

The role of the clinical nurse specialist (CNS) in the emergency care setting focuses on the care of patients, families, communities and organizations that come in contact with the emergency department. There are two types of scopes of practice: legal and professional. A legal scope of practice, delineated by each State Board of Nursing, defines the legal boundaries of practice and the activities that are allowable by the profession being regulated. The professional scope of practice is written by professional nursing organizations to articulate the activities expected of nurses within the discipline of nursing and specialty.¹ Clinical nurse specialists in emergency care have functioned under either an implicit scope of practice or the scope of practice for the area in which their education was obtained.

For the continued advancement of clinical nurse specialists, the natural evolution is to clarify the scope of practice for the CNS in emergency care. It is the responsibility of the Emergency Nurses Association (ENA), as the professional organization for emergency nurses, to delineate the scope and standards of practice and competencies for clinical nurse specialists in emergency care. The development and refinement of CNS practice is influenced by specialty expectations, internal and external professional forces and mandates from society.

The CNS role is one of four advanced practice roles that are recognized by the American Nurses Association.² The three other advanced practice nursing roles include the nurse practitioner (NP), the certified nurse-midwife (CNM) and the certified registered nurse anesthetist (CRNA). Core and central to all advanced practice registered nurse (APRN) roles, which differ from other nurses with advanced nursing education, is the expectation that all APRNs will be involved in direct patient care.³ APRNs can specialize in specific clinical specialties. The practice of the CNS in emergency care is grounded in the specialty knowledge of emergency nursing.

The CNS in emergency care provides care to and manages complex and vulnerable populations, educates and supports interdisciplinary staff, and facilitates change and innovation within health care systems.⁴ This document reflects the scope of practice for the CNS in emergency care, including patient population, professional role, educational preparation and philosophy of care. This scope of practice is based on the National Association of Clinical Nurse Specialists (NACNS) *Statement on Clinical Nurse Specialist Practice and Education*⁵ and core competencies for all clinical nurse specialists,⁶ the ENA competencies for clinical nurse specialists in emergency care,⁷ and the *Consensus Model for APRN Regulation*.⁸

Patient Population

The CNS in emergency care addresses the needs of health care professionals and patients, including individuals, families and populations across the lifespan. The population includes any individual requiring emergency care and all persons involved in the provision of that care. The CNS in emergency care focuses primarily on patient populations that are the most complex, vulnerable or marginalized. Health care professionals include any individual who participates in emergency care.

Professional Role

The role of the CNS in emergency care is unique from other CNS specialties. The CNS in emergency care must be educated in all aspects of human physiology with expertise in several physiological, psychological, social and public health systems. The CNS in emergency care is accountable for the development and application of standards that improve the care delivered to patients, their families and communities. In addition, the CNS in emergency care must have exceptional knowledge of growth and development across the lifespan. Further, the CNS in emergency care must be skilled in caring for patients, families and communities in a variety of situations that include public health, primary care and critical care. Finally, the CNS in emergency care must possess critical thinking and reasoning skills that allow for the evaluation of emergency department process issues and must contribute to the development of alternative practices that enhance delivery of care.

The CNS role in emergency care reflects the three spheres of influence:⁵ 1) patient/client, 2) nursing personnel and 3) organization/network; and the five sub-roles described by NACNS:⁵ Expert practitioner or clinician, educator, consultant, researcher, and leader or change agent. However, the three spheres of influence and five sub-roles can be found in all APRN roles. To further describe the unique contributions and differentiate the role of the CNS from other APRN roles, Lewandowski and Adame articulated three substantive areas of CNS practice: 1) manage complex and vulnerable populations; 2) educate and support interdisciplinary staff; and 3) facilitate change and innovation within health care systems.⁴ While there are many areas of overlap of CNS practice with nurse practitioner practice, such as the sub-role of expert clinician, the substantive areas of CNS practice related to educating and supporting interdisciplinary staff and facilitating change and innovation within health care systems are heavily emphasized in CNS practice.

Educational Preparation

Consistent with the educational preparation of the APRN, the CNS in emergency care requires graduate education at the Master's, post-Master's or doctoral level with an advanced practice nursing focus. The educational program should adhere to the educational curriculum standards set forth by the American Association of Colleges of Nursing^{9,10} and other regulatory agencies responsible for advanced practice nursing educational programs.

In addition to graduate course completion, the CNS wishing to specialize in emergency care must obtain educational preparation as an APRN and may do so through various pathways including: 1) successful academic course completion specific to emergency care; 2) continuing education course completion; or 3) on-the-job instruction in emergency care.

Philosophy of Care

The CNS in emergency care understands that an emergency is considered to be any condition, illness or injury that requires immediate evaluation or treatment, and it is the goal of the CNS to provide patients and families the highest quality care available. Clinical nurse specialists also assume that each patient has a life-threatening illness or injury regardless of the chief complaint, and bases their care according to that belief.

The CNS is an advanced practice registered nurse with specialized knowledge of medical and nursing practice standards, enabling him or her to provide optimal patient care to all individuals across the lifespan through multiple strategies and capacities including disease management, health promotion, prevention of injury or illness, and risk behaviors among individuals, families and communities. Clinically, the CNS is able to provide expert care that is supported by evidence-based practice guidelines. The CNS is an educator who instructs both patient and family about self-care and involves them in determining how best to achieve care goals. The CNS is an integral part of the interdisciplinary team, serving physicians, administrators, staff and the community as an educator or consultant by advising them of ways to provide quality, cost-effective emergency nursing care across the health care system. Finally, as a researcher, the CNS serves his or her peers by providing new scientific evidence on best practices for the advancement of emergency nursing.

References

1. Styles, M. M., Schumann, M. J., Bickford, C., & White, K. M. (2008). *Specialization and credentialing in nursing revisited: Understanding the issues, advancing the profession*. Silver Spring, MD: American Nurses Association.
2. American Nurses Association. (2003). *Nursing's social policy statement* (2nd ed.). Washington, DC: Author.
3. Hamric, A. B., Spross, J. A., & Hanson, C. M. (2009). *Advanced practice nursing* (4th ed.). St. Louis, MO: Saunders.
4. Lewandowski, W., & Adamle, K. (2009). Substantive areas of clinical nurse specialist practice: A comprehensive review of the literature. *Clinical Nurse Specialist*, 23, 73-90.
5. National Association of Clinical Nurse Specialists. (2004). *NACNS statement on clinical nurse specialist practice and education* (2nd ed.). Harrisburg, PA: Author.
6. National CNS Competency Task Force. (2010). *Clinical nurse specialist core competencies: Executive summary 2006-2008*. Harrisburg, PA: National Association of Clinical Nurse Specialists.
7. Emergency Nurses Association. (2010). *Competencies for clinical nurse specialists in emergency care*. Des Plaines, IL: Author.
8. APRN Consensus Work Group and the National Council of State Boards of Nursing APRN Advisory Committee. (2008). *Consensus model for APRN regulation: Licensure, accreditation, certification and education*. Retrieved from https://www.ncsbn.org/7_23_08_Consensus_APRN_Final.pdf
9. American Association of Colleges of Nursing. (1996). *The essentials of Master's education for advanced practice nursing*. Retrieved from <http://www.aacn.nche.edu/Education/essentials.htm>
10. American Association of Colleges of Nursing. (2006). *The essentials of doctoral education for advanced nursing practice*. Retrieved from <http://www.aacn.nche.edu/Education/essentials.htm>

Approved by the ENA Board of Directors: December 2010.

© Emergency Nurses Association, 2010.