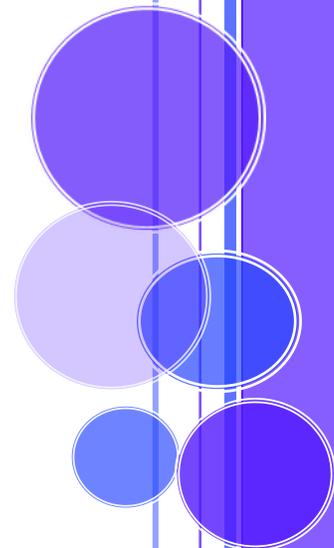# FAMILY ACROSS THE LIFESPAN

The Viability of Taking Pediatric and Adult-Gerontology Certification Examinations to Attain CNS Population Certification in Family Across the Lifespan

Though not a long-term solution, the NACNS Board of Directors recommends that licensure by certification for the Family Across the Lifespan (FALS) clinical nurse specialist can be achieved by passing both the CNS Adult/Gero and CNS Pediatric certification examinations. This is a proxy for a FALS population-specific CNS certification examination until such time that a valid and reliable FALS test and/or certification process is established.

The National Association of Clinical Nurse Specialists Family Across the Lifespan Crosswalk task force completed this report.

Task force members are:

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March 2018

Family Across the Lifespan

The Viability of Taking Pediatric and Adult-Gerontology Certification Examinations to Attain CNS Population Certification in Family Across the Lifespan

EXECUTIVE SUMMARY

In an effort to assist CNSs who wish to practice currently within the FALS population, the NACNS Board of Directors formed a new task force in 2016 to conduct a comparison/crosswalk between existing Adult/Gero and Pediatric CNS competencies and the draft FALS competencies, the work of the earlier task force.

The charge of the FALS Crosswalk task force was to:

- Assess whether the draft FALS competencies sufficiently match the Adult/Gero and Pediatric competencies; and if there is equivalency, and

- Determine whether sitting for and passing both the Adult/Gero and Pediatric certification exams might be a viable option to certify a CNS to practice within the FALS population.

The FALS Crosswalk task force recommends:

- Given that the Adult/Gero and the Pediatric competencies crosswalk affirmatively within the family across the lifespan competencies, combining those two role/population CNS competencies can be considered equivalent to the FALS CNS competencies.

- NACNS should advocate to establish the procedure by which passing both the Adult/Gero and Pediatric certification examinations be a proxy for a FALS population-specific CNS certification examination, until such time that a valid and reliable FALS test and/or certification process is established.

FROM THE BOARD OF DIRECTORS

The implementation of the *2008 Consensus Model for APRN Legislation, Accreditation, Certification and Education* (APRN Consensus Model) has created several challenges for clinical nurse specialists (CNSs) to achieve licensure as advanced practice registered nurses (APRNs).

One of the significant challenges faced by CNSs is the lack of certification examinations that reflect the populations identified in the APRN Consensus Model. Currently, there are six populations in the APRN Consensus Model – Adult/Gero, Pediatric, Neonatal, Family Across the Lifespan, Women's Health, and Psych/Mental Health but there are only CNS certification examinations currently available for three populations: Adult/Gero, Pediatric and Neonatal.

CNSs are the second largest group of APRNs. It is vital that a means of certification for licensure be available for all populations, since CNSs currently practice in all of the identified populations noted in the APRN Consensus Model. The NACNS Board has been concerned about this issue and in 2016 appointed a task force to review the population – Family Across the Lifespan (FALS) – and explore options for certification and licensure.

On December 22, 2017, the NACNS Board of Directors reviewed the report prepared by this Task Force. The NACNS Board of Directors is pleased to announce our position that: ***licensure by certification for the Family Across the Lifespan CNS can be achieved by passing both the CNS Adult/Gero and CNS Pediatric certification examinations as a proxy for a FALS population-specific CNS certification examination, until such time that a valid and reliable FALS test and/or certification process is established***.

The NACNS Board of Directors sees this as a temporary solution.

It is critical that the nursing profession offer options to licensure by certification where there are not enough CNSs to encourage nursing certification companies to invest in the development of a new certification examination. In cases where there is no certification exam, state boards of nursing and the nursing profession should collaborate to find options that serve as a proxy for licensure by certification until a valid and reliable certification examination can be developed.

In the case of the FALS population, while the NACNS Board of Directors is encouraged that there is a path for CNS' to be licensed as a FALS clinical nurse specialist, we are disappointed that this may require the investment in two certification examinations by the individual.

We hope that the nursing certification bodies recognize the impact of this investment and offer pricing the allows a CNS to take both examinations.

PROJECT OVERVIEW

To improve patient access to clinical nurse specialists and to enable CNSs to practice to the full extent of their education and licensure, the National Association of Clinical Nurse Specialists was an active participant in the advanced practice registered nurse community in developing the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education*.[1] The Consensus Model was published July 7, 2008, and currently is supported by NACNS and 47 other national nursing associations, accrediting, and certification bodies.

The NACNS Board of Directors grappled with the decision to endorse the APRN Consensus Model, but ultimately decided to sign-on to this new regulatory model. It was important to work together as an APRN community to achieve legislation and regulation that allows APRNs to work at the full scope of their education and training. In addition, it was vital that NACNS, the only organization that represents the CNS, be at the table to discuss implementation issues.[2] At the time, the board acknowledged that this new framework, which uses population and not specialty for certification, would present hurdles for the CNS role. Even so, the board determined that the advantages of a national APRN licensure and regulatory model outweigh the challenges that the CNS community will undergo in the transition.

Designed to align the interrelationships among licensure, accreditation, certification, and education (LACE), this uniform model of regulation elevates the role of APRNs. It provides new opportunities for nurses through the possibility of easing mobility across state lines. It also increases job satisfaction through new opportunities to practice to within their full education and training. NACNS called for careful implementation of the APRN Consensus Model to preserve patient and health care system access to CNS services, particularly given the significant influence the CNS role has on cost and quality of health care outcomes.

To reduce the potential negative impact that implementation of the APRN Consensus Model may have on access to CNS services, the NACNS Board seeks to amend technical holdups in complying with the regulatory framework for the CNS role. One critical challenge in transitioning to the APRN Consensus Model is that APRNs must be educated, certified, and licensed to practice in at least one of six population foci: family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women's health/gender-related, or psych/mental health.

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[1] APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee (2008). *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education.* Retrieved from nacns.org/wp-content/uploads/2017/02/APRN-Consensus-Model.pdf.

[2] National Association of Clinical Nurse Specialists *(2012). National Association of Clinical Nurse Specialist's Statement on the APRN Consensus Model Implementation. Retrieved from* http://nacns.org/wp-content/uploads/2016/12/NACNSConsensusModel.pdf

Clinical nurse specialists practice in all six populations, but CNS certification exams are not yet available for all of them. As of the date this report is published, certification exams exist for three population foci: Adult/Gerontology (Adult/Gero), Neonatal and Pediatric.

In addition to the CNS Core Competencies[3] that align with the APRN Consensus Model, since 2008, NACNS has collaborated with other organizations on the development of the Adult/Gero[4] and the Women's Health[5] CNS competencies.

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[3] National Association of Clinical Nurse Specialists (2008). *Clinical Nurse Specialist Core Competencies.* Retrieved from http://nacns.org/wp-content/uploads/2016/11/CNSCoreCompetenciesBroch.pdf

[4] National Association of Clinical Nurse Specialists (2010). *Adult-Gerontology Clinical Nurse Specialist Competencies. Retrieved from* http://nacns.org/wp-content/uploads/2016/11/adultgeroCNScomp.pdf

[5] Association of Women's Health, Obstetric and Neonatal Nurses and the National Association of Clinical Nurse Specialists (2014). *Women's Health Clinical Nurse Specialist Competencies*. Retrieved from http://nacns.org/wp-content/uploads/2016/11/NACNS-WHCompetencies.pdf

CHARGE OF THE FALS CROSSWALK TASK FORCE

In 2014, NACNS formed a task force to write competencies for Family Across the Lifespan and NACNS has an unpublished 2014 draft of these competencies. Finalization was delayed while broader discussions in the nursing field took place as to whether a FALS certification examination would be developed, or if there might be an interim solution (absent a FALS certification exam) to allow CNS practice within the Family Across the Lifespan competencies.

The establishment of competencies for a population does not ensure the creation of a certification examination to measure competence of a CNS. The task force notes: "Certification exams are proprietary and the degree to which they are psychometrically sound and legally defensible is not public knowledge. Certification exams are a business product, and they only can be developed and made available if they are profitable… While understandable, [this business situation] results in a unique relationship between regulators, certifiers, and clinicians. Because of the need for certifiers to ensure they do not create exams that are unprofitable, there are gaps in certifying exams that are available to the CNS…[including] in the area of family across the lifespan."[6]

In an effort to assist CNSs who wish to practice currently within the FALS population, the NACNS Board of Directors formed a new task force in 2016 to conduct a comparison/crosswalk between existing Adult/Gero and Pediatric CNS competencies and the draft FALS competencies, the work of the earlier task force.

The charge of the FALS Crosswalk task force was to:

- Assess whether the draft FALS competencies sufficiently match the Adult/Gero and Pediatric competencies; and if there is equivalency, and

- Determine whether sitting for and passing both the Adult/Gero and Pediatric certification exams might be a viable option to certify a CNS to practice within the FALS population.

If the two role/population competencies crosswalk with the FALS competencies, passing both the Adult/Gero and Pediatric certification examinations could be considered a proxy for a FALS population-specific CNS certification examination, until such time that a valid and reliable FALS test and/or certification process is established.

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[6] APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee (2008). *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education.* Retrieved from nacns.org/wp-content/uploads/2017/02/APRN-Consensus-Model.pdf.

FALS CROSSWALK TASK FORCE PROCESS

Source Documents

The FALS Crosswalk task force included individuals with Adult/Gero and Pediatric clinical nurse specialist expertise in education and in practice. For this project, the task force used the [Clinical Nurse Specialist Core Competencies](#)[7], developed by the National CNS Competency Task Force, which identified and validated core CNS competencies and behaviors from 2006 – 2008.

The core CNS competencies – grounded in the consensus-based model for a cohesive and collaborative approach to APRN LACE – are comprehensive, entry-level competencies and behaviors expected of graduates of master's and post-master's programs that prepare CNSs. The competencies reflect current and relevant practice based on evidence-based knowledge and societal needs. They also reflect CNS practice across all specialties, populations, and settings. Referred to as the "2008 Core Competencies", these competencies served as the baseline for the crosswalk process.

The other key baseline document used by the task force was the NACNS Draft 2014 Family Across the Lifespan Clinical Nurse Specialist Competencies. These draft FALS competencies refer to practice that embraces population groups represented by infants, children, adolescents, adults, pregnant and postpartum women, and older adults. The CNS practices in the context of the larger community where the family and the individual reside and/or feels connected. The focus is both the family and the individuals belonging to the family, in whatever way the family chooses to define itself. The CNS may independently provide or collaborate with others to provide the care required by the family or the individual. The CNS may provide, direct or coordinate the specialty-focused care from the spectrum of wellness to illness and acute to chronic care acuity for the FALS population. The CNS has specialty knowledge to provide care to sub-populations and/or specific disease states. In addition to providing direct care, the CNS may serve as a consultant to a larger collaborative health care team providing specialized care to the Family/Individual Across the Lifespan population. The CNS implements specialized care through any or all of the three spheres of influence (patient, nursing, and systems) to any or all components of the Family/Individual Across the Lifespan population.

Like all population-based CNS competencies, the CNS core competencies provide a foundation for entry-level practice. There are times ─ when the FALS competencies and population-based competencies are placed side-by-side with the CNS core competencies ─ that are "blanks." These "blanks" represent area where the CNS core competencies are sufficient to describe the required competencies in that population. As a consequence, when a FALS entry-level competency is articulated in the side-by-side, the task force assumed that the FALS competency is an enhancement of the core CNS

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[7] National Association of Clinical Nurse Specialists (2008). *Clinical Nurse Specialist Core Competencies.* Retrieved from http://nacns.org/wp-content/uploads/2016/11/CNSCoreCompetenciesBroch.pdf

competency, enunciated to address the unique knowledge, skills and attitudes (KSA) required of the FALS CNS.

The Adult/Gero Clinical Nurse Specialist Competencies,[8] created in March 2010, was the third document the task force used to create its crosswalk. The Adult/Gero CNS Competencies define entry-level competencies for all graduates of master's, Doctor of Nursing practice (DNP) and post- graduate programs. By focusing competencies on the unique practice and KSAs of the Adult/Gero CNS, nurses in these programs are prepared for Adult/Gero CNS certification and licensure. The competencies were designed to be used in conjunction with and build upon the graduate and APRN core competencies delineated in the American Association of Colleges of Nursing (AACN) *Essentials of Doctoral Education for Advanced Nursing Practice, 2006[9]* or AACN's 1996 *Essentials of Master's Education for Advanced Practice Nursing[10]*. These competencies build upon the 2008 CNS Core Competencies for all CNSs. The Adult/Gero CNS Competencies brochure displays a model of the Adult/Gero curriculum showing how an APRN curriculum is grounded in foundational documents and built within the Consensus APRN Regulatory Model.[11]

For the crosswalk, the Pediatric CNS competencies were drawn from the American Association of Critical-Care Nurses Certification Corporation's 2016 *ACCNS-P Exam Handbook, Pediatric Clinical Nurse Specialists Certification (Wellness through Acute Care)[12]*. ACCNS-P® is an entry-level advanced practice certification for CNSs educated at the graduate level to provide advanced nursing care across the continuum of health care services to meet the specialized needs of the pediatric patient population. The ACCNS-P exam is based on a study of practice, also known as a job analysis, which is conducted at least every five years to validate the KSA required for safe and effective advanced practice as an entry-level pediatric CNS.

Task Force Work
Meeting via conference calls approximately twice a month for almost a year, the task force members developed a crosswalk/gap analysis process for assessing the Draft NACNS 2014 Family Across the Lifespan Competencies compared to the two unique

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[8] National Association of Clinical Nurse Specialists (2010). *Adult-Gerontology Clinical Nurse Specialist Competencies. Retrieved from* http://nacns.org/wp-content/uploads/2016/11/adultgeroCNScomp.pdf

[9] American Association of Colleges of Nursing (2006). *The Essentials of Doctoral Education for Advanced Nursing Practice*. Retrieved from http://www.aacnnursing.org/DNP/DNP-Essentials

[10] American Association of Colleges of Nursing (2011). *The Essentials of Master's Education in Nursing, Retrieved from*: http://www.aacnnursing.org/Education-Resources/AACN-Essentials

[11] National Association of Clinical Nurse Specialists (2010). *Adult-Gerontology Clinical Nurse Specialist Competencies. Retrieved from* http://nacns.org/wp-content/uploads/2016/11/adultgeroCNScomp.pdf, Diagram 2, page 10.

[12] AACN Certification Corporation (2016). *ACCNS-P Exam Handbook, Pediatric Clinical Nurse Specialists Certification (Wellness through Acute Care)* Retrieved from https://www.aacn.org/~/media/aacn-website/certification/get-certified/handbooks/accnspexamhandbook.pdf, Pediatric CNS, AACN Validated Competencies on pages 14-18.

sets of population CNS competencies: Adult/Gero and Pediatrics. As a working tool, the task force members used a matrix listing all the population competencies. To the matrix they added a "comments" columns to help them track their analyses and findings for each competency. Please note, this grid was a tool to review the competencies and did not make any effort to match similar competencies on the same line of the document. The task force compared similar competencies across all documents but did not limit their analysis here. They also reviewed the entirety of the documents to ensure they did not miss references to similar competencies before judging the equivalence of a competency.

Working first with the NACNS 2010 Adult/Gero Clinical Nurse Specialists Competencies, the task force took these three steps:

1. Discussed every competency to decide whether there was equivalency between the FALS competency being examined and the corresponding Adult/Gero competency.

2. If equivalency was not readily apparent for a particular competency, the task force then examined the FALS competencies and the Adult/Gero competencies as a whole to determine if equivalency might in fact be present. The rationale was that while the wording of the FALS and the Adult/Gero competencies might not be an exact match, the intent of the FALS competencies may be captured in the Adult/Gero competencies and vice versa. The task force deemed this level of overall equivalency to be critical in order to conclude whether the Adult/Gero certification exam questions would appropriately encapsulate and test the required FALS KSA.

3. If the task force resolved that a FALS and an Adult/Gero competency were not comparable, a "not equivalent" notation was made. This notation allowed the task force to weigh whether nonequivalence was substantial enough to eliminate the use of the Adult/Gero certification exam as a legitimate, partial proxy for a free-standing FALS certification exam or process. The "not equivalent" notation was also used to suggest the possibility of a gap in the draft FALS competencies, which might necessitate consideration when further refining the 2014 draft Family Across the Lifespan CNS competencies. The task force then, upon completion of the first review, did a deeper analysis of the "not equivalent" notations to determine if, when taking into consideration the competencies as a whole, the gap could be considered resolved.

The task force conducted an analogous analysis to assign equivalency, or not, between the FALS competencies and the ACCNS-P® exam handbook's Pediatric CNS validated competencies.

In a final review summarizing the findings and identifying recommendations for the NACNS Board of Directors' consideration, the crosswalk analysis was undertaken across all the competency lists – the 2008 CNS Core, the 2014 FALS, the 2010 Adult/Gero, and the 2014 Pediatrics CNS competencies.

Areas that need clarity:

- The definitions of aging and the age ranges for the Pediatric competencies vs. Adult/Gero competencies were clear enough. Given that the FALS competencies encompasses both populations, it is recommended that these definitions be clarified as the Pediatric and Adult/Gero competencies undergo future revision. It was suggested that the definition of aging as being inclusive of ages 0 – death be considered for adoption.

- A unified lexicon for certain terms would be helpful to crosswalk these and future competencies. Terms include, but are not limited to: aging, social determinants of health, community and social systems, family system and diversity.

- Since the development of the core competencies, there has been a growing discussion of the importance of the social determinants of health. It is recommended that the NACNS task force revising the CNS Core Competencies consider including this concept, or, at a minimum, defining it in the revised document.

- The competencies with the greatest variation in competencies were related to health care policy and legislative action. The FALS competencies were more detailed than the Core, Pediatric and Adult/Gero competencies. The task force discussed this variation and identified that it was not significant enough to consider a change in the task force recommendation of the two competency exams – Pediatric and Adult/Gero – being used as a proxy for a FALS certification exam.

FALS CROSSWALK TASK FORCE FINDINGS*

- Most of the FALS, Adult/Gero and Pediatric competencies are equivalent.

- There were occurrences in the side-by-side comparison, of the FALS competencies with the Adult/Gero competencies and with the Pediatric competencies, where the exact wording did not match that of the FALS.

  o Under further examination when viewing all competencies, most instances of apparent inexact wording ultimately were found to be equivalent. That is, a comparable FALS equivalent may not have been identified exactly in a one-to-one comparison of competencies, but when taken as a whole, there was enough agreement that there was consistency between the specific population competencies being reviewed.

  o In rare cases, specific terminology differences led to discussions where the task force needed to judge whether the language variances were so negligible that in fact competencies were equivalent. In these circumstances equivalency was understood, if when examining the competencies as a whole, it was determined that the outcome expected of a competency was similar to the outcome expected of the FALS competencies.

  o Another decisive equivalency factor in cases where connotation was gauged, involved using the lens of practicality to evaluate how a certification examination question or questions would assess the competency and its intended outcome. In these situations where the qualitative difference between competencies was questioned because of the precise meaning of a competency's words, equivalency could be found if it was determined that, for a competency and its intended outcome, examinations could not be expected to credibly test and distinguish meaningful connotation contrasts.

- A few competencies among the vast majority of competencies identified seemed to suggest a gap between the FALS competency and/or the Adult/Gero and/or the Pediatric competency. The task force judged these gaps to be minimal and not sufficient to preclude the possibility of using the Adult/Gero and Pediatric certification exams as a functional, pragmatic option to certify a CNS to practice within the FALS population. This was particularly true when considering that the measure for competency is entry-level competency.

  *Note: The Crosswalk of the FALS, Adult/Gero and Pediatric competencies is a separate document. It is posted on the NACNS website.

FALS CROSSWALK TASK FORCE RECOMMENDATIONS AS APPROVED BY THE NACNS BOARD OF DIRECTORS

- The publication of the NACNS revised 2017 Draft Core Competencies for public comment occurred after the completion of this task force's work. Since the current competencies and exams were built on the original competencies, these revised competencies do not change the task force's recommendations.

- As NACNS finalizes the revised 2017 Draft Core Competencies and moves to finalize the current Draft Family Across the Lifespan Competencies, the few instances where there are minor gaps should be addressed for the sake of clarity.

- Given that the Adult/Gero and the Pediatric competencies crosswalk affirmatively within the family across the lifespan competencies, combining those two role/population CNS competencies can be considered equivalent to the FALS CNS competencies.

- **NACNS should advocate to establish the procedure by which passing both the Adult/Gero and Pediatric certification examinations be a proxy for a FALS population-specific CNS certification examination, until such time that a valid and reliable FALS test and/or certification process is established.**

CONCLUSION

The Family Across the Lifespan Crosswalk task force would like to thank the NACNS Board of Directors for the opportunity to investigate this important issue. With the implementation of the APRN Consensus Model it is critical that the nursing community consider options to provide all CNSs access to appropriate population-based competency exams.