SOCIETY OF TRAUMA NURSES

POSITION STATEMENT ON THE ROLE OF THE CLINICAL NURSE SPECIALIST IN TRAUMA

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INTRODUCTION

The Clinical Nurse Specialist (CNS) is a nurse who, through advanced education at a graduate level and through clinical experience, is recognized as an expert practitioner within a specialty population[1]. There are three spheres of influence recognized in CNS practice: the client, nurses and nursing practice, and organizations/systems[2]. Traditionally, CNS practice is broadly focused on the provision of direct and indirect care, staff education, consultation, research and system change. The CNS demonstrates clinical nursing expertise in diagnosing and treating patients with complex conditions. The CNS also advances the practice of nursing by designing innovative evidence-based interventions, influencing the practice of other nurses, and influencing the healthcare system environment to support autonomous nursing practice[2]. The CNS is included in the collective term Advanced Practice Nurse (APN) which also includes the certified registered nurse anesthetist (CRNA), nurse practitioner (NP), and certified nurse midwife (CNM). Trauma programs may utilize both CNS and Nurse Practitioner (NP) in advanced practice roles; both CNSs and NPs are qualified to deal with the diversity of the trauma population and trauma services nationwide.

HISTORY OF THE CNS AS AN APN

Advanced practice roles for nurses have existed for over one hundred years as documented by nurse-administered anesthesia. The nurse clinician role was conceptualized in the early 1940s as an expert practitioner educated at the graduate level. Opinions vary as to the exact year the CNS title was introduced. The CNS role was the first APN role to adopt graduate preparation; the first master's program was established for psychiatric nurses by Peplau in 1954. Clinical nurse specialization greatly expanded in the 1960s, spawned by the enactment of the Nurse Training Act and the development of new areas of specialization. By the mid 1970s, the American Nurses Association (ANA) officially recognized the CNS role and developed specialty certification. Since then, the number of CNS specialties eligible to certify has increased. For the past 25 years, the CNS has been identified as an advanced practice nurse in the literature and educational programs. As of 1998, clinical nurse specialists accounted for 13.8% of master's level graduates in nursing. Today CNSs practice in a variety of settings and specialties, although most are employed in tertiary centers[3].

THE CLINICAL NURSE SPECIALIST IN TRAUMA

The trauma CNS assumes the traditional subroles of CNS practice including expert practitioner, educator, consultant, and researcher. Implementation of the CNS role in a particular trauma program, however, will be dictated by the needs of the organization. As a result, the priority placed and proportion of time spent in each subrole may vary.

The direct practice role is essential to all CNS practice[4]. Although the proportion of time spent in direct care varies widely among CNSs, direct care expertise provides the foundation for other competencies such as consultation, patient and staff teaching, and leadership within the organization[4]. The CNS demonstrates advanced clinical knowledge based on an in-depth understanding of the pathophysiology of trauma combined with extensive practical experience observing human responses to injury. As a practitioner, the CNS brings that advanced knowledge and assessment skills to the bedside, whether in the resuscitation room or in the trauma unit. The CNS collects data from patients and families to compile a comprehensive assessment. Based on the assessment, the CNS identifies desired outcomes and coordinates care of the patient to meet those outcomes[5]. The care may include prescribing medical interventions, based on the needs of the individual trauma program and organization, and in compliance with state regulations. The delivery of trauma care is designed to promote stability and prevent adverse outcome. The CNS recognizes common adverse outcomes and implements measures to prevent those outcomes. Frequently, the CNS responds to a changing situation using well-developed problem solving skills and advanced technology.

The trauma CNS often functions in the role of educator, in both formal and informal teaching settings. At the bedside, the CNS guides care based on current evidence-based guidelines. The trauma CNS also participates in formal teaching activities including unit-based education, standardized trauma courses, and multidisciplinary offerings such as Trauma Grand Rounds. Finally, the CNS may participate in education outside the acute care setting in outreach programs designed to bring injury prevention to the community.

The CNS also functions as a consultant, change agent, and leader within the trauma program and health care system. The CNS maintains collaborative relationships with surgeons and other professional members of the trauma team to affect performance improvement (PI)[5]. The trauma CNS is able to recognize and communicate variances in care and design methods to

reduce the impact on the quality of care and cost[5]. For example, a recurring problem identified through the PI process may lead to development of a practice guideline.

In the research role, the CNS is directly involved by identifying clinical problems amenable to research. The CNS designs studies to investigate areas of interest, frequently in collaboration with other team members. The CNS is also a consumer of research by evaluating research findings, integrating valid findings into practice and assisting other staff to interpret and utilize research findings[5].

The CNS is an invaluable resource in meeting and maintaining the requirements for statewide or national verification as a trauma center. Most of the CNS subroles directly support trauma center status. For example, the CNS's involvement in performance improvement helps in sustaining trauma center standards.

EDUCATION, CERTIFICATION, AND LICENSURE

The CNS is a licensed registered nurse who has completed a graduate program, masters or doctoral level, designed to prepare the clinical nurse specialist. The graduate program includes didactic courses such as change theory and research methods and clinical practica within the specialty. Recognizing trends in patient populations, professional workforce and health care systems, some nursing leaders have advocated a new advanced practice nursing role, the blended CNS/NP. The blended role APN completes a master's program in nursing which prepares the graduate to fulfill both the CNS and NP roles[6].

Beyond advanced education, the CNS may also pursue specialty certification. Specialty certification is highly recommended by the American Association of Colleges of Nursing[7]. The American Nurses Credentialing Center sponsors CNS certification in adult health; certification at the advanced level is also increasingly available through specialty organizations.

Practice as a CNS is defined and authorized by individual states. The state's practice act may differentiate the advanced practice role from that of the registered nurse, however, not all states include the CNS in the definition of advanced practice nurse. Likewise, requirements for additional advanced practice licensure vary from state to state. Authority to practice beyond the scope of the RN license with prescriptive authority is considered optional[2]. The need for prescriptive authority is less frequently recognized by CNSs, especially in acute care practice, than some other APNs. As of 2001, a slight majority of states allowed CNSs to prescribe

medications through prescriptive authority. CNSs tend to have the same requirements as NPs in states which sanction prescriptive authority. Variations exist in allowing prescription of controlled substances and the requirements for collaborative relationships with physicians[8].

Credentialing and Privileging

Beyond the regulatory requirements for licensure, the need for credentialing and privileging of the CNS is defined by individual organizations. The purpose of both processes is to ensure competence to practice within the advanced role. To be credentialed, the CNS usually submits an application outlining specific qualifications such as educational preparation, specialty certification, licensure, and liability coverage to a credentials officer or committee. The CNS applicant's qualifications are judged against federal and state standards[9].

The privileging process builds on the application and allows the CNS to petition to perform advanced skills in the institution. The petition must be consistent with the state-defined scope of practice for the CNS. Typically, to obtain privileges to perform a specific skill, the CNS must first document educational qualifications. The process may further require demonstrating the skill under supervision in an animal lab or clinical situation.

Summary

Trauma centers are increasingly challenged by high volumes of complex patients coupled with the economic pressures of caring for those patients with dwindling resources. The trauma CNS is well prepared to support quality multidisciplinary trauma care and to affect organizational change to better serve the trauma population. In addition to clinical value as a direct care practitioner, the trauma CNS is a recognized leader in staff education, research project coordination, and protocol/programmatic development. Ultimately, utilization of an APN in a trauma program is dictated by the needs of the organization; some blending in role actualization may occur.

It is incumbent on the CNS to define and measure outcomes to show the impact on the trauma services department within the organization. Measuring CNS outcomes may involve examining complications and length of stay, measuring compliance with protocols achieved through education, or the value of original publications and research. Fortunately, trauma centers have a ready source of outcome data in the form of the trauma registry.

THE SOCIETY OF TRAUMA NURSES:

1. Recognizes the Clinical Nurse Specialist as an Advanced Practice Nurse.
2. Values the clinical expertise and leadership demonstrated by the Clinical Nurse Specialist.
3. Supports the utilization of the CNS as an expert practitioner, educator, consultant, leader and researcher in trauma programs.
4. Recognizes the CNS as an integral member of the multidisciplinary team which strives to achieve desired outcomes and prevent complications.
5. Encourages the promotion of evidence-based trauma care.
6. Acknowledges that the CNS must meet specific state requirements for licensure.
7. Supports the American Association of Colleges of Nursing {AACN} recommendation that all CNSs be certified by their perspective professional organization.

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