



A Guide for
Successful Integration of a

CLINICAL NURSE SPECIALIST



Winnipeg Regional
Health Authority
Caring for Health

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Lori Embleton - Co-Chair Advanced Practice Nursing Steering Committee

Margaret Kozlowski - Co-Chair Advanced Practice Nursing Steering Committee

Developed by:

Barbara Lewthwaite

Brenda Hearson

Cheryl Cusack

Doris Sawatzky-Dickson

Judy Robertson

Kathy Doerksen

Lesia Yasinski

Lisa Streeter

Lorraine Avery

Shauna Boitson

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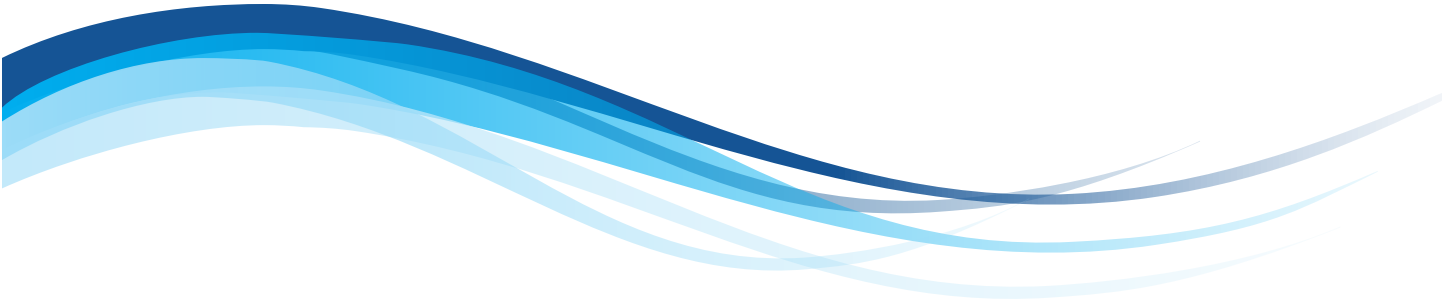
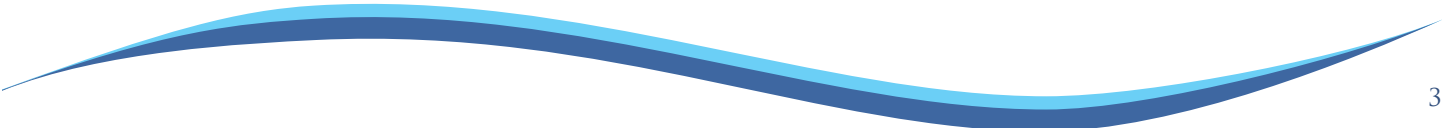


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Introduction

The Canadian Nurses Association (CNA) defines advanced practice nursing (APN) as an umbrella term that describes two roles, the clinical nurse specialist (CNS) and the nurse practitioner (NP) (CNA 2008). The roles incorporate graduate level education, in-depth nursing knowledge and clinical expertise that prepare APNs to address health needs at the individual, family, community and population levels. Additional competencies include collaboration, education, research, leadership, change management, and professional development. The distinctions between the CNS and NP roles are in their history, education, regulated authority, reporting structures, and emphasis on domains of practice.

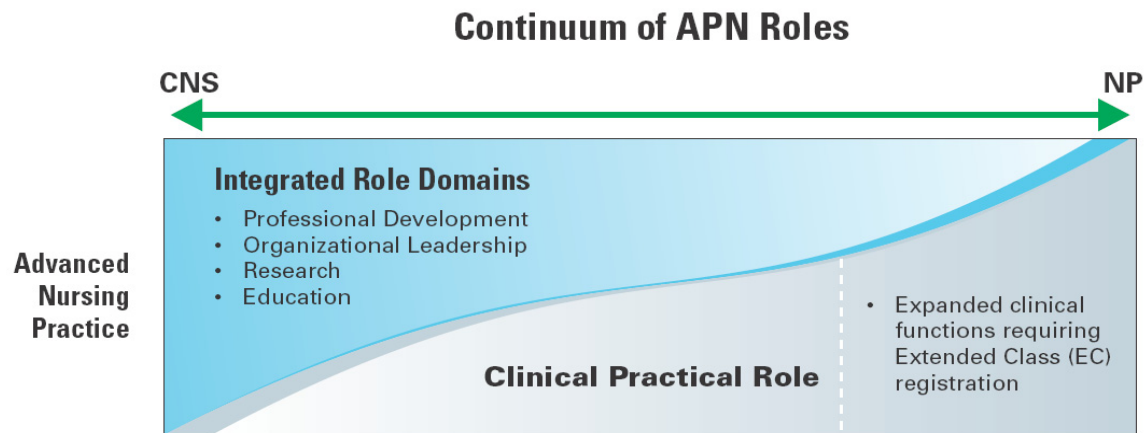
The CNS role emerged in the 1960s (DiCenso & Bryant-Lukosius, 2010) as patient care grew more complex. The role has evolved to guide the management of complex care, improve the quality of care and promote evidence-informed practice. The NP role gained formal recognition in the 1970s, when NPs were introduced in rural and remote Canada to provide health care services that were otherwise unavailable to isolated populations (CNA, 2008).

While the CNS and NP have graduate degrees in nursing, their educational programs are distinct. Educational programs for the NP focus on clinical skills and highlight the delivery of primary care services with the associated skills and competencies. It is the inclusion of graduate level preparation, either at the Master or Doctoral level, which prepares the CNS to perform advanced functions in the areas of clinical practice, consultation, education, research and leadership.

Nurse practitioners are licensed to practice on an Extended Practice registry, which provides the legislated authority to perform activities beyond the scope of Registered Nurse practice (i.e. independently prescribe medications, order and manage the results of screening and diagnostic tests, and perform minor surgical and invasive procedures (College of Registered Nurses of Manitoba website, 2011). The CNS functions within the full scope of a Registered Nurse (Registered Psychiatric Nurse) and does not require additional regulatory authority.

Both CNS and NP roles are dynamic and responsibilities may vary based on program and patient needs. Although the roles are different, both are guided by the domains of the Strong Model of Advanced Practice. The model includes components of direct comprehensive care, education, research, publication and professional leadership, and support of systems (Ackerman et. al., 1996). Figure 1 illustrates the proportion of time the CNS and NP spend in each of the domains of practice. The NP typically devotes a larger percentage of time to clinical responsibilities and direct patient care activities at the individual level, whereas the CNS balances clinical time with time spent in the other four domains.

FIGURE 1:



Bryant-Lukosius, D. (2004 & 2008). *The continuum of advanced practice nursing roles*. Unpublished document.

Purpose

The purpose of this document is to:

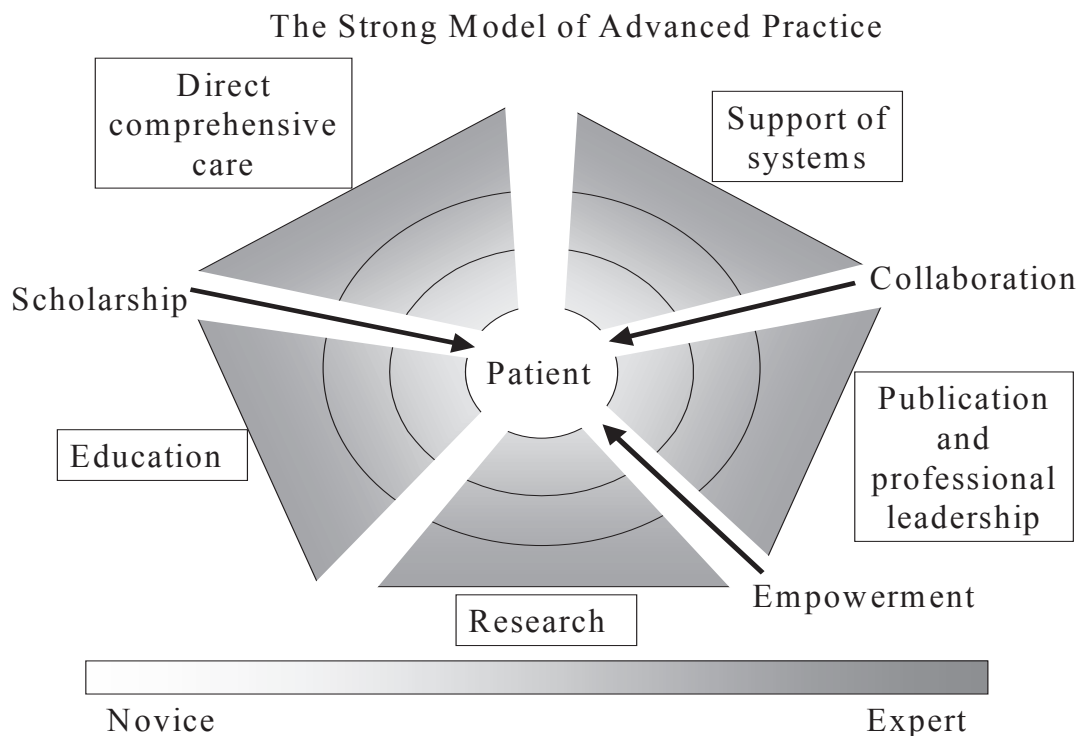
- Increase understanding of the CNS role for employers and for nurses as described by the Strong Model of Advance Practice (Ackerman et al., 1996)
- Outline processes involved in conducting a needs assessment that can be used when sites and programs are considering introducing the CNS role to their teams
- Outline tools and processes to facilitate integration of the CNS role within the team and to promote sustainability of the role.

The Role of the CNS

STRONG MODEL OF ADVANCED PRACTICE

The WRHA Nursing Leadership Council has endorsed the Strong Model of Advanced Practice (Figure 2) as the framework to guide and describe advanced practice nursing in all regional settings. The Model, developed in 1994 at the University of Rochester Medical Center, defines five domains of practice including: direct comprehensive care, support of systems, education, research, publication, and professional leadership. The time spent in each of the domains varies depending on the needs of the population served, program, and team priorities. The domains are not mutually exclusive, as some aspects of practice may fall within more than one domain.

FIGURE 2:



Adapted from: Ackerman MH, Norsen L, Martin B, Wiedrich J, and Kitman HJ (1996).
Development of a model of advanced practice. *American Journal of Critical Care*, 5:68-73



CONCEPTUAL THREADS OF THE STRONG MODEL

Three conceptual threads describe the attributes of CNS practice: collaboration, scholarship and empowerment. They influence each of the domains including direct and indirect care activities.

Collaboration: Effective collaboration and communication with patients and others on the health-care team is integral to CNS practice. Characteristic of the CNS role is the ability to consult, collaborate and build coalitions with colleagues across sectors and at all levels of the health care community/system in order to achieve health care outcomes. Throughout this process the CNS applies theories related to group dynamics, roles and organizations and demonstrates knowledge and skill in negotiation and conflict resolution.

Scholarship: Constant inquiry underlies every CNS action and decision. The CNS participates in collaborative projects with academic institutions and maintains cross appointments.

Empowerment: The CNS has the authority to identify and analyze relevant problems and to develop, implement and evaluate a plan of action. The CNS clearly articulates the role within the inter-professional team.

Novice to Expert: Benner's principles of professional advancement are also built into the model to illustrate the five levels of proficiency: novice, advanced beginner, competent, proficient, and expert. Although, typically, the CNS begins in the role with some degree of clinical expertise there will be a progression from novice to expert in the provision of advanced nursing practice in the each of the five domains.

COMPETENCIES FOR CNS PRACTICE

The competencies outlined within this document are based on the initial work by Ackerman et al.,(1996) as well as those competencies outlined in the CNA Advanced Nursing Practice: A National Framework (CNA, 2008), the Ontario Clinical Nurse Specialist Interest Group's Standards of Practice (CNSIG, 2006) and Kring (2008). The competencies are described according to the five areas of practice of the Strong Model.

Direct Comprehensive Care

The integration of clinical expertise, nursing theory, research, and knowledge is the foundation of CNS practice (CNA, 2008). The CNS has a broad repertoire of knowledge within and beyond the nursing profession. Boundaries of practice may be quite varied as CNS knowledge and skill may be used to provide care to individuals, populations or focus on improving patient care from a system perspective.

The CNS does not function in isolation, but is a key member of the inter-professional team. Direct comprehensive care may involve the CNS in the provision of direct care to individuals, families and communities as well as through the application of knowledge and skill that influences and supports nursing practice broadly and ultimately patient care.



Competencies include the ability to:

- Conduct advanced assessments and develop intervention strategies within a patient-centered framework for individuals, communities and populations
- Facilitate problem solving in complex clinical situations
- Anticipate, explain and manage the wide range of patient and population responses to actual or potential health problems
- Utilize both qualitative and quantitative data to guide clinical practice and decision-making
- Initiate and promote change in clinical care based on current literature and best practice
- Incorporate the determinants of health and the complex interaction of sociological, psychological and physiological processes in the context of the patient's lived experience
- Advocate for individuals, families, groups, and communities in relation to health care
- Assist in developing evidence-informed clinical practice guidelines (CPG), care plans, quality indicators, and cost effective programs or protocols to deliver nursing care
- Demonstrate knowledge of evidence-informed practice related to the area of specialization
- Identify gaps in knowledge related to area of clinical practice
- Provide leadership for collaborative, evidence-informed care that improves patient and population outcomes

RESEARCH

The CNS challenges the status quo and generates, synthesizes and uses research evidence in an effort to improve systems and patient care.

A CNS is able to:

- Stimulate and inspire interest in reviewing patient care practice literature and conducting research
- Evaluate and implement research-based innovations for improving patient care, organizations or systems
- Identify, conduct and support research that enhances or benefits nursing practice as either the primary investigator or collaborator with other members of the health-care team or community
- Apply research findings in the evaluation of current practice at individual and system levels
- Demonstrate outcomes of advanced practice nursing for patients, the nursing profession and the health care system by collecting and evaluating data
- Critique, interpret, apply, and disseminate evidence-informed findings



EDUCATION

The CNS advances knowledge of the health care team, patients and the public through formal and informal channels, including presentations at local, regional, national, and international levels.

The CNS will:

- Plan, initiate, coordinate, provide, and evaluate educational programs/resources specific to population needs and for the health care team according to priorities and resources of the organization
- Mentor and coach students and health care team members
- Apply and synthesize knowledge of teaching and learning theories for individuals and groups
- Assist in the skill development of nurses (e.g. relationship development, problem solving, critical thinking, clinical skills)
- Evaluate the effects of educational experiences

PUBLICATION AND PROFESSIONAL LEADERSHIP

The CNS is an agent of change and consistently seeks effective new ways to practice, influence health policy, improve the delivery of care, shape organizations, and benefit the public. Through publication and involvement in professional organizations, the CNS disseminates and promotes nursing and health care knowledge beyond the practice setting at local, regional, national, and international levels.

To demonstrate leadership the CNS will:

- Advocate for the role of the clinical nurse specialist to nurses and other health professionals, the public, legislators, and policy makers
- Contribute to and advocate for an organizational culture that supports professional growth, continuous learning and collaborative practice
- Evaluate programs in the organization and the community and develop innovative approaches to complex issues
- Understand and integrate the principles of resource allocation and cost-effectiveness in organizational and system-level decision making
- Identify gaps in the health care system and develop partnerships to facilitate and manage change
- Develop and clearly articulate a vision for nursing practice, influence and contribute to the organization's and the healthcare system's vision and implement approaches to realize that vision
- Advise patients, colleagues, the community, health care organizations, and policy makers on issues related to nursing, health and health care
- Identify problems and initiate change to address challenges at the individual, organizational or system level
- Understand legislative and socio-political issues that influence health policy and building strategies to improve health, health care access and healthy public policy
- Participate on organizational, regional, and national committees that influence decision making related to treatment, the health care system, and policy decisions that affect health and quality of life.



SUPPORT OF SYSTEMS

The CNS works to optimize nursing practice within the organization or program through quality initiatives, the development of policies, procedures and practice guidelines.

The CNS will:

- Integrate new nursing knowledge into the development of new standards of care, programs and policies
- Collaborate with members of the health care team to develop quality improvement and risk management strategies
- Share knowledge of patients' perspectives during policy development and planning
- Participate and provide leadership on internal and external committees relating to care delivery, policy and procedure development, research, education, and professional development
- Anticipate future changes (needs, technology, changing system, professional development) and recommend appropriate changes/implications to meet these needs
- Collaborate in strategic planning, program planning, and evaluation
- Identify quality indicators and monitor achievement of benchmarks
- Analyze data for trends or patterns that have implications for the health of individuals, families or communities

Needs Assessment

Needs assessments are done to determine if a new program or service is required, to assist employers in determining the most appropriate practitioner to meet the patient population or program needs. Prior to introducing a CNS role, WRHA sites and programs must engage in a needs assessment process. The needs assessment process will allow the site/program to:

- Include members of the existing health care team in decisions about the needs of the practice population
- Involve the users of the health service in health planning thereby avoiding over-reliance on care providers' perceptions
- Identify service gaps/needs and alternatives for meeting these needs
- Formulate a rational basis for planning services and allocating resources, including the potential contributions of a CNS

Questions to consider prior to initiating a needs assessment include:

- What is the purpose of this particular needs assessment?
- Who are the stakeholders?
- What types of data are required?
- How will the data be collected?
- How will the data be analyzed?



NEEDS ASSESSMENT PROCESS

1. Identify Stakeholders

- Relevant program/services
- Organization and nursing staff
- Service providers
- Professional organizations and practice councils
- Decision makers

2. Identify Population

- Key indicators of program, patient and staff priorities
- Identify the organization structure and current staff ratios
- Characteristics of patients
- Major health care needs
- Characteristics of staff/and or organization (example: competencies: knowledge, skills and aptitude)

3. Define Service Provided

- Type, range and goals of services provided (current and future)
- Use and demand for service (need identified by population statistics)
- Sources of requests for research, education, expert consultation, and referrals
- Accessibility and affordability of services
- Community development

4. Identify informal and formal patterns of service utilization

- Develop algorithms to demonstrate patterns of service utilization related to program and staff and client needs

5. Assess needs of patients (population), staff, and organization


Utilize key informant surveys and data already gathered to answer the following questions:

- Who has the need?
- How many have the need?
- Why does the need exist?
- Is the need met adequately with current services?
- Identify priorities based on quality plans, staff/management input and strategic direction, quality initiatives and gaps in service

6. Identify skill set requirements and competencies to achieve the desired goals

- Develop a strategic plan to implement goals and outcomes

7. Examine potential options

- Identify current mix of providers including funded positions
 - Consider internal/external resources and expertise available
 - Look at the education and competencies required to fill the program needs and determine the role which will be able to fill the identified gap, considering the scope of practice
 - Determine if funding will be adequate for proposed additional or different providers
- 



8. Decision and program / service planning

- Role definition
- Process for incorporation of new / additional role

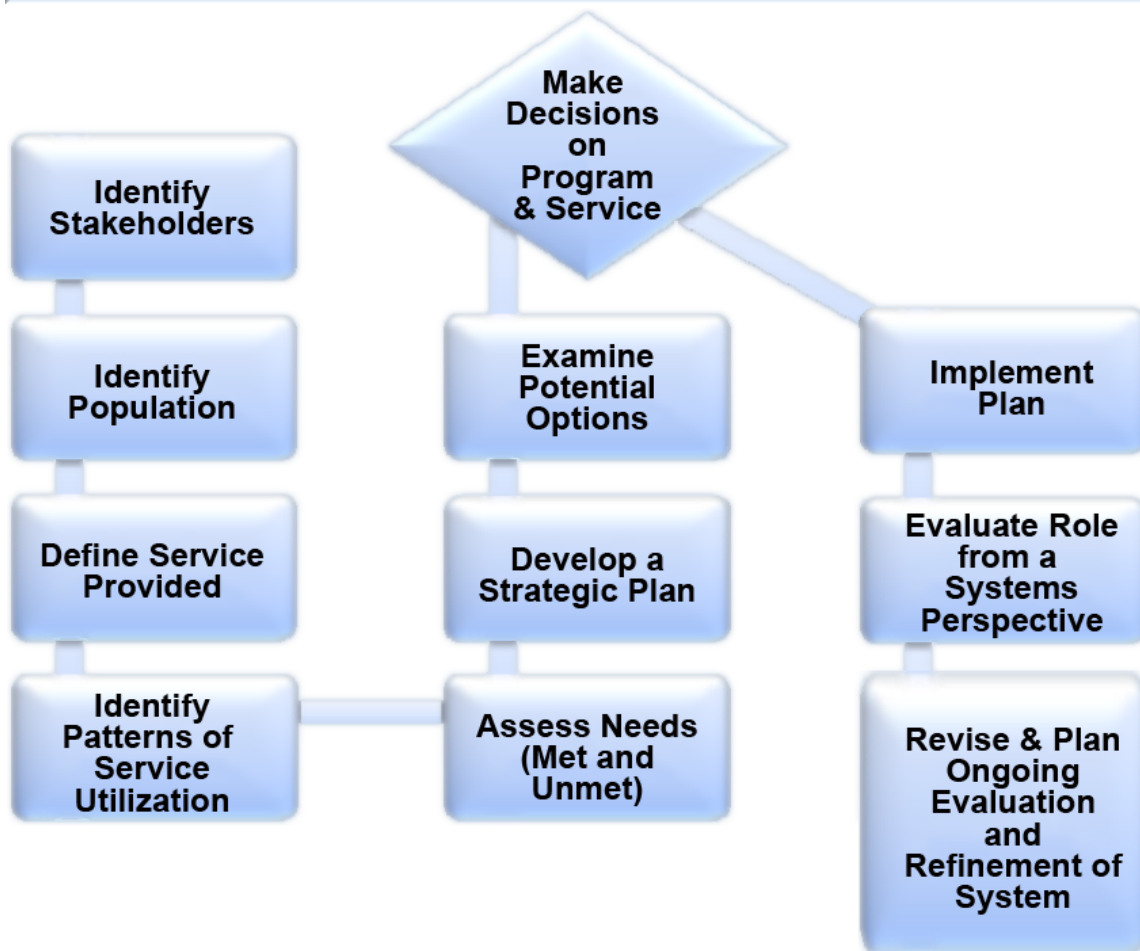
9. Implementation

- Develop indicators and outcomes expected to be achieved with the addition of the CNS role
- Collect baseline data if available regarding these indicators and outcomes
- Allow adequate time for implementation (current evidence indicates that it may take up to three to five years to effectively evaluate the health benefits and program/organization outcomes as the result of the CNS role)

10. Evaluation

- Based on the goals and outcomes identified previously.

Needs Assessment Algorithm



Adapted 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.

Myers, A.M. (1988) Needs assessment: Broadening the Perspective on its Utility and Timing. Canadian Journal of Program Evaluation, 3(2), 103-113.

Health Sciences Centre Advanced Practice Nurse Committee, 2004.



Implementation of CNS Role

In order to successfully implement the CNS role it is important to apply change management principles and consider a number of factors including:

- Organizational culture
- Leadership
- Healthcare team or organizational readiness
- Patient readiness
- Recruitment and Retention
- Communication
- Infrastructure
- Unionization and Regulatory Body
- Orientation and Ongoing Support

ORGANIZATIONAL CULTURE

Organizational culture is complex. Organizational culture can be described as the beliefs, values, rituals, myths, and sentiments that are shared by staff of the organization that influence their behavior and ultimately influence all aspects of organizational life. Potential barriers and facilitators to the integration of the CNS role can be identified by analyzing how decisions are typically made, who makes them, how people are treated, how promotions are determined, and how the organization responds to the changing health care environment. An understanding of the organizational culture is important and must be considered in introducing any new role (Kirkley et al, 2011).

LEADERSHIP

Site/Program leaders (nursing, medicine and administrative) must be prepared to commit time and effort to successfully introduce the CNS role. The role of leaders will be to ensure there is a common understanding of the CNS role among all members of the team and to assist in solving implementation issues on a timely basis. Leadership is responsible to define the goals of the program and ensure the role of CNS will meet those needs.

Once the role has been established, regular meetings between leader(s) and the CNS are essential to provide support, direction, and to ensure successful integration of the role.



HEALTH CARE TEAM RECEPTIVENESS

In the needs assessment process, examination of health care team receptiveness to the new role is warranted. The program team must be open and receptive to a CNS. Factors that enhance provider receptiveness to a CNS include:

- Education about role and competencies of the CNS and potential contributions to evidence-informed nursing, patient services, and program priorities
- Previous positive experience working with a CNS
- Advanced planning with the team to lay the foundation for success
- Ensuring CNS position requirements match the organization/program priorities and needs
- Positive and effective working relationships within the team

Members of the health care team may have questions about the role of the CNS and how it will affect their practice. These questions must be solicited and addressed in a timely manner.

PUBLIC RECEPTIVENESS

The needs assessment process provides an opportunity to identify the existing health care needs of the practice population, program priorities, and the gap(s) in service the CNS role will address. If the program/site believes it is required, a communication plan for the public should be developed.

RECRUITMENT AND RETENTION OF CLINICAL NURSE SPECIALISTS

In the recruitment process, the entire academic and clinical repertoire of candidates should be considered including knowledge of best practice and knowledge translation, clinical expertise, system change and program evaluation, and system/health outcomes. As stated in the WRHA Position Description (Appendix A), candidates must have a Masters degree in nursing and competencies previously outlined in this document.

Several factors have been identified as priorities for retention of the CNS including:

- Implementing the role with a full independent scope of practice
- Active involvement in decision making and programming priorities relating to clinical practice and evidence-informed care
- System support for research and program evaluation activities
- Adequate financial compensation, a supportive work environment, good collegial relationships, and opportunities for continuous learning

The WRHA adoption of the Strong Model encourages retention as it promotes the development of a supportive environment for professional growth. However, succession planning is important to ensure continuity as retirements/attrition occurs. Organizational support of activities such as presentations to undergraduate and graduate students and opportunities to role model with other nurses promotes interest in the CNS role and encourages nurses to pursue future opportunities.



COMMUNICATION STRATEGIES

The introduction of any new role should include a communication strategy. General information should be provided to all staff about the CNS role. Meetings with key informants may be helpful to understand any concerns or issues in advance. The role, expectations and a general plan for integration of the CNS into the team must be outlined in any communication strategy.

Team meetings to follow-up this communication should be held to answer questions and solicit support, awareness and cooperation. The CNS will play a key role in communicating about the role, including their skill set and background.

INFRASTRUCTURE AND SUPPORT

The CNS will require assigned office space with access to a telephone/voice mail, computer access with email and Internet, and administrative support. The amount of administrative support will vary depending on the program resources and role responsibilities. Office space located in proximity to other team members and clinical areas will enhance teamwork and collaborative practice.

UNIONIZATION AND REGULATORY BODY

If employed within the WRHA, the CNS will work under a collective agreement. It is best to check the site-specific union contract. The union and collective agreement will vary depending on site.

The CNS functions within the full scope of Registered Nursing practice or Registered Psychiatric Nursing practice and does not require additional regulatory authority from the College of Registered Nurses of Manitoba or College of Registered Psychiatric Nurses of Manitoba.



Orientation and Ongoing Support

Orientation for the newly hired CNS will set the stage for the successful integration of this advanced practice role into the organization. The following is a guide to identify some tools to assist with orientation and ongoing support needs.

In addition to arranging corporate and site orientation, the Director will meet with the newly hired CNS during the first week of employment to:

- Provide the CNS with a copy of the Clinical Nurse Specialist Learning Needs Assessment tool and discuss its purpose (Appendix B)
- Assist in identifying potential appropriate mentor(s) who will provide support and guidance during the first year of employment
- Provide the CNS with a copy of the WRHA CNS Toolkit which includes information on the Strong Model
- Discuss the Strong Model with an expectation as to how each domain can be accommodated in the role. Typically no one domain should dominate the role, therefore, the model should be used to create opportunities to support practice in all domains
- Discuss the goals of the program and the relation to the CNS role
- Identify key stakeholders for the CNS to meet with
- Arrange follow-up meetings on a regular basis (e.g. monthly) to discuss progress and amend the learning plan as required. Communication is important to avoid role ambiguity and to build a strong relationship between the CNS and the Director

ORIENTATION FRAMEWORK

When planning the CNS orientation, the following should be considered:

Direct Comprehensive Care

- Discuss areas of clinical experience/expertise in relationship to program needs
- Identify potential mentors in the selected clinical area and or population

Research

- Recognize the continuum of novice to expert in this category
- Explore the CNS role within clinical research; include participation in the evaluation of innovative programs and approaches related to complex practice issues
- Discuss potential mentors for research development
- Inform the CNS of research resources available within program/site/and region (Appendix C)



Education

- Discuss learning needs of the CNS based on Clinical Nurse Specialist Learning Needs Assessment tool (*Appendix B*)
- Identify learning needs and potential strategies to address these needs
- Describe potential resources to meet learning needs (e.g. educational sessions, conferences, funding availability)
- Discuss ways that the CNS can contribute to the education of nurses and patients/families within the program. Review what is currently in place and how the specific strengths of the CNS can fit with the program priorities

Publication and Professional Leadership

- Provide information about the Manitoba CNS Interest Group; this is an activity that occurs outside work hours
- Provide information about the process of obtaining a nil appointment with the University of Manitoba
- Discuss involvements and linkages that the CNS has or can develop with relevant local, national, or international colleagues

Support of Systems

- Discuss program goals and quality initiatives and how the CNS can assist in identifying and meeting the needs of the program
- Discuss nursing structure with the program/facility and how the CNS can link with broader activities
- Clarify the availability of administrative assistance and potential financial support for specific identified projects

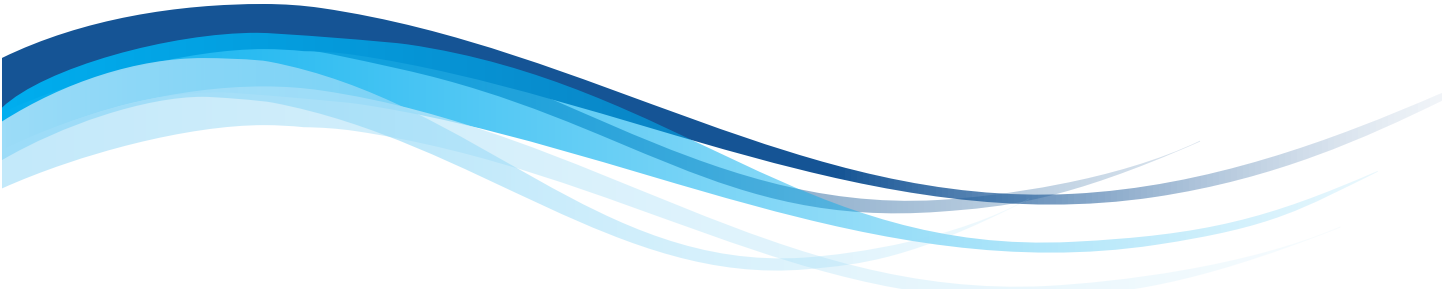
Other

- Ensure office space, computer and other equipment is provided as required for the CNS role
- Suggest CNS arrange meeting with library staff (if available) to discuss resources through library

Information for the CNS

A new CNS will be accountable for the following in order to facilitate integration of the role within the workplace:

- The CNS should be prepared to meet team members and to answer questions such as: What is a CNS? Possible responses include:
 - “I am here to focus on quality care for patients and family. I do this by helping nurses and members of the team with an evidence informed approach. I will also work on system wide issues and implement changes to improve care at all levels in the system.”
- It may be helpful for the CNS to ask the individuals how they think a CNS can help them. What are their needs?
- The CNS should find and contact a mentor. Once the mentorship relationship has been established, frequent communication is important to ensure that orientation and integration is successful. (*See Choosing a Primary Mentor*)

- 
- The CNS needs to learn about the stakeholders and their needs
 - The CNS can learn from everyone around them. It is important to be an observer and then formulate ideas
 - It is important to avoid role ambiguity. Conversations with the team and how the role is described are crucial. The CNS and Director need to communicate and agree on the goals of the position within the Strong Model
 - Build relationships and strong diverse contacts
 - Allow time for reflection on accomplishments and concerns

It is essential that the CNS work with the Director to have a successful orientation and be prepared to identify any gaps in the orientation program.

Choosing a Primary Mentor:

Mentoring relationships are more successful when the styles of the dyad are compatible in outlook, goals and style.

- Consider an individual who is an expert in the role. A mentor should have years of experience and personal commitment to the area of practice and the role
- A mentor must have the ability to develop a mutual, open, supportive, and trusting relationship
- A mentor should be part of the WRHA
- The mentor must be willing to support the learning plan developed by the CNS and Director
- The mentor will promote socialization of the CNS into the role and the work setting



Ongoing Support

Meetings between the CNS and the Director that occur on a regular basis are essential. Some of the elements that should be included in these meetings are:

- The CNS should complete the Clinical Nurse Specialist Learning Needs Assessment tool (*Appendix B*) in advance of the first follow-up meeting with the Director.
- Develop a learning plan, based on the results of the learning needs assessment tool that includes action steps such as time lines for completion and evaluation. Action steps may include arranging for specific clinical experiences and assignment of additional mentors. The learning plan and goals should be updated on a regular basis.
- Negotiate the focus of the CNS role; it must be consistent with the goals of the organization and the program employing the role
- Discuss potential mentors that can assist the CNS to meet learning needs within the domains of the Strong Model
- The Director will ensure that the Primary Mentor and the CNS each receive:
 - Strong Model of Advanced Practice Document
 - WRHA CNS Toolkit
- Evaluation criteria for the CNS role in the site/program should be established as part of the needs assessment process. As the CNS role will vary depending on the patient population being served, sites and programs need to ensure the evaluation criteria meet their specific needs.
- Regular performance appraisals are an essential part of ongoing support for the CNS. The Strong Model domains of practice provide an excellent framework to guide these practice evaluations and development of learning goals and objectives.



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Glossary

Advancement

Purposeful integration and application of role competencies related to clinical practice, education, research, leadership, and professional development to improve patient health (Hamric, 2000; Davies & Hughes, 1995).

Patient/client/resident

The beneficiary of care; may be an individual, family, group (CNA 2008).

Expanded

Acquisition of expanded or specialized clinical knowledge and skills. Expanded practice is not indicative of advanced practice unless clinical practice is guided by knowledge and activities of other role domains to improve patient care (Bryant-Lukosius, Dicenso, Browne & Pinelli, 2004).

Extended

Refers to health services practitioners that require additional regulatory authority beyond the scope of nursing practice (CNA 2002; Fahley-Walsh, 2004).

Expert

The ability to assess and understand complex patient responses in a particular practice area; requires significant depth of knowledge and intervention skills, often acquired informally, and strong intuitive skills in the practice area (RNABC, 1997).

Nursing Roles

Expert practice occurs in the continuum of novice to expert practice at any level of nursing. A registered nurse with expertise is not necessarily specialized, or engaging in advanced nursing practice. An advanced practice nurse is considered to be an expert and specialized (Macdonald, Schreiber & Davis, 2005). The following definitions of terms help to foster understanding of the position descriptions of the CNS and NP roles.

Clinical nurse specialist – a registered nurse who holds a Master’s or Doctoral degree in nursing with expertise in a clinical nursing specialty; uses in-depth knowledge and skills, advanced judgment and clinical experience in a nursing specialty to assist in providing solutions for complex health-care issues (CNA 2008).

Nurse practitioner – a registered nurse with additional education preparation and experience who possesses and demonstrates the competencies to autonomously diagnose, order and interpret diagnostic test, prescribe pharmaceuticals, and perform specific procedure within the legislated scope of practice (CNA 2008).



Corporate Orientation

A process through which a new employee is integrated into organization learning about its culture, policies and procedures. Examples of this include Workplace Health and Safety procedures, PHIA and FIPPA.

Site/Secondary Orientation

Information of a corporate, program and site nature that staff should receive within the first week of employment (e.g. organizational structure, library resources, process for calling in sick)

CNS Orientation

Refers to the clinical, non clinical and administrative information and training required to “do the job” within the specific position at the specific site as defined by and provided by the program.

Mentorship

A relationship, which provides an opportunity for personal and professional learning and development. This relationship is usually outside of the direct reporting relationship with a director, manager or supervisor and requires no evaluation.

- *Ability to plan, manage and implement change effectively.*
- *Ability to foster interpersonal relationships including effective negotiation and conflict resolution.*
- *Demonstrates effective group facilitation skills.*
- *Ability to teach at individual and group level.*
- *Knowledge of the research process and ability to apply research to clinical practice.*
- *Project management skills.*
- *College of Registered Nurses of Manitoba/Registered Psychiatric Nurses of Manitoba Standards of Practice for Registered Nurses/Registered Psychiatric Nurses.*
- *Canadian Nurses Association Code of Ethics for Registered Nurses, if not a Registered Psychiatric Nurse.*
- *Scope of practice as documented in the Registered Nurses/Registered Psychiatric Nurses Act.*
- *Regional/Facility/unit policies, procedures, protocols, and guidelines.*
- *Personal Health Information Act (PHIA), Protection of Persons in Care Act, Mental Health Act, Workplace Hazardous Material Information System (WHMIS), Principles of Routine Practices (Universal Precautions) and other legislated acts.*
- *Principles of collaborative practice.*
- *Advanced nursing care knowledge related to clinical area.*
- *Roles and responsibilities of members of the healthcare team.*
- *Principles of delegation.*

PHYSICAL DEMANDS AND WORKING CONDITIONS:

LICENCES, REGISTRATIONS:

- *Individual is responsible for maintaining and providing proof of active registration on the register of practicing nurses as per The Registered Nurses Act/Registered Psychiatric Nurses Act.*

MAIN FUNCTION: (In Order of Importance):

Under the general direction of XXXX, as part of the multidisciplinary team, the Clinical Nurse Specialist (CNS) provides:

1. Leadership in promoting excellence in the delivery of relevant nursing/psychiatric nursing services through the application of advanced knowledge of nursing/psychiatric nursing care, research methodologies, evidence based practice and program evaluation.
 2. The CNS addresses key clinical issues and program priorities by participating in or directing clinical practice, consultation, education, research, support of systems, publication and professional leadership.
 3. The priorities of the CNS are directed by program priorities.
 4. The CNS provides leadership and direction related to nursing/psychiatric nursing practice, standards, program development and evaluation, quality and research.
-



ILLUSTRATIVE EXAMPLES OF ACTIVITIES
OF POSITION: DIRECT COMPREHENSIVE CARE

- acts as a clinical expert/resource/consultant to establish, maintain and improve patient/resident/client care delivery.
- determines the need for health promotion and primary and secondary prevention strategies for individuals, families and groups and develops and implements same.
- collaborates with patients/residents/clients, interdisciplinary teams, and community members in assessing health promotion and illness prevention needs of clients, families and community outcomes.
- provides direct or participates in the development of, specialized comprehensive nursing/psychiatric nursing services emphasizing health promotion, disease prevention and collaborative management strategies to positively affect health outcomes.
- assesses, implements nursing/psychiatric nursing care and evaluates health/illness concerns of the patient/resident/client within the context of the patient/resident/client's experience and determinants of health. Applies accepted theories of family dynamics, interactions and role expectations while providing care for individuals and families.
- demonstrates expert knowledge and synthesis of expert nursing practice/psychiatric nursing practice within a clinical specialty.
- performs health assessment and demonstrates advanced clinical decision-making within a clinical specialty.
- initiates referrals and coordinates care with other healthcare providers and community agencies.
- provides counselling and education to patient/resident/clients and their families.
- monitors and documents clients' response to treatment and interventions, health status and outcomes.
- participates in a variety of intra/inter-agency and community networks, partnerships and committees to promote nursing knowledge and contribute to population health promotion.
- fosters an environment that encourages reflective practice.
- coordinates/facilitates interdisciplinary plan of care.
- acts as a consultant and expert in standards to improve delivery of patient/resident/client care.
- develops/participates in the assessment of patient/resident/client response to therapy.
- develops/participates in the outcome evaluation data to improve the delivery of patient/resident/client care.
- plans, provides and coordinates patient/resident/client/family teaching for a defined group of patient/resident/clients.
- demonstrates expert skills in the formal and informal consultation with nursing and all disciplines.
- demonstrates cultural competence, making resources available to those from diverse backgrounds.



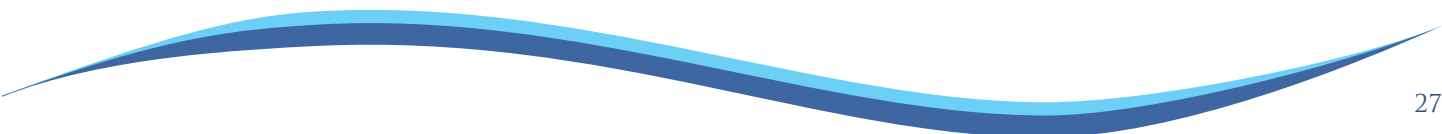
RESEARCH

- acts as a principle investigator or participates in research relevant to area of responsibility.
- critically analyzes research literature and recommends changes in the clinical practice and/or program delivery services within the appropriate forum.
- integrates evidence based nursing, medicine and critical inquiry into practice.
- demonstrates knowledge of qualitative and quantitative research methods.
- demonstrates and promotes a spirit of critical inquiry with regards to client care matters.
- assesses and identifies relevant researchable clinical practice problems with staff.
- provides consultation to nurses, other healthcare professionals and community members regarding research activities.
- complies with relevant codes of ethics when participating in research projects.
- evaluates the impact of various programs and interventions upon the health of the population and on nursing practice.
- facilitates utilization of research findings into clinical practice by health team members.

EDUCATION

- participates in learning needs assessment to promote professional development of nursing peers and other health professionals.
- contributes to the development of educational programs/resources to assist nursing peers and other health professionals to identify, prioritize, and provide quality care for defined populations.
- assists in the skill development of nurses including clinical, problem solving, critical thinking and leadership.
- identifies individual and system facilitators and barriers to professional education.
- monitors and evaluates the effect of professional educational activities in collaboration with management on the quality of patient/resident/client care.
- provides clinical supervision, education and mentoring for undergraduate and graduate nursing students.
- acts as a resource and support for educators and/or educational initiatives within the program.

PUBLICATION AND PROFESSIONAL LEADERSHIP

- disseminates specialty knowledge of research findings through presentation and/or publications at local, regional, national and international level.
 - engages in activities to promote role of CNS.
 - contributes to the development of theoretical base for nursing care by communicating practice experience and/or research findings via the literature.
 - demonstrates leadership skills, expertise, and in depth knowledge bases consistent with advanced nursing practice.
 - acts as a role model and clinical expert in the area of clinical specialty.
 - participates and provides leadership on committees related to care delivery, policy and procedure development, clinical practice guideline development, research, education and professional development.
 - anticipates future changes (needs, technology, changing system, professional development) and recommends appropriate changes/implications.
 - identifies and facilitates quality improvement initiatives related to clinical practice.
- 



SUPPORT OF SYSTEMS

- participates in local and national decision-making around health policy issues.
- collaborates in the development of strategic and program planning and evaluation to foster innovation.
- assists management with the development, implementation and evaluation of standards of nursing practice for a defined group of patient/resident/clients.
- provides specialized knowledge and skills to assist in clarifying issues, exploring options, and facilitating change.
- provides consultation to other healthcare institutions, educational institutions, and policy makers regarding the delivery of quality patient/resident/client care.
- provides consultation to community groups and patient/resident/client populations regarding healthcare issues within area of expertise.
- uses a population health, community development approach in planning, developing and implementing health promotion and illness prevention strategies/programs.
- works collaboratively with individuals and groups to improve the health and well being of the population by engaging in a broad range of community development strategies including organizational capacity building, intersectoral networking and local area development.

INTERPROFESSIONAL PRACTICE

- seeks out, integrates and values as a partner, the input and the engagement of the patient/client/resident/family/community in designing and implementing care and services.
- understands one's own role and the roles of other health providers and uses this knowledge appropriately to establish and achieve patient/client/resident/family/community goals.
- understands the principles of team work dynamics and group/team processes in order to enable effective interprofessional collaboration.
- applies leadership principles that support a collaborative practice model including shared decision-making and accountability for one's own actions.
- communicates with other health providers in a collaborative, responsive, and responsible manner.
- engages self and others including the patient/client/resident/family in a positive manner and constructively address disagreements as they arise.

OTHER

- develops and implements an education plan to maintain clinical competency.
- adheres to all safety and health regulations and safe work practices.
- may be required to perform other duties and functions related to this job description not exceeding above stated skills and capabilities.

INCUMBENT'S SIGNATURE

SUPERVISOR'S SIGNATURE

VICE PRESIDENT AND CHIEF NURSING OFFICER'S SIGNATURE

Appendix B: CNS Learning Needs Assessment Tool



Clinical Nurse Specialist Learning Needs Assessment

This is a foundational tool for the development of an action plan to address the learning needs of the Clinical Nurse Specialist (CNS). It is intended for use by the nurse and his/her direct supervisor during orientation to the position of CNS. 'Learning Needs' refer to the need to gain knowledge or skills to effectively carry out CNS activities in a designated area.

General Skills: core abilities needed to function in an Advanced Practice Nursing role

Novice	Expert			
Competencies	Not Applicable	Developing	Refining/Enhancing	Highly Developed
Demonstrate effective communication skills – verbal and written				
Apply conflict resolution skills				
Demonstrate project management skills				
Utilize effective organization/time management				
Demonstrate data management skills				
Demonstrate problem solving and decision making skills				
Demonstrate critical thinking skills				
Assess and influence the culture of the work environment				
Understand and utilize quality assurance principles				
Utilize effective computer skills				
Facilitate group meetings and conferences				
Collaborate with other professionals and disciplines				
Apply knowledge to clinical situations (scholarship)				
Effectively empower nurses, patients and families to improve health				
Apply the College of Registered Nurses of Manitoba "Standard of Nursing Care" to all areas of practice				

Direct Comprehensive Care: patient focused activities that include assessments, procedures, interpretation of data and patient counseling within a specific clinical specialty.

Novice	Expert			
Competencies	Not Applicable	Developing	Refining/Enhancing	Highly Developed
Demonstrate disease/condition-specific knowledge				
Demonstrate disease/condition-specific clinical nursing skills				
Perform comprehensive, focused health assessments				
Implement evidence based tools (i.e. practice guidelines) for this population and recognize where to locate this information				
Demonstrate health promotion and prevention skills for this population				
Apply knowledge of how patients/clients/residents flow through the system				
Apply critical thinking and decision making to formulate a comprehensive care plan				
Monitor patient response to treatment plans				
Evaluate plan of care through clinically sound reasoning and use of established outcome criteria				
Provide consultation to nursing and other care providers				
Apply theories of family dynamics				
Provide health education to clients and families				

Clinical Nurse Specialist Learning Needs Assessment

Direct Comprehensive Care continued:

Competencies	Not Applicable	Developing	Refining/Enhancing	Highly Developed
Demonstrate cultural competence and provide appropriate resources to individuals from diverse backgrounds				
Recognize ethical issues inherent in health care delivery and facilitate client decision making about their health				
Provide patient/family counseling				
Coordinate patient care by liaising with other health care providers, agencies and community resources				
Act as a clinical expert/resource to establish, maintain and improve patient care delivery				

Research: practice that challenges the status quo and seeks better patient care through scientific inquiry and incorporating evidence-based practice into direct patient care.

Novice		Expert		
Competencies	Not Applicable	Developing	Refining/Enhancing	Highly Developed
Search and obtain appropriate literature				
Critically analyze research literature and apply relevant research to practice				
Apply principles of evidence-based practice				
Identify/analyze patient care issues				
Facilitate effective change management				
Identify and develop questions for research, evidence based practice and/or quality initiatives from clinical practice				
Use & interpret statistics				
Write a research proposal				
Obtain research funding				
Apply for ethics approval and site access				
Perform qualitative research				
Perform quantitative research				
Facilitate utilization of research findings into clinical practice by all health care team members				

Education: contributions to caregiver, student and public learning related to health and illness.

Novice		Expert		
Competencies	Not Applicable	Developing	Refining/Enhancing	Highly Developed
Identify learning needs of various populations and contribute to the development of educational programs/resources				
Apply behavior change principles				
Demonstrate knowledge of characteristics of effective educational tools and resources				
Act as an mentor and preceptor for members of the health care team				
Provide appropriate patient/family education				
Contribute to formal and informal education for nursing and other health care professionals				
Demonstrate knowledge of teaching methods and learning styles				
Facilitate group learning				
Demonstrate awareness of available resources				
Facilitate use of available resources				
Evaluate education programs and recommend revisions				
Facilitate professional nursing development through education				

Clinical Nurse Specialist Learning Needs Assessment

Publication and Professional Leadership: promotion and disseminations of nursing and health care knowledge beyond the individual practice setting.

Novice	Expert			
Competencies	Not Applicable	Developing	Refining/Enhancing	Highly Developed
Disseminate nursing knowledge and research findings through presentation and/or publications at local, regional, national and international level				
Explain and promote the CNS role to patients, nurses and other health care professionals				
Provide leadership in analysis of key issues within the clinical area				
Participate in policy making activities to influence practice, health services and public policy				
Provide leadership in quality improvement and patient safety activities within an area of expertise				
Act as a resource or committee member in professional organizations				
Represent a professional nursing image at institutional and community forums				
Demonstrate leadership skills, expertise, and an in-depth knowledge base consistent with advanced practice nursing				

Support of System: professional contributions to standards, quality initiatives, and development of policies, procedures and practice guidelines to optimize nursing practice within the institution.

Novice	Expert			
Competencies	Not Applicable	Developing	Refining/Enhancing	Highly Developed
Identify health policy issues related to the population of interest				
Participate in strategic and program planning and evaluation in area of specialty				
Develop, implement and evaluate standards of nursing care within specialty area				
Use specialized knowledge base to assist in clarifying issues and to facilitate change				
Consult other health care and educational institutions and policy makers regarding the delivery of quality patient care				
Consult community groups and patient populations regarding health care issues within area of expertise				
Apply health promotion and prevention strategies and programs appropriate to the population				
Provide support to individuals, families, groups and communities for the development of programs and services, which reflect their health needs and priorities				



Appendix C: CNS Research Practice

For most clinical nurse specialists, experience in conducting research begins with their graduate work. This domain can be challenging, but is an integral part of the CNS role that can be incorporated into practice in many ways.

The first and most common way is through knowledge translation and dissemination of research findings. The second is to generate new knowledge by conducting research studies. As part of an interprofessional team, the CNS contributes to developing and supporting research priorities.

The CNS can conduct or participate in research in a number of ways including:

1. **Principal Investigator:** The role of principle investigator involves all aspects of research including designing the study, seeking grants and other support and preparing documents for approval from the research ethics board and the institution. It will also involve collection and analysis of data and dissemination of findings.
2. **Co-investigator:** Working in partnership with other CNS's or researchers from nursing or other disciplines / faculties allows for greater sharing of ideas and of the workload and for more efficient use of resources.
3. **Site Investigator:** Large multi-centre trials provide the opportunity to network with colleagues beyond the institution and province. This involves obtaining approvals from the local research ethics board and institution as well as possibly managing a portion of a larger grant that has been obtained by the primary investigators. It may also involve providing support to local data collection assistants.
4. **Research Collaborator:** Working with other investigators to support research projects by providing expertise without having primary responsibility. This may involve review of proposals and participation in promoting the research and disseminating the results. As a "knowledge user" this is an opportunity to partner with other professionals in nursing or in interprofessional teams, providing clinically relevant perspectives to the development of the study and dissemination of the results.
5. **Quality Improvement Projects:** These projects are increasingly being conducted with the rigor approaching research studies. The CNS may partner with various quality and safety teams to design and conduct projects aimed at improving and analyzing practice and patient outcomes. The need to obtain ethical and institutional approval should be considered carefully for quality improvement initiatives.



RESEARCH SUPPORTS

1. University of Manitoba Faculty of Nursing

Through the university the CNS can develop research partnerships with faculty members who have similar clinical interests. The faculty website describes the interests of each of the faculty members. The CNS may obtain a nil appointment with the faculty by contacting the dean's office. This appointment also facilitates access to the research ethics boards.

2. Manitoba Centre for Nursing and Health Research (MCNHR)

This is a research unit through the University of Manitoba, Faculty of Nursing. The centre can be accessed through the [MCNHR website](#) for descriptions of their services and supports, including grants. The MCNHR has a membership category for Professional Affiliates which they describe on the website as:

"An individual, who is primarily employed by a health care related organization, institution or company other than the University and who, as a result of that employment, desires an affiliation with the Centre that would be of mutual benefit to both the Centre and the individual. There is no salary associated with the appointment. The individual is expected to contribute to and share in the research activities of the Centre but will not normally have any duties associated with the appointment. Professional Affiliates will normally be expected to hold a minimum of a Master's degree, and be involved in conduct of nursing and/or health research or the translation of research results into practice (e.g., Nurse Manager, Clinical Nurse Specialist, and Health Care Administrator)."

3. Research Ethics Boards

There are two Research Ethics Boards (REBs) available through the University of Manitoba:

- The Education and Nursing Research Ethics Board (ENREB) can be accessed through the [Faculty of Nursing](#) webpage. This is the REB that should be used if the principal investigator is a nurse.
- The Bannatyne Campus REB can be accessed through [Faculty of Medicine](#) webpage. It includes the Health REB and the Biomedical REB. Their submission form describes the types of research that are reviewed by each of them.

All forms, dates and other requirements are listed on the webpages. They also provide templates for various forms needed in the conduction of research.

A requirement of the REBs is that anyone submitting research for review must complete the Course in Human Research Protection Program. This is a tutorial that can be accessed through the REB website.



RESEARCH FUNDING

In addition to the MCNHR, who provide some grants which assist researchers in finding other grant sources, various hospital foundations are often sources of grants for nurse researchers. To find funding for research, investigate opportunities provided by professional organizations such as Sigma Theta Tau International, and specialty organizations within your specialty, both in nursing and in multidisciplinary organizations. As a member of MCNHR you receive weekly Friday announcements which also list funding opportunities across Canada and internationally. There is also a list of funding opportunities on the University of Manitoba Graduate Studies webpage.

RESEARCH ACCESS

If the research is to be conducted in a WRHA facility, program or service not covered by another Research Review committee, research projects must seek and receive approval from the WRHA Research Review Committee.

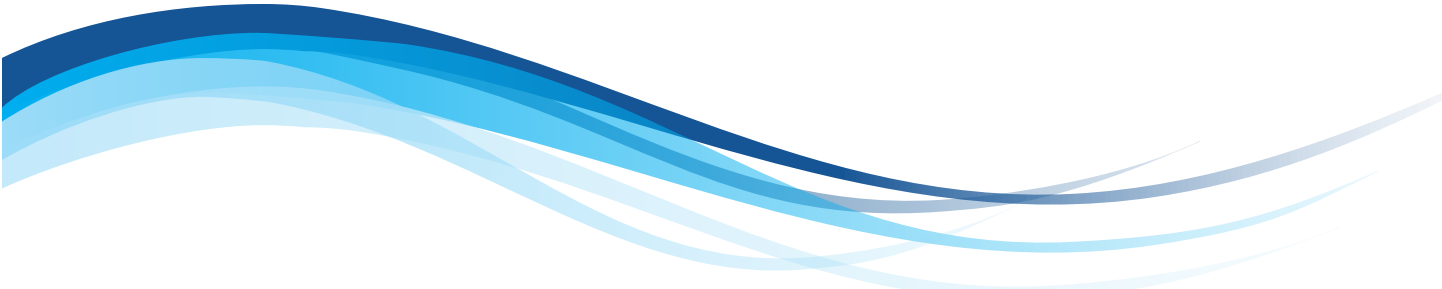
It is expected that all quality improvement / program evaluation activities are conducted according to ethical principles. Not all quality improvement / program evaluation activities are, however, required to submit a proposal to the HREB or WRHA Research Review Committee. Please read the information on this linked page to determine whether a specific quality improvement or program evaluation activity requires such review. A listing of all of the research access committees is found on this link on the WRHA Intranet site.

WRHA RESEARCH AND EVALUATION UNIT

The Research and Evaluation team provides leadership and support in creating an environment of evidence-informed decision making throughout the WRHA. They work collaboratively with WRHA program and service staff, care providers and the wider community. Their purpose is to promote and support evidence-informed decision making within the Winnipeg Regional Health Authority. It does this through research and evaluation activities that support WRHA strategic initiatives and address current issues facing the region. The Unit specializes in health services and population/community health research, with particular interest in evaluation research and knowledge translation. Their services can be accessed through their page on the [WRHA website](#). They also provide guidance on use of [Evidence-Informed Practice Tools](#) in policy #10.50.090 and their policy on [Research and Quality Improvement- Ethical Conduct](#) #10.50.080.

Useful Web Sites for Clinical Nurse Specialists

Web Site	URL
Pubmed	http://www.ncbi.nlm.nih.gov/pubmed http://libguides.lib.umanitoba.ca/health/
Cochrane Library	http://www.cochrane.org/
Joanna Briggs Institute (JBI)	http://www.joannabriggs.edu.au
Center for the Advancement of Evidence Based Practice at Arizona State University	http://nursingandhealth.asu.edu/evidence-based-practice/index.htm
Academic Center for Evidence Based Practice at the University of Texas Health Sciences Center San Antonio	http://www.acestar.uthscsa.edu/
University of Iowa Hospitals and Clinics Evidence Based Practice & Research Utilization	http://www.uihealthcare.org/Search/?search=evidence%20based%20practice%20&%20research%20utilization
Agency for Healthcare Research and Quality (AHRQ)	http://www.ahrq.gov/
Centers for Disease Control & Prevention (CDC)	http://www.cdc.gov/
National Guidelines Clearinghouse (NGC)	http://www.guideline.gov/
National Library of Medicine (USA – includes MEDLINE)	http://www.nlm.nih.gov/ http://www.nlm.nih.gov/bsd/pmresources.html
National Quality Measures Clearinghouse (NQMC)	http://www.qualitymeasures.ahrq.gov/
Registered Nurses Association of Ontario (RNAO) – Nursing Best Practice Guidelines	http://www.rnao.org/Page.asp?PageID=861&SiteNodeID=133
Registered Nurses Association of Ontario (RNAO) – Clinical Nurse Specialist Interest Group	http://www.cnsig.org
Public Health Agency of Canada	http://www.phac-aspc.gc.ca/index-eng.php
Canadian Institute for Health Information	https://secure.cihi.ca



Web Site	URL
Canadian Health Services Research Foundation	http://www.chsrf.ca
National Association of Clinical Nurse Specialists	http://www.nacns.org
American Association of Critical Care Nurses – Clinical Practice	http://www.aacn.org
Oncology Nurses Society - Evidence Based Practice Toolkits	http://www.ons.org/Research/EBPRA
Hartford Institute for Geriatric Nursing	http://www.hartfordign.org/
Society of Critical Care Medicine	http://www.sccm.org
Canadian Medical Association	http://www.cma.ca
Centers of Excellence for Women’s Health	http://www.cewh-cesf.ca
Manitoba CNS Interest Group	http://www.cnsmb.ca/
Canadian Institute of Health Research	http://www.cihr-irsc.gc.ca/e/193.html
Centre for Evidence Based Medicine (CEBM)	http://www.cebm.net/
Canadian Centre for Evidence Based Nursing	http://ccebnc.mcmaster.ca/
NHS Centre for Reviews and Dissemination (CRD)	http://www.york.ac.uk/inst/crd/welcome.htm
Scottish Intercollegiate Guidelines Network	http://www.sign.ac.uk
National Institute for Health and Clinical Excellence	http://www.nice.org.uk/
Centre on AIDS & Community Health at the Academy for Educational Development	http://www.idealists.org/view/org/9xMxB3h5hjjd/