



## Clarifying the Roles of Clinical Nurse Specialists and Nurse Practitioners in Delivery of Cancer Care in Ontario

ONCOLOGY NURSING PROGRAM, CANCER CARE ONTARIO

For information or questions about this report, please contact the Oncology Nursing Program  
at: [nursing@cancercare.on.ca](mailto:nursing@cancercare.on.ca)

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# Introduction

Advanced practice nurses (APNs) make up less than 1% of the Canadian nursing workforce vs. 6.5% in the United States (1, 2). The number of oncology APN roles in Ontario has not increased in the last decade despite an accelerated growth in incidence and prevalence of cancer, as well as increasing complexity of cancer treatment and supportive care across the cancer journey that is aligned with the expertise of APNs (e.g., high risk, high cost, high volume patients).

Better integration of APNs in cancer services will improve quality of care, patient experience and health outcomes as prioritized in the goals of the Ontario Cancer Plan IV and as identified in the following documents: *Effective Use of Advance Practice Nurses in the Delivery of Adult Cancer Services in Ontario: Guideline Recommendations* (3) and the *Expert Recommendation Report on Clinical Nurse Specialist and Nurse Practitioner Roles in the Delivery of Adult Cancer Services in Ontario* (4).

As transformational leaders, APNs are innovators who balance the complexities of the system, identifying gaps and opportunities, and manage competing values and priorities to address quality, safety, sustainability and effectiveness within the cancer system. It is the combination of clinical expertise, evidence-based practice and leadership skills that makes them essential healthcare providers.

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## Objectives

1. Articulate and clarify the unique characteristics of clinical nurse specialist (CNS) and nurse practitioner (NP) roles for driving excellence and improving access to timely, high quality person-centered care within the domains of clinical practice, education, research, professional development and organizational leadership.
2. Provide guidance to support effective APN role planning, introduction, implementation and evaluation using the Participatory Evidence Based Patient Focused Process for Advanced Practice Nursing Role Development (PEPPA) Framework.

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## Target Audience

Individuals who are directly or indirectly involved in the integration of oncology APN roles in the Ontario health system, including:

- Administrators
- Healthcare planners
- Healthcare providers
- Inter-professional teams
- Policy makers

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# Definition of Oncology Advanced Practice Nursing Roles

The two types of APN roles recognized in Ontario are the CNS and the NP who may work in acute, primary, or community healthcare settings (5). To effectively promote integration and utilization of the APN in cancer care services, a working understanding of these roles and how they differ from other nursing roles is essential.

In addition to the clarifications in this document of APN roles, comparison of the four recognized nursing roles [CNS, NP, registered nurse (RN) and registered practical nurse (RPN)] can also be found in Appendix 1.

## **CNS and NP roles share these responsibilities:**

- Providing direct care at one or more time points across the cancer care continuum from cancer prevention and screening to palliation and end-of-life care.
- Improving nursing practice and healthcare delivery through integrated role activities related to education, research, organizational leadership and scholarly and professional development.

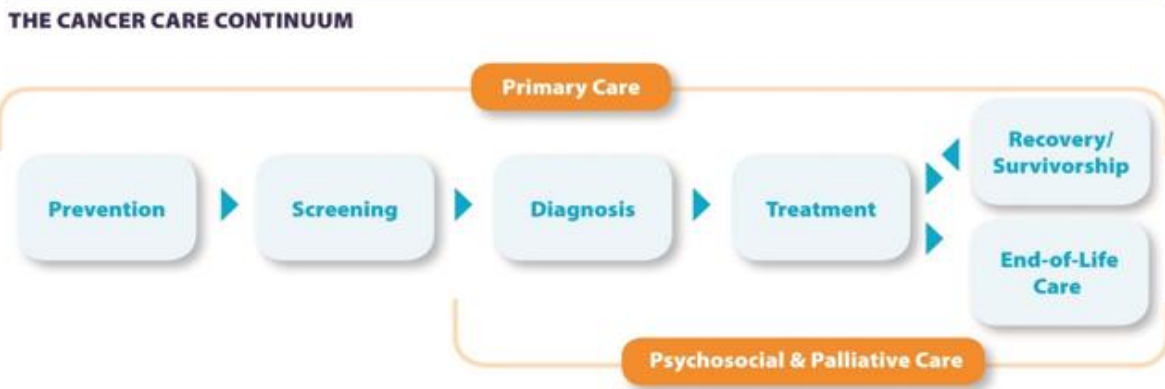
Oncology advanced practice nursing is an “umbrella term” used to describe nursing roles that have specialized and in-depth knowledge and skills focused on the care of individuals, families, populations or communities affected by cancer (6).

The mandate of all APN roles is to maximize, maintain, or restore patient health through improvements in nursing practice and through innovation in the delivery of health services (7-9).

There is national and international agreement that the minimum educational requirement for APN roles is a Master’s degree in nursing (5, 10). In addition to graduate education, practice experience is required to develop specialized and expert knowledge and skills.

APN roles are first and foremost clinical practice roles, involved in the direct and indirect provision of clinical care for individuals, families, populations or communities (5). Provision of clinical care may occur at any time point along the cancer care continuum including: cancer prevention, screening, diagnosis, treatment, survivorship, and end-of-life care. Palliative care and psychosocial support can occur at any point in the illness trajectory (Figure 1).

**FIGURE 1** The Cancer Care Continuum



In addition to clinical care responsibilities, oncology APN roles integrate four additional role responsibilities designed to make improvements in nursing practice and the delivery of healthcare services. These integrated role dimensions or responsibilities include education, research, organizational leadership and professional/scholarly development (11, 12).

It is the combination of clinical and integrated role responsibilities that make APN roles advanced (5, 13). In order to maximize the full potential of APNs in the delivery of accessible, high quality and sustainable cancer services, practice settings must support the full integration of all five dimensions of APN roles.

Other types of roles that focus on specific areas of nursing practice, such as education, research or administration are equally valued in the health system but are not identified as APN roles, because clinical practice and the provision of advanced nursing care is not the focus of their roles (5, 14).

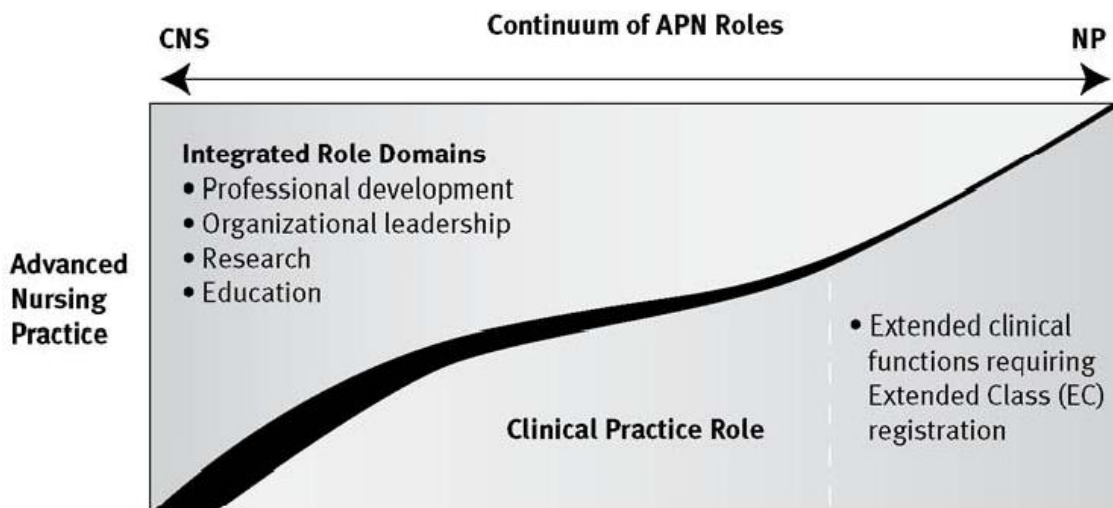
Oncology APN roles may be found in a variety of practice settings including cancer centres, home and community care centres, community agencies, ambulatory care clinics and general hospitals. In Ontario, research has shown that most oncology APNs work within the context of inter-professional teams and all work collaboratively with other healthcare providers (8).

## Recognizing the Unique Contributions of CNS and NP Roles in Cancer Care

Discerning the differences between CNS and NP roles can be confusing because they share common role dimensions. The model in Figure 2 describes a continuum or range of APN roles that is helpful for distinguishing the differences between CNS and NP roles (15). In this model both CNSs and NPs have responsibilities in all five dimensions of advanced nursing practice including clinical practice, education, research, organizational leadership and professional/scholarly development. It is

how these dimensions are operationalized that differs among CNS and NP roles. The broken diagonal line symbolizes the fluid or flexible nature of APN roles. APN roles are dynamic and are continually defined and shaped by changing patient, healthcare provider, team and organizational needs unique to practice settings. No two CNS or NP roles are alike and the balance of various responsibilities associated with individual APN roles may shift with changing demands and practice priorities in the work environment.

**FIGURE 2** Continuum of APN Roles (15)



## The Clinical Nurse Specialist Role

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CNSs promote excellence in nursing practice and serve as role models by acting as clinicians, researchers, consultants and educators. With advanced nursing knowledge and skills, advanced judgement and the provision of advanced clinical care in a nursing speciality, they assist in providing solutions for complex health-care issues at all levels with clients, colleagues and in other disciplines, administrators and policy makers. CNSs are leaders in the development of clinical guidelines and protocols and promote the use of evidence, provide expert support and consultation, organizational leadership, clinical program development and evaluation, facilitate system change and advance the profession (16).

CNSs function as highly autonomous experts in providing direct and indirect nursing care to assess and manage complex patient health needs (17). Direct care may include the case management of patients with acute or chronic health needs. Indirect care may involve providing health professionals or organizations with consultation or support to address patient health needs or to improve care delivery. From a regulatory perspective, the clinical component of the CNS role is advanced, however it falls within the scope of practice of the registered nurse.

## The Nurse Practitioner Role

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NPs are educated in both nursing theory and medical skills and possess advanced knowledge and skills to autonomously diagnose, order and interpret diagnostic tests, prescribe treatment (including drugs) and perform specific procedures within their legislated scope of practice (18). NP roles tend to have increased responsibilities for clinical care with fewer responsibilities related to integrated role dimensions. However they also provide leadership, act as consultants, researchers and educators, and incorporate and promote incorporation of new knowledge from research studies and other sources into care delivery (18). The NP works independently, collaborates and consults with the inter-professional team to achieve outcomes that are in the client's best interest (19).

The NP provides early access to care including admission to discharge closing

gaps in care that facilitate fluid planned outcomes. It is the uniqueness of the clinical domain in combination with the other domains in practice that influence positive clinical outcomes in the oncology patient population.

NP competencies build and expand upon RN competencies. NPs demonstrate in practice, the competencies to use legislated authority to autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals, perform procedures, admit and discharge patients and refer to specialists. NPs must limit their practice to the client population that is appropriate for their specialty certificate (specifically Adult or Paediatrics) (19). Requirements for RN-EC registration in Ontario include graduation from an accredited NP program and successful completion of an approved NP exam.



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## Appropriate Use of APN Role Titles

### **CNS and NP:**

- Should be used in job descriptions and role titles to recognize the distinct areas of purpose, expertise, and scope of practice of these roles.

### **APN** as a role or position title:

- Should be discouraged because it encompasses but does not distinguish the differences in role purpose, expertise and scope of practice between CNS and NP roles.

### **NP** is a regulated title in Ontario:

- Should be used by advanced practice nurses who have successfully completed the legislated requirements and have obtained the extended class registration.

### **CNS** is not a legislated or protected title:

- Should be reserved for those nurses who are in a designated APN role, have specialized expertise in oncology and completed a Master's degree in nursing.

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## Integration and Utilization of NP and CNS Roles

To optimize patient, provider and health system outcomes across the cancer journey, careful planning is essential to ensure optimal utilization of APNs. A number of studies have identified that insufficient planning and lack of stakeholder understanding about APN roles are barriers to effective role implementation and sustainability (20, 21).

Unanimous recognition by key stakeholders suggests the importance of utilizing a systematic process when developing and using APN roles in the most effective manner. The PEPPA framework in Figure 3 (participatory, evidenced-informed, patient centered, process for APN role development, implementation and evaluation) along with its companion tools, offers

administrators, policy makers and clinicians with a detailed and practical nine step protocol to identify, plan, implement and evaluate APN roles.

The framework and tools:

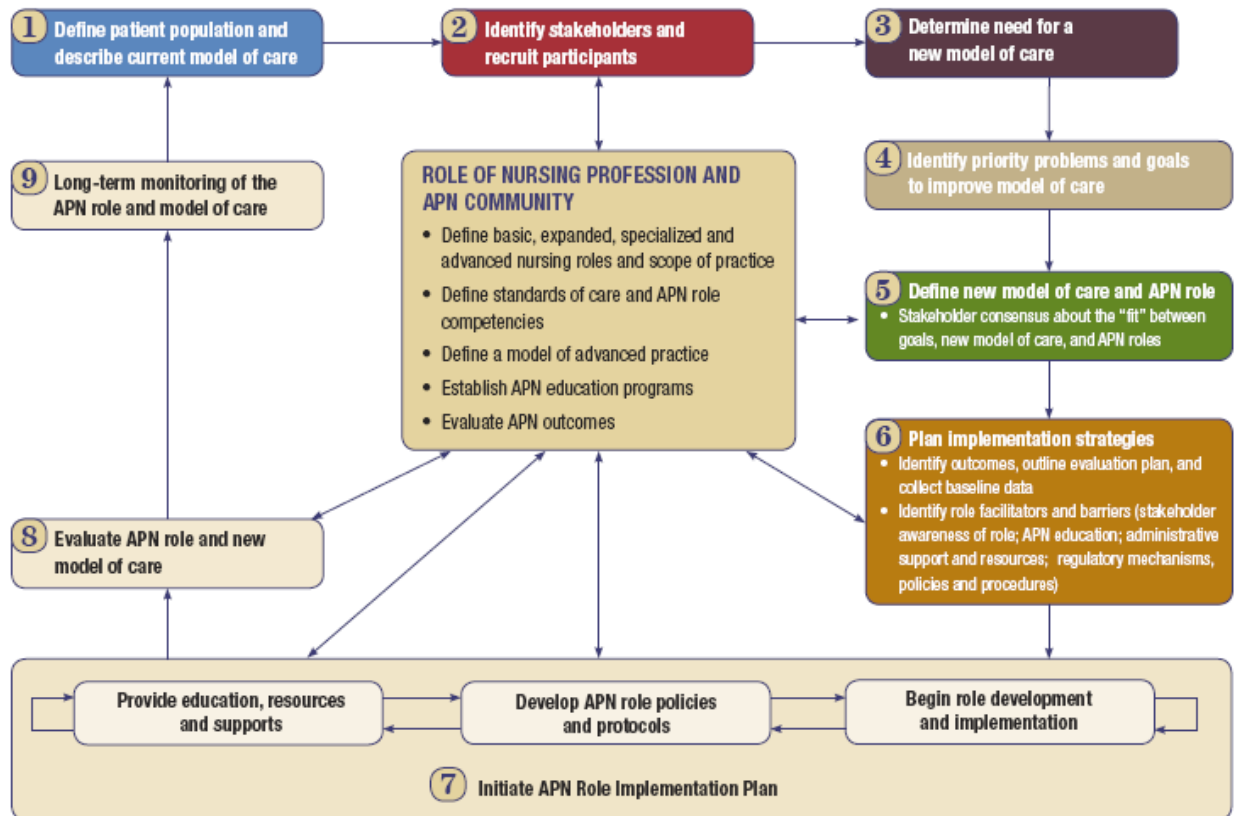
- Provide stakeholder engagement strategies,
- Help to identify APN role goals and outcomes,
- Develop an evaluation plan to assess and monitor role impact,
- Generate solutions to address initial and ongoing barriers to role implementation.

An enhanced framework, PEPPA-Plus, provides additional guidance for evaluating the implementation and impact of APNs (21).



**FIGURE 3** PEPPA Framework (22)

## The PEPPA Framework



From: Bryant-Lukosius, D., & DiCenso, A. (2004). A framework for the introduction and evaluation of advanced practice nursing roles. *Journal of Advanced Nursing*, 48(5), 530-540.

The 9-step model and companion tools can also be found on the CCO website:

<https://www.cancercareontario.ca/en/guidelines-advice/treatment-modality/nursing-care/advanced-practice-nursing-toolkit> (23)

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# Appendix 1: Oncology Nursing Practice Continuum

Tables adapted from College of Nurses of Ontario – *RN and RPN Practice: The Client, the Nurse, and the Environment*

**Nursing Scope of Practice Statement:** *The practice of nursing is the promotion of health and the assessment of, the provision of, care for, and the treatment of, health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function (Nursing Act, 1991).*

## EDUCATION

Registered Practical Nurse (RPN)	Registered Nurse (RN)	Clinical Nurse Specialist (CNS)	Nurse Practitioner (NP)
<ul style="list-style-type: none"> <li>- 2-3 year diploma in Practical Nursing from an approved College of Applied Arts and Technology</li> <li>- RPNs are nurses in the “general class”</li> </ul>	<ul style="list-style-type: none"> <li>- 4-year University bachelor’s degree in Nursing</li> <li>- RNs are nurses in the “general class”</li> </ul>	<ul style="list-style-type: none"> <li>- Graduate education: Masters of Nursing or Doctoral prepared, and expertise in a clinical specialty</li> <li>- CNS’ are RNs in the “general class”</li> </ul>	<ul style="list-style-type: none"> <li>- Graduate education: Masters of Nursing or Doctoral prepared</li> <li>- Successful completion of an approved post-Master’s NP specialty certificate:</li> <li>- Nurse Practitioner-Adult (NP-Adult)</li> <li>- Nurse Practitioner-Pediatrics (NP-Pediatrics)</li> <li>- Nurse Practitioner-Primary Health Care (NP-PHC)</li> <li>- NPs are RNs in the Extended Class [RN(EC)]</li> </ul>

## CLIENT FACTORS

Decisions about nursing resources to match patient needs are influenced by patient complexity, predictability and risk of negative outcomes.

Factor	Autonomous RPN or RN Practice	RN Involved or Providing Care	CNS Involved or Providing Care	NP Involved or Providing Care
<b>Complexity (including bio-psycho-social, cultural, emotional and health learning needs)</b>	<ul style="list-style-type: none"> <li>- care needs well defined and established</li> <li>- coping mechanisms and support systems in place and effective</li> <li>- health condition well controlled or managed</li> <li>- little fluctuation in health condition over time</li> <li>- few factors influencing the client's health</li> <li>- client is an individual, family, group or community</li> </ul>	<ul style="list-style-type: none"> <li>- care needs not well defined/ established or changing</li> <li>- coping mechanisms and supports unknown, not functioning or not in place</li> <li>- health condition not well controlled or managed</li> <li>- requires close, frequent monitoring and reassessment</li> <li>- fluctuating health condition</li> <li>- many factors influencing the client's health</li> <li>- client is an individual, family, group, community or population</li> </ul>	<ul style="list-style-type: none"> <li>- care needs may be established, not well defined or changing</li> <li>- coping mechanisms and supports unknown, not functioning, not in place or may require more intense support</li> <li>- health condition would benefit from non-pharmacologic interventions or pharmacologic interventions in collaboration with physician</li> <li>- multiple factors influencing the client's health including client, treatment or psychosocial complexities</li> <li>- client is an individual, family, group, community or population</li> </ul>	<ul style="list-style-type: none"> <li>- care needs may be undiagnosed in need of diagnostic tests, established, changing or undefined/unknown</li> <li>- coping mechanisms and supports unknown, not functioning, not in place or may require more intense support</li> <li>- health condition would benefit from pharmacologic and non-pharmacologic interventions</li> <li>- multiple factors influencing the client's health including client, co-morbidities, treatment or psychosocial complexities</li> <li>- client is an individual, family, group, community or population</li> </ul>

<b>Factor</b>	<b>Autonomous RPN or RN Practice</b>	<b>RN Involved or Providing Care</b>	<b>CNS Involved or Providing Care</b>	<b>NP Involved or Providing Care</b>
<b>Predictability</b>	<ul style="list-style-type: none"> <li>- predictable outcomes</li> <li>- predictable changes in health condition</li> </ul>	<ul style="list-style-type: none"> <li>- unpredictable outcomes</li> <li>- unpredictable changes in health condition</li> </ul>	<ul style="list-style-type: none"> <li>- unpredictable outcomes</li> <li>- unpredictable changes in health condition</li> </ul>	<ul style="list-style-type: none"> <li>- unpredictable outcomes</li> <li>- unpredictable changes in health or medical condition</li> </ul>
<b>Risk of negative outcomes</b>	<ul style="list-style-type: none"> <li>- predictable, localized and manageable responses</li> <li>- signs and symptoms are obvious</li> <li>- low risk of negative outcomes</li> </ul>	<ul style="list-style-type: none"> <li>- unpredictable, systemic or wide-ranging responses</li> <li>- signs and symptoms subtle and difficult to detect</li> <li>- high risk of negative outcomes</li> </ul>	<ul style="list-style-type: none"> <li>- unpredictable, systemic or wide-ranging responses</li> <li>- signs and symptoms subtle and difficult to detect</li> <li>- high risk of negative outcomes</li> </ul>	<ul style="list-style-type: none"> <li>- unpredictable, systemic multi-organ or wide-ranging responses</li> <li>- signs and symptoms may be multi-system, more frequent, more severe, subtle and difficult to detect</li> <li>- highest risk of negative outcomes</li> </ul>

## NURSE FACTORS

The factors that affect a nurse’s ability to provide safe and ethical care to a given client include leadership, decision-making and critical-thinking skills. Other factors include the application of knowledge, knowing when and how to apply knowledge, and having the resources available to consult as needed.

Factor	RPN	RN	CNS	NP
<b>Client</b>	- Individuals, families and groups and communities	- Individuals, families and groups, communities, and populations	- Individuals, families and groups, communities, and populations -	- Individuals, families and groups, communities, and populations
<b>Direct practice assessment</b>	- recognizes changes, probes further and manages or consults appropriately with RN or other health care team member	- anticipates and recognizes subtle changes, probes to assess further, identifies relevant factors, understands significance and manages appropriately	- anticipates and recognizes subtle changes, risks and complications, completes advanced comprehensive, or focused health assessment as appropriate for the client’s situation - considers assessments conducted by other health care professionals as appropriate	- anticipates and recognizes subtle changes, risks and complications, completes advanced comprehensive, or focused health and medical assessment as appropriate for the client’s situation - considers assessments conducted by other health care professionals as appropriate
<b>Direct practice decision making</b>	- transfers knowledge from similar situations through pattern recognition	- analyzes and synthesizes a wide range of information using a variety of frameworks or theories	- analyzes and synthesizes a wide range of information using a variety of frameworks or theories	- determines and communicates a diagnosis or change in condition - orders and interprets test results and reports



Factor	RPN	RN	CNS	NP
	<ul style="list-style-type: none"> <li>- makes decisions based on the analysis of available information</li> <li>- makes decisions by accessing a known range of options to solve problems</li> </ul>	<ul style="list-style-type: none"> <li>- makes decisions after actively seeking information and drawing on a comprehensive range of options to interpret, analyze and solve problems</li> <li>- anticipates many possibilities and makes proactive decisions</li> </ul>	<ul style="list-style-type: none"> <li>- reviews and analyzes test results and reports made by other health care professionals while investigating a patient's health problems</li> <li>- makes decisions after actively seeking information and drawing on a comprehensive range of options to interpret, analyze and solve problems</li> <li>- anticipates many possibilities and makes proactive decisions</li> </ul>	<p>made by other health care professionals while considering differential diagnoses</p> <ul style="list-style-type: none"> <li>- analyzes and synthesizes a wide range of information using a variety of frameworks or theories</li> <li>- makes decisions after actively seeking information and drawing on a comprehensive range of options to interpret, analyze and solve problems</li> <li>- anticipates many predictable and unpredictable possibilities and makes proactive decisions</li> </ul>
<b>Direct practice planning</b>	<ul style="list-style-type: none"> <li>- develops plans of care to achieve identified client goals when overall care needs are less complex,</li> </ul>	<ul style="list-style-type: none"> <li>- plans broadly and over a longer time period, incorporating a variety of options and resources</li> </ul>	<ul style="list-style-type: none"> <li>- develops evidence-based treatment plans and next steps based on relevant clinical information, expected and unexpected</li> </ul>	<ul style="list-style-type: none"> <li>- develops evidence-based treatment plans and next steps based on relevant medical and clinical information, expected</li> </ul>

Factor	RPN	RN	CNS	NP
	outcomes are predictable and risk of negative outcomes is low		outcomes, prognosis, and a variety of resources	and unexpected outcomes, prognosis, and a variety of resources
<b>Direct practice care coordination</b>	- coordinates care for less-complex clients	- coordinates care for complex clients	- coordinates care for more complex clients through case management to ensure better access to supportive care and to advocate for health and social services that best meet patient/family needs	- coordinates care for most complex clients where client or medical factors and treatment with most high risk potential for harm are combined
<b>Direct practice implementation</b>	<ul style="list-style-type: none"> <li>- meets identified nursing care needs of less-complex clients with predictable outcomes, including health teaching</li> <li>- meets current identified client care needs using a systematic framework for providing care (e.g., nursing process or theory)</li> </ul>	<ul style="list-style-type: none"> <li>- meets a wide range of nursing care needs of clients regardless of complexity and predictability, including health teaching</li> <li>- meets immediate and anticipated long-term client needs, drawing from a comprehensive assessment and range of options</li> <li>- selects from a wide range of options</li> <li>- manages multiple nursing interventions</li> </ul>	<ul style="list-style-type: none"> <li>- meets a wide range of nursing care needs of clients regardless of complexity and predictability</li> <li>- provides non-pharmacologic interventions and patient education</li> <li>- meets immediate and anticipated long-term client needs, drawing from a comprehensive assessment and range of options</li> </ul>	<ul style="list-style-type: none"> <li>- prescribes pharmacologic and non-pharmacologic interventions as required to meet the client's needs</li> <li>- completes/reviews patient's medication history as a contributing factor in differential diagnosis, decision-making and care planning</li> <li>- patient education re: rationale for medication, expected</li> </ul>

Factor	RPN	RN	CNS	NP
	<ul style="list-style-type: none"> <li>- selects from a known range of options</li> <li>- performs nursing interventions for which she/he can manage the client during and after the intervention or has access to resources</li> <li>- works in consultation with RNs and others to meet care needs of more complex clients</li> <li>- provides elements of care for highly complex clients when in close consultation with the RN directing that client's care</li> </ul>	<ul style="list-style-type: none"> <li>simultaneously in rapidly changing situations</li> <li>- directs plans of care for highly complex clients</li> </ul>	<ul style="list-style-type: none"> <li>- selects from a wide range of options</li> <li>- manages multiple nursing interventions simultaneously in rapidly changing situations</li> <li>- directs plans of care for highly complex clients</li> </ul>	<ul style="list-style-type: none"> <li>therapeutic effects, potential side effects, contraindications and precautions, as appropriate</li> <li>- manages multiple medical and nursing health problems and interventions simultaneously in rapidly changing situations</li> <li>- monitors the client's response to treatment, and modifies the medical treatment plan as appropriate</li> </ul>

Factor	RPN	RN	CNS	NP
<b>Direct practice evaluation</b>	<ul style="list-style-type: none"> <li>- collaborates with client to evaluate overall goal achievement and modifies plans of care for less-complex clients</li> <li>- identifies expected outcomes of specific interventions and modifies plan of care in collaboration with client</li> <li>- recognizes deviations from predicted client response(s) and consults appropriately</li> </ul>	<ul style="list-style-type: none"> <li>- collaborates with client to evaluate overall goal achievement and modifies plan of care</li> <li>- identifies and anticipates a multiplicity of outcomes and modifies plan of care in collaboration with client</li> <li>- recognizes, analyzes and interprets deviations from predicted client response(s);</li> <li>- modifies plan of care autonomously</li> </ul>	<ul style="list-style-type: none"> <li>- collaborates with client to evaluate overall goal achievement and modifies plan of care</li> <li>- identifies and anticipates a multiplicity of outcomes and modifies plan of care in collaboration with client</li> <li>- recognizes, analyzes and interprets expected and un-expected client response(s)</li> <li>- modifies nursing plan of care autonomously and may recommend modifications to medical plan of care</li> </ul>	<ul style="list-style-type: none"> <li>- collaborates with client to evaluate overall goal achievement and modifies medical and nursing plan of care</li> <li>- identifies and anticipates a multiplicity of outcomes and modifies medical and nursing plan of care in collaboration with client</li> <li>- recognizes, analyzes and interprets expected and un-expected client response(s)</li> <li>- modifies medical and nursing plan of care autonomously</li> </ul>

Factor	RPN	RN	CNS	NP
<b>Direct practice consultation</b>	<ul style="list-style-type: none"> <li>- consults with RNs and other health care team members about identified client needs</li> </ul>	<ul style="list-style-type: none"> <li>- consults with other health care team members about a broad range of client needs</li> <li>- acts as a resource for RPNs to meet client needs</li> </ul>	<ul style="list-style-type: none"> <li>- identifies, establishes, and maintains a consultative network of other health care professionals to meet client needs</li> <li>- consults other health care professionals when they encounter client care needs beyond the CNS scope of practice, or when a client would benefit from the expertise or advice of other health care professionals</li> <li>- acts as a resource for RNs and RPNs and other professionals</li> </ul>	<ul style="list-style-type: none"> <li>- identifies, establishes, and maintains a consultative network of other health care professionals to meet client needs</li> <li>- consults other health care professionals and makes referrals when they encounter client care needs beyond the NP scope of practice, or when a client would benefit from the expertise or advice of other health care professionals</li> <li>- acts as a resource for RNs and RPNs and other professionals</li> </ul>
<b>Direct practice (other)</b>	<ul style="list-style-type: none"> <li>- delivers elements of established health programs</li> </ul>	<ul style="list-style-type: none"> <li>- can design, coordinate and implement health programs</li> </ul>	<ul style="list-style-type: none"> <li>- designs, coordinates, implements, and evaluates health programs as a change agent utilizing relevant theories and frameworks</li> <li>- acts as a resource, facilitator, coordinator, role model and advocate</li> </ul>	<ul style="list-style-type: none"> <li>- designs, coordinates, implements, and evaluates health programs as a change agent utilizing relevant theories and frameworks</li> </ul>

Factor	RPN	RN	CNS	NP
<b>Leadership</b>	<ul style="list-style-type: none"> <li>- represents nursing and nursing care issues (e.g., participates in committees, workgroups, union/ regulatory activities)</li> <li>- acts as a preceptor to students and novice nurses</li> <li>- directs unregulated care providers, as appropriate</li> <li>- provides leadership through formal and informal roles</li> </ul>	<ul style="list-style-type: none"> <li>- can assume role of leader within inter-professional team</li> <li>- provides leadership through formal and informal roles</li> <li>- acts as a preceptor to students and novice nurses</li> <li>- directs unregulated care providers, as appropriate</li> <li>- leads team effort to develop plans of care to achieve identified client goals when overall care requirements are more complex</li> </ul>	<ul style="list-style-type: none"> <li>- large component of role is to advance their specialty and provide clinical leadership as an agent of change in clinical practice and political processes throughout the health-care system</li> <li>- leads innovations and quality improvement initiatives to improve patient, program and system outcomes</li> <li>- key role in reducing the cost of acute health-care services</li> <li>- helps influence health public policy</li> <li>- assumes role of leader within inter-professional team</li> <li>- educates nurses, students and other health-care providers on the use of evidence-based practice</li> <li>- acts as a preceptor to students, nurses and novice CNS's</li> </ul>	<ul style="list-style-type: none"> <li>- some component of role is to advance their specialty and provide clinical leadership as an agent of change in their practice</li> <li>- leads some quality improvement initiatives</li> <li>- key role in reducing the cost of acute health-care services</li> <li>- helps influence health public policy</li> <li>- assumes role of leader within inter-professional team</li> <li>- provides leadership through formal and informal roles</li> <li>- educates nurses, students and other health-care providers on the use of evidence-based practice</li> <li>- acts as a preceptor to students, nurses and novice NPs</li> <li>- directs and can delegate to</li> </ul>

Factor	RPN	RN	CNS	NP
			<ul style="list-style-type: none"> <li>- directs unregulated care providers, RPN's and RN's as appropriate</li> <li>- leads team effort to develop plans of care to achieve identified client goals when overall care requirements are more complex</li> <li>- responsibilities for organization and system leadership including improving nursing practice, knowledge translation of best practices, and health care delivery improvements</li> </ul>	<ul style="list-style-type: none"> <li>unregulated care providers, RPN's and RN's as appropriate</li> <li>- leads team effort to develop plans of care to achieve identified client goals when overall care requirements are more complex some responsibilities for organization and system leadership including improving nursing practice, knowledge translation of best practices, and health care delivery improvements</li> </ul>
<b>Resource management</b>	<ul style="list-style-type: none"> <li>- contributes to appropriate resource utilization</li> </ul>	<ul style="list-style-type: none"> <li>- can make decisions about and allocates resources at program/unit/organizational level</li> </ul>	<ul style="list-style-type: none"> <li>- makes decisions about and allocates resources at program/unit/organizational level based on population health needs and evolving practice and health-care environments</li> </ul>	<ul style="list-style-type: none"> <li>- makes decisions about and allocates resources at program/unit/organizational level</li> <li>- based on population health needs and evolving practice and health-care environments</li> </ul>



Factor	RPN	RN	CNS	NP
<b>Research</b>	<ul style="list-style-type: none"> <li>- participates in data collection for research</li> <li>- uses research to inform practice (e.g., practice guidelines)</li> </ul>	<ul style="list-style-type: none"> <li>- critically evaluates theoretical and research-based approaches for application to practice</li> <li>- appraises the value of evidence, incorporates research into practice, develops research questions and participates on research teams</li> <li>- integrates theoretical and research-based approaches to design care and implement change</li> </ul>	<ul style="list-style-type: none"> <li>- large component of role is focused on promoting and implementing evidence-based practice within teams and systems strengthening the link between research and clinical practice</li> <li>- role includes active scholarly and professional development</li> <li>- critically evaluates theoretical and research-based approaches and acts as a change agent to develop research questions and implement evidence-based care</li> <li>- assesses evidence from the literature and research studies, applies evidence to practice, uses an evidence based practice model</li> </ul>	<ul style="list-style-type: none"> <li>- critically evaluates theoretical and research-based approaches and acts as a change agent to develop research questions and implement evidence-based care</li> <li>- assesses evidence from the literature and research studies, applies evidence to practice, uses an evidence based practice model</li> <li>- role may include active research scholarly and professional development</li> </ul>

## ENVIRONMENTAL FACTORS

Environment factors include practice supports, consultation resources and the stability/predictability of the environment. The less available the practice supports and consultation resources are, the greater the need for more in-depth nursing competencies and skills in the areas of clinical practice, decision making, critical thinking, leadership, research utilization and resource management.

Factor	More Stable - RPN	Less Stable - RN	Less Stable-CNS	Less Stable - NP
<b>Practice Supports</b>	<ul style="list-style-type: none"> <li>- clear and identified procedures, policies, medical directives, protocols, plans of care, care pathways and assessment tools</li> <li>- high proportion of expert nurses or low proportion of novice nurses</li> <li>- high proportion of nurses familiar with the environment</li> </ul>	<ul style="list-style-type: none"> <li>- unclear or unidentified procedures, policies, medical directives, protocols, plans of care, care pathways and assessment tools</li> <li>- low proportion of expert nurses or high proportion of novice nurses and unregulated staff</li> <li>- low proportion of nurses familiar with the environment</li> </ul>	<ul style="list-style-type: none"> <li>- unclear or unidentified procedures, policies, medical directives, protocols, plans of care, care pathways and assessment tools</li> <li>- low proportion of advanced practice nurses or high proportion of novice nurses, RPNs, RNs, and unregulated staff</li> <li>- low proportion of nurses familiar with the environment</li> </ul>	<ul style="list-style-type: none"> <li>- unclear or unidentified procedures, policies, medical directives, protocols, plans of care, care pathways and assessment tools</li> <li>- low proportion of advanced practice nurses or high proportion of novice nurses, RPNs, RNs, and unregulated staff</li> <li>- low proportion of nurses familiar with the environment</li> </ul>
<b>Consultation resources</b>	<ul style="list-style-type: none"> <li>- many consultation resources available to manage outcomes</li> </ul>	<ul style="list-style-type: none"> <li>- few consultation resources available to manage outcomes</li> </ul>	<ul style="list-style-type: none"> <li>- fewer consultation resources available to manage outcomes</li> <li>- consults with physician and allied health professionals</li> </ul>	<ul style="list-style-type: none"> <li>- fewer consultation resources available to manage outcomes</li> <li>- consults with physician and allied health professionals</li> </ul>

<b>Factor</b>	<b>More Stable - RPN</b>	<b>Less Stable - RN</b>	<b>Less Stable-CNS</b>	<b>Less Stable - NP</b>
<b>Stability and predictability of the environment</b>	<ul style="list-style-type: none"> <li>- low rate of client turnover</li> <li>- few unpredictable events</li> </ul>	<ul style="list-style-type: none"> <li>- high rate of client turnover</li> <li>- some unpredictable events</li> </ul>	<ul style="list-style-type: none"> <li>- high rate of client turnover</li> <li>- many unpredictable events</li> </ul>	<ul style="list-style-type: none"> <li>- high rate of client turnover</li> <li>- many unpredictable events</li> </ul>

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