
- DeSocio, J., Loretta, E., & Puckett, S. (2008). Bridging culture for Latino children: School nurse and advanced practice nurse partnerships. *Journal of Child and Adolescent Psychiatric Nursing, 21*(3), 146-153.
- Dunn, L. (1997). A literature review of advanced clinical nursing practice in the United States of America. *Journal of Advanced Nursing, 25*(4), 814-819.
- Hanson, C. M., & Hamric, A. B. (2003). Reflections on the continuing evolution of advanced practice nursing. *Nursing Outlook, 51*(5), 203-211.
- Mick, D. J. & Ackerman, M. H. (2000). Advanced practice nursing role delineation in acute and critical care: Application of the strong model of advanced practice. *Heart and Lung: The Journal of Acute and Critical Care, 29*(3), 210-221.
- Milone-Nuzzo, P., & Pike, A. (2001). Advanced practice nurses in home care: Is there a role? *Home Health Care Management & Practice, 13*(5), 349-355.
- Morse, C. J., (2001). Advance practice nursing in heart transplantation. *Progress in Cardiovascular Nursing, 16*(1), 21-38.
- National Association of Clinical Nurse Specialists (NACNS). (2004). Statement on clinical nurse specialist practice and education (2nd Ed.). Harrisburg, PA: Author.

Pierson, C., (2001). APN elder home care: A successful model. *Home Health Care Management & Practice*, 13(5), 375-379.

Zuzelo, P. R. (2003). Clinical nurse specialist practice – Spheres of influence. *AORN Journal*, 77(2), 361-364, 366, 369-372.