



November 1, 2017

As Chairperson of the NACNS Task Force for the Revision of the NACNS Statement on Education and Practice I am pleased to present to you the 2017 NACNS draft CNS Core Competencies for your comment. The members of the task force have worked diligently to make these updated core competencies clear, timely and reflective of current clinical nurse specialist practice.

This draft is the first of four sections that will be released for public comment. Given the importance of the CNS Core Competencies in our changing health care environment, the NACNS Board of Directors did not want to wait for the completion of the full CNS Core Statement to offer this section for public comment.

The task force adopted a few guiding principles to assist us in our work, and we hope that knowing our perspective will help you better understand the changes in this year's proposed update. The task force's goal was to revise the current core competencies (and CNS Statement) to reflect the unique skills of the CNS and to review a wide-range of publications and models before finalizing the draft CNS Core Competencies.

The task force wanted the updated competencies to be congruent with the CNS role as articulated by NACNS, the only national association dedicated to representing the CNS role. NACNS and task force members strongly support having one set of competencies for the CNS role. Like other disciplines' core competencies, this draft represents the entry level competencies for a CNS graduate, regardless of preparation in a master's or doctor of nursing practice program.

The hallmark of advanced practice registered nurse (APRN) and CNS practice is direct patient care, with an ultimate goal of optimal patient care. The individual competencies are oriented to align with the Consensus Model for APRN Legislation, Accreditation, Certification and Education and differentiate CNS practice from non-APRN DNPs and clinical nurse leaders. The draft competencies' intent is to provide the basis on which CNSs would build their specialty practice—recognizing that knowledge of specialty practice expands and contracts as needed and required. While CNSs may expand their practice and richly enhance their work through a chosen specialty, these competencies are intended to apply to all specialties.

The task force spent a great deal of time carefully editing and considering each competency, while keeping an eye to what was essential and not duplicative. Efforts were made to streamline the number and organization of the competencies while incorporating new concepts and language where needed. As a result, the overall number of competencies is reduced, but covers more content.

On behalf of the task force, I invite you to review and comment on this important document. We look forward to hearing your feedback!

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