



## FAMILY ACROSS THE LIFESPAN CROSSWALK TASK FORCE FINDINGS

National CNS Competency Task Force Core Competencies, 2008	Draft NACNS 2012 CNS Family/Individual Across the Lifespan - population focused Competencies	American Association of Critical-Care Nurses (AACN) 2014 Pediatric CNS Validated Competencies	Pediatric Crosswalk Comments	2010 Adult/Gero CNS Competencies	Adult/Gero Crosswalk Comments
<p><b>A. Direct Care Competency:</b> Direct interaction with patients, families, and groups of patients to promote health or well-being and improve quality of life. Characterized by a holistic perspective in the advanced nursing management of health, illness, and disease states.</p>		<p><b>AACN Clinical Judgment:</b> Clinical reasoning, which includes clinical decision making, critical thinking and a global grasp of the situation, coupled with APRN skills acquired through a process of integrating formal and informal experiential knowledge and evidence-based guidelines. Includes differential diagnosis</p> <p><b>AACN Caring Practices:</b> APRN activities that create a compassionate, supportive and therapeutic environment for patients and staff, with the aim of promoting comfort and healing and preventing unnecessary suffering. Includes but is not</p>			

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CNS Core Behavioral Statement	FALs Behavioral Statement	Pediatrics Behavioral Statement	Pediatrics Crosswalk Comments	Adult/Gero Behavioral Statement	Adult/Gero Comments
		limited to vigilance, engagement and responsiveness of caregivers, including family and healthcare personnel. Content in this category includes pain management, infection control, risk assessment and the nurse practitioner/patient relationship			
A.1 Conducts comprehensive, holistic wellness and illness assessments using known or innovative evidence-based techniques, tools, and direct and indirect methods.	A.1 Conducts an ongoing assessment of individuals and their families. Special attention is given to modifying assessment to address age-related issues as well as family dynamics.	Conduct comprehensive, holistic wellness/illness assessments	Essentially Equivalent	1. Conducts a comprehensive, holistic assessment of individuals including those who are non-verbal, developmentally, functionally, and/or cognitively impaired.	Equivalent
A.2 Obtains data about context and etiologies (including both non-disease and disease-related factors) necessary to formulate differential diagnoses	A.2 Assesses physiologic and functional changes associated with growth and development and changes associated with aging.	Obtain data necessary to formulate differential diagnoses/plans of care and evaluate outcomes  Determine diagnoses considering:	FALS competency includes assessment of functional changes related to growth and development and changes associated with aging. The	2. Assesses physiological and functional changes associated with aging and development across the adult continuum.	The aging comments found in the Adult/Gero competencies. Other pediatric competencies discuss age-related

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and plans of care, and to identify and evaluate of outcomes.		<ul style="list-style-type: none"> <li>• physiologic/pathophysiologic changes</li> <li>• morbidities/comorbidities</li> <li>• events across the life span</li> <li>• patient's pharmacologic history with particular attention to issues of polypharmacy</li> </ul>	<p>aging comments are found in the Adult/Gero. Other Pediatric competencies discuss age-related assessment and interventions.</p> <p>Equivalent</p>		<p>assessment and interventions.</p> <p>Equivalent</p> <p>New core competencies may wish to define aging as 0 – death.</p>
A.3 Employs evidence-based clinical practice guidelines to guide screening and diagnosis.	A.3 Identify genetic risks that may be related to age, environmental exposures and/or family history.	Use evidence base to guide clinical practice	Equivalent, when C. 14 is considered.	3. Assesses age-specific and genetic risk factors.	Generally equivalent, but future core competencies should consider genetic risk factors as something to add.
A.4 Assesses the effects of interactions among the individual, family, community, and social systems on health and illness.	A.4 Assesses the interaction between prevention, acute and chronic physical and mental health problems to achieve optimal wellness.	<p><b>See ACCNS Caring Practice</b></p> <p>Assess the effects of interactions among individual/family/community/social systems</p>	<p>Builds on core competency. Both FALs and Adult/Gero mention physical and mental health issues. Community and social systems are noted in core.</p> <p>Generally Equivalent</p>	4. Assesses the interaction between acute and chronic physical and mental health problems.	<p>Builds on core competency. Both FALs and Adult/Gero mention physical and mental health issues. Community and social systems are noted in core.</p> <p>Generally Equivalent</p>

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<p>A.5 Identifies potential risks to patient safety, autonomy and quality of care based on assessments across the patient, nurse and system spheres of influence.</p>	<p>A.5 Recognizes the presence of co-morbidities and psychosocial issues that may impact the optimal level of health for this population.</p>	<p><b>See ACCNS Caring Practice</b> Identify potential risks to patient safety/ autonomy and quality of care based on assessments across all spheres of influence</p> <p><b>See ACCNS Caring Practice</b> Provide leadership to address threats to health- care safety/quality</p>	<p>Generally Equivalent FALS uses more specific language but implies similar issues to identify.</p>	<p>5. Recognizes the presence of co-morbidities and psychosocial issues that may impact optimal level of health.</p>	<p>Equivalent – builds on core</p>
<p>A.6 Assesses the impact of environmental/system factors on care.</p>	<p>A.6 When available uses reliable and valid age-appropriate assessment instruments to assess acute and chronic health concerns.</p>	<p>Use reliable and valid age-appropriate assessment instruments to assess acute and chronic health concerns, including but not limited to mental status, delirium, dementia and pain</p> <p><b>See also ACCNS Systems Thinking</b> Assess the impact of environmental/ system factors on care</p>	<p>Equivalent</p>	<p>6. Uses reliable and valid age-appropriate assessment instruments to assess acute and chronic health concerns, including but not limited to mental status, delirium, dementia, and pain.</p>	<p>Equivalent</p>

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<p>A.7 Synthesizes assessment data, advanced knowledge, and experience, using critical thinking and clinical judgment to formulate differential diagnoses for clinical problems amenable to CNS intervention.</p>	<p>A.7 Assesses for manifestations of health disorders or health disruptions, e.g. infection, adverse drug effects, dehydration, illicit drug/alcohol use/abuse or family violence.</p>	<p>Synthesize data/advanced knowledge/ experience using critical thinking to formulate differential diagnoses</p> <p>Assess for manifestation of health disorders/ disruptions, such as infection, adverse drug effect, dehydration and ischemia</p>	<p>Equivalent</p>	<p>7. Assesses for manifestations of health disorders or health disruptions, e.g. infection, adverse drug effect, dehydration, ischemia, and geriatric syndromes.</p>	<p>Equivalent</p>
<p>A.8 Prioritizes differential diagnoses to reflect those conditions most relevant to signs, symptoms and patterns amenable to CNS interventions.</p>	<p>A.8 Evaluates for mental health disorders such as depression, developmental conditions, anxiety, and/or substance-related disorders. Assess the impact of these conditions on the family system</p>	<p>Prioritize differential diagnoses.</p> <p>Evaluate for mental health disorders, such as depression, dementia, anxiety or substance-related disorders</p>	<p>Equivalent</p>	<p>8. Evaluates for common mental health disorders such as depression, dementia, anxiety, or substance-related disorders.</p>	<p>Essentially equivalent.</p> <p>Generally Equivalent Recommend “family system” more clearly identified in revised core competencies.</p>
<p>A.9 Selects interventions that may include, but are not limited to:</p> <p>A.9.a.Application of advanced nursing</p>	<p>A.9 Ensures that a pharmacologic assessment is performed including indications, polypharmacy, drug interactions, over-the-counter and herbal</p>	<p>Conduct pharmacologic assessment, including polypharmacy, drug interactions, over-the-counter and herbal product use, and the ability to safely and</p>	<p>Equivalent</p>	<p>9. Conducts a pharmacologic assessment including polypharmacy, drug interactions, over-the-counter and herbal product use,</p>	<p>Equivalent</p>

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<p>therapies</p> <p>A.9.b. Initiation of interdisciplinary team meetings, consultations and other communications to benefit patient care</p> <p>A.9.c Management of patient medications, clinical procedures and other interventions</p> <p>A.9.d Psychosocial support including patient counseling and spiritual interventions</p>	<p>product use, and the ability to safely and correctly store and self-administer medications. Special considerations should be given to access to medications by children and the disabled. A plan of care for family administration of medications should be designed if necessary.</p>	<p>correctly store and self-administer medications</p> <p>Select interventions that may include but are not limited to:</p> <ul style="list-style-type: none"> <li>• application of advanced nursing therapies</li> <li>• initiation of interdisciplinary team meetings/consults/other communications to benefit patient care</li> <li>• management of pain medications/ clinical procedures/other interventions</li> <li>• psychosocial support, including patient counseling and spiritual interventions</li> </ul>		<p>and the ability to safely and correctly store and self-administer medications.</p>	
<p>A.10 Designs strategies, including advanced nursing therapies, to meet the multifaceted needs of complex patients and groups of patients.</p>	<p>A.10 Interprets values/results of laboratory and diagnostic tests with consideration of age, ethnicity, and health status and progress of acute and /or chronic disease(s).</p>	<p>Design strategies to meet multifaceted needs of complex patients/groups of patients</p> <p>Interpret values/results of lab/diagnostic tests with consideration of</p>	<p>Equivalent</p>	<p>10. Interprets values/results of laboratory and diagnostic tests with consideration of age, ethnicity, and health status.</p>	<p>Equivalent</p>

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		age, ethnicity and health status			
A.11 Develops evidence-based clinical interventions and systems to achieve defined patient and system outcomes.	A.11 Assesses the patient, family, and caregiver's ability to implement complex plans of care.	<p>Assess patient/caregiver/family ability to implement complex plans of care</p> <p>Design a comprehensive, individualized, age- and disease-appropriate plan for health promotion</p> <p>Develop age-specific, individualized treatment plans and interventions with consideration of cognitive status, sensory function, perception and the environment</p> <p><b>See also ACCNS Clinical Inquiry</b> Develop evidence-based clinical interventions to achieve defined patient and system outcomes</p>	Equivalent	11. Assesses patient, family, and caregiver's ability to implement complex plans of care.	Equivalent
A.12 Uses advanced communication skills	A.12 Assesses patient, caregiver, and family's	Assess patient/caregiver/ family	Essentially Equivalent	12. Assesses patient, caregiver,	Equivalent

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<p>within therapeutic relationships to improve patient outcomes.</p>	<p>preferences in relation to cultural, spiritual, quality of life, and lifestyle choices as it relates to plan of care.</p>	<p>preferences in relation to cultural/spiritual/quality of life/lifestyle choices</p> <p><b>See ACCNS Caring Practices</b> Use advanced communication skills to improve patient outcomes</p> <p><b>See ACCNS Caring Practices</b> Use behavioral, communication and environmental-modification strategies with individuals who have cognitive/psychiatric impairments</p>		<p>and family's preferences in relation to cultural, spiritual, quality of life, and lifestyle choices.</p>	
<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</p>	<p>A.13 When necessary, provide input on the level of care required and the mix of appropriate providers to offer this care. Consideration is given to the acuity of the patient, the location of care and the available</p>	<p>According to legal restrictions in the state, recommend/prescribe:</p> <ul style="list-style-type: none"> <li>• pharmacologic interventions</li> <li>• non-pharmacologic interventions</li> <li>• diagnostic measures</li> <li>• equipment</li> <li>• procedures</li> <li>• treatments</li> </ul>	<p>Essentially Equivalent</p>	<p>13. Determines diagnoses in the complex patient and takes into consideration:</p> <ul style="list-style-type: none"> <li>• physiologic and pathophysiologic changes</li> <li>• morbidities and co-morbidities</li> </ul>	<p>Essentially Equivalent</p>

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professional preparation, institutional privileges, state and federal laws and practice acts.	resources to provide care.			<ul style="list-style-type: none"> <li>events across the lifespan</li> <li>patient's pharmacologic history</li> </ul>	
A.14 Provides direct care to selected patients based on the needs of the patient and the CNS's specialty knowledge and skills		Provide direct care to selected patients based on needs of patient and CNS's specialty knowledge and skills	Equivalent	14. Manages or appropriately refers the patient with signs and symptoms of physical and mental health disorders across the adult lifespan, including geriatric syndromes.	Equivalent
A. 15 Assists staff in the development of innovative, cost effective programs or protocols of care		<b>See ACCNS Clinical Inquiry</b> Assist staff in the development of innovative, cost-effective programs or protocols of care	Equivalent	15. Intervenes to prevent or minimize iatrogenesis.	Equivalent
A.16 Evaluates nursing practice that considers safety, timeliness, effectiveness, efficiency, efficacy and patient-centered care.		Evaluate nursing practice that considers safety, timeliness, effectiveness, efficiency, efficacy and patient/family centered care	Equivalent	16. Intervenes to facilitate transitions of care with emphasis on quality, safety, and risk avoidance.	Equivalent
A.17 Determines when evidence-based		Determine when evidence-based	Equivalent	17. Designs a comprehensive,	Essentially equivalent

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guidelines, policies, procedures and plans of care need to be tailored to the individual.		guidelines/ policies/procedures/ plans of care need to be tailored to the individual		individualized, age- and disease-appropriate plan for health promotion.	
A.18 Differentiates between outcomes that require care process modification at the individual patient level and those that require modification at the system level.		Differentiate between outcomes that require care process modification at the patient vs. system level	Equivalent	18. Develops age specific, individualized treatment plans and interventions with consideration of cognitive status, sensory function, perception, and the environment.	Equivalent
A.19 Leads development of evidence-based plans for meeting individual, family, community, and population needs.		Leads development of evidence-based plans for meeting individual, family, community, and population needs.	Equivalent	19. Uses behavioral, communication, and environmental-modification strategies with individuals who have cognitive and psychiatric impairments.	Equivalent
A. 20 Provides leadership for collaborative, evidence-based revision of diagnoses and plans of care, to improve patient outcomes		Provide leadership for collaborative, evidence-based plans for meeting individual, family, community and population needs	Equivalent	20. Coordinates care with other healthcare providers and community resources, with special attention to the needs of the non-verbal, developmentally and cognitively impaired	Equivalent

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				patient and frail older adult.	
		<p><b>ACCNS Clinical Judgment</b> Manage or refer patient with signs/symptoms of physical/mental health disorders across the life span</p>	<p>AACN 2014 Pediatric CNS Validated Competencies are similar but not directly aligned with the CNS Core Competencies. In some cases, these competencies may address more than the FALS competencies on a one to one comparison.</p>	<p>21. Manages patient's transitions of care in collaboration with the individual, family, caregivers and interdisciplinary team members, including:</p> <ul style="list-style-type: none"> <li>• analyzing the readiness of the patient and family to transition</li> <li>• determining appropriate level and/or setting of care</li> <li>• coordinating implementation of transition.</li> </ul>	Essentially Equivalent
		<p><b>ACCNS Clinical Judgment</b> Intervene to prevent/minimize iatrogenesis</p>	<p>AACN 2014 Pediatric CNS Validated Competencies are similar but not directly aligned with the CNS Core Competencies. In some cases, these competencies may address more than</p>		

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			the FALS competencies on a one to one comparison. Considered comparison based on the whole set of competencies.		
		<b>ACCNS Caring Practices</b> Create therapeutic health-promoting, aging-friendly environments	AACN 2014 Pediatric CNS Validated Competencies are similar but not directly aligned with the CNS Core Competencies. In some cases, these competencies may address more than the FALS competencies Considered comparison based on the whole set of competencies.		

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<p><b>B. Consultation Competency:</b> Patient, staff, or system-focused interaction between professionals in which the consultant is recognized as having specialized expertise and assists the consultee with problem solving. The patient population of the individual/family across the lifespan CNS practice includes pediatric, adolescent, adult, geriatric patient populations.</p>					
<p><b>CNS Core Behavioral Statement</b></p>	<p><b>FALs Behavioral Statement</b></p>	<p><b>Pediatric Behavioral Statement</b></p>	<p><b>Pediatric Crosswalk Comments</b></p>	<p><b>Adult/Gero Behavioral Statement</b></p>	<p><b>Adult/Gero Comments</b></p>

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<p>B.1 Provides consultation to staff nurses, medical staff and interdisciplinary colleagues</p>	<p>B.1 Provides consultation to healthcare teams, while integrating the needs, preferences, culture, and strengths:</p> <p>B.1.a Assists healthcare team members to integrate the needs, preferences, and strengths of this population into the healthcare plan in order to optimize health outcomes.</p> <p>B.1.b Provides consultations to ensure reduced readmission rates, use of appropriate resources for care.</p> <p>B.1.c Provides leadership to assure individualized transitions of care</p>	<p><b>See ACCNS Clinical Judgment</b> Provide consultation to interdisciplinary colleagues</p> <p><b>See another ACCNS Clinical Judgment</b> Provide consultation to the interdisciplinary team regarding the patient's mental status, home environment, mobility, functional status, self-care and caregiver's abilities</p>	<p>Equivalent</p>	<p>B.1 Provides consultation to healthcare teams, while integrating the needs, preferences, culture, and strengths:</p> <p>B.1.a Assists healthcare team members to integrate the needs, preferences, and strengths of this population into the healthcare plan in order to optimize health outcomes.</p> <p>B.1.b Provides consultations to ensure reduced readmission rates, use of appropriate resources for care.</p> <p>B.1.c Provides leadership to assure individualized transitions of care.</p>	<p>Equivalent</p>
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<p>B.2 Initiates consultation to obtain resources as necessary to facilitate progress toward achieving identified outcomes.</p>	<p>B.2 Manage transitions of care by consulting with the interdisciplinary team to meet the individual/family's resource needs (e.g. medical home, developmental, home environment, mobility, psycho-motor, psychiatric/mental health, self-care, safety, and caregiver's abilities).</p>	<p><b>See ACCNS Clinical Judgment</b> Initiate consultation to obtain resources to facilitate progress toward achieving identified outcomes</p> <p><b>See ACCNS Systems Thinking</b> Manage patient's transition of care in collaboration with individual/family/caregivers/interdisciplinary team members, including:</p> <ul style="list-style-type: none"> <li>• analyzing the readiness of the patient and family to transition</li> <li>• determining the appropriate level and/or setting of care</li> <li>• coordinating implementation of transition</li> </ul>	<p>Essentially Equivalent</p>	<p>B.2 Manage transitions of care by consulting with the interdisciplinary team to meet the individual/family's resource needs (e.g. medical home, developmental, home environment, mobility, psycho-motor, psychiatric/mental health, self-care, safety, and caregiver's abilities).</p>	<p>Equivalent</p>
<p>B.3 Communicates consultation findings to appropriate parties consistent with</p>		<p><b>See ACCNS Collaboration</b> Communicate consultation findings as appropriate</p>	<p>Equivalent</p>		<p>Equivalent</p>

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professional and institutional standards.					
B.4 Analyzes data from consultations to implement practice improvements.	B.4 Synthesize data from consultations with professional experience and knowledge of process improvement methods to implement interventions and optimize outcomes.	<b>See ACCNS Clinical Inquiry</b> Analyze data from consultations to implement practice improvements	Essentially Equivalent	B.4 Synthesize data from consultations with professional experience and knowledge of process improvement methods to implement interventions and optimize outcomes.	Equivalent

National CNS Competency Task Force Core Competencies, 2008	Draft NACNS 2012 CNS Family/Individual Across the Lifespan - population focused Competencies	American Association of Critical-Care Nurses (AACN) 2014 Pediatric CNS Validated Competencies	Pediatric Crosswalk Comments	2010 Adult/Gero CNS Competencies	Adult/Gero Crosswalk Comments
<b>C: Systems Leadership Competency:</b> The ability to manage change and empower others to influence clinical practice and political processes both		<b>AACN Systems Thinking:</b> Body of knowledge and tools that allow the APRN to manage whatever environmental and system resources exist for the patient/family and staff,	AACN 2014 Pediatric CNS Validated Competencies are similar but not directly aligned with the CNS Core Competencies. In some cases, these		

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within and across systems.		<p>within or across healthcare and non-healthcare systems. Includes analysis and promotion of cost-effective resource utilization that results in optimal patient outcomes.</p> <p><b>AACN Response to Diversity:</b> The sensitivity to recognize, appreciate and incorporate differences into the provision of care. Differences may include, but are not limited to, cultural differences, spiritual beliefs, gender, race, ethnicity, lifestyle, socioeconomic status, age and values</p>	competencies may address more than the FALS competencies on a one to one comparison. Considered comparison based on the whole set of competencies.		
CNS Core Behavioral Statement	FALs Behavioral Statement	Pediatric Behavioral Statement	Pediatric Crosswalk Comments	Adult/Gero Behavioral Statement	Adult/Gero Comments
C.1 Facilitates the provision of clinically competent care by staff/team through education, role	C.1 Integrates information technology into systems of care to enhance safety and monitor health outcomes for	Integrate information technology into systems of care to enhance safety and monitor health outcomes	Equivalent	1. Integrates information technology into systems of care to enhance safety and monitor health outcomes.	Equivalent

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modeling, teambuilding, and quality monitoring.	families/individuals across the life span.	<b>See also ACCNS Collaboration</b> Facilitate the provision of clinically competent care through education, role modeling, team building and quality monitoring			
C.2 Performs system level assessments to identify variables that influence nursing practice and outcomes, including but not limited to:	C.2 Participates in development, implementation and evaluation of monitors that quantifies nursing outcomes.	Perform system-level assessments to identify variables that influence nursing practice and outcomes, including but not limited to:	Essentially Equivalent		Essentially Equivalent
C.2.a. Population variables (age distribution, health status, income distribution, culture)	C.2.a Consideration should be given to the social determinants of health: money, power, influence and resources.	<ul style="list-style-type: none"> <li>population variables (age distribution, health status, income distribution, culture)</li> </ul>	Essentially Equivalent  Recommend revised CNS Core Competencies include definition and concept of social determinants of health.		Essentially Equivalent

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C.2.b.Environment (schools, community support services, housing availability, employment opportunities)		<ul style="list-style-type: none"> <li>environment (schools, community support services, housing availability, employment opportunities)</li> </ul>	Essentially Equivalent	2. Creates therapeutic health-promoting, aging-friendly environments.	Equivalent
C.2.c.System of health care delivery		<ul style="list-style-type: none"> <li>system of healthcare delivery</li> </ul>	Essentially equivalent		
C.2.d.Regulatory requirements	C.2.d. Monitors the legislative and regulatory environment that affects healthcare safety and quality in the family/individual across the lifespan.	<ul style="list-style-type: none"> <li>regulatory requirements</li> </ul>	Equivalent	3. Promotes healthcare policy and system changes that facilitate access to care and address biases. Examples: Socioeconomics, ethnic, ageism, sexism, cultural, mental health stigma.	Equivalent
C.2.e.Internal and external political influences/stability		<ul style="list-style-type: none"> <li>internal and external political influences/stability</li> </ul>	Equivalent		Equivalent
C.2.f.Health care financing		<ul style="list-style-type: none"> <li>healthcare financing</li> </ul>	Equivalent		Equivalent

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C.2.g.Recurring practices that enhance or compromise patient or system outcomes.		<ul style="list-style-type: none"> <li>recurring practices that enhance or compromise patient or system outcomes</li> </ul>	Equivalent		Equivalent
C.3 Determines nursing practice and system interventions that will promote patient, family and community safety.		<p><b>See ACCNS Caring Practice</b> Determine nursing practice and system interventions that promote patient/family/ community safety</p>	Equivalent		Equivalent
C.4 Uses effective strategies for changing clinician and team behavior to encourage adoption of evidence-based practices and innovations in care delivery.		Use effective strategies for changing clinician and team behavior to encourage adoption of evidence-based practices and innovations in care delivery	Equivalent		Equivalent
C.5 Provides leadership in maintaining a supportive and healthy work environment.		Provide leadership in maintaining a supportive and healthy work environment	Equivalent		Equivalent
C.6 Provides leadership in promoting interdisciplinary collaboration to implement outcome-		<p><b>See ACCNS Collaboration</b> Provide leadership in promoting interdisciplinary collaboration to implement</p>	Equivalent	4. Provides leadership to address threats to healthcare safety and quality in the adult-older adult population.	Essentially Equivalent

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focused patient care programs meeting the clinical needs of patients, families, populations and communities.		outcome-focused patient care programs			
C.7 Develops age-specific clinical standards, policies and procedures.		<b>See ACCNS Response to Diversity</b> Develop age-specific clinical standards, policies and procedures	Equivalent		Equivalent
C.8 Uses leadership, team building, negotiation, and conflict resolution skills to build partnerships within and across systems, including communities.		<b>See ACCNS Collaboration</b> Use leadership, team building, negotiation and conflict resolution skills to build partnerships within and across systems, including communities	Equivalent		Equivalent
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.		Coordinate the care of patients with use of system and community resources to ensure successful health/illness/wellness transition, enhance delivery of care and achieve optimal patient outcomes	Equivalent		Equivalent

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		<p><b>See also ACCNS Clinical Judgment</b></p> <p>Coordinate care with other healthcare providers and community resources, with special attention to the needs of the non-verbal, developmentally and cognitively impaired patient</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,</p>		<p>Evaluate use of products and services for appropriateness and cost/benefit in meeting care needs</p> <p>Conduct cost/benefit analysis of new clinical technologies</p> <p>Evaluate impact of introduction or withdrawal of products, services and technologies</p>	Essentially Equivalent		Equivalent

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services, and technologies					
C.11 Leads system change to improve health outcomes through evidence based practice:		Lead system change to improve health outcomes through evidence-based practice by:	Equivalent	5. Participates in development, implementation, and evaluation of clinical practice guidelines that address patient needs across the adult age spectrum.	Equivalent
C.11.a.Specifies expected clinical and system level outcomes.		<ul style="list-style-type: none"> <li>specifying expected clinical and system-level outcomes</li> </ul>	Equivalent		Equivalent
C.11.b.Designs programs to improve clinical and system level processes and outcomes.		<ul style="list-style-type: none"> <li>designing programs to improve clinical and system-level processes and outcomes</li> </ul>	Equivalent		Equivalent
C.11.c.Facilitates the adoption of practice change		<ul style="list-style-type: none"> <li>facilitating the adoption of practice change</li> </ul>	Equivalent		Equivalent
C.12 Evaluates impact of CNS and other nursing practice on systems of care using		Evaluate impact of CNS and other nursing practice on systems of care using nurse-sensitive outcomes	Equivalent		Equivalent

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nurse-sensitive outcomes					
C.13 Disseminates outcomes of system-level change internally and externally		Disseminate outcomes of system-level change, internally and externally	Equivalent		Equivalent
	C.14 Participates in development, implementation, and evaluation of clinical practice guidelines that address the needs of Family/Individuals across the life span.		Essentially Equivalent		Equivalent
	C.15 Advocates for access to hospice and palliative care services for Family/Individuals across the life span	<b>See ACCNS Advocacy/Moral Agency</b> Advocate for access to hospice and palliative care services for patients across the age spectrum	Equivalent	6. Advocates for access to hospice and palliative care services for patients across the adult age spectrum.	Equivalent
	C.16 Promotes system-wide policies and protocols that address cultural, ethnic, spiritual, and intergenerational/ age differences among patients, healthcare	<b>See ACCNS Response to Diversity</b> Promote system-wide policies and protocols that address cultural, ethnic, spiritual and intergenerational/ age differences among	Equivalent	7. Promotes system-wide policies and protocols that address cultural, ethnic, spiritual, and intergenerational/age differences among patients, healthcare	Equivalent

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	providers and caregivers.	patients, healthcare providers and caregivers		providers, and caregivers.	
	C.17 Implement system level changes based on analysis and evaluation of Family/Individuals across the life span outcomes of care.	<b>ACCNS Systems Thinking</b> Promote healthcare policy and system changes that facilitate access to care and address biases (e.g., socioeconomic, ethnic, ageism, sexism, cultural, mental health stigma)	Essentially Equivalent	8. Implements system level changes based on analysis and evaluation of age-specific outcomes of care.	Equivalent

## FAMILY ACROSS THE LIFESPAN CROSSWALK TASK FORCE FINDINGS

National CNS Competency Task Force Core Competencies, 2008	Draft NACNS 2012 CNS Family/Individual Across the Lifespan - population focused Competencies	American Association of Critical-Care Nurses (AACN) 2014 Pediatric CNS Validated Competencies	Pediatric Crosswalk Comments	2010 Adult/Gero CNS Competencies	Adult/Gero Crosswalk Comments
<p><b>D. Collaboration Competency:</b> 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. The patient population of the Families/Individuals across the life span CNS practice in all contexts of care.</p>		<p><b>AACN Collaboration:</b> Working with others (e.g., patients, families, healthcare providers) in a way that promotes/encourages each person's contributions toward achieving optimal/realistic patient/family goals. Includes initiating referrals, providing consultation and the coordination of inter- and intradisciplinary teams to develop or revise plans of care focused on patient and/or family concerns</p>			
CNS Core Behavioral Statement	FALs Behavioral Statement	Pediatric Behavioral Statement	Pediatric Crosswalk Comments	Adult/Gero Behavioral Statement	Adult/Gero Comments
D.1 Assesses the quality and	D.1 Coordinates formal and informal education	<b>See ACCNS Clinical Inquiry</b> Assess the	Equivalent	1. Coordinates formal and informal education	Equivalent

## FAMILY ACROSS THE LIFESPAN CROSSWALK TASK FORCE FINDINGS

<p>effectiveness of interdisciplinary, intra-agency, and inter-agency communication and collaboration.</p>	<p>for healthcare providers to improve outcomes for Families/Individuals across the life span.</p>	<p>quality and effectiveness of interdisciplinary, intra-agency and interagency communication and collaboration</p> <p><b>See also ACCNS Facilitation of Learning</b> Coordinate formal and informal education for healthcare providers to improve healthcare outcomes</p>		<p>for healthcare providers to improve adult-older adult healthcare outcomes.</p>	
<p>D.2 Establishes collaborative relationships within and across departments that promote patient safety, culturally competent care, and clinical excellence</p>	<p>D.2 Leads collaborative efforts of healthcare team in focusing on system issues that impact Families/Individuals across the lifespan.</p>	<p>Establish collaborative relationships within and across departments that promote patient safety, culturally competent care and clinical excellence</p>	<p>Equivalent</p>	<p>2. Leads collaborative efforts of the healthcare team in focusing on individuals and systems issues that impact the adult-older adult patient.</p>	<p>Equivalent</p>
<p>D.3 Provides leadership for establishing, improving, and sustaining collaborative relationships to meet clinical needs.</p>	<p>D.3 Collaborate to effectively integrate care with attention to quality, safety, and cost for Families/Individuals across the life span and the healthcare team.</p>	<p>Provide leadership for establishing, improving and sustaining collaborative relationships</p>	<p>Equivalent</p>		<p>Equivalent</p>

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<p>D.4 Practices collegially with medical staff and other members of the healthcare team so that all providers' unique contributions to health outcomes will be enhanced.</p>	<p>D.4 Collaborate across healthcare systems to provide well planned transitions of care for Families/Individuals across the lifespan.</p>	<p>Practice collegially with members of the health-care team</p>	<p>Equivalent</p>		<p>Equivalent</p>
<p>D.5 Facilitates intra-agency and inter-agency communication.</p>		<p>Facilitate intra-agency and interagency communication</p>	<p>Equivalent</p>		<p>Equivalent</p>

## FAMILY ACROSS THE LIFESPAN CROSSWALK TASK FORCE FINDINGS

National CNS Competency Task Force Core Competencies, 2008	Draft NACNS 2012 CNS Family/Individual Across the Lifespan - population focused Competencies	American Association of Critical-Care Nurses (AACN) 2014 Pediatric CNS Validated Competencies	Pediatric Crosswalk Comments	2010 Adult/Gero CNS Competencies	Adult/Gero Crosswalk Comments
<p><b>E. Coaching Competency:</b> Skillful guidance and teaching to advance the care of patients, families, groups of patients, and the profession of nursing.</p>		<p><b>AACN Facilitation of Learning:</b> The ability to facilitate learning for patients/families, nursing staff, other members of the healthcare team and community. Includes both formal and informal facilitation of learning</p>			
CNS Core Behavioral Statement	FALs Behavioral Statement	Pediatric Behavioral Statement	Pediatric Crosswalk Comments	Adult/Gero Behavioral Statement	Adult/Gero Comments
<p>E.1 Coaches patients and families to help them navigate the healthcare system.</p>	<p>E.1 Advises patients, families and caregivers on methods to address sensitive issues that impact the family system (e.g. parenting, suicide prevention, substance abuse, family caretaking and management of chronic illness in the family system.)</p>	<p>Advise patients/families/ caregivers on how to address sensitive issues, such as STDs, suicide prevention, substance use, driving, independent living, potential for abuse, end-of-life concerns, advance care planning and finances</p>	<p>Equivalent</p>	<p>1. Advises patients, families and caregivers on how to address sensitive issues such as sexually transmitted diseases, suicide prevention, substance use, driving, independent living, potential for abuse, end-of-life concerns,</p>	<p>Equivalent</p>

## FAMILY ACROSS THE LIFESPAN CROSSWALK TASK FORCE FINDINGS

		<p><b>See ACCNS Advocacy/Moral Agency</b> Coach patients and families to help them navigate the healthcare system</p>		advance care planning, and finances.	
E.2 Designs health information and patient education appropriate to the patient's developmental level, health literacy level, learning needs, readiness to learn, and cultural values and beliefs.	E.2 Facilitates shared decision making regarding treatment options with the family system, caregivers and/or healthcare proxy.	<p>Design health information and patient education appropriate to the patient's developmental level, health literacy level, learning needs, readiness to learn, and cultural values and beliefs</p> <p><b>See ACCNS Advocacy/Moral Agency</b> Facilitate decision making regarding treatment options with the patient/family/caregivers / healthcare proxy</p>	Equivalent	2. Facilitates decision-making regarding treatment options with the patient, family, caregivers and/or healthcare proxy.	Equivalent
E.3 Provides education to individuals, families, groups and communities to promote knowledge,	E.3.a. Promotes the healthcare education needs of the family by:	Provide education to individuals, families, groups and communities to promote knowledge,	Equivalent	3. Modifies health information, patient education programs, and interventions for patients with sensory,	Equivalent

## FAMILY ACROSS THE LIFESPAN CROSSWALK TASK FORCE FINDINGS

<p>understanding and optimal functioning across the wellness-illness continuum.</p>	<ul style="list-style-type: none"> <li>• Modifies health information, patient education programs, and interventions for individuals with cultural, sensory, perceptual, cognitive, physical and mental illness issues.</li> <li>• Identifies and utilizes the primary family caretaker(s).</li> <li>• Utilizes this relationship to support the health care education needs of the family.</li> </ul> <p>E.3.b. Designs, provides, evaluates, and modifies educational programs to enhance the knowledge of the family/individual and the community regarding topics such as but not limited to:</p> <ul style="list-style-type: none"> <li>• transitions across the health care continuum</li> <li>• functional problems</li> </ul>	<p>understanding and optimal functioning across the wellness-illness continuum</p> <p>Modify health information, patient education programs and interventions for patients with sensory, perceptual, cognitive, and physical and mental illness limitations</p> <p><b>See ACCNS Response to Diversity</b> Design educational programs that enhance the knowledge of families and caregivers regarding normal developmental changes</p>	<p>perceptual, cognitive, and physical and mental illness limitations.</p>	
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## FAMILY ACROSS THE LIFESPAN CROSSWALK TASK FORCE FINDINGS

	<ul style="list-style-type: none"> <li>• disease process and impact of disease on lifestyle</li> <li>• role of the family, caregivers</li> <li>• health promotion</li> <li>• high risk behaviors and their impact on health</li> <li>• the interaction between physical and mental health interaction</li> </ul>				
<p>E.4 Participates in pre-professional, graduate and continuing education of nurses and other health care providers:</p> <p>E.4.a. Completes a needs assessment as appropriate to guide interventions with staff;</p> <p>E.4.b. Promotes professional development of staff nurses and continuing education activities;</p> <p>E.4.c. Implements staff development and</p>		<p>Participate in pre-professional, graduate and continuing education of nurses and other healthcare providers by:</p> <ul style="list-style-type: none"> <li>• completing a needs assessment, as appropriate, to guide interventions with staff</li> <li>• promoting professional development of staff nurses and continuing education activities</li> <li>• implementing staff development and continuing education activities</li> </ul>	Equivalent	4. Facilitates access to and use of information and care technology based on assessment of the ability and preferences of patients across the adult age spectrum.	Equivalent

## FAMILY ACROSS THE LIFESPAN CROSSWALK TASK FORCE FINDINGS

<p>continuing education activities; E.4.d Mentors nurses to translate research into practice.</p>		<ul style="list-style-type: none"> <li>mentoring others to use research findings in practice</li> </ul>			
<p>E.5 Contributes to the advancement of the profession as a whole by disseminating outcomes of CNS practice through presentations and publications.</p>	<p>E.5 Disseminates evidence of the role and significance of the CNS in cost savings and improvement of healthcare outcomes for family/individual to other healthcare providers and the public.</p>	<p><b>See ACCNS Clinical Inquiry</b> Contribute to the advancement of the profession by disseminating outcomes of CNS practice</p>	<p>Equivalent</p>	<p>5. Designs educational programs that enhance the knowledge of older adults, families, and caregivers regarding normal changes of aging, myths and stereotypes of aging, and health promotion and prevention activities for older adults.</p>	<p>Essentially Equivalent</p>
<p>E.6 Mentors staff nurses, graduate students and others to acquire new knowledge and skills and develop their careers.</p>	<p>E.6 Mentors healthcare providers, students and others to develop expertise in the care of the family/individual and an understanding of the contribution of the CNS in the transition of the family/individual to other levels of care.</p>	<p>Mentor staff nurses, graduate students and others to acquire new knowledge and skills, and develop their careers</p>	<p>Equivalent</p>	<p>6. Provides education to patients, families, caregivers, and the community including but not limited to the following topics: a. health promotion b. high risk behaviors and their impact on health c. the interaction between physical and mental health</p>	<p>Equivalent</p>

## FAMILY ACROSS THE LIFESPAN CROSSWALK TASK FORCE FINDINGS

E.7 Mentors health professionals in applying the principles of evidence-based care.	E.7 Provides evidenced-based programs for the professional development of healthcare providers and students that incorporate age specific cultural competencies and skills	Mentor health professionals in applying the principles of evidence-based care	Equivalent	7. Provides programs for the development of healthcare providers, students, and caregivers that incorporate age specific cultural competence and skills.	Equivalent
E.8 Uses coaching and advanced communication skills to facilitate the development of effective clinical teams.		<b>See ACCNS Advocacy/Moral Agency</b> Use coaching and advanced communication skills to facilitate the development of effective clinical teams	Equivalent	8. Articulates the role and significance of the CNS in improving healthcare outcomes for adults-older adults to other healthcare providers and the public.	Equivalent
E.9 Provides leadership in conflict management and negotiation to address problems in the healthcare system.		<b>See ACCNS Systems Thinking</b> Provide leadership in conflict management/ negotiation to address problems in the healthcare system	Equivalent	9. Mentors healthcare providers, students, and others to develop expertise in the care of the vulnerable adult including the frail elderly patient.	Equivalent
	E.10 Facilitates access to and use of information technology, and appropriate care technology based on assessment and		Equivalent		Equivalent

## FAMILY ACROSS THE LIFESPAN CROSSWALK TASK FORCE FINDINGS

	preferences of family/individual.				
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National CNS Competency Task Force Core Competencies, 2008	Draft NACNS 2012 CNS Family/Individual Across the Lifespan - population focused Competencies	American Association of Critical-Care Nurses (AACN) 2014 Pediatric CNS Validated Competencies	Pediatric Crosswalk Comments	2010 Adult/Gero CNS Competencies	Adult/Gero Crosswalk Comments
<p><b>F. Research Competency:</b> 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 as it relates to the family/individual across the lifespan.</p>		<p><b>AACN Clinical Inquiry:</b> The ongoing process of questioning and evaluating practice and providing informed practice. Creating practice changes through research utilization and experiential learning.</p>			

## FAMILY ACROSS THE LIFESPAN CROSSWALK TASK FORCE FINDINGS

CNS Core Behavioral Statement	FALs Behavioral Statement	Pediatric Behavioral Statement	Pediatric Crosswalk Comments	Adult/Gero Behavioral Statement	Adult/Gero Comments
<b>I. Interpretation, Translation and Use of Evidence</b>					
F.I.1. Analyzes research findings and other evidence for their potential application to clinical practice	1. Facilitates the incorporation of evidenced based practices, products, and technology into clinical practice and policies that are specific to the family/individual across the life span.	Analyze research findings and other evidence for potential application to clinical practice	Equivalent	1. Facilitates the incorporation of evidence-based practices, products, and technology that are specific to adult-older adult populations, into clinical practice and policies.	Equivalent
F.I.2. Integrates evidence into the health, illness, and wellness management of patients, families, communities and groups.		Integrate evidence into the health, illness and wellness management of patients, families, communities and groups	Equivalent		
F.I.3 Applies principles of evidence-based practice and quality improvement to all patient care.	F.I.3 Incorporates evidence-based research into nursing interventions within the	Apply principles of evidence-based practice and quality improvement to all patient care	Equivalent		Essentially Equivalent

## FAMILY ACROSS THE LIFESPAN CROSSWALK TASK FORCE FINDINGS

	family/individual across the life span population.				
F.I.4. Assesses system barriers and facilitators to adoption of evidence-based practices.		<b>See ACCNS Systems Thinking</b> Assess system barriers and facilitators to adoption of evidence-based practices	Equivalent		
F.I.5 Designs programs for effective implementation of research findings and other evidence in clinical practice	F.I.5 Designs programs for effective implementation of research findings and other evidence in the clinical care of the family/individual across the lifespan.	Design programs for effective implementation of research findings and other evidence in clinical practice	Equivalent		Essentially Equivalent
F.I.6 Cultivates a climate of clinical inquiry across spheres of influence:		Cultivate a climate of clinical inquiry across spheres of influence by:	Equivalent		
F.I.6.a. Evaluates the need for improvement or redesign of care delivery processes to improve safety,		<ul style="list-style-type: none"> <li>evaluating the need for improvement or redesign of care delivery processes to improve safety, efficiency, reliability and quality</li> </ul>	Equivalent		

## FAMILY ACROSS THE LIFESPAN CROSSWALK TASK FORCE FINDINGS

efficiency, reliability, and quality.					
F.I.6.b. Disseminates expert knowledge.	<p>F.I.6.b. Disseminates expert knowledge by:</p> <ul style="list-style-type: none"> <li>• Mentoring nurses and assisting them to critique and apply research evidence to delivering care to the family/individual across the life span population</li> <li>• Communicating and collaborating with healthcare professionals in the implementation of research findings and other evidence.</li> </ul>	<ul style="list-style-type: none"> <li>• disseminating expert knowledge</li> </ul>	Equivalent		<p>Essentially Equivalent</p> <p>Throughout the entire competencies, there is an implication of communicating and collaborating with other professionals to implement research findings</p>
<b>II. Evaluation of Clinical Practice</b>					
F.II.1 Fosters an interdisciplinary approach to quality improvement, evidence-based practice, research, and	<p>F.II.1 Provides leadership in identifying gaps in data and analyses specific to outcomes of care related to:</p> <ul style="list-style-type: none"> <li>• Age</li> <li>• Gender</li> </ul>	<p><b>See ACCNS Collaboration</b></p> <p>Foster an interdisciplinary approach to quality improvement, evidence-based practice,</p>	Essentially Equivalent	1. Provides leadership in identifying gaps in data and analyses specific to age-related outcomes of care.	Equivalent

## FAMILY ACROSS THE LIFESPAN CROSSWALK TASK FORCE FINDINGS

translation of research into practice	<ul style="list-style-type: none"> <li>• Culture</li> </ul>	research and translation of research into practice			
F.II.2 Participates in establishing quality improvement agenda for unit, department, program, system, or population	<p>F.II.2 Facilitates the incorporation of evidence related to the family/individual across the life span when formulating and reviewing policies, procedures, and protocols with respect to</p> <ul style="list-style-type: none"> <li>• Age</li> <li>• Gender</li> <li>• Culture</li> </ul>	Participate in establishing quality improvement agenda for unit, department, program, system or population	Essentially Equivalent	2. Facilitates the incorporation of evidence related to adults-older adults when formulating and reviewing age-specific policies, procedures, and protocols.	Essentially Equivalent
F.II.3 Provides leadership in planning data collection and quality monitoring	F.II.3 Evaluates and applies innovative approaches to delivering care to the family/individual across the life span populations	Provide leadership in planning data collection and quality monitoring	Equivalent	3. Evaluates innovative approaches to delivering care to the adult-older adult populations	Equivalent
F.II.4 Uses quality monitoring data to assess the quality and effectiveness of clinical programs in meeting outcomes.		Use data to assess the quality and effectiveness of clinical programs in meeting outcomes	Equivalent		Equivalent

## FAMILY ACROSS THE LIFESPAN CROSSWALK TASK FORCE FINDINGS

F.II.5 Develops quality improvement initiatives based on assessments.		Develop quality improvement initiatives based on assessments	Equivalent		Equivalent
F.II.6 Provides leadership in the design, implementation and evaluation of process improvement initiatives.		Provide leadership in the design, integration and evaluation of process improvement initiatives	Equivalent		Equivalent
F.II.7 Provides leadership in the system-wide implementation of quality improvements and innovations.		Provide leadership in the system-wide integration of quality improvement and innovation	Equivalent		Equivalent
<b>III. Conduct of Research</b>					
F.III.1 Participates in conduct and implementation of research which includes one or more of the following:  F. III 1 a. Identification of questions for clinical inquiry	F.III.1 Identifies areas of inquiry relevant to the family/individual across the life span to include:  <ul style="list-style-type: none"> <li>• Age</li> <li>• Gender</li> <li>• Culture</li> </ul>	Participate in conduct/ implementation of research by:  <ul style="list-style-type: none"> <li>• identifying questions for clinical inquiry</li> <li>• critiquing literature during literature reviews</li> </ul>	Equivalent	1. Identifies areas of inquiry relevant to the adult-older adult population.	Equivalent

## FAMILY ACROSS THE LIFESPAN CROSSWALK TASK FORCE FINDINGS

<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>		<ul style="list-style-type: none"> <li>• synthesizing literature during literature reviews</li> <li>• designing and implementing studies</li> <li>• collecting data</li> <li>• analyzing data</li> <li>• disseminating findings</li> </ul>			
	<p>F.III.2 Advocates the use of data collection tools and consents that are understandable and appropriate for the family/individual across the life span populations.</p>		<p>Equivalent</p>	<p>2. Advocates the use of data collection tools and consents that are understandable and appropriate for adult-older adult populations.</p>	<p>Equivalent</p>
	<p>F.III.3 Applies ethical principles in safeguarding the confidentiality, dignity, and safety of the family/individual across the life span research participants, especially the vulnerable (IRB) and those with impaired</p>	<p>Apply ethical principles in safeguarding the confidentiality, dignity and safety of all research participants, including the vulnerable and those with impaired decision-making capacity</p>	<p>Equivalent</p>	<p>3. Applies ethical principles in safeguarding the confidentiality, dignity, and safety of all adult-older adult research participants, including the vulnerable and those with impaired</p>	<p>Equivalent</p>



## FAMILY ACROSS THE LIFESPAN CROSSWALK TASK FORCE FINDINGS

	decision-making capacity.			decision-making capacity.	
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National CNS Competency Task Force Core Competencies, 2008	Draft NACNS 2012 CNS Family/Individual Across the Lifespan - population focused Competencies	American Association of Critical-Care Nurses (AACN) 2014 Pediatric CNS Validated Competencies	Pediatric Crosswalk Comments	2010 Adult/Gero CNS Competencies	Adult/Gero Crosswalk Comments
<b>G. Ethical decision-making, moral agency and advocacy:</b> Identifying, articulating, and taking action on ethical concerns at the patient, family, health care provider, system, community, and public policy levels.		<b>AACN Advocacy/Moral Agency:</b> Working on another's behalf and representing the concerns of the patient/family and nursing staff; serving as a moral agent in identifying and helping to resolve ethical and clinical concerns within and outside the clinical setting			

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CNS Core Behavioral Statement	FALs Behavioral Statement	Pediatric Behavioral Statement	Pediatric Crosswalk Comments	Adult/Gero Behavioral Statement	Adult/Gero Comments
G.1 Engages in a formal self-evaluation process, seeking feedback regarding own practice, from patients, peers, professional colleagues and others	G.1 Continuously evaluates own professional practice seeking input from patients, peers, colleagues as the CNS interacts with various stakeholders and patients across the lifespan	<b>See ACCNS Clinical Inquiry</b> Engage in a formal self-evaluation process, seeking feedback regarding own practice from patients, peers, professional colleagues and others	Equivalent	1. Balances patient and family preferences, threats to patient safety, and risk/benefit analysis of interventions such as fall prevention, pain management, and treatment choices.	Equivalent
G.2 Fosters professional accountability in self or others.	G.2 Fosters and role models ethical accountability in self and others across the lifespan	Foster professional accountability in self and others	Equivalent		Equivalent
G.3 Facilitates resolution of ethical conflicts:  G.3.a. Identifies ethical implications of complex care situations	G.3 Facilitates the resolution of ethical conflicts with other care providers.  G.3.a Leads teams in the understanding of ethical principles in consult with ethics experts and/or committees as needed.	Facilitate resolution of ethical conflicts by:  • identifying ethical implications of complex care situations  • considering the impact of scientific advances/cost/clinical	Equivalent		Equivalent

## FAMILY ACROSS THE LIFESPAN CROSSWALK TASK FORCE FINDINGS

<p>G.3.b. Considers the impact of scientific advances, cost, clinical effectiveness, patient and family values and preferences, and other external influences.</p> <p>G.3.c. Applies ethical principles to resolving concerns across the three spheres of influence</p>	<p>G.3.b Synthesizes the science, cost and clinical effectiveness along with patient and family values and preferences to facilitate resolution of ethical conflicts.</p> <p>G.3.c Applies an ethical decision-making framework in the resolution of complex care issues across the three spheres of influence and across the lifespan.</p>	<p>effectiveness/ patient and family values and preferences/other external influences</p> <ul style="list-style-type: none"> <li>• applying ethical principles to resolve concerns</li> </ul>			
<p>G.4 Promotes a practice climate conducive to providing ethical care.</p>	<p>G.4 Provides leadership and role modeling of ethical practice across the lifespan.</p> <p>a. Facilitates the development and maintenance of a safe respectful environment for the conduct of interdisciplinary clinical practice</p> <p>b. Assures systems are in place for managing ethical concerns.</p>	<p>Promote a practice climate conducive to providing ethical care</p>	<p>Equivalent to the core competencies.</p>		<p>Equivalent</p>

## FAMILY ACROSS THE LIFESPAN CROSSWALK TASK FORCE FINDINGS

	c. Listens, supports and advises the interdisciplinary care team, patient and family as appropriate for the prevention and management of moral distress. Utilizing resources both internal and external to the facility as appropriate.				
G.5 Facilitates interdisciplinary teams to address ethical concerns, risks or considerations, benefits and outcomes of patient care.	G.5 Applies knowledge of ethical principles in the facilitation of interdisciplinary teams in the solution of complex patient care issues across the lifespan.	Facilitate interdisciplinary teams to address ethical concerns, risks or considerations, benefits and outcomes of patient care	Equivalent		Equivalent
G.6 Facilitates patient and family understanding of the risks, benefits, and outcomes of proposed healthcare regimen to promote informed decision making.	G. 6 Facilitates understanding the risks, benefits and outcomes of the healthcare plan for patients across the lifespan with respect to age, gender, and culture by: <ul style="list-style-type: none"> <li>Supporting the healthcare team in</li> </ul>	Facilitate patient/family understanding of risks/ benefits/outcomes of proposed healthcare regimens to promote informed decision making	Equivalent		Equivalent

## FAMILY ACROSS THE LIFESPAN CROSSWALK TASK FORCE FINDINGS

	<p>educating the population</p> <ul style="list-style-type: none"> <li>• Directly providing education to the individuals, groups and families</li> </ul>				
<p>G.7 Advocates for equitable patient care by:</p> <p>G.7.a. Participating in organizational, local, state, national, or international level of policy-making activities for issues related to their expertise</p> <p>G.7.b. Evaluating the impact of legislative and regulatory policies as they apply to nursing practice and patient or population outcomes</p>	<p>G.7 Provides, facilitates and directs equitable patient care by:</p> <p>G.7.a Advocates for patients/families at the local, state, national and international levels for policy creation and changes.</p> <p>G.7.b Interprets and applies governmental and regulatory policies and practices for care delivery that are evidenced based, ethical, equitable, and balanced in access.</p>	<p>Advocate for equitable patient care by:</p> <ul style="list-style-type: none"> <li>• participating in organizational, local, state, national or international level of policy- making activities for issues related to CNS's expertise</li> <li>• evaluating the impact of legislative and regulatory policies as they apply to nursing practice and patient or population outcomes.</li> </ul>	Equivalent		Equivalent
<p>G.8 Promotes the role and scope of practice of the CNS to legislators, regulators, other health</p>	<p>G.8 Advocates, communicates and promotes the unique contributions and knowledge of the CNS to</p>	<p>Promote the role and scope of practice of the CNS to legislators, regulators, other healthcare providers and the public</p>	Equivalent		Equivalent

## FAMILY ACROSS THE LIFESPAN CROSSWALK TASK FORCE FINDINGS

care providers, and the public:	Individuals/Families Across the Lifespan				
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.		Communicate 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	Equivalent		Equivalent
G.8.b. Advocates for the CNS/APRN role and for positive legislative response to issues affecting nursing practice.	G.8.b Interacts with legislators to facilitate understanding, of the CNS/APRN role in improving access and adding value in order to advocate for the CNS/APRN role in affecting: <ul style="list-style-type: none"> <li>• Safety</li> <li>• Timeliness</li> <li>• Effectiveness</li> <li>• Efficiency</li> <li>• Equity</li> <li>• Patient-centeredness.</li> </ul>		Equivalent to the core competencies.		Equivalent to the core competencies.



# FAMILY ACROSS THE LIFESPAN CROSSWALK TASK FORCE FINDINGS

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