Discussion question

[Name of the Writer]

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**Question Number 1**

 Advanced Practice Nurse or (APN) is the most highly trained registered nurses, either having a master's or doctorate degree in nursing, such that it is a general designation for all the advanced practicing nurses. It includes all the four specialization areas of nursing, Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), Certified Nurse Anesthetist (CRNA), and also Certified Nurse Midwife (CNM). Whereas the Advanced nursing practice is related to only one specialized area that is of NP, as it is the type of APN.

 The significant difference between the two is that in advanced nursing practice, the nurse practitioner can independently work at clinics and earn more than the APN. For instance, they work at various healthcare organizations, including ambulatory clinics, hospitals, and long-term care institutes of nursing. They also require a doctor of nursing practice in the future after the master's; unlike in APN they only are required to have at least a master's degree. Typical duties of each area varies, as NPs are required to take histories of the patients, access and diagnose, treat the chronic or acute illnesses, can make recommendations for specialized care and are the providers of primary medical care. Contrarily, APNs can only perform duties depending on the specialized field of the nurse, i.e., midwife nurse will focus on gyne healthcare for women.

 The licensing and certification are available for both, the APN and NP through American Nurses Credentialing Center (ANCC). But for NP, the certification is available from the American Academy of Nurse Practitioners. For APNs, the four roles are registered and certified accordingly as Certified and Registered nurse anesthetist (CRNA), nurse practitioner (NP), clinical nurse specialist (CNS), and certified nurse-midwife (CNM). They both are dedicated to the quality of healthcare for patients, but according to their area of specialization.

**Question number 2**

The ethical, cultural and spiritual considerations are kept in view by the APRN while devising a care plan for patients, including the factors like heritage, communication patterns, spirituality, beliefs, and traditions. All these factors are interlinked and come under the providence of a patient's quality care. Thus, leaders of APRN need advanced communication level skills for providing effective and safe quality healthcare to the patient. The skills and knowledge for maintaining the communication at the level of interpersonal, as well as cross-cultural aspects are significant for an APRN when devising a care plan for the patients while collaborating with the interprofessional teams. The knowledge and skills about leadership and intercultural communication are vital for the APRNs in delivering the culturally appropriate and competent care while keeping in view the language barriers and cultural needs of the patients from different heritage or background.

The APRN leader who is culturally capable always integrates the cultural and spiritual preferences, beliefs, values, and traditions of the patient while corresponding and providing the healthcare plan. A care plan involves the step-by-step procedure for disease prevention or health promotion as well as carrying out the measurement, diagnosis, and plan of treatment for the patients. Although the influence of culture is ultimately on the interactions among the APRN and the patient, also the communication of APRN leader with the rest of the healthcare professionals, APRNs should recognize the fact that emergence of cultural proficiency is a necessary process. With the purpose of reducing or eliminating the disparities in healthcare institutes, APRNs should offer a culturally competent, appropriate, and diversified plan of care to the linguistic and cultural minorities. This would provide with the revised plan of care regardless of any cultural, spiritual or ethical concerns, also giving access to quality healthcare, service coordination and utilization and patient satisfaction.

**Question Number 3**

 The national competence statement concerning the direct care practice alludes towards the direct correspondence with the patients, their families, different networks and its populace, for advancing social insurance or prosperity by improving the estimation of life. It is additionally portrayed as an all-encompassing perspective of the administration in cutting edge nursing of social insurance treatment and aversion. Nursing competency incorporates center capacities that are required for satisfying one's job as a medical caretaker. As portrayed, nursing competency is perplexing incorporation of learning including expert judgment, attitudes, qualities, and demeanor. It is a keen down to earth range of abilities that coordinates or joins diverse factors and issues in complex ways.

The nursing competency into seven components subsisting inside three noteworthy parts (Clark et al., 2016):

i) The Capacity to Comprehend Individuals

1) Applying Learning

2) Building Intrapersonal Relationships

ii) The Capacity to Give Individuals Focused Consideration

3) Giving Nursing Care,

4) Rehearsing Morally

5) Working Together With Other Professionals

iii) The Capacity to Improve Nursing Quality

6) Extending Expert Limit,

7) Guaranteeing the Conveyance Of Superb Nursing

Essential parts of the APRN job incorporates the self-governance, expert to endorse medicines and prescriptions, give meeting and referrals and plan, execute and assess programs. Different points of interest of the APRN job incorporate the chance to grow the nursing learning base, direct research, and quality improvement activities and create consultative jobs. The Institute of Medicine Report on the Future of Nursing, distributed in 2011, featured the vital role of APRNs and incorporated the suggestion that they ought to most likely practice to the full degree of their instruction and preparing. Direct Primary Care (DPC) is a unique practice display that is upsetting the therapeutic services industry. DPC improves therapeutic services quality while diminishing expenses by expelling the "centerman" (for example insurance agencies) from the connection among patient and doctor.

**References**

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