Journal of Life Care Planning, Vol. 17, No. 1, (31-38)

What Life Care Planners Need to Know About the Professional Discipline of Registered Nurse

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Abstract

This article provides a framework for determining the qualifications of the registered nurse (RN) to make opinions regarding treatment recommendations in the development of a life care plan. A brief history of nursing and the current definition of nursing is provided. Education for the undergraduate prepared RN, graduate prepared masters or doctorate nurse, and advance practice nurse is discussed. Practice parameters including licensure, the Nurse Practice Act, scope of practice, standards of practice, standards of performance, code of ethics, and nursing diagnoses are reviewed. A decision-making framework is outlined to assist in evaluating whether nursing actions are within of the scope of nursing practice. Experience obtained through specialty roles, credentialing, and work experience are recognized as additional foundations of expertise. All these factors must be taken into consideration when evaluating whether the RN is qualified to opine in any area or category of a life care plan.

Keywords: Registered nurse, RN, Nursing education, Nurse Practice Act, Scope of nursing practice, Standards of performance, Nursing diagnoses, Specialty roles, Credentialing, Qualifications to opine, Life Care Plan

History and development of this profession

The roots of modern nursing began in the 19th century. Florence Nightingale provided a foundation for nursing and the basis for autonomous nursing practice as distinct from medicine (American Nurses Association, 2015). Nightingale demonstrated that education and use of scientific principles improved outcomes. She is credited with identifying the importance of collecting empirical evidence, the groundwork of nursing's current emphasis on evidence-based practice. Nightingale established the first nursing school in London which would become the model for nursing education in the United States (Black, 2014).

In North America, the need for nursing care during the Civil War opened the door for formal education and nurse training programs in the United States. By the late 19th century, hospital-based nursing schools were prevalent. In 1900, the first issue of the *American Journal of Nursing* was distributed. In 1901, the first state nurses' associations were organized to develop state laws to govern nursing practice (Historical Review, n.d.). Nursing research flourished with the advances in educational preparation in the early 1900s. The *American Journal of Nursing* published case studies on nursing interventions in the 1920s and 1930s (American Nurses Association, 2015). The World Wars resulted in another significant demand for nurses and many colleges and universities received funding at that time to develop nursing programs to help meet the nursing need (Black, 2014).

The American Nurses Association (ANA) developed a position paper in 1965 recommending baccalaureate education as the foundation for professional practice. Three levels of nursing were described: Baccalaureate education for beginning nursing practice, associate degree education for beginning technical nursing practice, and vocational education for assistants in the health service occupations (Black, 2014).

Hospital-based diploma nursing schools began to rapidly decline as more nursing programs were offered within community colleges and universities. With nursing education firmly anchored within the academic setting, the number of Master in Nursing and Doctorate Nursing programs grew. The first issue of *Nursing Research* was published in 1952 and in 1985 the National Center for Nursing Research was established within the National Institutes of Health (ANA, 2015). Nursing research continues to develop and expand the scientific basis for practice. The increasing complexity of healthcare has given rise to the development of many nursing specialties.

The American Nurses Association (2015) states that:

> Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations (p. 1).

Other names by which this profession may be known

The term professional nurse is often used interchangeably with registered nurse (RN). Other names are identified and discussed in the following sections discussing nursing education.

Education to enter the profession

Undergraduate nursing education provides a broad foundation in the behavioral, life, and nursing sciences for the general practice of nursing. Nursing education preparation for general practice includes the promotion of health, prevention of illness, and care of physically ill, mentally ill, and people with disabilities of all ages and in all

healthcare and other community settings. Nursing education prepares the nurse to carry out healthcare teaching, to be an active, participating member of the healthcare team, to supervise and train nursing and healthcare auxiliaries, and to be involved in research (International Council of Nurses. 2018).

Registered nurses play an integral role in the:

> [C]are coordination process to improve healthcare consumers' care quality and outcomes across patient populations and healthcare settings, while stewarding the efficient and effective use of healthcare resources… ….Patient-centered care coordination is a core professional standard and competency for all registered nursing practice…in partnership with other healthcare professionals, registered nurses have demonstrated leadership and innovation in the design, implementation, and evaluation of successful team-based care coordination processes and models (American Nurses Association Congress on Nursing Practice and Economics, 2012, p.1).

In the United States, there are three basic pathways for entry-level license to practice as a RN. Each involves training in clinical skills, nursing theories and practices including nursing assessment, nursing care planning and clinical reasoning. The pathways to become a RN are by diploma, associate degree, or baccalaureate degree in nursing. Each of these educational pathways is discussed below.

> The registered nurse is educationally prepared for competent practice at the entry level upon graduation from an accredited diploma, associate degree, baccalaureate, or master's degree nursing program and is qualified by national examination (National Council Licensure Examination for Registered Nurses, known as NCLEX-RN) for RN licensure (ANA. 2015, p.41).

Diploma in Nursing

While hospital-based diploma nursing programs are decreasing in number, they continue to exist. A diploma in nursing meets the current educational criteria for becoming an RN. The diploma program is usually a one to three-year course of study, depending upon the institution. The curriculum includes prerequisite courses, completion of which must occur prior to the start of nursing-specific coursework. Emphasis of the diploma curriculum is on patient care / clinical practice. Nursing-specific courses include: clinical practice, basic pharmacology, nursing informatics, elements of patient care, introduction to patient care specialties, psychiatric nursing, lifespan nursing concepts (e.g., infant, child, adult, family, geriatric), and psychology/sociology (Nursing School.Org. n.d.).

Associate's Degree in Nursing (ADN)

An associate degree in nursing is a two to three year undergraduate degree, typically provided by a community or technical college, as well as some baccalaureate degree granting colleges. Degree names may include Associate Degree in Nursing (ADN), Associate in Nursing (AN), or Associate of Science in Nursing (ASN) (Associate Degrees Online, 2018).

Educational curricula for an associate degree in nursing include: Anatomy / physiology, biology, pharmacology, microbiology, chemistry, nutrition, adult / family / pediatric mental health, community / global health, human growth and development, psychosocial aspects / psychology, ethics, evidence based practice / leadership, supervised training and clinical skills, and nursing theory and practice (Nursing School.Org. n.d.).

Bachelor of Science in Nursing (BSN)

A Bachelor of Science in Nursing (BSN) is a four-year baccalaureate degree obtained from a college or university program. The BSN provides the foundation for an advanced degree in nursing. Common names include Bachelor of Science in Nursing (BSN or BScN), Bachelor in Nursing (BN), Bachelor in Nursing Science (BNS) or Bachelor of Science (BS) in Nursing (All Acronyms 2005-2018). The BSN curriculum includes core /required components within any bachelor degrees including courses such as humanities, English, literature, history, math, and social sciences. In addition to the nursing courses listed above for the ADN program, the education curriculum for a BSN also includes: pathophysiology, statistics, genetics, ethics, healthcare delivery systems / interdisciplinary role, critical thinking, evidence based practice / research / statistics, nursing theory, nursing process, communication, and management / leadership (Auburn University, 2018, Nursing School.Org. n.d.; University of Pittsburgh, 2018). Several educational avenues exist to promote bridging academic progression to achieve the baccalaureate (BSN) degree or higher. Further information on accreditation of nursing education programs can be obtained by contacting the Commission on Collegiate Nursing Education (CCNE) at http://ccneaccreditation.org/ and the Accreditation Commission for Education in Nursing (ACEN) at http://www.acenursing.org/.

Graduate and Doctorate Nursing

Registered nurses with a master and doctoral-level of education may serve as primary care providers (see Advanced Practice Nursing below), researchers, and nursing faculty. They include Master of Science in Nursing (MSN), Doctor of Nursing Practice (DPN), Doctor of Philosophy (PhD), or Doctor of Nursing Science (DNS). Graduate level registered nurses "have advanced knowledge, skills, abilities, and judgement; as designated by elements of the nurse's position; and are not required to have additional regulatory oversight" (ANA, 2015, p.2).

Advanced Practice Registered Nurse (APRN)

Advanced practice registered nurses are RNs who have completed an accredited graduate level educational program and provide direct patient care. They are "prepared by education and certification to assess, diagnose, and manage patient problems, order tests, and prescribe medications" (National Council of State Boards of Nursing, 2018). Advanced practice nursing is regulated on a state-by-state basis. Licensing boards, governed by state regulations and statutes, define APRN practice within each state.

According to the ANA, the four recognized APRN roles include: certified registered nurse anesthetist (CRNA), certified nurse midwife (CNM), clinical nurse specialists (CNS), and certified nurse practitioners (CNP). Within the CNP designation, there are several subspecialties including, but not limited to, family care, adult care, gerontology, pediatrics, psychiatric / mental health, and women's health within the primary and acute care settings (American Association of Nurse Practitioners, n.d.)

The subspecialty of CNS includes areas of specialties based upon a specific patient population served such as pediatrics, women's health, or geriatrics, a clinical setting such as critical care or emergency department, a disease/medical subspecialty such as diabetes or oncology, a type of care such as rehabilitation or psychiatric, or a specific type of problem such as pain management or wound care (National Council of Clinical Nurse Specialists, 2018).

Continuing Education

Each state board of nursing mandates its own continuing education (CE) requirements to maintain licensure. Continuing education requirements vary from state to state. More than two-thirds of states currently require some form of continuing education for re-licensure. Individual state requirements can be found at https://www.nurse.com/state-nurse-ce-requirements.

Licensing or mandated certification requirements and authorizing entity that permits someone to practice in this profession

Entry into nursing practice is by licensure. Registered nurses are licensed by a state, commonwealth, territory, government, or regulatory body to practice as a registered nurse (ANA, 2015). The Nursing Licensure Compact (NLC), originally adopted in 1997, is a reciprocity agreement among states that recognizes nursing licensure between member states. On January 19, 2018, the Enhanced Nursing Licensure Compact (eNLC) was implemented, allowing nurses licensed in one state to have the ability to practice in person or via telehealth in other states that are part of the agreement. The original NLC states were "grandfathered" into the eNLC if a multistate license was held on July 20, 2017. The National Council of State Boards of Nursing has established uniform licensure requirements for multistate licenses so that so that all nurses applying for licensure in a state that is part of the eNLC meet the same standards: graduation from a board-approved education program or an accredited international education verified by an independent credentials review agency; proof of English proficiency by exam if the international education program was not taught in English; having passed an NCLEX-RN exam, eligible for or holds an active, unencumbered license; has submitted to state and federal fingerprint-based criminal background checks, has not been found guilty, or has entered into an agreed disposition, of a felony offense, has no misdemeanor convictions related to the practice of nursing; is not currently a participant in an alternative program or must self-disclose participation in an alternative program; and has a valid US Social Security number (National Council of State Board of Nursing, 2018). A list of compact member states can be obtained at https://www.ncsbn.org/nurse-licensure-compact.htm.

Nurse Practice Act

"All states and territories legislated a nurse practice act (NPA) which establishes a board of nursing (BON) with the authority to develop administrative rules or regulations.... once enacted, rules and regulations have the full force and effect of law" (National Council of State Boards of Nursing, 2018.). While NPAs vary, they generally address: authority, power and composition of a board of nursing; education program standards; standards and scope of nursing practice; types of titles and licenses; requirements for licensure; and grounds for disciplinary action, other violations, and possible remedies (Russell, 2017).

Scope of Practice

The ANA's Nursing Scope and Standards of Practice describe the 'who, what, where, when, why, and how' of nursing practice (ANA, 2015). "Who" consists of RNs and APRNs who maintain active licensure. "What" is the definition of nursing, previously described. "Where" encompasses wherever there is a patient in need of care, information, or advocacy. "When" occurs whenever there is a need for nursing knowledge, caring, and leadership. The why of nursing is answered by the fact that the profession exists to achieve the most positive patient outcomes while keeping with nursing's social contract and obligation to society.

Standards of Practice

The Standards of Practice are published by the ANA. They define parameters of competence for all registered nurses, in any role, specialty, or area of focus. Competent nursing care utilizes a critical thinking model known as the nursing process which includes assessment, diagnosis, outcomes identification, planning, implementation, and evaluation. The nursing process forms the foundation for making nursing decisions and taking action. It is recognized that the application of the standards must take into account

the context within which the RN duties are performed (ANA, 2015). It is also important to understand that many nurses engage in multidisciplinary roles that may have additional standards of practice. For example, the nurse life care planner would be held to the standards of nursing practice as well as those of the life care planner.

Standards of Performance

Standards of performance describe competent behavior for the professional nurse. The standards set expectations for nursing care to be delivered in an ethical manner with sensitivity and respect for the culture / religion of the individual or group. Other performance standards include effective communication, collaboration with team members, and leadership. The bar is set for the professional nurse to serve as an educator, utilize evidence-based practice and research, evaluate the effectiveness and quality of nursing practice, efficiently use resources, and to align nursing actions to support the health of our environment (ANA, 2015).

Code of Ethics

The *Code of Ethics for Nurses with Interpretive Statements* lists "provisions and accompanying interpretive statements that establish the ethical framework for registered nurses' practice across all roles, levels, and settings" (ANA, 2015, p. xi).

Nursing Diagnosis

Prior to 2002, NANDA was an acronym for the North American Nursing Diagnosis Association. Recognizing the growth of membership outside of North America, the name officially became NANDA International or NANDA-I. According to NANDA-I, a nursing diagnosis may address a specific health problem, target health promotion, or identify real or potential health risks. Clinical judgement is utilized to assess the human response to an illness, disease, or normal life process such as childbirth, childhood development, or aging. The nursing diagnosis identifies vulnerabilities of the individual, family, group, or community with the intention of proactively addressing these vulnerabilities to promote health and wellbeing. (Herdman and Kamitsuru, 2018).

Decision-Making Framework

In 2015, major nursing organizations collaborated to develop a "standardized, decision-making framework for all licensed nurses in all settings with respect to their education, role, function, and accountability within the scope of nursing practice" (Ballard, et al., 2016, p.19). The contributing nursing organizations included the American Association of Colleges of Nursing (AACN), the American Nurses Association (ANA), the American Organization of Nurse Executives (AONE), and the National League for Nursing (NLN), in collaboration with the National Council of State Boards of Nursing (NCSBN). The *Scope of Nursing Practice Decision-Making Framework* considers whether the nursing action taken is within the governing nurse practice act, applicable rules, regulations, or laws, and whether the action is consistent with evidence-based nursing and healthcare literature (Ballard et al., 2016). Additional considerations include: Does the practice setting have policies and procedures to support the activity? Has the nurse completed the necessary education to safely perform the activity and is there documented evidence of current competence to perform the activity? Does the nurse have appropriate resources available to perform the activity? Would a reasonable and prudent nurse perform this activity? And lastly, is the nurse prepared to accept accountability for the action and related outcomes (Ballard, et al, 2016)?

Common specialty areas, roles, and credentials that can expand expertise and scope of contribution to life care plans

In addition to academic degree and licensure, a RN can hold additional certifications and credentials. As RNs and APRNs practice in a particular field of nursing, they may pursue additional credentialing to achieve formal recognition of their specialized knowledge and experience. Specialty certifications are available through various organizations. Several of these are discussed below.

Life Care Planning

There are two avenues of certification for life care planning. The Certified Life Care Planner (CLCP), available through the International Commission on Health Care Certification (ICHCC), and the Certified Nurse Life Care Planner (CNLCP) available through the Nurse Life Care Planner Certification Board. The ICHCC also offers certification for Canadian Certified Life Care Planner (CCLCP). These certifications require a nurse to hold a valid, unrestricted nursing license, specialized education and training in life care planning, and field experience within the timelines set by each organization. The CLCP / CCLCP designation is not limited to RNs and is open to other qualified professionals. The CNLCP requires that the applicant be a RN.

Nursing Specialty Certification through the American Nurses Credentialing Center

The American Nurses Credentialing Center (ANCC) Certification Program is one of the largest organizations for nursing specialty certification in the United States. Credentials obtained through the ANCC are recognized by the International Organization for Standardization (ISO), an independent, non-governmental, worldwide federation that develops and publishes standards. As of October 2018, nursingworld.org, an official website of ANA and ANCC, lists 24 certifications available through the ANCC. Qualifying requirements, which include education, licensure, and clinical experience vary depending on the specialty

certification. The reader is referred to the website https://www.nursingworld.org/our-certifications/ for the complete list of specialty certifications available through ANCC and for information regarding the qualifying criteria for each specialty.

According to the ANCC 2017 Certification Renewal Requirements, renewal for all ANCC certifications is due every five years. Renewal requirements include mandatory 75 continuing education hours, plus one or more of the eight ANCC renewal categories, all in the certification specialty. The eight ANCC renewal categories include: continuing education hours in the certification specialty, academic credits, presentations, evidence-based practice/quality improvement project /publication or research, preceptor hours, professional service, practice hours, and assessment/exam. Additionally, the APRN, CNS, and NP must complete 25 continuing education hours of pharmacotherapeutics as a portion of the mandatory 75 continuing education hours. (ANCC, June, 2016).

Additional specialty certifications (other than those offered through ANCC)

Information regarding specialty certifications accredited by organizations other than the ANCC can be found at https://www.nursingcenter.com/career/guideto-certification. Additional certifications are available through a variety of professional organizations. It is important to verify the credibility of the certifying body. The ANA publishes a list of recognized national, state, and international nursing organizations which may be a helpful starting point in assessing the credibility of a certifying body. This list is available online at https://nurse.org/orgs.html. Some of the non ANCC specialty certifications commonly held in conjunction with the life care planning certification are listed below.

The Certified Rehabilitation Registered Nurse (CRRN) credential is administered by the Rehabilitation Nursing Certification Board (RNCB), an autonomous component of Association of Rehabilitation Nurses. Nurses with the CRRN credential often work within inpatient or outpatient rehabilitation centers. The CRRN demonstrates a commitment to excellence in caring for people with physical disabilities and chronic illnesses, rehabilitation, and restorative nursing. More information can be found at https://rehabnurse.org/crrn-certification/crrn-certification.

The legal nurse consultant is a licensed RN who performs a critical analysis of healthcare related issues in a variety of settings in the legal arena. Examples may include assisting attorneys and/or insurers with cases involving potential medical negligence, personal injury or workers compensation injuries, medical cost projections, trial witness preparation, and to facilitate communication with medical providers. The American Association of Legal Nurse Consultants (AALNC) offers the designation of Legal Nurse Consultant Certified (LNCC). More information can be found at http://lncc.aalnc.org/

Another option for certification in legal nursing includes The American Institute of Health Care Professionals (AIHCP) which offers the designation of Certified Specialists in Legal Nurse Consulting (LNC-CSp) through the American College of Legal Nurse Consulting (ACLNC). More information can be found at https://www.aihcp.org/

The Certified Case Manager (CCM) certification is offered through the Commission for Case Manager Certification (CCMC). The CCM designation is not limited to nurses. Individuals with a baccalaureate or masters' degree from an accredited institution in health or human services or who hold a qualifying certification, such as Certified Rehabilitation Counselor, are eligible. For more information refer to https://ccmcertification.org/.

Another option for case management certification is Nursing Case Management Certification RN-BC. This is one of the 24 ANCC specialty certifications previously discussed. We specifically mention this particular ANCC certification within the context of options for case management credentialing. Case managers focus on managing components of healthcare with the goal of quality care outcomes and financial appropriateness. Case managers are often utilized by workers' compensation insurers, health insurance companies, and utilization review in healthcare facilities.

The Medicare Set-Aside Certified Consultant credential is available to, but not limited to, registered nurses. Certification is obtained through the International Commission for Health Care Certification (ICHCC). Qualifications are based on career experience, including but not limited to case management for workers' compensation, work injuries, legal or insurance claim management, or rehabilitation case management. To obtain the MSCC credential, professionals must complete approved training and demonstrate knowledge regarding the Medicare set-aside process. Further information can be obtained at https://www.ichcc.org/medicare-set-aside-certified-consultant-mscc.html. The MSCC plays an important role in assisting compliance with the federal mandate to protect Medicare's interest with regard to settlement of future medical expenses in workers' compensation and third party liability.

Information a life care planner who comes from this profession should include in a resume or CV to support the ability to make future care recommendations and information to understand the scope of practice, independence, or limitations of the profession

The resume or curriculum vitae (CV) should provide a summary of education and degree(s), unique skills, generalized and specialized knowledge, and experience. In addition to the above, the nurse life care planner's resume or CV should demonstrate her RN licensure and jurisdiction, certifications, work experience including specialty practice

experience (including the role and practice setting), forensic experience, continuing education, articles written, research conducted, and relevant volunteer/service experience. Specialty training and certification expands a nurse's scope and ability. The resume or CV should also identify membership in professional organizations which reflect commitment to the profession(s). This information establishes one's qualifications and areas of expertise.

Differences between Canadian and U.S. practitioners in this profession

The Canadian Nurses Association's (CNA) is the national professional organization for RNs in Canada. The *Framework for the Practice of Registered Nurses in Canada*, (CNA, 2015) states the nursing profession consists of four regulated nursing groups: Registered nurses; nurse practitioners (NPs); licensed practical nurses (LPNs); and registered psychiatric nurses. In Canada, regulation of RNs is specifically defined in jurisdictional legislation developed by provincial and territorial regulatory bodies (CNA, 2015).

Similar to the United States, basic nursing education in Canada has shifted away from diploma programs. Because this shift started in the late 1990s, currently both diploma-prepared and baccalaureate prepared RNs continue to practice in Canada. According to the CNA (2015), all Canadian provinces and territories, except Quebec, require a bachelor's degree for new RN entry to practice. Additionally, nurses must successfully pass the registration exam to practice in all Canadian Provinces and territories, except Quebec which has its own licensure exam (CNA, 2015).

The CNA offers RN certification in 21 nursing practice specialties. Each specialty has a national association which collectively forms CNA's Canadian Network of Nursing Specialties (CNA, 2018). For nurses interested in obtaining certification as a life care planner in Canada, the Certified Canadian Life Care Planner (CCLCP) credential is available through the International Commission on Health Care Certification (ICHCC) as discussed previously.

Other information important for life care planners to know

The building blocks for the nurse's scope of knowledge have been outlined in this article. Education, licensure, scope of practice, standards of performance, the nursing process, nursing diagnoses, additional specialty credentialing, continuing education, work experience, articles written, and research conducted provide foundational expertise for professional nursing practice and can be readily applied to the development a life care plan. The RN's qualifications to make opinions within areas or categories commonly included within a life care plan are considered to be either independent opinions, collaborative contribution to opinions, or unable/unqualified to opine.

We define independent opinions based on the undergraduate preparation for RN licensure. Independent opinions within the life care plan are opinions made either within the nursing scope of knowledge, personal experience gained through practice, consistent with evidence-based guidelines, or based on information established within in the medical record. Three examples of independent opinions for inclusion in the life care plan are: 1) laboratory studies such as complete blood count (CBC) or comprehensive metabolic panel (CMP), or a liver function test (LFT) to evaluate potential side effects of known medication use, consistent with evidence based practice; 2) inclusion of necessary supplies for urinary catheterization, when the procedure is medically indicated; or 3) follow-up visits with a physician / provider when the medical record reflects a historical pattern or a specific recommendation stated in the record. It is noted that Advance Practice Nurses have expanded scope and abilities which may result in additional qualifications to make independent opinions.

Collaboration with appropriate team members is one of the ANA's Standards of Performance for the professional nurse. The RN is expected to utilize clinical judgment to independently identify care needs (nursing diagnoses) and effectively communicate this assessment with other disciplines / providers to collaboratively plan and implement appropriate interventions. Therefore, we believe that the RN is qualified to make collaborative contribution to opinions for the majority of the areas or categories within the life care plan. An example of a qualified collaborative opinion includes impaired mobility. While a RN is independently qualified to recommend a basic, standard wheelchair, the RN may also assess that the individual's needs would be better met by a specialized, custom wheelchair. The RN would then collaborate with a medical provider with prescriptive authority to prescribe a custom wheelchair and collaborate with a qualified physical therapist or occupational therapist to obtain a therapeutic evaluation to determine the specific components of a specialized, custom wheelchair.

Unable to opine indicates that the treatment or service recommended within the life care plan is outside the independent or collaborative scope of the RN. Examples, within a life care plan, where a RN is unable to opine include recommendations for surgery and aggressive or invasive procedures. The undergraduate-prepared RN is unqualified to opine regarding drugs that require a prescription, though an APRN may be qualified to do so.

A life care plan is intended to provide a comprehensive analysis of projected future healthcare needs. When a RN is unable to opine on a particular treatment or service, this service or treatment is included in the life care plan when medical foundation has been established by other qualified medical providers.

Conclusion

The education, scope of knowledge, and skills of the undergraduate prepared RN transfer readily and are easily applied to the field of life care planning. Registered nurses

are knowledgeable of the healthcare delivery system, the availability of healthcare professionals including specialists, as well as community and national resources. Registered nurses have direct, clinically based knowledge of high-risk populations of all ages, from neonatal to elderly individuals, who have complex health needs, multiple comorbidities, and chronic illness.

Given the complexities and specialization within healthcare, advanced nursing degrees that formally recognize expertise in a subspecialty area, licensure, nurse practice acts by jurisdiction, the variety of specialty credentials available, and differences in work experience, it is important to recognize that the RN's qualifications to opine within a life care plan will vary depending upon the individual. All of these factors must be taken into consideration when evaluating whether the RN is qualified to opine in any area or category of a life care plan.

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References

All Acronyms (2005-2019). *How to abbreviate bachelor of science in nursing?* Retrieved from: https://www.allacronyms.com/bachelor_in_nursing/abbreviated.

American Association of Nurse Practitioners (2012-2019). NP Program Search. Retrieved from: https://npprogramsearch.aanp.org/Search.

American Nurses Association. (2015). *Nursing: Scope and standards of practice* (3rd ed.), Silver Spring, MD: ANA.

American Nurses Association Congress on Nursing Practice and Economics. (2012). *Position statements: Care Coordination and registered nurses' essential role*. Retrieved from: https://www.nursingworld.org/~4afbf2/globalassets/practiceandpolicy/health-policy/cnpe-care-coord-position-statement-final--draft-6-12-2012.pdf

American Nurses Credentialing Center. (2016, June 1). *2017 certification renewal requirements*. Retrieved from: https://www.nursingworld.org/~4abfd7/globalassets/certification/renewals/RenewalRequirements

Associate Degrees Online. (2018). *Common associate degree abbreviations*. Retrieved from:http://www.associatedegreeonline.com/abbreviations.php

Auburn University. (2018). *School of Nursing BSN nursing curriculum, 2019*. Retrieved from: https://cws.auburn.edu/nursing/pm/bsn

Ballard, K., Haagenson, D., Christiansen, L., Damgaard G., Halstead, J., Jason,R., …Alexander, M. (2016). Scope of nursing practice decision-making framework, J*ournal of Nursing Regulation, 7*(3) 19 – 21.

Black, B. P. (2014). *Professional nursing: Concepts and challenges* (7th Ed.) St. Louis, Missouri: Elsevier/Saunders.

Canadian Nurses Association (2015). *Framework for the practice of registered nurses in Canada 2015*: Retrieved from: https://www.cna-aiic.ca/~/media/cna/page-content/pdf-en/framework-for-the-pracice-of-registered-nurses-in-canada.pdf

Canadian Nurses Association (2018). *The practice of nursing*. Retrieved from: https://www.cna-aiic.ca/en/nursing-practice/the-practice-of-nursing

Canadian Nurses Association (2018). *Certification nursing practice specialties*. Retrieved from: https://cna-aiic.ca/en/certification/get-certified/certification-nursing-practice-specialties

Fowler, D.M. (2015). *Guide to the code of ethics for nurses with interpretive statements* 2nd ed. Silver Springs, MD: American Nurses Association.

Herdman, T.H. and Kamitsuru, S. (Eds.) (2018). *NANDA international nursing diagnoses: Definitions and classification 2018-2020* (11th ed.). New York, NY, Thieme Publishers

Historical Review. (n.d.). Retrieved from https://www.nursingworld.org/~48de64/globalassets/docs/ana/historical-review2016.pdf

International Commission on Health Care Certification. (2018). *Canadian certified life care planner*. Retrieved from: https://www.ichcc.org/canadian-certified-life-care-planner-cclcp.html

International Commission on Health Care Certification. (2018). *Certified life care planner.* Retrieved from: https://www.ichcc.org/certified-life-care-planner-clcp.html

International Council of Nurses. (2018). *Nursing definitions*. Retrieved from http://www.icn.ch/who-we-are/icn-definition-of-nursing/

National Association of Clinical Nurse Specialists. (2018). *What is a Clinical Nurse Specialist (CNS)*? Retrieved from https://nacns.org/about-us/what-is-a-cns/

National Council of State Boards of Nursing. (2018). *Nurse Practice Act tool kit*. Retrieved from: https://www.ncsbn.org/npa-toolkit.htm

National Council of State Boards of Nursing (2018). *Uniform licensure requirements for a multistate license*. Retrieved from: https://www.ncsbn.org/ULR_Updated_Jan_2018.pdf

National Council of State Boards of Nursing (2018). *Advance Practice Registered Nurses (APRNs) in the U.S*. Retrieved from: https://ncsbn.org/aprn.htm

National Council of State Boards of Nursing. Enhanced Nurse Licensure Compact (eNLC). (January 19, 2018). Retrieved from: https://www.ncsbn.org/11945.htm

Nurse Life Care Planner Certification Board. (2018). CNLCP certification. Retrieved from: http://cnlcp.org

/certification/
Nursing School.Org. Program Types. Associates. (n.d.). Retrieved from: https://www.nursingschool.org/nursing-programs/program-types/associates/#context/api/listings/prefilter
Nursing School.Org. Program Types. Bachelors. (n.d.). Retrieved from: https://www.nursingschool.org/nursing-programs/program-types/bachelors/#context/api/listings/prefilter
Nursing School.Org. Program Types. Diploma (n.d.) Retrieved from: https://www.nursingschool.org/nursing programs/programtypes/diploma/#context/api/listings/prefilter
Russell, K. Nurse Practice Acts Guide and Govern: Update 2017. www.journalofnursingregulation.com Volume 8/Issue 3 p.19. Retrieved from https://www.ncsbn.org/2017_NPA_Guide_and_govern.pdf
University of Pittsburgh. 2018. BSN Program Curriculum. Retrieved from: http://www.nursing.pitt.edu/degree-programs/undergraduate-bsn-program/curriculum-classes-2018-2019-2020