**Nursing Roles**

**Nursing Roles Graphic Organizer Template**

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|  | Advance Practice Registered Nurses (APRN) | Family Nurse Practitioner (FNP) | Observations (Similarities and Differences) |
| Ethics | APRNs have the vast extent of involvement and control over clinical practice. Therefore, as a component of their professional duties, APRNs ought to identify ethical conflicts and serve as arbitrators for patients, families, or other nurses who are fraught with ethical dilemma. | FPN is obligated to provide professional, safe, and ethical care to their clients based on CRNBC standards (Norwick, 2016). However, in some circumstances, FPNs are allowed to withdraw or refuse to provide care.  | Ethical nursing practice is required in both instances.  |
| Education | Must complete post-graduation in nursing. Should be a holder of Masters, post-Masters certification, or practice-oriented doctor of nursing practice degree in a specific role (Phillips, 2016). Should be a holder of a valid RN license given after passing NCLEX-RN exams. | One must have a post-graduate degree definite to FNP preparation. May include Masters degree in nursing, majoring in family practice or a Doctor of Nursing Practice (DNP). Must be registered nurse licensed by NCLEX-RN after passing their exams  | Both cases require the same standards of education.  |
| Leadership | They have advanced expertise and scope of practice. They are relied upon as leaders in the implementation of care plans and function as consultants, educators, researchers, and case managers.  | FNP should possess critical leadership attributes such as integrity, communication skills, emotional intelligence, respect, expert socialization, and devotion to excellence. | Both APRN and FNR should possess the necessary leadership attributes. |
| Public Health  | APRN promotes public health by employing a holistic view of health and wellbeing aiming at assessing and proving treatment to improve quality of life in the larger community.  | FNP expands the role of APRN to employ holistic view of health and wellbeing of patients. However, they concentrate on family units and not the community at large.  | All aim at improving public health, though in different levels.  |
| Informatics | Information technology provides elaborated, innovative, and practical approaches across the professional teams to foster the quality of patient care and support population health initiatives such as assessment of diagnostic labs and procedures (Jones & Taylor, 2015). | Uses information technology to improve patient care and quality such as ordering medical tests, coding for billings, documenting patient information, and assessment of findings. | Informatics is necessary in both cases to provide quality care and improve patient outcome.  |
| Business/Finance | Some states permit independent practice devoid of physician supervision.  APRNs are allowed to open businesses, prescribe drugs, and practice to the scope granted by their training.   | Some states allow FNPs to open their businesses and practice to the degree of their training.  | Nurses are free to work independently, but only in some states.  |
| Specialty | Clinical nurse specialist, certified registered nurse anesthetist, nurse practitioner, and certified nurse midwife (Jokiniemi, Haatainen & Pietilä, 2015).  | FNP is a specialization under general nurse practitioner.  | APRN has broad specializations under it, while FNP is just a specialization under nurse practitioner.  |

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