

DOCUMENT E FOR COMMENT

TABLE 4. Alignment of Competencies, Outcomes and Curricular Recommendations

Definitions

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

Direct Care – 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.

Nurses and Nursing Practice – The CNS advances nursing practice to achieve optimal outcomes by assuring nurses and nursing personnel utilize evidence-based practices to meet the multifaceted needs of patients and/or populations.

Organization/System – The CNS articulates the value of nursing care at the organizational, decision-making level, influences system changes that facilitate improvement of quality cost-effective patient outcomes, and advocates for professional nursing.

1	CNS Core Competencies	CNS Outcomes related to Core Competencies (PO = Patient Outcome; NO = Nurse Outcome; OO = Organization Outcome)	Essential Core Content Areas for Developing CNS Competencies
2	<i>Patient/Direct Care Sphere of Impact</i>		
3 4 5 6 7 8 9 10 11 12 13 14	P.1. Uses relationship-building communication to promote health and wellness, healing, self-care, and peaceful end-of-life.	PO.11. Collaboration with patients/clients, nursing staff, as well as physicians and other health care professionals, occurs as appropriate.	Theoretical foundations for CNS practice include theories, conceptual models and research-based evidence that shape the CNS perspective. Content includes theories of health, illness, wellness, learning, stress, and palliative care. Relationship-based communication, conflict management, crucial conversations, peer feedback, awareness of implicit bias, embracing diversity, and shared decision making with patients and significant others.
15 16 17 18 19	P.2. Conducts a comprehensive health assessment in diverse care settings including psychosocial, functional, physical, and environmental factors.	PO.1. Phenomena of concern requiring nursing interventions are identified.	In addition to performing advanced physical assessment coursework must emphasize the evaluation of wellness, illness, psychosocial, functional and environmental factors as well as risk behaviors to support the ability to make differential diagnoses.

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20 21 22 23 24 25	P.3. Synthesizes assessment findings using advanced knowledge, expertise, critical thinking, and clinical judgment to formulate differential diagnoses.	PO.1. Phenomena of concern requiring nursing interventions are identified. PO.2. Diagnoses are accurately aligned with assessment data and etiologies. PO.8. Unintended consequences and errors are prevented.	Critical thinking, diagnostic reasoning, pattern identification, clinical decision making, and problem-solving strategies.
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	P.4. Designs evidence-based, cost-effective interventions, including advanced nursing therapies to meet the multifaceted needs of complex patients.	PO.3. Plans of care are appropriate for meeting patient needs with available resources, reflecting patient/family treatment preferences and shared decision making PO.5. Programs of care are designed for specific populations (e.g. oncology, specific ethnic groups, end-of-life). PO.8. Unintended consequences and errors are prevented. PO.16. Interventions that are effective in achieving nurse sensitive outcomes are incorporated into guidelines and policies.	Theoretical and empirical knowledge of illness and wellness phenomena with non-disease and disease-based etiologies. Examples of phenomena include symptoms (e.g. nausea, fatigue, pain, dyspnea), cognitive impairment, dementia, iatrogenesis, developmental delay, end of life/dying, environmental hazards, impaired mobility, ineffective coping, impaired wound healing, safety, sleep disturbances, unsafe work place, and work place violence. The design and development of nursing assessments, evidence based interventions, and programs of care. The content includes validating existing practices and identifying the need for innovations. This knowledge area also includes the theoretical and scientific basis for the selection and use of specific nursing assessment instruments and interventions and is the basis for nursing innovation.
44 45 46 47 48 49 50 51	P.5. Implements customized evidence-based advanced nursing interventions including the provision of direct care.	PO.4. Nursing interventions target specified etiologies. PO.8. Unintended consequences and errors are prevented.	Theoretical and empirical knowledge of illness and wellness phenomena with non-disease and disease-based etiologies. The design and development of nursing assessments, evidence based interventions, and programs of care. The content includes validating existing practices and identifying the

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52 53 54		PO.16 Interventions that are effective in achieving nurse sensitive outcomes are incorporated into guidelines and policies.	need for innovations. This knowledge area also includes the theoretical and scientific basis for the selection and use of specific nursing assessment instruments and interventions and is the basis for nursing innovation.
55 56 57 58 59 60 61	P.6. Prescribes medications, therapeutics, diagnostic studies, equipment, and procedures to manage the health issues of patients.	PO.4. Nursing interventions target specified etiologies. PO.7. Nursing interventions, in combination with interventions by members of other disciplines, result in synergistic patient outcomes	Advanced pharmacology that includes principles of pharmacodynamics, pharmacokinetics, pharmacotherapeutics, drug-drug, and drug-food interactions pertinent to the specialty. In situations in which the CNS desires prescriptive authority, an advanced pharmacology course should meet statute requirements.
62 63 64 65 66 67 68 69 70 71 72	P.7. Designs and employs educational strategies that consider readiness to learn, individual preferences, and other social determinants of health.	PO.3. Plans of care are appropriate for meeting patient needs with available resources, reflecting patient/family treatment preferences and shared decision making PO.13. Innovative educational programs for patients, families and groups are developed, implemented, and evaluated.	Theories and evidence about the factors that influence learning, health behaviors, and the teaching and coaching of learners who are patients and their significant others. Examples of content include assessing learning needs assessments; designing health messages and health education materials to match literacy ability, cultural diversity, and physical capability; using theories and evidence to design teaching strategies to enhance learning.
73 74 75 76 77 78	P.8. Uses advanced communication skills in complex situations and difficult conversations.	PO.8. Unintended consequences and errors are prevented. PO.11. Collaboration with patients/clients, nursing staff, as well as physicians and other health care professionals, occurs as appropriate.	Relationship-based communication, conflict management, crucial conversations, peer feedback, awareness of implicit bias, embracing diversity, and shared decision making with patients and significant others.
79 80 81	P.9. Provides expert consultation based on a broad range of theories and evidence for patients with complex health care needs.	PO.11. Collaboration with patients/clients, nursing staff, as well as physicians and other health care professionals, occurs as appropriate.	Consultation theory and research, and the associated process skills of serving as a clinical expert consultant.

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82 83 84	P.10. Provides education and coaching to patients with complex learning needs and atypical responses.	PO.13. Innovative educational programs for patients, families and groups are developed, implemented, and evaluated.	Opportunities to provide education and coaching using strategies grounded in theory and evidence.
85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117	P.11. Evaluates impact of nursing interventions on patients' aggregate outcomes using a scientific approach.	<p>PO.5. Programs of care are designed for specific populations (e.g. oncology, specific ethnic groups, end-of-life).</p> <p>PO.6. Prevention, alleviation, and/or reduction of symptoms, functional problems, or risk behaviors are achieved.</p> <p>PO.7. Nursing interventions, in combination with interventions by members of other disciplines, result in synergistic patient outcomes.</p> <p>PO.8. Unintended consequences and errors are prevented.</p> <p>PO.9. Predicted and measurable nurse-sensitive patient outcomes are attained through evidence-based practice.</p> <p>PO.10. Interventions have measurable outcomes that are incorporated into guidelines for practice with deletion of inappropriate interventions.</p> <p>PO.12. Desired measurable patient/client outcomes are achieved. Desired outcomes of care may include improved clinical status, quality of life, functional status, alleviation or remediation of symptoms, patient/family satisfaction, and cost effective care.</p>	<p>Clinical considerations of measurements (e.g., physiological, behavioral, psychosocial) to evaluate the effect of interventions on patient outcomes. Examples include selecting measurement instruments for evaluation of interventions at the individual, population, and system level, and critiquing the validity, reliability, and clinical applicability of measurement instruments.</p> <p>In relation to aggregate outcomes, theories and evidence related to quality improvement and safety must be considered. Skills related to health informatics and database management and manipulation are also relevant.</p>

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118 119 120		PO.16. Interventions that are effective in achieving nurse sensitive outcomes are incorporated into guidelines and policies.	
121 122 123 124 125 126 127 128 129 130 131 132	P.12. Leads and facilitates coordinated care and transitions in collaboration with the patient and inter-professional team.	<p>PO.5. Programs of care are designed for specific populations (e.g. oncology, specific ethnic groups, end-of-life).</p> <p>PO.11. Collaboration with patients/clients, nursing staff, as well as physicians and other health care professionals, occurs as appropriate.</p> <p>PO.14. Transitions of patients/clients are fully integrated across the continuum of care to decrease fragmentation.</p> <p>NO.6. Desired patient outcomes are achieved through the synergistic effects of collaborative practice.</p>	Development of leadership skills to create a collaborative environment for interprofessional teams. The content encompasses interpersonal qualities (e.g., respectful or relationship-based communication) needed to ensure a healthy work environment and shared goals of the organization. This content area also includes care coordination and transition management.
133 134 135 136 137 138 139 140 141 142 143 144	P.13. Facilitates patient and family understanding of the risks, benefits, and outcomes of proposed healthcare regimens to promote informed, shared decision-making.	PO.3. Plans of care are appropriate for meeting patient needs with available resources, reflecting patient/family treatment preferences and shared decision making	<p>Theoretical foundations for CNS practice includes theories, conceptual models and research-based evidence that shape the CNS perspective. Content includes theories of health, illness, wellness, learning, stress, palliative care and shared decision-making.</p> <p>Relationship-based communication, conflict management, crucial conversations, peer feedback, awareness of implicit bias, embracing diversity, and shared decision making with patients and significant others.</p>
145 146 147 148 149	P.14. Facilitates resolution of ethical conflicts in complex patient care situations.	PO.11. Collaboration with patients/clients, nursing staff, as well as physicians and other health care professionals, occurs as appropriate.	The use of ethical decision making frameworks as a basis for advocating for patients/families, nurses, other health care providers, populations, and the community as a whole. Examples of content include analysis of ethical dilemmas

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150 151			and opportunities to advocate on behalf of others.
152 153 154 155 156 157 158	P.15. Analyzes the ethical impact of scientific advances, cost, clinical effectiveness on patient and family values, and preferences.	PO.8. Unintended consequences and errors are prevented.	The use of ethical decision making frameworks as a basis for advocating for patients/families, nurses, other health care providers, populations, and the community as a whole. Examples of content include analysis of ethical dilemmas and opportunities to advocate on behalf of others.
159 160 161 162 163 164 164 165	P.16. Advocates for patient’s preferences and rights.	PO.3. Plans of care are appropriate for meeting patient needs with available resources, reflecting patient/family treatment preferences and shared decision making. NO.14. Nurses have an effective voice in decision-making about patient care.	The use of ethical decision making frameworks as a basis for advocating for patients/families, nurses, other health care providers, populations, and the community as a whole. Examples of content include analysis of ethical dilemmas and opportunities to advocate on behalf of others.
166	<i>Nurses and Nursing Practice Sphere of Impact</i>		
167 168 169 170 171 172 173 174 175 176 177 178 179	N.1. Provides expert specialty consultation to nurses related to complex patient care needs.	PO.11. Collaboration with patients/clients, nursing staff, as well as physicians and other health care professionals, occurs as appropriate. NO.3. The research and scientific base for innovations is articulated, understandable, and accessible. NO.6. Desired patient outcomes are achieved through the synergistic effects of collaborative practice. NO.9. Nurses engage in learning experiences to advance or maintain competence.	Consultation theory and research, and the associated process skills of serving as a clinical expert consultant. Learning activities may include identifying a problem for which a consultant is appropriate; clarifying the role of a consultant in problem-solving; developing alternative strategies for a client/consultee to consider; understanding revenue-generating processes; and using clinical expertise as a power base. Theoretical and empirical knowledge of illness and wellness phenomena with non-disease and disease-based etiologies.
180 181 182	N.2. Promotes interventions that prevent the impact of implicit bias on relationship building and outcomes.	NO.12. The impact of implicit bias on relationships and outcomes is recognized and minimized.	Development of intellectual skills that underpin the essential characteristics and competencies of the CNS. These skills are used to determine the

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183 184 184 186 187 188 189 190 191 192 193			<p>appropriate application of evidence to individuals or population groups. This content also includes the ability to reframe and hold biases and stereotypes in abeyance.</p> <p>Relationship-based communication, conflict management, crucial conversations, peer feedback, awareness of implicit bias, embracing diversity, and shared decision making with patients and significant others.</p>
194 195 196 197 198 199 200	N.3. Advocates for nurses to practice to the full extent of their role in the delivery of health care.	<p>NO.5. Nurses are empowered to solve patient care problems at the point of service.</p> <p>NO.14. Nurses have an effective voice in decision-making about patient care.</p>	The use of ethical decision making frameworks as a basis for advocating for patients/families, nurses, other health care providers, populations, and the community as a whole. Examples of content include analysis of ethical dilemmas and opportunities to advocate on behalf of others.
201 202 203 204 205 206 207	N.4. Leads efforts to resolve ethical conflict and moral distress experienced by nurses and nursing staff.	NO.8. Nurses experience job satisfaction.	The use of ethical decision making frameworks as a basis for advocating for patients/families, nurses, other health care providers, populations, and the community as a whole. Examples of content include analysis of ethical dilemmas and opportunities to advocate on behalf of others.
208 209 300 301 302 303 304 305 306	N.5. Fosters a healthy work environment by exhibiting positive regard, conveying mutual respect, and acknowledging the contributions of others.	<p>PO.11. Collaboration with patients/clients, nursing staff, as well as physicians and other health care professionals, occurs as appropriate.</p> <p>NO.8. Nurses experience job satisfaction.</p> <p>NO.11. Competent Nursing personnel are retained due to increased job satisfaction and career enhancement.</p>	The focus is on expert interpersonal communication with patients/families, nurses and nursing personnel, and representatives from other disciplines at all levels within the system.

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307 308 309 310 311	N.6. Employs conflict management and negotiation skills to promote a healthy work environment.	NO.8. Nurses experience job satisfaction. NO.11. Competent Nursing personnel are retained due to increased job satisfaction and career enhancement.	Relationship-based communication, conflict management, crucial conversations, peer feedback, awareness of implicit bias, embracing diversity, and shared decision making with patients and significant others.
312 313 314 315 316 317 318 319 320	N.7. Assesses the nursing practice environment and processes for improvement opportunities.	NO.1. Knowledge and skill development needs of nurses are delineated. NO.11. Competent Nursing personnel are retained due to increased job satisfaction and career enhancement.	Quality improvement theories and models; quality improvement processes; process mapping and evaluation; root cause analysis; monitoring of indicators; data analysis and interpretation from a QI perspective; communicating quality information; understanding and measuring a culture of safety; complex adaptive systems and human factors theory and evidence.
321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342	N.8. Uses evidence-based knowledge as a foundation for nursing practice to achieve optimal nurse-sensitive outcomes.	PO.6. Prevention, alleviation, and/or reduction of symptoms, functional problems, or risk behaviors are achieved. PO.9. Predicted and measurable nurse-sensitive patient outcomes are attained through evidence-based practice. PO.10. Interventions have measurable outcomes that are incorporated into guidelines for practice with deletion of inappropriate interventions. PO.16. Interventions that are effective in achieving nurse sensitive outcomes are incorporated into guidelines and policies. NO.2. Evidence-based practices are used by nurses.	Theoretical foundations for CNS practice includes theories, conceptual models and research-based evidence that shape the CNS perspective. Content includes theories of health, illness, wellness, learning, stress, palliative care and shared decision-making. Design and development of evidence based innovative nursing interventions through the design and development of nursing assessments, evidence based interventions, and programs of care. The content includes validating existing practices and identifying the need for innovations. This knowledge area also includes the theoretical and scientific basis for the selection and use of specific nursing assessment instruments and interventions and is the basis for nursing innovation.

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		NO.3. The research and scientific base for innovations is articulated, understandable, and accessible.	
343 344 345 346 347 348 349 350 351 352 353 354 355 356 357	N.9. Mentors nurses and nursing staff in using evidence-based practice principles.	NO.2. Evidence-based practices are used by nurses.	Evidence based practice processes for the purpose of translating knowledge into nursing practice. Examples of content include identifying problems and examining the evidence base of current practice, creating PICO questions, understanding and leveraging evidence hierarchies, creating effective search strategies, appraising evidence using reliable and valid tools, selecting best practices, using project management skills and knowledge translation theory to apply evidence in practice, evaluating the outcomes of new evidence based practices, and planning for sustaining gains.
358 359 360 361 362 363 364 365 366	N.10. Leads nurses in the process of planning, implementing, and evaluating change considering intended and unintended consequences.	PO.8. Unintended consequences and errors are prevented. NO.13. Educational programs that advance the practice of nursing are developed, implemented, evaluated, and linked to evidence-based practice and effects on clinical and fiscal outcomes.	Use of theory and evidence to implement change in the practice setting. Examples of experiences and content may include relationship development, empowerment, persuasion, negotiation, and collaboration. Experiences should include project management and knowledge translation. The focus of change strategies includes all three spheres of impact.
367 368 369 370 371 372 373 374	N.11. Evaluates the outcomes of nursing practice using methods that provide valid data.	PO.6. Prevention, alleviation, and/or reduction of symptoms, functional problems, or risk behaviors are achieved. PO.8. Unintended consequences and errors are prevented.	Selecting measurement instruments for evaluation of interventions at the individual, population, and system level, and critiquing their validity, reliability, and clinical applicability. Additional content includes consideration of system characteristics, resources, and variance; and methods of

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375 376 377 378 379 380 381 382 383 384 385 386 387		<p>PO.9. Predicted and measurable nurse-sensitive patient outcomes are attained through evidence-based practice.</p> <p>PO.12. Desired measurable patient/client outcomes are achieved. Desired outcomes of care may include improved clinical status, quality of life, functional status, alleviation or remediation of symptoms, patient/family satisfaction, and cost effective care.</p> <p>NO.6. Desired patient outcomes are achieved through the synergistic effects of collaborative practice.</p>	selecting outcomes of interest. Other content includes informatics.
388 389 390 391 392 393 394 395 396 397 398 399 400 401	N.12. Facilitates opportunities for nurses, students, and other staff to acquire new knowledge and skills that foster professional development.	<p>NO.1. Knowledge and skill development needs of nurses are delineated.</p> <p>NO.7. Nurses' career enhancement programs are ongoing, accessible, innovative, and effective.</p> <p>NO.9. Nurses engage in learning experiences to advance or maintain competence.</p> <p>NO.11. Competent Nursing personnel are retained due to increased job satisfaction and career enhancement.</p>	Theories and evidence about the factors that influence learning, health behaviors, and the teaching and coaching of learners who are patients and their significant others, nurses, and other health care professionals. Learning activities may include the process of conducting needs assessments; designing health messages and health education materials to match literacy ability, cultural diversity, and physical capability; using theories and evidence to design teaching strategies to enhance learning; mentoring; and developing professional growth strategies.
402 403 404 405 406 407 408 409	N.13. Engages nurses in reflective practice activities that promote self-awareness and invite peer feedback to improve the practice of nursing.	<p>NO.1. Knowledge and skill development needs of nurses are delineated.</p> <p>NO.3. The research and scientific base for innovations is articulated, understandable, and accessible.</p>	Designing strategies related to mentoring and developing professional growth.

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410 411 412 413 414		<p>NO.4. Nurses are able to articulate their unique contributions to patient care and nurse-sensitive outcomes.</p> <p>NO.9. Nurses engage in learning experiences to advance or maintain competence.</p>	
415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439	<p>N.14. Mentors nurses to analyze legislative, regulatory, and fiscal policies that impact nursing practice and patient outcomes.</p>	<p>NO.10. Nurses use resources judiciously to review overall costs of care and enhance the quality of patient care.</p> <p>NO.13. Educational programs that advance the practice of nursing are developed, implemented, evaluated, and linked to evidence-based practice and effects on clinical and fiscal outcomes.</p> <p>NO.14. Nurses have an effective voice in decision-making about patient care.</p> <p>OO.9. Decision makers within the institution are informed about practice problems, factors contributing to the problems, and the significance of those problems with respect to outcomes and costs.</p> <p>OO.12. Staff comply with policies, protocols and standards of care that reflect regulatory requirements and standards.</p> <p>OO.13. Policy-making bodies are influenced to develop regulations/procedures to improve patient care and health services.</p>	<p>CNS participation in advocacy with an emphasis on the CNS role in policy development, influence, and action as well as mentoring nurses in this process.</p>
440		<i>Organization/System Sphere of Impact</i>	
441 442 443	<p>O.1. Cultivates a practice environment in which mutual respect, communication, and collaboration contribute to safe, quality outcomes.</p>	<p>PO.11. Collaboration with patients/clients, nursing staff, as well as physicians and other</p>	<p>The focus is on expert interpersonal communication with patients/families, nurses and nursing personnel, and representatives from</p>

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444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461		<p>health care professionals, occurs as appropriate.</p> <p>NO.5. Nurses are empowered to solve patient care problems at the point of service.</p> <p>NO.6. Desired patient outcomes are achieved through the synergistic effects of collaborative practice.</p> <p>NO.8. Nurses experience job satisfaction.</p> <p>NO.14. Nurses have an effective voice in decision-making about patient care.</p> <p>OO.11. Patient care programs are aligned with the organization’s strategic imperatives, mission, vision, philosophy and values.</p>	<p>other disciplines at all levels within the system. Examples include relationship-based communication, conflict management, crucial conversations, peer feedback, awareness of implicit bias, embracing diversity, and shared decision making with patients and significant others. Additional examples include leadership theory, development of leadership skills, team building and the ability to convey a shared vision for practice.</p> <p>Developing skills to create a collaborative environment for interprofessional teams. The content encompasses interpersonal qualities (e.g., respectful or relationship-based communication) needed to ensure a healthy work environment and shared goals of the organization.</p>
462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479	<p>O.2. Uses leadership, team building, negotiation, collaboration, and conflict resolution skills to build partnerships within and across systems and/or communities.</p>	<p>PO.11. Collaboration with patients/clients, nursing staff, as well as physicians and other health care professionals, occurs as appropriate.</p> <p>NO.6. Desired patient outcomes are achieved through the synergistic effects of collaborative practice.</p> <p>NO.14. Nurses have an effective voice in decision-making about patient care.</p> <p>OO.4. Policies enhance the practice of nurses individually as members of multidisciplinary teams.</p>	<p>The focus is on expert interpersonal communication with patients/families, nurses and nursing personnel, and representatives from other disciplines at all levels within the system. Examples include relationship-based communication, conflict management, crucial conversations, peer feedback, awareness of implicit bias, embracing diversity, and shared decision making with patients and significant others. Additional examples include leadership theory, development of leadership skills, team building and the ability to convey a shared vision for practice.</p> <p>Developing skills to create a collaborative environment for interprofessional teams. The content encompasses interpersonal qualities (e.g., respectful or relationship-based</p>

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480 481 482			communication) needed to ensure a healthy work environment and shared goals of the organization.
483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500	O.3. Consults with health care team members to integrate the needs, preferences, and strengths of a population into the health care plan to optimize health outcomes and patient experience within a health care system.	<p>PO.11. Collaboration with patients/clients, nursing staff, as well as physicians and other health care professionals, occurs as appropriate.</p> <p>OO.5. Innovative models of practice are developed, piloted, evaluated, and incorporated across the continuum of care.</p> <p>OO.8. Stakeholders (nurses, other healthcare professionals, and management) share a common vision of practice outcomes.</p> <p>OO.11. Patient care programs are aligned with the organization’s strategic imperatives, mission, vision, philosophy and values.</p>	<p>Consultation theory and research, and the associated process skills of serving as a clinical expert consultant. The process includes identifying a problem for which a consultant is appropriate; clarifying the role of a consultant in problem-solving; developing alternative strategies for a client/consultee to consider; understanding revenue-generating processes; and using clinical expertise as a power base.</p> <p>System theory and research to understand, evaluate, and predict individual, group, and organizational behaviors. The content includes skills in participating in change and policy-setting that influence the quality of care within a system.</p>
501 502 503 504 505 506 507 508 509 510 511 512 513 514 515	O.4. Leads and participates in systematic quality improvement and safety initiatives based on precise problem/etiology identification, gap analysis, and process evaluation.	<p>PO.12. Desired measurable patient/client outcomes are achieved. Desired outcomes of care may include improved clinical status, quality of life, functional status, alleviation or remediation of symptoms, patient/family satisfaction, and cost effective care.</p> <p>NO.6. Desired patient outcomes are achieved through the synergistic effects of collaborative practice.</p> <p>OO.1. Clinical problems are articulated within the context of the organization/system structure, mission, culture, policies, and resources.</p>	Quality improvement theories and models; quality improvement processes; process mapping and evaluation; root cause analysis; monitoring of indicators; data analysis and interpretation from a QI perspective; communicating quality information; understanding and measuring a culture of safety; complex adaptive systems and human factors theory and evidence.

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516 517 518		OO.11. Patient care programs are aligned with the organization’s strategic imperatives, mission, vision, philosophy and values.	
519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544	O.5. Provides leadership to the interprofessional team in identifying, developing, implementing, and evaluating evidence-based practices and research opportunities.	<p>PO.8. Unintended consequences and errors are prevented.</p> <p>OO.1. Clinical problems are articulated within the context of the organization/system structure, mission, culture, policies, and resources.</p> <p>OO.2. Patient care processes reflect continuous improvements that benefit the system.</p> <p>OO.3. Change strategies are integrated throughout the system.</p> <p>OO.5. Innovative models of practice are developed, piloted, evaluated, and incorporated across the continuum of care.</p> <p>OO.9. Decision makers within the institution are informed about practice problems, factors contributing to the problems, and the significance of those problems with respect to outcomes and costs.</p> <p>OO.12. Staff comply with policies, protocols and standards of care that reflect regulatory requirements and standards.</p>	<p>Evidence based practice processes for the purpose of translating knowledge into nursing practice. Examples of content include identifying problems and examining the evidence base of current practice, creating PICO questions, understanding and leveraging evidence hierarchies, creating effective search strategies, appraising evidence using reliable and valid tools, selecting best practices, using project management skills and knowledge translation theory to apply evidence in practice, evaluating the outcomes of new evidence based practices, and planning for sustaining gains.</p> <p>Designing and developing nursing assessments, evidence based interventions, and programs of care. The content includes validating existing practices and identifying the need for innovations. This knowledge area also includes the theoretical and scientific basis for the selection and use of specific nursing assessment instruments and interventions and is the basis for nursing innovation.</p>
545 546 547 548 549	O.6 Partners with research-focused doctorally prepared (e.g. PhD) colleagues to translate, conduct and disseminate research that addresses gaps and improves clinical knowledge and practice.	NO.3. The research and scientific base for innovations is articulated, understandable, and accessible.	Designing and developing nursing assessments, evidence based interventions, and programs of care. The content includes validating existing practices and identifying the need for innovations. This knowledge area also includes

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550 551 552 553 554 555			the theoretical and scientific basis for the selection and use of specific nursing assessment instruments and interventions and is the basis for nursing innovation.
556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 572 572 573 574 575	O.7. Leads and participates in the process of selecting, integrating, managing, and evaluating technology and products to promote safety, quality, efficiency, and optimal health outcomes.	<p>PO.7. Programs of care are designed for specific populations (e.g. oncology, specific ethnic groups, end-of-life).</p> <p>OO.4. Policies enhance the practice of nurses individually as members of multidisciplinary teams.</p> <p>OO.5. Innovative models of practice are developed, piloted, evaluated, and incorporated across the continuum of care.</p> <p>OO.6. Evidence-based, best practice models are developed and implemented.</p> <p>OO.12. Staff comply with policies, protocols and standards of care that reflect regulatory requirements and standards.</p>	The evaluation, selection, and use of existing technology, products, and devices that support nursing practice and contribute to improved outcomes. Content may also focus on the development of new technology, products, and devices. Examples of learning activities include evaluating patient education products; using and optimizing informatics; evaluating the sensitivity and specificity of a device to monitor a body function; using strategies to evaluate technology, products, apps, and devices from the perspectives of utility, cost-benefit analysis, ease of use, safety, and effects on patient outcomes; utilizing technology and products to improve patient safety; and evaluating ethical considerations. In addition, content may include consideration of strategies for standardization of products across a system so that errors and variance are reduced.
576 577 578 579 580 581 582 583 584 585	O.8. Leads and facilitates change in response to organizational and community needs in a dynamic health care environment.	<p>PO.8. Unintended consequences and errors are prevented.</p> <p>OO.5. Innovative models of practice are developed, piloted, evaluated, and incorporated across the continuum of care.</p> <p>OO.9. Decision makers within the institution are informed about practice problems, factors contributing to the problems, and the</p>	Use of theory and evidence to implement change in the practice setting. Examples of experiences and content may include relationship development, empowerment, persuasion, negotiation, and collaboration. Experiences should include project management and knowledge translation. The focus of change strategies includes all three spheres of impact

1	CNS Core Competencies	CNS Outcomes related to Core Competencies (PO = Patient Outcome; NO = Nurse Outcome; OO = Organization Outcome)	Essential Core Content Areas for Developing CNS Competencies
586 587 588 589 590 591		significance of those problems with respect to outcomes and costs. OO.12. Staff comply with policies, protocols and standards of care that reflect regulatory requirements and standards.	
592 593 594 595 596 597 598 599 600	O.9. Evaluates system level interventions, programs, and outcomes based on the analysis of information from relevant sources.	OO.3. Change strategies are integrated throughout the system. OO.5. Innovative models of practice are developed, piloted, evaluated, and incorporated across the continuum of care.	Selecting measurement instruments for evaluation of interventions at the individual, population, and system level, and critiquing their validity, reliability, and clinical applicability. Additional content includes consideration of system characteristics, resources, and variance; and methods of selecting outcomes of interest. Other content includes informatics.
601 602 603 604 605 606 607 608 609 610 611 612 613	O.10. Demonstrates stewardship of human and fiscal resources in decision-making.	PO.8. Unintended consequences and errors are prevented. PO.10. Interventions have measurable outcomes that are incorporated into guidelines for practice with deletion of inappropriate interventions. OO.2. Patient care processes reflect continuous improvements that benefit the system. OO.5. Innovative models of practice are developed, piloted, evaluated, and incorporated across the continuum of care.	Systems theory and research to understand, evaluate, and predict individual, group, and organizational behaviors. The content includes skills in participating in change and policy-setting that influence the quality and cost of care within a system.
614 615 616 617 618 619	O.11. Disseminates CNS practice and fiscal outcomes to internal stakeholders and to the public at large.	PO.7. Programs of care are designed for specific populations (e.g. oncology, specific ethnic groups, end-of-life).	Knowledge of cost-effectiveness evaluation, opportunities to evaluate CNS practice, and participate in the process of disseminating CNS outcomes.

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620 621 622 623 624		<p>NO.10. Nurses use resources judiciously to review overall costs of care and enhance the quality of patient care.</p> <p>OO.10. Patient care initiatives reflect knowledge of cost management and revenue enhancement strategies.</p>	
625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645	<p>O.12. Promotes nursing’s unique contributions toward advancing health to stakeholders (e.g., the organization, the community, the public, and policy makers).</p>	<p>PO.15. Reports of new clinical phenomena and/or interventions are disseminated through presentations and publications.</p> <p>NO.13. Educational programs that advance the practice of nursing are developed, implemented, evaluated, and linked to evidence-based practice and effects on clinical and fiscal outcomes.</p> <p>OO.7. Nursing care and outcomes are articulated at organizational/system decision-making levels.</p> <p>OO.8. Stakeholders (nurses, other healthcare professionals, and management) share a common vision of practice outcomes.</p> <p>OO.9. Decision makers within the institution are informed about practice problems, factors contributing to the problems, and the significance of those problems with respect to outcomes and costs.</p>	<p>CNS role in policy development, influence and action as well as mentoring nurses in this process. Learning activities include opportunities to advocate on behalf of others, participate in forming health policy, interact with policy makers, take action, and promote nursing’s contributions toward advancing health.</p>
646 647 648 649 650 651	<p>O.13. Advocates for equitable health care by participating in professional organizations and public policy activities.</p>	<p>PO.15. Reports of new clinical phenomena and/or interventions are disseminated through presentations and publications.</p>	<p>The use of ethical decision making frameworks as a basis for advocating for patients/families, nurses, other health care providers, populations, and the community as a whole. Examples of content include analysis of ethical dilemmas and opportunities to advocate on behalf of</p>

1	CNS Core Competencies	CNS Outcomes related to Core Competencies (PO = Patient Outcome; NO = Nurse Outcome; OO = Organization Outcome)	Essential Core Content Areas for Developing CNS Competencies
<p>652 653 654 655 656 657 658 659 660 661 662 663 664 665 666</p>		<p>NO.4. Nurses are able to articulate their unique contributions to patient care and nurse-sensitive outcomes.</p> <p>NO.14. Nurses have an effective voice in decision-making about patient care.</p> <p>OO.4. Policies enhance the practice of nurses individually as members of multidisciplinary teams.</p> <p>OO.7. Nursing care and outcomes are articulated at organizational/system decision-making levels.</p> <p>OO.8. Stakeholders (nurses, other healthcare professionals, and management) share a common vision of practice outcomes.</p>	<p>others, health policy formulation, processes of influencing policy makers, and taking action.</p>
<p>667 668 669 670 671 672 673</p>	<p>O.14. Advocates for ethical principles in protecting the dignity, uniqueness, and safety of all.</p>	<p>OO.13. Policy-making bodies are influenced to develop regulations/procedures to improve patient care and health services.</p>	<p>The use of ethical decision making frameworks as a basis for advocating for patients/families, nurses, other health care providers, populations, and the community as a whole. Examples of content include analysis of ethical dilemmas and opportunities to advocate on behalf of others.</p>