Critical Care Clinical Nurse Specialist
Is This the Role for You?

Cindy Wetzel, MSN, RN, ACNS-BC, CCNS, CCRN; Melanie Kalman, PhD, RN, CNS

This article describes the role of the clinical nurse specialist as an advanced practice nurse in critical care. The characteristics, attributes, roles, and skills of the clinical nurse specialist are presented, as well as an interview with a well-known critical care clinical nurse specialist.

Keywords: Clinical nurse specialist, Critical care, Graduate education

As you start your shift in a busy critical care unit, a monitor yellow alarm sounds for frequent premature ventricular contractions. A red alarm on the monitor goes off to alert you to a more serious problem. A patient’s oxygen saturation drops to 80% and his heart rate decreases to 30 beats/min. A mechanical ventilator alarms for high pressure.

As a critical care nurse, you see, hear, and experience these types of patient situations every day. You pride yourself on the fact that you can identify a problem and know what intervention to take to correct the situation quickly. Patient emergencies like a cardiopulmonary arrest or respiratory distress challenge our critical thinking, knowledge, and skills to respond appropriately to the patient event. Every emergency situation is different, but whatever the circumstance, one thing is consistent: Your adrenalin starts to pump. As a new nurse in critical care, I was addicted to the excitement, to the challenge that each day brought. Many critical care nurses would agree that is one of the reasons why we are adrenalin junkies. But clearly, critical care nursing is so much more. As your practice evolves and you have mastered life-threatening situations and emergency responses, you begin to ask yourself: How can I expand my practice? You start to search for new challenges.

I knew I wanted to stay in critical care nursing. Critical care nursing offers a unique opportunity in the use of technology, advanced knowledge in pathophysiology, and assessment skills. It provides an opportunity to work collaboratively with physicians and other disciplines to impact patient outcomes. Holistically, critical care nursing presents the chance to interact with families and patients when they are the most vulnerable. Critical care nurses must have excellent communication skills, caring, and compassion in the face of crisis and uncertainty. However, there were times when I felt stagnant as a critical care staff nurse. Many times, I thought of going back to school to pursue an advanced role in clinical nursing because I wanted to stay close to the patient and family and help other nurses to improve their practice. That is why I chose to become a clinical nurse specialist (CNS). It was the best professional decision I ever made. A CNS is a registered nurse who is educationally prepared at the graduate or doctoral level in a CNS program. They are clinical experts in (1) a particular specialty, for example, a population, such as trauma; (2) a patient care problem, such as wound care; (3) a type of unit, such as critical care; (4) a type of care, such as a medical intensive care unit; or (5) a disease, such as cardiac disease. The advanced knowledge and skills required for this role include clinical expertise in a focus area, utilization of evidence in practice, collaboration, consultation, education, mentoring, and implementing change. These skills are essential in advancing the practice of nursing and the professional development of nurses.
The CNS role is both stimulating and rewarding.

One CNS’s Experience

An Interview With Kathleen Vollman

Kathleen Vollman, MSN, RN, CCNS, FCCM, is a critical care CNS, educator, and consultant. Ms Vollman has published and lectured throughout the United States and overseas on a variety of pulmonary, critical care, and professional nursing topics. She earned her nursing degree from Wayne State University in Detroit, Michigan, and her master’s in critical care nursing from California State University in Long Beach. From 1990 to 2003, she worked as a CNS for the medical critical care area at Henry Ford Hospital in Detroit, Michigan. In 2003, she started her own company called Advancing Nursing Inc, which is focused on creating empowered work environments for nurses through the acquisition of greater skills and knowledge. Kathleen received the Florence Nightingale award for clinical practice in 1996. In addition, she designed and developed the Vollman Prone Positioner, which is available worldwide.

Why did you become a CNS?

I knew I was an excellent nurse, but in practice, I made a difference to only 1 patient at a time. I became a CNS to help create environments where nurses could be their best and then see the result in improved patient outcomes. I truly believe there is power in the CNS role to make the care environment and frontline nurses work to their maximum potential. One way to look at what a CNS does is to think of the pebble in a pond effect.
Through mentoring staff and changing the environment and culture, I was able to make bigger changes. Through the development of staff and care models, I was able to help the bedside nurse to engage in owning their nursing practice.

I looked at all the advanced practice roles. The midwife, nurse practitioner, and the CRNA, like the bedside nurse, affect only 1 patient at a time. This is what I consider to be the biggest difference between the CNS and other advanced practice nurses. So when you are thinking about going on for graduate education, ask yourself this question, in your heart, do you want to continue to make a difference 1 patient at a time or on a unit, with a patient population or at the organizational level?

Describe the practice role of the CNS.

A unit-based CNS is the clinical leader partnering with the administrative leader, the nurse manager. Together, they promote the culture or climate for nurses to provide the best patient care. The CNS focus is multidisciplinary, developing strong relationships with other disciplines to affect patient outcomes. A major role is to find the evidence, bring the stakeholders to the table to present the evidence, and become the change agent to implement best practice for quality patient care and measure the outcomes. The CNS designs educational programs to communicate and support the infrastructure to weave it into the fabric of everyday practice. In order for change to be accepted, it needs to be worked into the routines of the unit. To do this, I believe the CNS needs to be visible on the unit at least 50% of the time. It is imperative for the CNS to interface with the staff for support, as a resource, identify what is working and what is not. Then, the CNS needs to take this information to the appropriate people, such as the governance council and multidisciplinary committees, to make sure the practice change happens. The CNS keeps the staff updated and involved all the way, so they stay engaged in the process.

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What is important in nursing today?

It is important to get back to the fundamentals in nursing care by rewarding, recognizing great nursing care, and holding the frontline nurses accountable for their performance. When we educate nurses about evidence-based fundamental care, we must put the value in that education so the nurse feels that sense of ownership. In addition, we must provide nurses with the latest technology through resources and systems to ensure they are able to succeed in providing the basic care needs in a high-technological environment. I will give you 2 examples of how this occurred. When I examined the care practice of oral hygiene in my unit in the early 1990s, nurses were still mixing up their own solutions and cleaning the mouth with a sponge. This was not working for the patient or the nurse. The variability in practice was significant. I researched products and processes to try and identify a more efficient and effective way to deliver the care. I involved the bedside nurses; we met with committees to trial new products and then successfully adopted the best possible product to help the nurse achieve compliance with oral care. Products/resources need to support fundamental nursing care. These types of projects, led by the CNS, gave nurses the necessary tools to provide evidence-based fundamental nursing care. This led to decreased thrush, ventilator-associated pneumonia, and length of stay and succeeded in getting nurses excited about owning basic care practices. Nursing became fun and fulfilling again.

A second example was implementing ventilator pathways. In the mid-1990s, prior to the initiation of the bundle of care concept by the IHI, we had a significant number of protocols outlining evidence-based care for the ventilator patient but nothing to link them together or ensuring their use. I formed a multidisciplinary, collaborative group to work on this issue. We spent a great deal of time at the bedside interfacing with staff to see what was and was not being used in order to design the pathway. When the pathway was complete, it passed through our committee structure, and all disciplines were educated. For it to be successful, we needed to incorporate it into everyone’s daily routine. It was placed within nursing and medical documentation and as part of the admission packet to the unit if the patient was admitted already on mechanical ventilation. You couldn’t move without seeing it. The staff was engaged in the entire process. When this was a success on the medical critical care units, we shared it through our committee structure to units and CNSs to work towards consistency in care for the ventilator patient no matter what intensive care unit (ICU) you were in. The outcomes were shorter length of stay and fewer complications. After a few years, the pathway became the new routine and was changed over to the bundle technology with the launch of the 100,000 Lives Campaign by the IHI.4

What do you value most about the CNS role?

While I love the fact that I touch patients, I believe my major customer is the nurse. By touching the nurse, the nurse then touches many patients. It is a powerful role.

I value that I can provide an environment where nurses can reconnect with their nursing soul by practicing...
comprehensively. This makes them feel valued for their excellent nursing care.

I value that I can help patient outcomes by setting up systems to prevent complications using evidence-based care without being caught up in the everyday management of technology and drips. The CNS has the ability to influence by expert power and permanently change a person and/or the culture.

What words of advice for the RN considering a CNS career?

A couple of things. First, your opportunities are limitless. The CNS role is what you make of it. I changed the culture in one hospital and shared it with nurses all over the world. I worked with industry to develop products that would produce better patient outcomes. No matter what your title, you will always be a CNS. Once you are educated in the role, you think like a CNS and you will never look at a problem the same way again.

Second, for those of you who have seen the movie _Dirty Dancing_, make sure you do not put Baby in the corner. What I mean is, do not hide out in your office. The greatest power the CNS has is at the point where nursing touches the patient. It is always about the relationship of nurse to the patient/family and your ability to support and nurture it. When you see a system failure there, it is your job to fix it.

My parting words of advice are that if you plan to function in the role of a CNS, you must have frontline nursing experience in your specialty. You have to be credible to call yourself an expert. Also, I believe it is essential to be certified whether the state you are in requires it or not. Certification is verification to the public of your level of knowledge to perform in the role and specialty.

_Thank you, Kathleen. You are an inspiration to us all._

**References**


**ABOUT THE AUTHORS**

Cindy Wetzel, MSN, RN, ACNS-BC, CCNS, CCRN, is a critical care clinical nurse specialist at Salem Community Hospital, Salem, Ohio. She has 20 years of experience in critical care nursing. At the time of writing, she was on the marketing committee for the National Association of Clinical Nurse Specialists and certified in critical care by the American Association of Critical Care Nurses as a CCNS and CCRN and is board certified in advanced practice as an ACNS-BC by the American Nurses Credential Center. She is a doctoral candidate at Waynesburg University, Pittsburgh, Pennsylvania.

Melanie Kalman, PhD, RN, CNS, is an associate professor at SUNY Upstate Medical University, College of Nursing. She worked as a critical care nurse for 17 years before beginning her teaching career. She has authored articles and given presentations about clinical nurse specialist education and cochairs the marketing committee for the National Association of Clinical Nurse Specialists.

Address correspondence and reprint requests to: Cindy Wetzel, MSN, RN, ACNS-BC, CCNS, CCRN, Salem Community Hospital, 1995 East State St, Salem, OH 44460 (WetzelC@salemhosp.com).