

1 DOCUMENT D FOR COMMENT

2 Appendix A.

3 Glossary

4 Clinical Nurse Specialist: The Clinical Nurse Specialist is an advanced practice registered nurse with
5 clinical expertise in a population foci with specialty expertise. The CNS has a unique APRN role to
6 integrate care across the continuum and through three spheres of impact (influence): patient, nurse,
7 system. The three spheres are overlapping and interrelated but each sphere possesses a distinctive
8 focus. In each of the spheres of impact (influence), the primary goal of the CNS is continuous
9 improvement of patient outcomes and nursing care. Key elements of CNS practice are to create
10 environments through mentoring and system changes that empower nurses to develop caring,
11 evidence-based practices to alleviate patient distress, facilitate ethical decision-making, and respond to
12 diversity. The CNS is responsible and accountable for diagnosis and treatment of health/illness states,
13 disease management, health promotion, and prevention of illness and risk behaviors among individuals,
14 families, groups, and communities. (APRN Joint Dialogue Group Report, July 7, 2008)

15 Coaching: Skillful guidance and teaching to influence behavioral changes by patients, families and staff
16 to improve outcomes.

17 Collaboration: A dynamic-interpersonal process in which two or more individuals share responsibility
18 and commit to accomplishing a shared goal through open, honest and trustworthy interactions. (Hansen
19 and Carter, 2014, in Hamric, Hanson, Tracy, and O'Grady)

20 Competency: A competency is an expected level of performance that integrates knowledge, skills,
21 abilities, and judgment. (ANA. {May 28, 2008}. *Professional Role Competence*. American Association of
22 Nurses.)

23 Consultation: Patient, nurse/healthcare professional, or system level problem-focused interactions
24 between a CNS possessing specialized knowledge and expertise, and a consultee seeking expert
25 recommendations.

26 Direct Care Sphere: Direct interaction with patients, families, and groups of patients to promote health
27 or well-being and improve quality of life. It is characterized by a holistic perspective in the advanced
28 nursing management of health, illness, and disease states.

29 Diversity: Identifies, acknowledges and respects the unique differences of individuals and integrates this
30 in tailoring the plan of care.

31 Ethical Decision-Making, Moral Agency and Advocacy: Ethical and advocacy concerns at the patient,
32 family, healthcare professionals, system, community, and public policy levels.

33 Evidence-Based Practice: A decision-making and/or problem solving process by which evidence, theory,
34 clinical expertise and patient preferences are critically evaluated and considered to provide delivery of

35 optimum care and improve outcomes. (Scott,K. and Mc Sherry, R. (2009). Evidence based nursing:
36 clarifying the concepts for nurses in practice. *Journal of Clinical Nursing* 18(8), 1085-95).

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38 Health Care Policy: Integrating knowledge of regulations, standards, and economics of healthcare to
39 promote positive outcomes across the three spheres.

40 Leadership: The ability to envision the need for change, influence and enthuse others to create change
41 in clinical practice processes, policies and outcomes both within and across systems.

42 Nurses and Nursing Practice Sphere: Within this sphere, the CNS advances nursing practice to achieve
43 optimal outcomes by assuring nurses and nursing personnel utilize evidence-based practices to meet the
44 multifaceted needs of patients and/or populations.

45 Patient: Represents patient, family, health care surrogate, community, and population.

46 Organization/System Sphere: Within this sphere, the CNS articulates the value of nursing care at the
47 organizational, decision-making level, influences system changes that facilitate improvement of quality
48 cost-effective patient outcomes, and advocates for professional nursing.

49 Quality Improvement and Safety: Promoting, participating, and planning care services for individuals
50 and populations that are clinically effective, efficient, safe, and outcome driven.

51 Relationship-centered Communication: A group of communication strategies and behaviors that
52 promote mutuality, shared understandings, and shared decision making in health care encounters.
53 (Koloroutis, M. and Trout, M. (2013). *See Me as a Person: Creating Therapeutic Relationships with*
54 *Patients and Their Families*)

55 Research: The work of thorough and systematic inquiry. Includes the search for, interpretation, and use
56 of evidence in clinical practice and quality improvement, as well as active participation in the conduct of
57 research. The generation, and ultimately dissemination, of new knowledge through formal, systematic
58 and rigorous inquiry and methods.

59 Specialty Competency: CNS specialty practice builds on core competencies and represents an
60 interpretation and integration of the core competencies into the knowledge and skills of the specialty.
61 (K.M. Baldwin, et al. (2007). Developing clinical nurse specialist practice competencies. *Clinical Nurse*
62 *Specialist*, 21 (6), 297-303.)

63 Sphere of Impact: A domain or area of CNS practice that reflects the pertinent stakeholders or
64 consumers of CNS services. A particular sphere of impact includes the scope of practice, activities, and
65 parameters of targeted outcomes.

66 Wellness: Wellness is a subjective experience and is characterized by pleasant sensations and a
67 perception of comfort. It can be experienced in the presence or absence of disease.