Nurse Practitioner Streams of Practice

- Descriptions of the Three Streams of Nurse Practitioner Practice
- Definition of Primary Care Provider

Approved by the CRNBC Board June 24, 2010

Nurse practitioners in British Columbia practice in one of three streams of practice: family, adult or pediatric. The descriptions of each stream were originally developed in 2003. In June 2010, the CRNBC Board approved revised descriptions that provide more clarity on each stream for employers, nurse practitioners and other regulatory bodies.

The revised descriptions refer to nurse practitioners as primary care providers and a definition of primary care provider was approved by the Board to provide further clarity. The description for each stream of nurse practitioner practice also includes a profile of a newly graduated nurse practitioner for that stream.

The following sections describe how the nurse practitioner core competencies are applied in each of the three streams of practice that will be used by CRNBC to register nurse practitioners: family, adult and pediatric.

**Nurse Practitioner (Family)**

The nurse practitioner (family) is educated to provide health care services to persons of all ages, including, newborns, infants, toddlers, children, adolescents, adults, pregnant and postpartum women, and older adults. The nurse practitioner (family) brings advanced knowledge and experience with persons and families of all ages to the context of practice that is usually in, but not limited to, community clinics, health care centres or other community settings. The nurse practitioner (family) develops and sustains partnerships with clients of all ages and may serve as the primary care provider to individuals and their families.

**Profile of the Newly Graduated Nurse Practitioner (Family)**

Entry-level nurse practitioners (family) are prepared with the competencies to work independently with clients of all ages in general primary care settings. Entry-level nurse practitioners (family) effectively diagnose and treat acute/episodic health conditions, diseases and disorders, and chronic illnesses prevalent to the client population served. Mental health at the primary care level is included in the entry-level competencies of the nurse practitioner (family).
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These expectations are set out in more detail in Section A of the *Scope of Practice for Nurse Practitioner (Family): Standards, Limits and Conditions.* At the time of beginning practice the nurse practitioner (family) is not prepared to independently provide care for clients with complex health problems or chronic diseases with multiple co-morbidities, such as one would find in specialty practice areas, acute care settings and complex residential care. The entry-level nurse practitioner (family) may go on to develop the competencies to provide care for clients with higher acuity and complexity or specialized needs through practice experience, mentorship and formal and informal education.

**Nurse Practitioner (Adult)**
The nurse practitioner (adult) is educated to provide health care services to young, middle-aged and older adults. Care of older adolescents may also be provided by a nurse practitioner (adult) in some instances when the adolescent’s developmental age and/or lifestyle may more closely approximate that of an adult. Nurse practitioners (adult) can be found in acute and residential care as well as community settings. The nurse practitioner (adult) develops and sustains partnerships with adults and their families and may serve as the primary care provider for adults.

**Profile of the Newly Graduated Nurse Practitioner (Adult)**
Entry-level nurse practitioners (adult) are prepared with the competencies to enter practice in environments such as acute and residential care settings where clients with acute and complex care needs and multi-system problems are found. They are prepared with the same primary care competencies for the care of adults as the nurse practitioner (family) and then focus on the care of adults with higher acuity, complexity and co-morbidities. The competencies to care for the frail older person with complex care needs and co-morbidities are included in the preparation of the nurse practitioners (adult). The diseases, disorders and conditions diagnosed and managed by the entry-level nurse practitioner (adult) are set out in detail in Section A of the *Scope of Practice for Nurse Practitioner (Adult): Standards, Limits and Conditions.* Their broad preparation allows them to practise across the continuum of care and to serve as the primary care provider to adults. At the time of beginning practice, the nurse practitioner (adult) is not prepared with specialized competencies unique to a particular practice area. The entry-level nurse practitioner (adult) may go on to provide care for adults with specialized needs through practice experience, mentorship and formal and informal education.

**Nurse Practitioner (Pediatric)**
The nurse practitioner (pediatric) is educated to provide health care services to children, including newborns, infants, toddlers, children and adolescents. The term “children” in the following description refers to this age range. In some instances, nurse practitioners (pediatric) may provide care to young adults whose developmental age may closely approximate that of a child or adolescent rather than that of an adult, or a young adult who has been receiving care.
from the nurse practitioner (pediatric) for a chronic disease since childhood (e.g., cystic fibrosis). Nurse practitioners (pediatric) can be found in acute and residential care as well as community settings. The nurse practitioner (pediatric) develops and sustains partnerships with children and their families and may serve as the primary care provider to children. They attend to transition issues to ensure ongoing care from other providers as the adolescent becomes an adult.

**Profile of the Newly Graduated Nurse Practitioner (Pediatric)**
Entry-level nurse practitioners (pediatric) are prepared with the competencies to enter practice in environments such as acute and residential care settings where clients with acute and complex care needs and multi-system problems are found. They are prepared with the same primary care competencies for the care of children as the nurse practitioner (family) and then focus on the care of children with higher acuity, complexity and co-morbidities. The diseases, disorders and conditions diagnosed and managed by the entry-level nurse practitioner (pediatric) are set out in detail in Section A of the *Scope of Practice for Nurse Practitioner (Pediatric): Standards, Limits and Conditions*. Their broad preparation allows them to practise across the continuum of care and to serve as the primary care provider to children. At the time of beginning practice, the nurse practitioner (pediatric) is not prepared with specialized competencies unique to a particular practice area. The entry-level nurse practitioner (pediatric) may go on to provide care for children with specialized needs through practice experience, mentorship and formal and informal education.

**Definition: Primary Care Provider**
Primary care providers are health professionals who take primary responsibility for an established group of patients for whom they provide longitudinal person-focused care; comprehensive care for most health needs; first contact assessment for new health care needs; and referral and coordination of care when it must be sought elsewhere. A primary care provider is ideally chosen by an individual to serve as his or her health care professional to address a wide variety of health issues including health promotion, illness and injury prevention, and the diagnosis and treatment of illness and injury.