

## CLINICAL NURSING AND PRACTICE

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Clinical nurse specialists are leaders in the field of nursing. They serve as mentors, educators, and advocates. They demonstrate expertise in their specialty area and maintain strong clinical skills. A clinical nurse specialist (CNS) is a graduate-level registered nurse who is certified in a specialty of choice. Obtaining specialty certification demonstrates an advanced level of knowledge as well as advanced clinical skills in a niche area of nursing. Clinical nurse specialists are leaders in the field of nursing. They serve as mentors, educators, and advocates. They demonstrate expertise in their specialty area and maintain strong clinical skills. As leaders, they can also promote and facilitate change. They utilize evidence-based practice to educate other nurses and to assist in developing cost-saving strategies in the delivery of care. They can also bring their observations and experience in patient care and apply it to research, policies, and to improve practices. As leaders, they can also promote and facilitate change. They utilize evidence-based practice to educate other nurses and to assist in developing cost-saving strategies in the delivery of care. They can also bring their observations and experience in patient care and apply it to research, policies, and to improve practices.

Nurses looking to advance to a CNS should value evidence-based practice. This means adhering to practices that have been proven effective through clinical research. Since research and therefore practice is always changing, nurses interested in a CNS role should be flexible and willing to facilitate and accept change. Nurses should also be interested in education, as educating other nurses on best practices and current research is a significant component of what they do. Nurses should be able to work well in groups and utilize a team approach to healthcare. A large part of the CNS role is to collaborate with all members of the healthcare team. Effective communication is essential. Leadership skills are also a must with CNSs. They serve as mentors to nurses and bring their knowledge of bedside nursing to organizational leadership to improve clinical practice.

Clinical nurse specialists (CNSs) are often asked to explain what it is that they do—even by nurses. As compared with a nurse practitioner who takes care of patients (easy to understand), a primary focus of a CNS is to take care of the nurses so they can take care of patients safely and efficiently using the best evidence available. The major focus of the CNS's role is

to make sure that the stretcher-side nurses have the knowledge, skills, processes, policies, supplies, and equipment they need to provide safe and effective patient care. And still, a look of puzzlement. It's a hard role to explain because it encompasses so much territory.

Clinical nurse specialist is one of the four advanced practice nursing roles identified in the Consensus Model for APRN Regulation with the other three being nurse practitioner, nurse midwife, and nurse anesthetist. The National Association of Clinical Nurse Specialists (NACNS) defines a CNS as an RN with graduate education as a CNS in a specialized area of nursing practice. The clinical component cannot be underestimated because "Clinical expertise in a specialty is the essence of CNS practice". This is a key difference from the clinical nurse leader who is trained as a generalist, not as a specialist. Also, clinical nurse leaders are not advanced practice nurses. Sometimes it is easier to describe what a CNS does not do: hiring, firing, disciplinary actions, scheduling, budgeting, and payroll are some key areas outside of the traditional CNS roles and responsibilities. However, the CNS often has input into hiring, firing, and disciplinary actions if clinical care is an issue. Traditionally, the CNS role has been described as having four major components: expert clinician, educator, researcher, and consultant. Many authors add leader as one of the subroles; however, leadership qualities are really an overarching attribute that enables the actualization of the other roles. In addition, the spheres of influence in which CNSs practice have been identified as patient, nurse/nursing practice, and organization/system

Unfortunately, when finances get tight, relatively well-paid but non-direct care positions like the CNS are often considered "nonproductive" and targeted for elimination. This is a short-sighted solution with long-term consequences. The elimination of CNS positions in the 1990s led to a vicious cycle of decline in enrollment in CNS programs, which led to fewer CNSs. With fewer CNSs, the positions that did exist could not be filled and were often eliminated, which decreased the apparent demand for CNSs. Sadly there are no longer any graduate programs in the United States dedicated to preparing CNSs in emergency care. However, many schools do offer the ability to focus on emergency care through another curriculum such as acute care or critical care.