



WOMEN'S HEALTH CLINICAL NURSE SPECIALIST COMPETENCIES

ASSOCIATION OF WOMEN'S HEALTH, OBSTETRIC AND NEONATAL NURSES
NATIONAL ASSOCIATION OF CLINICAL NURSE SPECIALISTS

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These competencies have been developed by a joint task force of the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) and the National Association of Clinical Nurse Specialists (NACNS). These competencies describe the entry-level competencies for all graduates of master's and doctorate of nursing practice (DNP) programs, and postgraduate programs preparing the Women's Health CNS for future certification and licensure. They are not designed to be exclusively used for decisions on hiring, promotion or termination, or in resolving legal disputes or issues of liability.

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ABOUT AWHONN

Headquartered in Washington, DC, the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) is a leader among the nation's nursing associations, serving more than 24,000 healthcare professionals in the United States, Canada, and abroad and representing more than 350,000 nurses in our specialty.

AWHONN advances the nursing profession by providing nurses with critical information and support to help them deliver the highest quality care for women and newborns. Through its many evidence-based education and practice resources, legislative programs, research, and coalition work with like-minded organizations and associations, AWHONN is firmly established as the standard bearer for women's health, obstetric, and neonatal nurses.

AWHONN members are committed to delivering outstanding health care to women and newborns in hospitals, home health, and ambulatory care settings. As a consequence of the rich diversity of our members' knowledge, skill, expertise and dedication, AWHONN produces resources intended to achieve our mission to promote the health of women and newborns.

ABOUT NACNS

Founded in 1995, The National Association of Clinical Nurse Specialists is the only association representing the clinical nurse specialist (CNS). CNSs are advanced practice registered nurses who work in a variety of specialties to ensure high-quality, evidence-based, patient-centered care. As leaders in health care settings, CNSs provide direct patient care and lead initiatives to improve care and clinical outcomes, and reduce costs. NACNS is dedicated to advancing CNS practice and education, removing certification and regulatory barriers, and assuring the public access to quality CNS services.

DEVELOPMENT OF THE WOMEN'S HEALTH CLINICAL NURSE SPECIALIST COMPETENCIES

Development of the Women's Health Clinical Nurse Specialist Competencies began in 2012 with the appointment of a writing panel with members representing the National Association of Clinical Nurse-Specialists (NACNS) and the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN). Representatives of the American College of Nurse-Midwives (ACNM), the National Association of Nurse Practitioners in Women's Health (NPWH), and the National Certification Corporation (NCC) were appointed to the panel. Representatives of ACNM and NPWH joined several meetings of the panel and were available for consultation throughout the writing process. The writing panel identified the need to include a member with competency development expertise and another with an ethics background. Volunteers with those skills were added to the writing team. The work of the writing panel was completed in early 2013.

In the spring of 2013, AWHONN and NACNS sought volunteers for a validation panel. The solicitation went to the original organizations identified with an interest in nursing and women's health issues, and to the membership of AWHONN and NACNS.

The validation panel reviewed the draft via an online survey and then four validation panel calls were held in summer 2013 to reach consensus on any issues identified by the panel.

In November 2013, the AWHONN and NACNS Boards approved the validation panel draft to be posted for public comment. It was posted for 4 weeks in November and December 2013, with public comments submitted via an online survey.

Staff from NACNS and AWHONN addressed each public comment and incorporated suggestions in the document. In early 2014 the writing and validation panels reviewed the document and made final decisions on integration of public comments. The boards of the NACNS and AWHONN approved the Women's Health CNS Competencies in June 2014.

PREAMBLE

The Women's Health/Gender-related Clinical Nurse Specialist competencies were developed as the first step toward meeting the need for certification of the CNS in this population focus, defined in the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education (LACE) (Appendix A). The four roles for advanced-practice registered nurses (APRNs) are defined in the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education (LACE). One of these roles is the clinical nurse specialist (CNS), (Appendix B) who specializes in one of the six population foci of APRN practice: family/individual across the life span, adult-gerontology, pediatrics, neonatal, women's health/gender-related,* or psychiatric/mental health.

The women's health/gender-related (hereafter referred to as Women's Health) CNS Competencies describe the entry-level competencies for all graduates of master's and doctorate of nursing practice (DNP) programs, and postgraduate programs preparing the Women's Health CNS for future certification and licensure.

The APRN Consensus Model emphasizes that individuals will be licensed as independent practitioners for practice at the level of one of the four APRN roles within at least one of the six identified population foci. Education, certification, and licensure of an individual must be congruent in terms of role and population focus. This change means that APRNs, including CNSs, specialize, or focus their work, in a specific population. The individual may elect to sub-specialize within the population. But, it is important to recognize that the states, once they adopt the APRN Consensus Model, will no longer license individuals in this sub-specialty area. For example, a women's health CNS may sub-specialize in perinatal even if she is recognized as a women's health CNS by her state's regulatory entities. It is recognized that sub-specializing in one area provides a depth and unique and expanded set of knowledge within a population focus. It is now the responsibility of the professional associations to define the subset of specialties related to a population focus.

The Women's Health population-based APRN competencies are written as entry-level competencies meant to have a direct impact on APRN licensure, accreditation, certification and education. APRN students are encouraged to enroll in programs that support their ability to meet these competencies and other criteria established by their state's regulatory entities. **At the publication of this document, there is no specific population-based certification for the CNS in the women's health/gender specific population focus.**

The Women's Health CNS Competencies are built upon the National CNS Core Competencies (NACNS, 2008) for all clinical nurse specialists. These competencies also incorporate the current knowledge base and scope of practice derived from standards of practice and evidence-based guidelines developed by the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN). The three spheres of influence defined by the National

Association of Clinical Nurse Specialists (NACNS) provide the foundation for CNS practice. As outlined in the Core Competencies, these spheres of influence (Patient, Nurse/Nursing Practice, and Organization/System) are articulated with the nine advanced-practice competencies outlined by Hamric and Spross (2005) and the eight nurse characteristics of the American Association of Critical-Care Nurses (AACN) Synergy Model (AACN Synergy Model for Patient Care, no date). We retain this framework for the WHCNS competencies, and build upon it to specify the aspects of CNS practice that are unique to women's health.

The Women's Health CNS Competencies are intended to be used in conjunction with and build upon the *Criteria for the Evaluation of Clinical Nurse Specialist Master's, Practice Doctorate, and Post-Graduate Certificate Educational Programs* (NACNS, 2011); the *Core Practice Doctorate Clinical Nurse Specialist (CNS) Competencies* (NACNS, 2009); and *The Essentials of Master's Practice for Advanced Practice Nursing* (AACN, 2011). In addition, the American Nurses Association's (ANA) *Code of Ethics for Nurses* (2001) is a critical foundation document for the ethics-related competencies.

These competencies focus on the unique attitudes, knowledge, skills, and practice of the Women's Health CNS. As a CNS gains experience, his or her practice may include more advanced and additional skills and knowledge not included in these entry-level competencies. CNS practice occurs within parameters established by the licensing body for the jurisdiction in which the CNS practices.

As scientific knowledge expands and the healthcare system and nursing practice evolve in response to society's needs, CNS competencies also will evolve. Periodic review and updating of these competencies will ensure their currency in these changing contexts.

The Women's Health CNS provides advanced direct and indirect care to women to address gender-related issues that may affect health and wellness across the life span, in the context of the woman's multiple roles, socioeconomic circumstances, and family as she defines it. This advanced direct and indirect care includes, but is not limited to:

- Reproductive and sexual health, starting in adolescence.
- Childbearing, including lactation.
- Newborn and family adaptation.
- Perimenopausal, menopausal, and post-menopausal health.
- Healthy aging for women.

The Women's Health CNS graduate will be prepared with the entry-level competencies delineated in this document, unless otherwise specified, to meet care needs wherever care is provided, across all settings. The Women's Health CNS applies evidence in practice designed to improve the quality of care and health outcomes across the continuum of care.

* The population foci Women's Health/Gender-related was not defined within this model. As a result, the drafting committee, validation panel, and public commenters all provided valuable feedback on the meaning of the term "gender-related." For purposes of these competencies, "gender-related" includes, but is not limited to, lesbian, bisexual, transgender, and intersexual individuals, and men or women who are partners with the individual seeking care. For the sake of brevity, whenever the term "woman" is used in these competencies, the gender-related individuals are considered within this term. The panel recognizes that it is not ideal, but adopted this approach in hope that it will achieve the goal of being as inclusive as possible with these entry-level, Women's Health/Gender-related competencies. It is anticipated that specialty competencies will further delineate the care needs of all of the individuals included in our term "women's health."

ORGANIZATIONAL FRAMEWORK FOR CNS CORE COMPETENCIES

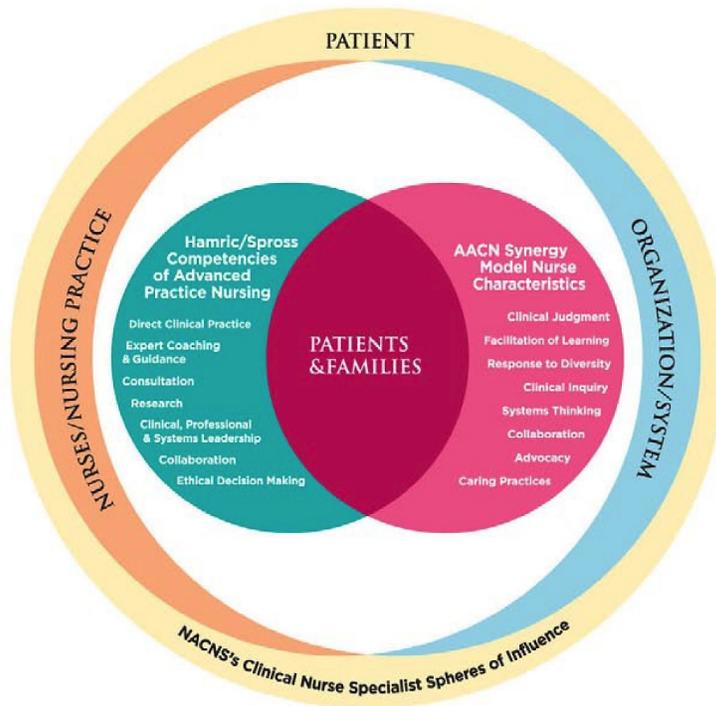


Figure 1. Model depicting organizational framework for CNS core competencies

Figure used with permission from the National Association of Clinical Nurse Specialists.

Women's Health CNS Competencies			
National CNS Competencies (2008)	Women's Health CNS Competencies		
Behavioral Statement	Behavioral Statement	Sphere	Synergies
<p>A.8 <i>Prioritizes differential diagnoses to reflect those conditions most relevant to signs, symptoms and patterns amenable to CNS interventions.</i></p> <p>A.9 <i>Selects interventions that may include, but are not limited to:</i></p> <p>A.9.a <i>Application of advanced nursing therapies</i></p> <p>A.9.b <i>Initiation of interdisciplinary team meetings, consultations and other communications to benefit patient care</i></p> <p>A.9.c <i>Management of patient medications, clinical procedures and other interventions</i></p> <p>A.9.d <i>Psychosocial support including patient counseling and spiritual interventions</i></p> <p>A.10 <i>Designs strategies, including advanced nursing therapies, to meet the multifaceted needs of complex patients and groups of patients.</i></p> <p>A.11 <i>Develops evidence-based clinical interventions and systems to achieve defined patient and system outcomes.</i></p> <p>A.12 <i>Uses advanced communication skills within therapeutic relationships to improve patient outcomes.</i></p>	<p>A.3 Conducts a pharmacologic assessment, including the need for medications and supplements to treat illness and promote health; the use of over-the-counter and herbal products; the impact of maternal medications and supplements on breast milk; fetal and newborn health; the potential for drug interactions; and safe storage and administration of medications and supplements.</p> <p>A.4 Interprets values and results of laboratory and diagnostic tests considering age; ethnicity; reproductive life stage, including physiologic changes of pregnancy and lactation, if applicable; and general health status.</p> <p>A.5 Determines differential diagnoses, taking into consideration:</p> <ul style="list-style-type: none"> • Physiologic and pathophysiologic changes. • Morbidities and comorbidities. • Events across the life span. • Patient's pharmacologic history. • Meaning and physiologic impact of pregnancy, if applicable. • Woman's preparation for unexpected issues of pregnancy, if applicable. • Woman's and her family's readiness for and adaptation to parenthood and family life. <p>A.6 Manages or appropriately refers the woman with signs and symptoms of health disorders.</p>	<p><i>Patient and Nurse</i></p> <p><i>Patient and Nurse</i></p> <p><i>Patient and Nurse</i></p> <p><i>Nurse and System</i></p>	<p><i>Clinical Judgment</i></p> <p><i>Clinical Judgment</i></p> <p><i>Clinical Judgment</i></p> <p><i>Clinical Judgment</i></p>

Women's Health CNS Competencies			
National CNS Competencies (2008)	Women's Health CNS Competencies		
Behavioral Statement	Behavioral Statement	Sphere	Synergies
<p>A.13 Prescribes nursing therapeutics, pharmacologic and non-pharmacologic interventions, diagnostic measures, equipment, procedures, and treatments to meet the needs of patients, families and groups, in accordance with professional preparation, institutional privileges, state and federal laws and practice acts.</p> <p>A.14 Provides direct care to selected patients based on the needs of the patient and the CNS's specialty knowledge and skills</p> <p>A.15 Assists staff in the development of innovative, cost effective programs or protocols of care</p> <p>A.16 Evaluates nursing practice that considers Safety, Timeliness, Effectiveness, Efficiency, Efficacy and Patient-centered care.</p> <p>A.17 Determines when evidence based guidelines, policies, procedures and plans of care need to be tailored to the individual.</p> <p>A.18 Differentiates between outcomes that require care process modification at the individual patient level and those that require modification at the system level.</p>	<p>A.7 Designs a comprehensive, individual, age- and disease-appropriate plan for health promotion that supports woman's reproductive health plan.</p>	Nurse	Caring Practice
	<p>A.8 Designs care to reduce threats to a woman's and fetus/infant's safety as applicable.</p>	Nurse	Caring Practice
	<p>A.9 Supports development of maternal role and promotes positive adaptation of the family during the reproductive cycle, if applicable.</p>	Nurse	Caring Practice
	<p>A.10 Provides evidence-based care to support breastfeeding/breast milk for newborns.</p>	Patient and Nurse	Clinical Judgment
	<p>A.11 Supports the grief process with families experiencing unexpected health outcomes, including but not limited to loss of function, life-limiting diagnoses, maternal morbidity, maternal death, fetal/ neonatal death, and major congenital anomalies.</p>	Patient and Nurse	Caring Practice
	<p>A.12 Coordinates care with other healthcare providers and community resources, with special attention to the capacities and needs of the woman and family.</p>	Nurse and System	Collaboration
	<p>A.13 Manages care transitions in collaboration with the woman, family, caregivers, and interdisciplinary team members, including:</p> <ul style="list-style-type: none"> • Analyzing the readiness of the patient and family to transition. • Accommodating physiologic restrictions due to illness, injury, or disability across the lifespan. • Planning for newborn with healthcare needs or anticipated death of newborn at home. • Determining appropriate level and/or setting of care. • Coordinating implementation of transition. 	Nurse and System	Collaboration

Women's Health CNS Competencies			
National CNS Competencies (2008)	Women's Health CNS Competencies		
Behavioral Statement	Behavioral Statement	Sphere	Synergies
<p>Direct Care Competency:</p> <p>A.19 Leads development of evidence-based plans for meeting individual, family, community, and population needs.</p> <p>A.20 Provides leadership for collaborative, evidence-based revision of diagnoses and plans of care, to improve patient outcomes</p>	<p>Direct Care Competency</p>		
<p>Consultation Competency:</p> <p>Patient, staff, or system-focused interaction between professionals in which the consultant is recognized as having specialized expertise and assists consultee with problem solving.</p> <p>B.1 Provides consultation to staff nurses, medical staff and interdisciplinary colleagues</p> <p>B.2 Initiates consultation to obtain resources as necessary to facilitate progress toward achieving identified outcomes.</p> <p>B.3 Communicates consultation findings to appropriate parties consistent with professional and institutional standards.</p> <p>B.4 Analyzes data from consultations to implement practice improvements.</p>	<p>Consultation Competency</p> <p>B.1 Consults with healthcare team members to integrate the needs, preferences, and strengths of the woman and her family into the healthcare plan, to optimize health outcomes.</p> <p>B.2 Identifies and coordinates resources to meet the unique needs of the woman and her family; refers as needed.</p> <p>B.3 Provides consultations for transition of care.</p> <p>B.4 Communicates consultation findings to the woman and her family and members of the healthcare team, as appropriate.</p> <p>B.5 Evaluates outcomes from consultations to ascertain best practices.</p>	<p>Patient Nurse and System</p>	<p>Collaboration</p> <p>Clinical Inquiry</p>

Women's Health CNS Competencies			
National CNS Competencies (2008)	Women's Health CNS Competencies		
Behavioral Statement	Behavioral Statement	Sphere	Synergies
<p>Systems Leadership Competency: <i>The ability to manage change and empower others to influence clinical practice and political processes both within and across systems.</i></p> <p>C.1 Facilitates the provision of clinically competent care by staff/team through education, role modeling, teambuilding, and quality monitoring.</p> <p>C.2 Performs system level assessments to identify variables that influence nursing practice and outcomes, including but not limited to:</p> <p>C.2.a Population variables (age distribution, health status, income distribution, culture)</p> <p>C.2.b Environment (schools, community support services, housing availability, employment opportunities)</p> <p>C.2.c System of health care delivery</p> <p>C.2.d Regulatory requirements</p> <p>C.2.e Internal and external political influences/stability</p> <p>C.2.f Health care financing</p> <p>C.2.g Recurring practices that enhance or compromise patient or system outcomes.</p>	<p>Systems Leadership Competency</p> <p>C.1 Contributes to building an environment characterized by effective communication, shared decision-making, teamwork, and effective improvement strategies to provide high quality, woman-centered care.</p> <p>C.2 Takes a leadership role in creating woman and family-centered, developmentally appropriate environments for care.</p> <p>C.3 Contributes to healthcare policy and system changes that facilitate access to care for women and newborns. Addresses contextual issues affecting women's health and health disparities, such as ageism, racism, sexism, religion, cultural variations, violence against women, homophobia, gender roles, poverty, and health belief systems.</p> <p>C.4 Provides leadership for implementation of a systematic program for improving healthcare safety and quality for women.</p> <p>C.5 Participates in development, implementation, and evaluation of clinical practice guidelines that address women's needs from early adolescence to end of life.</p> <p>C.5.a Collaborates with other system leaders to ensure that application of regulatory and practice guidelines is woman and family-centered and/or gender-specific.</p> <p>C.6 Advocates for woman's and family's access to healthcare, including reproductive life planning; genetic and infertility counseling; contraception counseling and services; and preconception, pregnancy, interconception, perimenopausal, and postmenopausal care.</p>	<p><i>Nurse and System</i></p> <p><i>Nurse</i></p> <p><i>Nurse and System</i></p> <p><i>Nurse and System</i></p>	<p><i>Systems Thinking</i></p> <p><i>Systems Thinking</i></p> <p><i>Systems Thinking</i></p> <p><i>Systems Thinking</i></p> <p><i>Collaboration</i></p> <p><i>Response to Diversity</i></p> <p><i>Systems Thinking</i></p>

Women's Health CNS Competencies			
National CNS Competencies (2008)	Women's Health CNS Competencies		
Behavioral Statement	Behavioral Statement	Sphere	Synergies
<p>Systems Leadership Competency:</p> <p>C.3 Determines nursing practice and system interventions that will promote patient, family and community safety.</p> <p>C.4 Uses effective strategies for changing clinician and team behavior to encourage adoption of evidence-based practices and innovations in care delivery.</p> <p>C.5 Provides leadership in maintaining a supportive and healthy work environment.</p> <p>C.6 Provides leadership in promoting interdisciplinary collaboration to implement outcome-focused patient care programs meeting the clinical needs of patients, families, populations and communities.</p> <p>C.7 Develops age-specific clinical standards, policies and procedures.</p> <p>C.8 Uses leadership, team building, negotiation, and conflict resolution skills to build partnerships within and across systems, including communities.</p> <p>C.9 Coordinates the care of patients with use of system and community resources to assure successful health/illness/wellness transitions, enhance delivery of care, and achieve optimal patient outcomes.</p>	<p>Systems Leadership Competency</p> <p>C.7 Promotes system-wide policies and protocols that address gender-specific concerns in concert with cultural, ethnic, spiritual, and age-related differences among patients, healthcare providers, and caregivers.</p> <p>C.8 Implements system-level changes based on analysis and evaluation of gender-specific and woman and family-centered outcomes of care.</p> <p>C.9 Articulates/demonstrates financial implications of quality measures and changes in women's health outcomes.</p>	<p>Nurse and System</p> <p>Nurse and System</p> <p>Nurse and System</p>	<p>Systems Thinking</p> <p>Systems Thinking</p> <p>Systems Thinking</p>

Women's Health CNS Competencies			
National CNS Competencies (2008)	Women's Health CNS Competencies		
Behavioral Statement	Behavioral Statement	Sphere	Synergies
<p>Systems Leadership Competency:</p> <p>C.10 Considers fiscal and budgetary implications in decision making regarding practice and system modifications.</p> <p>C.10.a Evaluates use of products and services for appropriateness and cost/benefit in meeting care needs</p> <p>C.10.b Conducts cost/benefit analysis of new clinical technologies</p> <p>C.10.c Evaluates impact of introduction or withdrawal of products, services, and technologies</p> <p>C.11 Leads system change to improve health outcomes through evidence based practice:</p> <p>C.11.a Specifies expected clinical and system level outcomes.</p> <p>C.11.b Designs programs to improve clinical and system level processes and outcomes.</p> <p>C.11.c Facilitates the adoption of practice change</p> <p>C.12 Evaluates impact of CNS and other nursing practice on systems of care using nurse-sensitive outcomes</p> <p>C.13 Disseminates outcomes of system-level change internally and externally</p>	<p>Systems Leadership Competency</p>		

Women's Health CNS Competencies			
National CNS Competencies (2008)	Women's Health CNS Competencies		
Behavioral Statement	Behavioral Statement	Sphere	Synergies
<p>Collaboration Competency: <i>Working jointly with others to optimize clinical outcomes. The CNS collaborates at an advanced level by committing to authentic engagement and constructive patient, family, system, and population-focused problem-solving</i></p> <p>D.1 <i>Assesses the quality and effectiveness of interdisciplinary, intra-agency, and inter-agency communication and collaboration.</i></p> <p>D.2 <i>Establishes collaborative relationships within and across departments that promote patient safety, culturally competent care, and clinical excellence</i></p> <p>D.3 <i>Provides leadership for establishing, improving, and sustaining collaborative relationships to meet clinical needs.</i></p> <p>D.4 <i>Practices collegially with medical staff and other members of the healthcare team so that all providers' unique contributions to health outcomes will be enhanced.</i></p> <p>D.5 <i>Facilitates intra-agency and inter-agency communication.</i></p>	<p>Collaboration Competency</p> <p>D.1 Collaborates with multidisciplinary experts to provide formal and informal interprofessional education for healthcare providers to improve women's and newborns' health outcomes.</p> <p>D.2 Leads and/or participates in collaborative efforts of the healthcare team in identifying how individuals' and systems' issues affect women's health, including issues related to the fetus and/or newborn.</p> <p>D.3 Leads and/or participates in collaborative efforts of the healthcare team in identifying cost-saving strategies that optimize patient outcomes.</p> <p>D.4 Establishes collaborative relationships within and across organizational departments that promote increased understanding of CNS role in quality initiatives, i.e. health information systems (HIS), finance, purchasing, administration, medical staff.</p> <p>D.5 Collaborates with other disciplines to implement evidence-based practices and quality improvement initiatives.</p> <p>D.5.a Coordinates staff and services to support breastfeeding.</p> <p>D.6 Facilitates collaborative efforts between agencies, systems, and the community, to improve the health of women and newborns.</p>	<p><i>Nurse and System</i></p>	<p><i>Collaboration</i></p> <p><i>Collaboration</i></p> <p><i>Collaboration</i></p> <p><i>Collaboration</i></p> <p><i>Collaboration</i></p> <p><i>Collaboration</i></p> <p><i>Collaboration</i></p>

Women's Health CNS Competencies			
National CNS Competencies (2008)	Women's Health CNS Competencies		
Behavioral Statement	Behavioral Statement	Sphere	Synergies
<p>Research Competency: <i>The work of thorough and systematic inquiry. Includes the search for, interpretation, and use of evidence in clinical practice and quality improvement, as well as active participation in the conduct of research.</i></p> <p>I. Interpretation, Translation and Use of Evidence</p> <p>F.I.1 Analyzes research findings and other evidence for their potential application to clinical practice</p> <p>F.I.2 Integrates evidence into the health, illness, and wellness management of patients, families communities and groups</p> <p>F.I.3 Applies principles of evidence-based practice and quality improvement to all patient care.</p> <p>F.I.4 Assesses system barriers and facilitators to adoption of evidence-based practices.</p> <p>F.I.5 Designs programs for effective implementation of research findings and other evidence in clinical practice</p> <p>F.I.6 Cultivates a climate of clinical inquiry across spheres of influence:</p> <p>F.I.6.a Evaluates the need for improvement or redesign of care delivery processes to improve safety, efficiency, reliability, and quality.</p>	<p>Research Competency</p> <p>I. Interpretation, Translation, and Use of Evidence</p> <p>F.I.1 Facilitates the incorporation of evidence-based practices into clinical practice and policies.</p> <p>F.I.2 Uses principles of knowledge translation to develop, implement, and evaluate programs and policies for the evidence-based use of products and technologies.</p> <p>F.I.3 Anchors nursing practice to evidence-based information to achieve nurse-sensitive outcomes.</p> <p>F.I.4 Mentors nurse colleagues in evidence-based nursing practice.</p>	<p>Nurse and System</p>	<p>Clinical Inquiry and Systems Thinking and Facilitator of Learning</p>

Women's Health CNS Competencies			
National CNS Competencies (2008)	Women's Health CNS Competencies		
Behavioral Statement	Behavioral Statement	Sphere	Synergies
<p>Research Competency: F.1.6.b Disseminates expert knowledge;</p>			
<p>II. Evaluation of Clinical Practice F.II.1 Fosters an interdisciplinary approach to quality improvement, evidence-based practice, research, and translation of research into practice F.II.2 Participates in establishing quality improvement agenda for unit, department, program, system, or population F.II.3 Provides leadership in planning data collection and quality monitoring. F.II.4 Uses quality monitoring data to assess the quality and effectiveness of clinical programs in meeting outcomes. F.II.5 Develops quality improvement initiatives based on assessments. F.II.6 Provides leadership in the design, implementation and evaluation of process improvement initiatives. F.II.7 Provides leadership in the system-wide implementation of quality improvements and innovations.</p>	<p>II. Evaluation of Clinical Practice F.II.1 Provides leadership in identifying and addressing gaps between knowledge and practice, and initiates change in practice based on evidence. F.II.2 Selects gender-, cultural-, ethnic-, and age-appropriate measures in analyzing clinical practice outcomes. F.II.3 Encourages innovative approaches to delivering care. F.II.4 Monitors and evaluates quality, safety and cost effectiveness of practice outcomes</p>	<p>Nurse and System</p>	<p>Clinical Judgment and Collaboration and Response to Diversity</p>

Women's Health CNS Competencies			
National CNS Competencies (2008)	Women's Health CNS Competencies		
Behavioral Statement	Behavioral Statement	Sphere	Synergies
<p>Research Competency:</p> <p>III. Conduct of Research</p> <p>F.III.1 Participates in conduct of or implementation of research which may include one or more of the following:</p> <p>F.III.1.a Identification of questions for clinical inquiry</p> <p>F.III.1.b Conduct of literature reviews</p> <p>F.III.1.c Study design and implementation</p> <p>F.III.1.d Data collection</p> <p>F.III.1.e Data analysis</p> <p>F.III.1.f Dissemination of findings</p>	<p>III. Conduct of Research</p> <p>F.III.1 Participates on a research team on issues pertaining to the health of women, newborns and families.</p> <p>F.III.2 Provides consultation for proposed research projects involving women, including pregnant women and/or neonates, for safety and appropriateness for the special needs of those populations.</p> <p>F.III.3 Advocates across interdisciplinary teams to promote evidence-based practice, research, and translation of research into best practices.</p> <p>F.III.4 Analyzes data to substantiate nursing practice outcomes.</p>	Nurse and System	Clinical Judgment and Collaboration and Response to Diversity
<p>Ethical Decision-Making, Moral Agency and Advocacy Competency:</p> <p>Identifying, articulating, and taking action on ethical concerns at the patient, family, health care provider, system, community, and public policy levels.</p> <p>G.1 Engages in a formal self-evaluation process, seeking feedback regarding own practice, from patients, peers, professional colleagues and others</p> <p>G.2 Fosters professional accountability in self or others.</p> <p>G.3 Facilitates resolution of ethical conflicts:</p> <p>G.3.a Identifies ethical implications of complex care situations</p>	<p>Ethical Decision-Making, Moral Agency and Advocacy Competency</p> <p>G.1 The WH CNS takes a leadership role in identifying ethical dilemmas and seeks to resolve situations in a manner that ensures patient safety, guards the woman's interests, and preserves the WH CNS's professional integrity. (ANA, 2001)</p> <p>G.1.a Role models self-exploration to identify personal values and beliefs, and how they may affect the provision of care.</p> <p>G.1.b Identifies ethical implications of complex care situations unique to women's health. Examples include but are not limited to reproductive decision-making, assisted reproductive technologies, fetal health, and neonatal health.</p> <p>G.1.c Discusses and presents the ethical risk-benefit analysis of interventions and treatment choices.</p> <p>G.1.d Shares decision-making to resolve ethical dilemmas.</p>	Nurse and System	Clinical Judgment and Collaboration and Systems Thinking and Advocacy & Moral Agency

Women's Health CNS Competencies			
National CNS Competencies (2008)	Women's Health CNS Competencies		
Behavioral Statement	Behavioral Statement	Sphere	Synergies
<p>G.3.b <i>Considers the impact of scientific advances, cost, clinical effectiveness, patient and family values and preferences, and other external influences.</i></p> <p>G.3.c <i>Applies ethical principles to resolving concerns across the three spheres of influence</i></p> <p>G.4 <i>Promotes a practice climate conducive to providing ethical care.</i></p> <p>G.5 <i>Facilitates interdisciplinary teams to address ethical concerns, risks or considerations, benefits and outcomes of patient care.</i></p> <p>G.6 <i>Facilitates patient and family understanding of the risks, benefits, and outcomes of proposed healthcare regimen to promote informed decision making.</i></p> <p>G.7 <i>Advocates for equitable patient care by:</i></p> <p>G.7.a <i>Participating in organizational, local, state, national, or international level of policy-making activities for issues related to their expertise</i></p> <p>G.7.b <i>Evaluating the impact of legislative and regulatory policies as they apply to nursing practice and patient or population outcomes</i></p>	<p>G.2 Represents to decision-making bodies, such as bioethics committees, ethical perspectives on healthcare decisions affecting women across the life span.</p> <p>G.3 Evaluates the impact of legislation on health services for women and newborns.</p> <p>G.4 Works collaboratively with individuals or teams to promote and improve women's and newborn's health, through legislative and regulatory processes.</p> <p>G.5 Engages with professional organizations concerned with the promotion of and/or advocacy for women's and newborn's health issues.</p> <p>G.6 Addresses ethical conflict and the potential for moral distress experienced by nurses and the interdisciplinary team within clinical situations with women, families and colleagues.</p>		

Women's Health CNS Competencies			
National CNS Competencies (2008)	Women's Health CNS Competencies		
Behavioral Statement	Behavioral Statement	Sphere	Synergies
<p>G.8 Promotes the role and scope of practice of the CNS to legislators, regulators, other health care providers, and the public:</p> <p>G.8.a Communicates information that promotes nursing, the role of the CNS and outcomes of nursing and CNS practice through the use of the media, advanced technologies, and community networks.</p> <p>G.8.b Advocates for the CNS/APRN role and for positive legislative response to issues affecting nursing practice.</p>			

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APPENDIX A:

The Consensus Model for APRN Licensure, Accreditation, Certification and Education

Licensure for the clinical nurse specialist shares the traits of licensure for the other roles of advanced-practice registered nurses. There has been no uniform model of regulation of advanced-practice registered nurses across the states. Each state independently determines the APRN's legal scope of practice, the roles that are recognized, criteria for entry into advanced practice, and the certification examinations accepted for entry-level competence assessment. This has created some practice barriers and a degree of practice variability from state to state. As a result of this, in 2008, the nursing community released a document that outlines a uniform model of regulation for advanced-practice registered nurses across the states: Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education. This model is being considered by a number of states and the National Council of State Boards of Nursing is leading an effort to encourage states to adopt the components of the APRN Consensus Model, to allow an improved degree of uniformity in licensure, accreditation, certification, and education of advanced-practice registered nurses. As of 2010, 48 nursing organizations have endorsed this model.

For the CNS advanced-practice registered nurse role, the APRN Consensus Model requires a significant education, accreditation and certification change. Under the model, the CNS will be educated based on role and population (of patients). CNS education has been based on role and clinical specialty (subset of patient population, in most cases). Under the previous model, many states accepted specialty certification, when it was available, as recognition for licensure of the clinical nurse specialist. Under the APRN Consensus Model, the requirement will be for national certification based on role and population. Associations, certification organizations, educational institutions, and others are working to make the significant changes needed in CNS education, accreditation, certification, and licensure. A number of these components are in place, and even in states that have not adopted all components of the APRN Consensus Model, the accreditation, certification and education components are in place.

This change in the licensure, accreditation, certification, and education separates all APRN roles from the classic nursing role. It provides a universal understanding of the preparation needed to enter the advanced-practice role, and has the effect of specifying the job characteristics for the registered nurse and each of the APRN roles.

While the adoption of the APRN Consensus Model is occurring at the state level, states continue to identify APRN practice as needing separate APRN licensure to differentiate the level of practice of the APRN, including the clinical nurse specialist, from that of the registered nurse.

APPENDIX B:

Role of the Clinical Nurse Specialist

CNSs are licensed registered nurses who have graduate preparation (master's degree or doctorate) in nursing as clinical nurse specialists. They have unique and advanced-level competencies that can meet the increased needs for improving quality and reducing costs in our healthcare system. They provide direct patient care that includes assessment, diagnosis, and management of patient healthcare issues. Growing numbers of CNSs are providing Medicare Part B services to beneficiaries and have prescriptive privileges in most states.

In addition to the direct-care role, clinical nurse specialists are leaders of change in health organizations, developers of evidence-based programs to prevent avoidable complications; coaches of those with chronic diseases to prevent hospital readmissions; facilitators of teams in acute-care and other facilities to improve the quality and safety of care, including preventing hospital-acquired infections; and reducing length of stays. The clinical nurse specialist uses this system-level knowledge to facilitate improved patient care and outcomes.

Clinical nurse specialists, with the other advanced-practice registered nurses, are licensed independent practitioners who are expected to practice within standards established or recognized by a licensing body, such as a state board of nursing. APRNs are accountable to patients, the nursing profession, and the licensing board for compliance with the requirements of a state nurse practice act, and related advanced-practice nursing rules and regulations. Clinical nurse specialists are expected to recognize the limits of their knowledge and expertise, and refer patients or obtain consultations as needed to provide quality patient care.

Clinical nurse specialists share the characteristics identified by the National Council of State Boards of Nursing and the American Nurses Association that include responsibility and accountability for health promotion; the assessment, diagnosis, and management of patient problems; the use of diagnostic measures; and prescription of pharmacologic and non-pharmacologic interventions.

Clinical nurse specialists must be graduates of accredited graduate-level education programs that specifically prepares the individual for the clinical nurse specialist role. They must also pass a national certification examination that measures knowledge and population-focused competencies; and maintain competence as evidenced by recertification. Clinical nurse specialists will have acquired advanced clinical knowledge and skills that prepared them to provide direct and indirect care to patients.

All advanced-practice registered nurse competencies, including those of the clinical nurse specialist, build on the competencies of the registered nurse. These advanced competencies demonstrate a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy. The clinical nurse specialist is recognized as a provider of Medicare services and may independently bill for those services. The clinical nurse specialist is accountable to patients, the nursing profession, and the licensing board for compliance with the requirements of a state nurse practice act and the quality of advanced nursing care rendered, recognizing limits of knowledge and experience, planning for the management of situations beyond the APRN's expertise, and for consulting with or referring patients to other healthcare providers as appropriate. (APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee, 2008).