Advanced Practice Nursing
Definition and Scope of Practice

Ann B. Hamric, PhD, RN, FAAN
University of Virginia
Charlottesville, VA   USA
Defining Advanced Practice Nursing

- As anyone with a master’s degree
- As particular roles (CNS, NP, CRNA, CNM)
- As a constellation of competencies
  (my approach)
Evolution of an Integrative Model

- We must be able to describe and define advanced practice nursing for it to exist.
- The concept cannot be so broad as to lack meaning in practice.
- When we say what advanced practice IS, we must also be clear about what it is NOT.
  - The advanced practice of nursing is NOT the junior practice of medicine. (Hamric, 2009, p.78)
- Differentiation of levels of nursing practice is necessary for clarity. All nurses are valuable but we are not all the same.
Advanced practice nursing is a *concept*, not a *role* – there are many APN roles.

To be considered an Advanced Practice Nurse, core similarities must be evident.

Direct clinical practice is central to APN definition.

Some specialties (such as administration, informatics) do not meet this definition.
Specialization vs APN

- **Specialization**
  - Selected concentration in clinical area
  - All nurses are specialized in this sense

- **Advanced Practice Nursing** Includes, but Goes Beyond Specialization
  - Specialization
  - Practice Expansion
  - Educational Advancement
First published in 1996
- Thinking began in 1993-4
- Derived from CNS model, 1989

Used literature from 4 APN specialties:
- CNS (clinical nurse specialist)
- NP (nurse practitioner)
- CRNA (nurse anesthesia)
- CNM (nurse midwifery)

Identified competencies core to all roles
A Definition of Advanced Practice Nursing

Advanced practice nursing is the application of an expanded range of practical, theoretical, and research-based competencies to phenomena experienced by patients within a specialized clinical area of the larger discipline of nursing.

Hamric, 2009, p. 78
Areas of Expansion

- Increased skills in health assessment, diagnosis, medical management
  - CNS: increased knowledge and skills related to care of complex specialty patients
  - NP: manage patients in primary or acute care settings in collaboration with physician
- Focus on disease prevention and health promotion
- APN Core Competencies
  - Ex., Coaching patients through complex health-illness transitions; ability to apply EBP to patient care
Integrative Model of Advanced Practice Nursing -- Elements

- Conceptual Definition
- Primary Criteria
  - Necessary, but not sufficient
- Core Competencies
  - One Central to all the others
  - Each has a definition *unique* to APN practice
- Critical Environmental Elements in APN Environments
  - Must be managed for the APN to succeed
Fig. 3-6. Critical elements in advanced nursing practice environments.
International Models

- **Commonalities:**
  - Newer models are competency-based
  - Some use of multiple roles
  - Requirement for direct clinical practice

- **Divergences:**
  - Terminology confusing
  - Only NPs considered as APNs in some countries
  - Competencies not similar in all models
  - No evidence of additive conceptualizations building on previous work
What Do APNs Do?

- Clinical Nurse Specialists (CNS)
  - 3 spheres of influence:
    - Patient, Nurse, System

- Nurse Practitioners (NP)
  - Primary care and Acute Care
What Differences do APNs Make?

- Improved patient outcomes
  - Physiologic health state
  - Knowledge and improved adherence to treatment
  - Enhanced ability to manage self-care
  - Improved coping

- Improved nursing care delivery and strengthening nursing as a discipline
  - Bring EBP to patient care
  - Clinical career path for nurses

- Improved structures for providing care to specialty patient populations

- Improved collaborative teams
Scope of Practice

- Describes practice limits and parameters within which APNs may legally practice.
  - Activities an individual practitioner is permitted to perform
  - In the USA, APN scope is legally defined at state level in Practice Act; then specified in regulations.
  - However, federal Medicare regulations also specify APN activities as well, so 2 layers.
Certification and Licensure

- APNs are recognized in all states (generally as APRNs), but there are differences in scope of practice
  - Second licensure vs recognition
- All states allow some prescriptive authority for certain APN groups
- APNs are certified by professional organizations at an advanced level
  - Some CNS specialties don’t have certification
Scope of Practice Derivation in the USA

- National Scope
  - professionally derived
- State Law Scope - nurse practice act
  - legislatively derived – CANNOT EXCEED
- Institutional Scope - job description
  - organizationally derived
- Service-related Scope - practice agreement
  - collaboratively derived with MD
- Individual Scope
  - individually derived
State Regulation – the Primary Criteria

- Graduate Education – accredited prog
  - Specific APN specialty category
  - FNP vs ACNP vs specialty NP

- Certification
  - In an APN specialty category
  - Complex for CNSs, since exams not available in all areas

- Licensure in a particular APN Role
  - Direct Clinical Practice
Education/Practice Congruence

- Must practice in the area for which you have been educated
- Educational specialty and role focus must match certification
- PCNPs cannot interchange with ACNPs and vice versa; ACNPs are not CNSs
- NCSBN/Joint Dialogue Group calls:
  - More stringent monitoring of congruence
  - National vs state standards
State Regulation

Different Levels of Stringency:

- Least restrictive: Voluntary Registration
  - Earliest; no longer common
- Required Registration AKA Credentialing
  - Generally includes title protection
- Second Licensure – becoming the norm
  - Provides title protection
  - "APRN" designation
- Most restrictive: Prescriptive Authority
  - Generally separate from licensure
  - Imposes additional requirements
Conclusion

“The nursing profession, nationally and internationally, is at a critical juncture with regard to advanced practice nursing. The need to move forward with one voice on this issue is urgent if APNs and the nursing profession as a whole are to fulfill their social contract with the individuals, the institutions, and the communities we serve”.

Spross & Lawson, 2009
References


