Core Practice Doctorate Clinical Nurse Specialist (CNS) Competencies

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The National Association of Clinical Nurse Specialists
in Collaboration with Other Stakeholders/Partners

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Doctoral Competency Task Force for
Clinical Nurse Specialists Competencies

Core Practice Doctorate
Clinical Nurse Specialist (CNS) Competencies

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Prepared by the
Facilitators of
CNS Practice Doctorate Competencies Taskforce

National Association of Clinical Nurse Specialists

Task Force for Development of Core Practice Doctorate
Clinical Nurse Specialists (CNS) Competencies

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ENDORSEMENTS

NOTE: The National Association of Clinical Nurse Specialists is currently seeking organizational endorsement of the Core Practice Doctorate Clinical Nurse Specialist (CNS) Competencies. Endorsement is defined as a general philosophical agreement with the competencies. A complete list of endorsing organizations will be added to this page following completion of the endorsement process and will be included in the final, printed edition.

1. American Society of PeriAnesthesia Nurses, ASPAN
2. American Nephrology Nurses Association, ANNA
3. Association of Women's Health, Obstetrics and Neonatal Nursing, AWHONN
4. Hospice and Palliative Nurses Association, HPNA
5. National League for Nursing, NLN
6. Emergency Nurses Association, ENA
7. Academy of Medical-Surgical Nurses (AMSN)
8. Oncology Nursing Society (ONS)
9. American Association of Colleges of Nurses (AACN)

2007 NACNS Summit Participants

Organization	Attendee
American Association of Critical-Care nurses	Linda Bell, RN, MSN
American Association of Colleges of Nursing	Joan Stanley, PhD, CRNP, FAAN
American Association of Neuroscience Nurses	Janice Buelow, PhD, RN
American Association of Occupational Health Nurses, Inc	Janice White, APRN, BC, COHN-S/CM
American Nephrology Nurses Association	Barbara Hasbargen, CNS, CNN
American Nurses Association	Mary Jean Schumann, MSN, RN, CPNP
American Nurses Credentialing Center	Mary Smolenski, EdD, APRN, BC, FAANP, CAE
American Organization of Nurse Executives	Linda Everett, PhD, RN
American Psychiatric Nurses Association	Barbara L. Drew, PhD, APRN, BC
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Association of Community Health Nursing Educators	Pamela Levin, RN
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Mayo Clinic

PILOT STUDY VALIDATION PANEL

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PROJECT OVERVIEW

BACKGROUND

In 1995, the National Association of Clinical Nurse Specialists (NACNS) released the first set of core competencies for all CNS that articulated the underpinnings of CNS practice with a set of competencies. The process used to develop the NACNS core competencies conformed to the process used by other US national nursing groups to develop competencies in 1995 (Baldwin et al, 2009). The competencies were published in the 1998 *NACNS Statement of CNS Practice and Education* and were reviewed and revised to reflect practice changes before publication of a second edition in 2004. In 2005, NACNS leaders conducted a research study to validate the core competencies in the 2004 Statement that revealed the competencies to be useful and helpful (Baldwin et al., 2009).

In 2006, the American Association of Colleges of Nursing presented *The Essentials of Doctoral Education for Advanced Nursing Practice* that recommended the Doctor of Nursing Practice (DNP) be established as the highest practice degree in nursing. This document was the catalyst for development of practice doctorate programs across the country. The National Organization of Nurse Practitioner Faculties was the first Advanced Practice Nursing (APN) specialty organization to develop practice doctorate competencies (http://www.nonpf.com/index.cfm). In July 2006, NACNS invited specialty nursing organizations, nursing accrediting organizations and other stakeholder groups to a CNS Educational Summit to discuss implications of the DNP movement for CNS education and practice. At the conclusion of the 2006 Summit, participants unanimously requested that NACNS convene a formal taskforce to develop competencies for CNS practice at the doctoral level. This recommendation was endorsed by the NACNS Education Committee and forwarded to the NACNS Board of Directors. In response to this request, NACNS convened a Doctoral Competency Task Force to be facilitated by five members of NACNS (Katherine Baldwin, Phyllis Gaspar, Peggy Gerard, Ann Jacobson and Sue Sendelbach) and invited specialty organizations to send representatives to participate in the project.

DOCTORAL COMPETENCY TASK FORCE

The Doctoral Competency Task Force consisted of representatives from NACNS and 19 nursing organizations charged with identifying and reaching consensus on practice doctorate competencies for clinical nurse specialists. The goal was to develop Core Practice Doctorate CNS Competencies to reflect the advanced knowledge and skills CNSs obtain through practice doctorate education. CNS practice doctorate programs provide broader and more in-depth preparation for the APN role that includes, but is not limited to, an expanded theoretical and scientific foundation for practice; expertise in knowledge synthesis and translation into practice; expertise in evaluating system-level issues, designing solutions and leading organization-wide change; development of leadership skills that promote *interprofessional* collaboration; employing information technology to improve systems of care and the ability to

influence and shape health policy. The Spheres of Influence was used as the organizing framework for the practice doctorate competencies.

The Doctoral Competency Task Force began meeting in April 2007 and completed their work in December 2007. Statements published by professional nursing organizations that identified competencies as either specific to CNS practice or more generally to advanced practice were reviewed by Task Force members and compared to the CNS competencies in the NACNS *Statement on Clinical Nurse Specialist Practice and Education* (2004).

Identified competencies from specialty organizations were compared and contrasted against NACNS competencies. Consensus between competencies was defined as the following:

- **strong consensus** - competency identified in at least seven specialty nursing organization documents and the NACNS *Statement*;
- **moderate consensus** – competency identified in four to six documents of specialty organizations and the NACNS *Statement*;
- **unique to NACNS** - competency included in the documents of three or fewer specialty nursing organizations and present in the NACNS *Statement*; or
- **unique to specialty organizations** - competency included in documents of three or fewer specialty nursing organizations but not in NACNS *Statement*.

Each competency was reviewed, rated by one panel member and evaluated by a second panel member. In addition, these lists of competencies were compared to the list of CORE CNS competencies being developed simultaneously through another national consensus process. Based on the results of these reviews, the Task Force synthesized competencies and reframed them at a doctoral level. In addition, the Task Force identified the need for additional competencies reflective of practice doctorate preparation and added them to the list. The competencies were again reviewed by all members of the Task Force to build consensus. The draft Core Practice Doctorate CNS Competencies were presented at the 2007 NACNS Summit for review and discussion. These draft competencies were refined by the Task Force members based on feedback from Summit participants and the NACNS Education Committee.

The Doctoral Competency Task Force finalized their work in January 2008, and the competencies were presented to the NACNS Board of Directors (BOD) for approval.

VALIDATION PANEL

After approval by the Board of Directors, an independent Validation Panel was asked to evaluate the draft Core Practice Doctorate Clinical Nurse Specialist (CNS) Competencies. The Validation Panel had broad representation from clinical nurse specialists and nursing-related organizations, including perspectives from practice and education. An electronic survey was used to obtain feedback after it was pilot tested by two CNS faculty members. The responses from these two CNS faculty were tabulated with the other members of the validation panel. The final 16-member

panel consisted of individuals who were identified as having expertise relative to CNS practice and experience in one or more of the following areas:

- CNSs involved in delivery of acute health care;
- education of CNSs;
- accreditation of graduate nursing education programs;
- employment of CNSs; and/or
- past presidents of NACNS.

All respondents were contacted through e-mails by Dr. Diana Biordi, consultant to the Validation Panel and Public Validation process. The e-mail included an invitation to participate and was accompanied by: 1) a letter of invitation directed by name to the e-mail respondent that explained the Validation Phase and process, 2) an introduction to and history of the Task Force effort, and 3) a questionnaire asking respondents to evaluate the competencies for:

- **RELEVANCE:** Is the competency necessary for the CNS prepared with a clinical doctorate? Response options were "yes," "no" and "don't know;"
- **SPECIFICITY:** Is the competency stated specifically and clearly? Response options were "yes," "no" and suggested rewording; and
- **COMPREHENSIVENESS:** In your opinion, is there any aspect of a doctorally prepared CNS's knowledge, skill or personal attributes that are missing from this list of competencies? Respondents were asked to list any additional competencies they felt were missing.

Respondents were given four weeks to respond (from Oct. 17 through Nov. 17, 2008).

The Validation Panel responses demonstrated support for the competencies and provided valuable feedback that was considered and incorporated into the proposed Core Practice Doctorate CNS Competencies. There was overwhelming agreement of the relevance of the competencies by the Validation Panel, and most were considered to be worded clearly.

PUBLIC VALIDATION

The third and final phase in the development of the Core Practice Doctorate CNS Competencies was a public comment period from March 18 to April 22, 2009. Comments were solicited through use of a validation survey which was posted on the NACNS web site and advertised via the CNS list serve. The validation survey asked the following questions about each competency:

- **RELEVANCE:** Is the competency NECESSARY for an entry level CNS prepared with a practice doctorate regardless of specialty, population or setting? Response options were "yes," "no" and "don't know;"
- **SPECIFICITY:** Is the competency stated specifically and clearly? Response options were "yes," "no" and suggested rewording; and

- **COMPREHENSIVENESS:** In your opinion, is there any aspect of a doctorally prepared CNS's knowledge, skill, or personal attributes that are missing from this list of competencies? Respondents were asked to list any additional competencies they felt were missing.

Of the 692 surveys respondents, 358 (54%) were CNSs, 139 (21%) were academics, and 41 were Master's students (6.2%). The results of the Public Validation demonstrated overwhelming affirmation of the competencies and provided valuable feedback for additional minor refinement. Following the completion of the validation survey, three additional competencies were added and editorial changes were made to some of the existing competencies to produce the final set of 22 competencies.

The NACNS Board of Directors approved the final competencies on June 12, 2009. The Core Practice Doctorate CNS Competencies are comprehensive behaviors expected of graduates at completion of practice doctorate CNS programs.

The Core Practice Doctorate Clinical Nurse Specialist Competencies should be used with the *National CNS Competency Task Force Organizing Framework and Core Competencies* (2008) and the AACN *Essentials of Doctoral Education for Advanced Nursing Practice* (2006) to inform education programs and employer expectations. In addition, NACNS intends that the Core Practice Doctorate CNS Competencies will be used along with the other requirements for APRN education programs delineated in the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (2008) to inform the education and practice of clinical nurse specialists. CNS programs should use the Core Practice Doctorate CNS Competencies along with the APRN competencies and nationally validated population-focused competencies to guide curriculum development. Due to the wide range of specialties in which CNSs practice, these competencies are intended to reflect CNS practice across all specialties, populations and settings. Fundamental to these competencies is that the CNS maintains clinical privileges, certifications (when available) and advanced practice recognition according to state and institutional requirements.

ENDORSEMENTS

At the completion of the work of the Public Validation period, the competencies were sent to nursing organizations for endorsement.

PUBLICATION

NACNS is in the process of submitting a manuscript for publication that will provide a more detail description of the processes used to develop, refine and validate the Core Practice Doctorate CNS Competencies.

Core Practice Doctorate Clinical Nurse Specialist Competencies©
June 12, 2009

Preamble

The practice doctorate competencies for clinical nurse specialists (CNSs) expand upon those listed in the National Association of Clinical Nurse Specialists' *Statement on Clinical Nurse Specialist Practice and Education (2004)* and other published CNS competencies.[1] Historically CNS education has occurred at the master's level and the preponderance of published competencies reflects this level of educational preparation. Therefore, these CNS practice doctorate competencies reflect the additional knowledge, skills and abilities achieved through practice doctorate education. The "*Core Practice Doctorate Clinical Nurse Specialist Competencies*" should be used with the *National CNS Competency Task Force Organizing Framework and Core Competencies* (2008) and the AACN *Essentials of Doctoral Education for Advanced Nursing Practice* (2006) to inform educational programs and employer expectations. These competencies reflect core behaviors of all CNSs at program completion, regardless of specialty area.

CNS graduates of clinical doctorate programs have the knowledge and ability to advance health care and nursing practice by generating and disseminating new knowledge; evaluating and translating evidence into practice; employing a broad range of theories from nursing and related disciplines; designing and evaluating innovative strategies to improve quality of care and safety in all settings; improving systems of care; providing leadership that promotes *interprofessional* collaboration; and influencing and shaping health policy. Doctoral preparation for CNS practice can be expected to strengthen the already significant contribution that CNSs make in ensuring quality patient outcomes through establishing a practice foundation based on advanced scientific, theoretical, ethical, and economic principles. The NACNS practice doctorate competencies may continue to evolve as the competencies for practice focused doctorates evolve.

Definitions for italicized terms are listed in the attached Glossary of Terms (Appendix A).

Upon completion of a practice doctorate CNS program, the graduate will possess the CNS competencies listed in the National Consensus *CNS Core Competencies* (2008) and the following competencies:

Sphere of Influence: Client Sphere

1. Conducts *evidence-based*, comprehensive assessment of *client* health care needs, integrating data from multiple sources which could include the *client* and *interprofessional* team members.

2. Implements *client* assessment strategies based on analysis of psychometric properties, clinical fit, feasibility, and utility.

3. Uses advanced clinical judgment to diagnose *client* conditions related to disease, health and illness within cultural, ethnic, behavioral and other contexts.

4. Designs, implements and evaluates a broad range of *evidence-based* interventions for *clients*, which may include prescribing and administering pharmacologic and/or other therapeutic interventions.

5. Directs the analysis and dissemination of outcomes of *client* care programs based on multiple considerations including: socioeconomic, cultural and environmental factors; epidemiology; symptomatology; cost and clinical effectiveness; satisfaction; safety; and quality.

6. Advocates for integration of *client* preferences and rights in health care decision-making among the *interprofessional* team.

7. Applies principles of teaching/learning and health literacy to design, provide, and evaluate *client* education.

8. Participates as a practice specialist in the translation and generation of knowledge.

9. Provides expert consultation for *clients* with complex health care needs utilizing a broad range of scientific and humanistic theories.

Sphere of Influence: Nurse and Nursing Practice

1. Provides leadership to the *interprofessional* team to incorporate ethical principles in healthcare planning and delivery.

2. Facilitates *interprofessional* collaboration in the achievement of practice outcomes.

3. Provides leadership to the *interprofessional* team in translating knowledge into practice.

4. Promotes the development of health care team members' competencies related to care delivery and evaluation, professional growth and effective team functioning.

5. Promotes improvements in healthcare team processes as they impact clinical and fiscal outcomes.

Sphere of Influence: Organization/System

1. Uses organizational and system theory to facilitate and create clinical environments that promote care delivery that is *evidence-based*, outcome focused, collaborative, cost-effective, and ethical.

2. Leads the development, management, and evaluation of information technology to promote safety, quality, and resource management.

3. Evaluates and improves system level programs and outcomes based on the analysis of information from relevant sources, such as databases, *benchmarks*, and epidemiologic data.

4. Develops and disseminates synthesis and application of evidence to advance client care and healthcare delivery.

5. Designs entrepreneurial programs of care that improve(s) delivery and outcomes of health care.

6. Secures fiscal and other resources for system-level programs and for evaluation of interventions, products and services.

7. Shapes health care policy at local, regional, and national levels to optimize client health and healthcare system delivery.

8. Demonstrates leadership by advocating for the profession of nursing through participating in professional organizations, boards and taskforces at the institutional, local, state, national and international levels.

***client" represents patient, family, community, group, and population**

[1]**CNS-specific competencies**: Academy of Medical/Surgical Nurses; American Association of Critical-Care Nurses; Gerontology (American Association of Colleges of Nurses/Hartford); National Association of Clinical Nurse Specialists; National Association of Orthopaedic Nurses. **General advanced practice competencies**: American Nephrology Nurses' Association; American Psychiatric Nurses Association; Association of Community Health Nursing Educators; Association of PeriOperative Registered Nurses; International Nurses Society on Addictions; International Society of Psychiatric-Mental Health Nurses; Society of Urologic Nurses; Oncology Nursing Society; Quad Council of Public Health Nursing Organizations.

Figure 2: Glossary of terms

CLINICAL NURSE SPECIALIST PRACTICE DOCTORATE COMPETENCIES
GLOSSARY OF TERMS

Benchmarks – Provision of outcomes data from top performers for comparison with provider's own data. (Patient Safety and Quality: An *Evidence-Based* Handbook for Nurses: Vol. 3: http://www.ahrq.gov/qual/nurseshdbk/nurseshdbk.pdf; page 1149. Accessed July 20, 2009)

Client - Represents patient, family, community, group, and population

Clinical Nurse Specialist (CNS) - A licensed registered professional nurse with graduate preparation (earned master's or doctorate) from a program that prepares CNSs. They may also be prepared in a post-master's certificate program that is recognized by a national nursing accrediting body as preparing graduates to practice as a CNS for a specialty population. The CNS is a clinical expert in the diagnosis and treatment of illness, and the delivery of *evidence-based* nursing interventions. Additionally, the CNS is an expert in executing delegated medical regimens associated with the diagnosis and treatment of disease for a specialty population. The CNS possesses advanced knowledge of the science of nursing with a specialty focus and applies that knowledge to nursing assessments, diagnoses and interventions, and the design of innovations. The CNS functions independently to provide theory and *evidence-based* care to patients/*clients* in their attainment of health goals. The CNS works with other nurses to advance their nursing practice and improve outcomes, and provides clinical expertise to effect system-wide changes to improve programs of care. (NACNS *Statement on Clinical Nurse Specialist Practice and Education,* 2004*)*

Competencies - A "competency" is an expected level of performance that integrates knowledge, skills, abilities, and judgment (ANA, May 28, 2008. Professional Role Competence. American Association of Nurses.)

Evidence-based – The integration of best research evidence with clinical expertise and patient values to facilitate clinical decision-making (Sackett DL, Straus WE, Richardson WS, Rosenberg WMC, Haynes RB. *Evidence-based Medicine: How to Practice and Teach EBM.* 2nd Edition. London: Churchill Livingstone; 2000).

Interprofessional - Working across healthcare professions to cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable. The team consists of the patient, the nurse, and other healthcare providers as appropriate (http://www.aacn.nche.edu/Education/pdf/BaccEssentials08.pdf . Accessed July 20, 2009)