MICHIGAN STATE UNIVERSITY COLLEGE OF NURSING
Graduate Program
NUR 801
ROLE OF THE ADVANCED PRACTICE NURSE IN PRIMARY CARE
COURSE SYLLABUS
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Required Texts:


Required readings: To be listed in Blackboard component of course
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COURSE DESCRIPTION
This graduate seminar will provide the opportunity to explore the role of the advanced practice nurse and the concepts of primary care within a contemporary health care system. The content will include issues related to the role of the APN.

The seminar will provide the opportunity to explore the concepts and theories for role, role definitions, for the Advance Practice Nurse (APN). We will examine the role characteristics of the APN.

Seminars on the primary health care system will be used to analyze concepts, characteristics and the goal of primary care. With the advent of changing social demands, cost containment will be the managed care approach to primary care that is discussed. There has been an increased focus on use of interdisciplinary collaborative function as a process of health care delivery. To provide primary care such that is accessible "comprehensive, continuous, and coordinated", a collaborative professional team effort is needed. Accountability for patient outcomes based on evidence will be discussed. Focus on practice guidelines, quality of care, outcomes of care and regulatory limitations of the current, changing system will be discussed.

Throughout the course, students are expected to develop and analyze strategies that could be used to implement the Advanced Practice Nurse role within a primary health care system in which accountable collaborative practice occurs.

INSTRUCTIONAL METHODS
A seminar format will be the method of instruction along with extensive use of the World Wide Web. Required readings and the use of the Web will provide the focus for class discussion and class preparation. Preparation for class will enhance discussion.

Use of Blackboard, the web-based classroom is an expectation of all students. This includes participation in the discussion room. In addition, the written assignments and exams allow the student to integrate and synthesize content from required readings, web activities and class discussions.

COURSE REQUIREMENTS
- Comfort with use of computer and Internet.
- Access to a computer:
  - 16M RAM, 14.4K modem, Microsoft Explore or Netscape 4.0 (or higher), Windows 4.1 (or NT, 95) JavaScript 4.0
  - Macintosh compatible System 7, 14.4K modem
- Pilot Account Set Up
- Word processing skills
- Class participation on the Web--searching, discussions, group work, sign on, respond to questions.
- Knowledge of APA format* (see expectations)

EVALUATION
Evaluation is based on scholarly papers and web activity and a final exam. A passing grade on all components is necessary to pass the course. A passing grade is 80%.
- Cost of practice short paper-- 20%
- Role of APN in Primary Care Paper -- 30%
- Participation in classroom and web discussion---10%
- Final Exam -- 40%
- Total -- 100%

WEB-BASED ACTIVITIES
In addition to our 2 hours of actual classtime most weeks, NUR 801 uses “Blackboard” which serves as a web-based classroom. The classroom includes many important areas including a discussion area, a place for class notes and readings, handouts and exercises/activities. Activities for each class will be posted 2 weeks prior to the class date. It is wise to check in on the BLACKBOARD frequently since it is also a place where the instructor will be able to post announcements and other news.

There is not sufficient time for discussion of the many issues that arise during class. For this reason, the discussion room is used regularly. You will see that there are discussion topics for most of the course areas.

You can access Blackboard by going to http://www.blackboard.msu.edu Once you are enrolled in the course and have activated your pilot account, you will be able to log on and find the 801 course listed under MY BLACKBOARD. Click on the class and you will be taken to the course spot! Make sure to spend some time to orient yourself to the site. Again, check in frequently (at least twice per week)

In order for the discussion room to work effectively, a few “rules” have been developed.
--try to keep your discussion in the “right room”. In other words, it helps everyone if the discussion fits the conversation. For example, it is best to keep discussion of paper requirements or exams in the course requirement conversation rather than in the discussion of the APN role.
--if you find you want a new conversation added, please let your instructor know. This is best done via a message in the discussion room
--check in frequently since we will use it to make announcements about readings, new web sites, changes in schedule etc.
--remember that the discussion is OPEN to everyone in the course so your more private conversations with either faculty or other students may be best done via email.
--If you find some new websites or articles that you think others would like to see, please post them.

FINAL EXAM (40%)
The final exam will be worth 40% of the grade, and will include both multiple choice and short answer/essay question examining the extent to which the student understands course objectives. This will be given during finals week. Application of major concepts of the course will be the focus of the exam. The final exam will be on December 12, 2002 during scheduled class time.

COST OF PRACTICE SHORT PAPER (20%)
This assignment will be due September 30th. The paper is designed to provide the student with the opportunity to investigate the factors which influence the cost of an APN’s practice. Details of the paper requirements will be provided in Blackboard.

ROLE OF THE APN IN PRIMARY CARE PAPER (30%)
The final draft of the paper will be due on November 21st. Late papers will only be accepted if prior arrangements have been made with the instructor (this is a rarity by the way). You will be asked to describe the position you wish to have after graduation and analyze one role characteristic which will be vital to your practice. You will need to review and summarize appropriate current literature. You will be provided with an opportunity to submit a draft of the paper if you desire feedback prior to writing the final product. The draft of the paper will be due October 21. It is HIGHLY recommended that you submit a draft. Further description of the paper requirements and a sample grade sheet will be posted in Blackboard.

COURSE CALENDAR

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Orientation: Advanced Nursing Practice  
(Instructor in Gaylord)  
August 26

Role Characteristics and Domains  
(Instructor in East Lansing)  
September 5

Role Discussion Continued  
(Instructor in Gaylord)  
September 12

Primary Care  
(Instructor in Kalamazoo)  
September 19

Primary Care Continued  
(Instructor in Gaylord)  
September 26

First paper due by September 30

Role of the APN in Primary Care  
(Instructor in Gaylord)  
October 3

NO CLASS MEETING: Web-based Content on Managed Care  
(Instructor in Ukraine: available by internet)  
October 10

NO CLASS MEETING: Web-based content on Demand Management/Disease Management/Care Management  
(Instructor in Ukraine: available by internet)  
October 17

Draft of 2nd paper due by October 21

Organization/Collaborative team/leadership  
(Instructor in Gaylord)  
October 24

Collaborative Team Continued  
(Instructor in East Lansing)  
October 31

Accountability in Practice: Outcomes and Evaluation  
(Instructor in Gaylord)  
November 7

Outcomes and Evaluation Continued  
(Instructor in Kalamazoo)  
November 14

Practice Guidelines/Standards of Care  
(Instructor in Gaylord)  
November 21

Second paper due by November 21

HAPPY THANKSGIVING

NO CLASS MEETING  
November 28
COURSE OBJECTIVES

At The End Of NUR 801, The Student Will Be Able To:

1. Compare and contrast the role characteristics of the APN with other primary care providers.

2. Examine the impact of the role of primary care within the health care system and the role of the APN within primary care.

3. Analyze the value of collaborative care as a way to deliver primary care.

4. Analyze the impact of the organizational and financial system resources on resource allocation in the delivery of primary care using managed care as an example using managed care as an example.

5. Analyze the APN role as related to accountability, responsibility and scope of nursing practice.

Exit Behaviors

Upon exiting the class, the student will be able to:

**Exit Behavior 1**: Compare and contrast the role characteristics of the APN in relationship to other primary care providers.

a. Analyze dimensions of role characteristics and domains of practice needed to carry out the APN role.
b. Analyze the process of professional socialization and resolution of role conflict necessary to implement the APN role.
c. Analyze dimensions of role characteristics utilizing domains of practice needed to carry out the advanced nursing practice role within primary care.
d. Analyze in detail selected roles and behavior to be realigned and expanded to implement the advanced nursing practice role in the delivery of primary health care.

**Exit Behavior 2**: Analyze the role primary health care system and current approaches to delivery of primary care.

a. Define role characteristics and goals of primary health care (include access cost containment, managed care, continuum of care outcomes, quality assurance) within the overall health care delivery system.
b. Analyze potential areas for role stress (strain, conflict) in nurse-physician relationships in the delivery of primary care.
c. Identify changes in professional nursing behavior and organizational structure and delivery pattern needed for delivery of effective primary care. Examine the role of practice guidelines and care process within the delivery of primary care.
d. Identify strategies to facilitate the implementation of the advanced nursing practice role in primary care.

**Exit Behavior 3**: Analyze the role of primary care within the health care system using managed care as a delivery approach.

a. Define characteristics and goals of managed care as a delivery model within the overall care delivery system.
b. Describe the continuum of managed care models.
c. What are factors within managed care that enable or interfere with the implementation of the APN role.

**Exit Behavior 4**: Analyze the concepts and strategies necessary for effective collaborative interdisciplinary (collaborative) functioning within primary care.

a. Analyze the processes necessary for working together using a model as a theoretical base. Compare and contrast how collaborative team functioning differs from an individual's professional functioning (both process and outcome).
b. Determine barriers and benefits of collaborative functioning on individual member (personal and professional), to team (group), and to client care. (Cost-benefit).
c. Analyze the concepts of conflict, trust, to develop strategies needed to function effectively within the collaborative model (overlapping responsibilities).

d. Identify strategies to facilitate the effectiveness of the Advanced Practice Role within a primary care collaborative model.

e. Define the advanced nursing practice role of the ANP from a legal perspective (scope of practice, authority, autonomy and accountability).

**Exit Behavior 5:** Analyze evidenced outcomes and performance indicators of primary care for which nurses in ANP should be responsible and accountable.

a. Analyze how practice guidelines (evidenced based) relate to performance indicators evaluation and patient outcome.

b. Analyze the distinction between practice guidelines and protocols.

c. Analyze appropriateness for use of practice guidelines within primary care.

d. Examine the components and process needed to evaluate effectiveness of APN in primary care (value-added).

**OBJECTIVES FOR CLASSES**

**Class I (August 26): APN - Scope of Practice Roles**
- Compare and contrast advanced practice and baccalaureate practice.
- Discuss similarities and differences between the NP and CNS role.
- Discuss the APN role relevant to current health care delivery.
- Define the scope of practice of the APN in Michigan

**Class II, III (September 5 and 12): Role Characteristics and Domains**
- Define the dimensions and major role domains of APN role.
- Discuss the competencies required for this role.
- Analyze role characteristics and domains needed to carry out the advanced nursing practice role.
- Define the role of the APN in relationships to other health care professionals in the primary care system.
- Analyze in detail selected roles and behavior to be realigned and expanded to implement an APN role in the delivery of primary health care.

**Class IV, V (September 19 and 26): Primary Care**
- Define characteristics and goals of primary health care (from wellness and screening and early detection through treatment and LTC).
- Identify role and breadth of primary care services in an integrated health care delivery system.
- Identify outcomes that need to be achieved in the delivery of primary care.
- Discuss the content of primary care. (The most common problem, diagnostic and treatment approaches).
• Analyze the effect of policies and regulations on implementing the primary care goals.

Class VI (October 3): Role - Role Conflict in Primary Care – The APN Role
• 1) Examine theoretical perspectives of role implementation to understand own behavior that will evolve as one adapts to the advanced practice nursing role.
• Examine the role for the APN in primary care. What role characteristics are relevant?
• Analyze potential areas for role stress (ambiguity, strain, and conflict) in between primary care providers.
• Analyze the process resolution of role conflict necessary to implement the advanced practice nursing role.
• Analyze how the role of APN and role characteristics differs in primary vs. acute care.
• Discuss the factors included in cost of practice for the APN

Class VII (October 10): Managed Care
• Describe key philosophy, the definitions, and concepts used in managed care, and the distinct characteristics that separate managed care from fee-for-service (FFS) within primary care.
• Describe the continuum of managed health care models (staff, group, network) and the key differences for each, including elements of control, primary strengths, and advantages/disadvantages of each type of plan for the consumer and the provider.
• Examine the social and economic factors influencing primary care in a managed care health care delivery system, and describe the social forces that led to the formation of managed care.
• Examine the relevance (how the APN roles help to reach the goals/objectives of managed care organization) of the APN in primary care in the managed care environment.
• Analyze which roles of the APN will conflict with primary care in Managed Care environment and strategies the nurse can use to realign the roles.
• Examine selected ethical dilemmas in managed care

Class VIII (October 17): Disease and Demand Management and Care Management
• Define disease management, demand management and care management
• Analyze when each are appropriate for primary care
• Discuss why they were developed and when appropriate

Class X (October 24 and 31): Collaborative Team/Organizations and Leadership
• Define collaborative interdisciplinary practice.
• Analyze individual provider/patient benefits and barriers to interdisciplinary team practice for primary care.
• Analyze concepts such as conflict, trust, power, and competition needed to function collaboratively. (Where will the major conflicts and competitions exist?)
• Describe the leadership role of the APN within interdisciplinary practice
• Discuss the factors in organizations which facilitate or deter team functioning

Class XI, XII (November 7 and 14) Analyze quality outcomes and performance indicators appropriate to AP Role in Primary Care
• Explore how quality of primary is related to cost and reimbursement and what other outcomes should be examined.
• Analyze some of the barriers to APN which impact evaluation and for nursing practice accountability - especially nurse sensitive patient outcomes. What is the importance of outcome management?
• Describe nurse sensitive outcomes and nursing classification for intervention (NIC and NOC)
• Analyze how nurse sensitive outcomes are related to performance indicators such as HEDIS.
• Delineate the sources of data to be used to evaluate the effectiveness of ANP in primary care.

Class XIV (November 21): Practice Guidelines/Standards of Care
• Discuss the differences between practice guidelines and protocols (benefits and limitations).
• Define evidence based guidelines and the role of the APN in development of guidelines.
• Discuss ways to use and access guidelines for PC that exist and how to use in daily practice and relevance to quality of care and outcomes.
• Examine specific guidelines and discuss how they were developed and when appropriate.
• Discuss how nationally established guidelines are used and modified at the local level and how they are used for reimbursement (HEDIS etc.)
• Discuss evaluation of guidelines and how to determine usefulness to APN practice.

**Class XV: Impact of the ANP on care**

• Discuss current literature on the impact of the advanced practice role.
• Discuss ways to increase the public’s knowledge of the impact of the APN
APPENDIX A: THE ADVANCED PRACTICE ROLE IN PRIMARY CARE
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Overview of Primary Care
Primary care is distinguishable from secondary and tertiary care, which are based on referral rather than initial contact.

Primary care is that care the patient receives when he first approaches the health care system or formally participates in the "process of medical care." The second dimension of this primary care definition is the responsibility for the continuum of care--that is, the promotion and maintenance of health, evaluation, management of symptoms and appropriate referrals. Implied in this definition is that services by the health care professional include decision-making and accountability for promoting wellness, preventing illness, and maintaining and restoring health.

There are four major tasks to be accomplished by primary care. Primary care must:
1. Serve as the point of entry, screening and referral point for the rest of the personal health care system.
2. Provide a full range of basic services necessary to preserve health, prevent disease and care for common illnesses and disabilities of client populations and provide services necessary to ensure utilization of these services.
3. Provide the stabilizing human support needed by patients and their families in times of health-related crises.
4. Assume responsibility for the continuing management and coordination of personal health care services throughout the entire health care process (whether patient is ambulatory or bedridden, home or in community setting, whether receiving care at secondary or tertiary level).

Although these tasks may be accomplished at secondary and tertiary levels, it is at the primary level needs ultimate responsibility and accountability must.

Longitudinal responsibility for the client, now deemed continually regardless of the presence or absence of disease, is as an essential element in primary care. They point out that primary care is oriented to outreach and follow-up as well as toward helping the client define those conditions by which involvement with professional services and continuation of care are appropriate. At the primary level, care may be relinquished in part at times, but not terminated. Care at this level is not limited to the course of a single episode of illness but implies an ongoing, longitudinal responsibility and accountability. When other health resources are involved, the primary care health care providers the coordinating and integrating role.

FAMILY AND/OR GERONTOLOGICAL APN ROLE IN PRIMARY CARE
The nature and scope of nursing practice as it relates to primary care needs is based upon a holistic approach to Man. As such, it is devoted to understanding human beings and the way in which individuals respond to health care problems. The delivery of primary nursing care has a foundation in the psychosocial and spiritual services as well as the medical, physical, and biological sciences. Nursing practice needs to develop as much excitement about the study of the normal conditions and situations as that which exists for the abnormal and illness health status. Primary care includes helping people at all points along the health-illness continuum. Inherent in the normal health status is health maintenance, health promotion, education, anticipatory guidance, and preventive care. Nursing requires sufficient evidence to justify what actually
promotes or contributes to improve health status. A creative approach to maximize the health status of clients should serve as a challenge to the Advanced Practice Nurse. Nurses prepared for primary health care roles are able to function as family health care generalists. The Advanced Practice Nurse delivering primary care places emphasis on wellness, or promoting the client's and families' abilities to cope with illness, to adjust and adapt to disability and incapacitating illness, and support and enhance the client's own strengths and assets.

The Advanced Practice Nurse prepared for primary health care roles is able to provide prenatal, post-natal, and well-child care; family planning; guidance regarding nutrition and preventing infectious disease; assistance in coping with illness, and adapting to disability and the normal effects on aging; and supervision of therapy and physical and psychosocial comfort throughout the entire developmental cycle. The Advanced Practice Nurse can provide support to assist and guide clients and families to manage their own care to cope with crisis. The Advanced Practice Nurse is also concerned with educational services, how information is transmitted, how the client internalized this information to promote health maintenance at an optimal level to promote client capabilities to assume responsibilities for self-care. In the final analysis, the Advanced Practice Nurse should reach out to clients from a variety of social, economic, ethnic, racial and environmental backgrounds. These clients may have different expectations of health care; they may not recognize the existence of health problems; they may fail to participate actively in the health care system, and may consequently not seek care. Primary care is practiced whenever patients are assisted in preventing physical and emotional illness, in acquiring those behaviors which lead to productive parenting, in coping with illness and disability in ways that promote growth, in problem-solving, in identifying and considering alternatives and actions related to health, and finally, in mobilizing their resources in order to live and die in harmony with self and others.

The scope of the Advanced Practice Nurse practice is differentiated by the area of expertise (family health Gerontologist or gerontology) by the complexity of the development and situational crises of the clients for whom the service is provided. These crises might involve health maintenance for families or individual clients with several chronic diseases or might include therapeutic regime of individuals for whom physical illness is complicated by major psychological involvement or the normal effects of aging. Research is used to improve care and to develop the body of knowledge related to primary care by investigating problems and questions.

The Advanced Practice Nurse role includes the ability to recognize problems and ascertain who is the best resource to meet patient needs when the client needs to be referred. The Advanced Practice Nurse assists the client to determine his own health care goals, and to achieve continuity of care.

The nature of nursing in primary care includes direct care and management as well as the coordination of care. The coordination of care for client's with health problems of multiple and complex causation strongly suggests functioning interdependently with others. This role includes
the ability to work collaboratively and in a consultative capacity with professionals of many disciplines and with agencies of many types.

As an end result, the Advanced Practice Nurse assists clients in understanding the need for the process of seeking health care and the services that are available. The Advanced Practice Nurse should assist individuals who are not in the health care delivery system to enter and to help them define the situations under which entry would be acceptable and appropriate.

The Advanced Practice Nurse prepared to function in primary care should participate in assessing community needs and in surveillance of health problems. Advanced Practice Nurses should be involved in planning, organizing, administering and monitoring pertinent health services for the community. These must seek out individuals and groups in need, work with them to improve health status, and work with the community at large to bring about change in the delivery of health care. Ultimately, they are concerned with improving the quality of care of a population.

The uniqueness of the Advanced Practice Nurse lies in the eclecticism and the comprehensiveness with which she/he must synthesize and utilize theory and practice. This is nursing's greatest strength and greatest vulnerability since nursing practice is often seen to overlap with that of every other health care professional, especially in this expanded role. However, it is just this broad nature that is most needed in primary care.

The caring relationship established with the client is the central core of nursing and cannot be practiced without continuity. The basic pattern of caring in nursing is that of helping another to grow toward more complete health and self-care abilities and development. In providing primary care, nursing offers an aspect largely absent from care provided by other professionals—that is, client-centered or family-focused care. If one accepts the notion that a client's environment is an extremely important aspect of maintenance of health and recovery of adjustment to illness, primary care must be client-focused.

The Advanced Practice Nurse can deliver primary care, regardless of which setting or specific health status. It is the assumption of primary responsibility and continuing management of longitudinal care that defines primary health care services. The Advanced Practice Nurse can determine the scope to her/his own practice, accept the responsibility for primary health care and is accountable for decisions and actions to both the client and to society for her/his practice. The care nursing described includes accountability, first, to the patient. Accountability and responsibility are shared with physician colleagues as well as other health care professionals.

Depending upon the state in which the Advanced Practice Nurse practices, the nature and scope of nursing in primary care may or may not include making a differential diagnosis, prescribing therapeutic regimens based on the diagnosis or solving of complex patient problems. The process used by the Clinical Nurse Specialist does include recognizing deviations from the normal, labeling the deviation, and differentiating the clinical findings that require referral or the expertise of other disciplines.
The scope of the Advanced Practice Nurse in primary care should be viewed as fluid and evolutionary, and it is defined by the knowledge and skills needed to meet primary care needs. The scope of practice for the master's level clinician includes more sophistication and comprehensive approach in the management of client care. The Advanced Practice Nurse are capable of investigating and evaluating nursing interventions of others as well as providing direct care for patients and their families.

This clinician prepared at the master's level must also be role model in primary care: maintaining and refining knowledge and skills, integrating the various components of primary care into specialty practice, and manipulating the organization of health care providers, utilizing the skills and expertise of each member.

The role of the Advanced Practice Nurse is entirely compatible with the specialists’ role in family-focused primary care as well as care of the elderly. The latter enriches the former, as it is more fully integrating nursing knowledge and behaviors that emanate from the knowledge. The Advanced Practice Nurse must always consider the client, however, without losing sight of her/his role in leadership, teaching and research. The master's prepared Advanced Practice Nurse must be involved in developing and testing models of primary health practice along with the continuing evaluation of the quality of primary care practice.
APPENDIX B: ROLE
CHARACTERISTICS OF THE APN
APPENDIX B: ROLE CHARACTERISTICS OF THE APN

Advocate -- One who works to promote a transfer of responsibility to the client by creating a climate of mutuality in which the nurse assists the client in exercising his/her rights and in improving self-care abilities.

Case manager (Care Coordinator) -- One who facilitates the identification of health needs and development and implementation of a therapeutic plan of care for patient within the context of an interdisciplinary team. One who assures continuity and advocacy for the patient.

Clinician/Practitioner -- One who systematically collects subjective and objective data, interprets the data using advanced clinical judgment and formulates diagnosis based on sound theory. One who continuously updates, validates and revises plan of care based on patient needs. Provides direct primary care in a variety of health care settings.

Collaborator -- One who exchanges information and participates in client care or problem management with other members of the health care team to achieve joint responsibility and accountability for planning for decisions made regarding client, community and or system needs and outcomes.

Consultant -- One who utilizes the problem-solving process and provides advice or information related to his/her area of expertise to broaden the scope of health care planning for other health professionals and provides information regarding health care to lay groups.

Counselor -- One who provides stabilizing human support based on objective analysis of the situation and knowledge of problem-solving skills, facilitates individual to accept coping behaviors, improve self-care abilities based on clients capacity to accept counsel and express concerns.

Educator -- One who applies learning theories and selected learning methods to teach and assist clients or other appropriate groups in identifying and meeting primary health care needs. One who serves as an example/role model for others in the nursing profession.

Evaluator -- One who uses standards/guidelines/clinical pathways to appraise the quantity and quality of effectiveness of own care and others and one who develops and implements standards to guide practice and foster accountability for the quality of performance. Outcomes measures and used for assessing achievement.

Leader -- One who directs, facilitates, negotiates and supervises individuals or groups to meet common goals, one who systematically works to bring about positive changes in an individual or system. One who assumes responsibility for helping to direct the profession and impact policy. One who markets and facilitates the role of the APN.
**Researcher** -- One who pursues the systematic and scientific investigation of clinical problems and tests nursing theories. One who fosters a spirit of inquiry within the profession to advance nursing knowledge.

**Change Agent** -- One who utilizes a systematic and deliberative approach to collaborate and coordinate activities to bring about positive alterations in individual's health behaviors and/or in the health care system itself.
APPENDIX C: Family Advanced Practice Nurse Job Description / Gerontological Advanced Practice Nurse Job Description
APPENDIX C: Family Advanced Practice Nurse Job Description / Gerontological Advanced Practice Nurse Job Description

THE FNP IS RESPONSIBLE FOR:

1. Entering an individual or family of any age group into the health care system.

2. Establishment of a caseload of clients/families with selected health care problems and management programs within the scope of the FNAP's role.

3. Initial and ongoing total assessment of the client's health status. This assessment includes: a) a systematic health history with data obtained in the physiological, social, psychological, and spiritual spheres, b) a physical examination, and c) diagnostic testing.

4. Initiating and monitoring the treatment of patients with single acute and/or stabilized chronic illnesses or health problems that lie within the clinical nurse specialist's scope of practice. Such treatment(s) are based on accepted medical and/or nursing standards and protocols.

5. Collaboration with nursing, medical, or other staff for comprehensive interdisciplinary management of care or referral. Such collaboration includes initiating health care team conferences.

6. Assuming leadership and patient advocacy roles for coordinating and communicating patient problems and/or needs to appropriate health care team members.

7. Assessing individual's, families' and or community groups' learning needs for specific knowledge and skills required to maintain health and prevent illness.

8. Applying learning theories to teach individuals, families and/or groups health maintenance/illness prevention strategies.

9. Counseling individuals in relation to their health needs in the physiological, psychological, social, and spiritual spheres that fall within the clinical nurse specialist's scope of practice.

10. Providing continuity of care of residents/client/families through the care coordination, follow-up and communication with referring professional/ agencies.

11. Intervening in crisis situations, including taking action within the clinical nurse specialist's scope of competence or referring the client/ family to the appropriate health care provider/agency.

12. Documenting nursing practice.
13. Providing the highest quality nursing care through the utilization and/or conduction of research in nursing practice, standard setting, peer review, evaluation of care, and continuing professional education.

14. Coordinating and/or supervising other personnel as deemed necessary through clinic/agency/professional policy, clinical nurse specialist education and credentials, and legality issues.

15. Facilitating the process of care through understanding how the delivery system is organized and being able to use it effectively.
THE GERONTOLOGICAL NURSE IN ADVANCED PRACTICE IS RESPONSIBLE FOR:

1. Entering an individual in the older adult years into the health care system.

2. Establishment of a caseload of older adult clients covering a range of specified care and services appropriate to the needs of the Gerontological client in primary care and within the scope of the GCNS.

3. Initial and ongoing total assessment of the gerontological client's health status. This assessment includes: a) a systematic health history with data obtained in the physiological, social, psychological, and spiritual spheres, b) a physical examination, and c) diagnostic testing.

4. Making decisions for planning, writing orders, evaluating and managing (Gerontological) clients with single acute and/or stabilized chronic illnesses or health problems that lie within the clinical nurse specialist's scope of practice. Such management is based on accepted medical and/or nursing standards and protocols.

5. Collaboration with nursing, medical, or other staff for comprehensive interdisciplinary management of care or referral. Such collaboration includes initiating health care team conferences and other appropriate services.

6. Assuming leadership and patient advocacy roles for coordinating and communicating patient problems and/or needs to appropriate health care team members.

7. Assessing individual's, families' and/or community groups' learning needs for specific knowledge about the Gerontological client and skills required to maintain health and prevent illness in the older population.

8. Applying learning theories appropriate to the older client to teach individuals, families and/or groups health maintenance/illness prevention strategies.

9. Counseling individuals in relation to their health needs in the physiological, psychological, social, and spiritual spheres that fall within the gerontological nurse specialist's scope of practice.

10. Providing continuity of care of residents/clients/families through the care coordination, follow-up and communication with referring professionals/agencies.

11. Intervening in crisis situations, including taking action within the clinical nurse specialist's scope of competence or referring the client/family to the appropriate health care provider/agency.
12. Documenting nursing practice.

13. Providing the highest quality nursing care through the utilization and/or conduction of research in nursing practice, standard setting, peer review, evaluation of care, and continuing professional education.

14. Education of family members in the needs of the older adults health care with provision of a wide range of supportive services as appropriate.

15. Coordinating and/or supervising other personnel as deemed necessary through clinic/agency/professional policy, clinical nurse specialist education and credentials, legality issues.

16. Facilitating the process of care through understanding how the delivery system is organized and being able to use it effectively.