FACT OR FICTION?
CNSs only work with patients at the bedside.
FICTION! CNSs work across three spheres of influence, not only through their clinical expertise at the bedside but also through their work to better nursing practice and system innovation. The 2018 CNS Census found that CNSs spend 20% of their time acting as a consult to nurses/staff/others, 18% leading evidence-based practice (EBP) studies, and 17% providing direct patient care.

FACT OR FICTION?
The CNS and CNL role are essentially interchangeable.
FICTION! Clinical nurse specialists are one of the four types of advanced practice registered nurses, CNLs are NOT APRNs. CNSs have either a master’s or Doctorate in nursing. They are trained in physiology, pharmacology and physical assessment, in addition to their area of specialty.

FACT OR FICTION?
Many CNSs oversee purchasing decisions at their hospital or health system.
FACT! A recent survey found that 9 in 10 CNSs are actively involved in purchasing decisions at their facilities.

FACT OR FICTION?
CNSs are not eligible to prescribe drugs or durable medical equipment.
FICTION! Prescriptive authority is a matter of state law, but CNSs in 40 states are either eligible to prescribe independently or if they are under supervision, or can prescribe if they have a collaborative agreement with a physician.

FACT OR FICTION?
CNSs are experts in a specialty, problem, setting, type of care or disease.
FACT! CNSs are not like other APRNs. They can work with patients who are acutely ill or chronically ill. A CNSs specialty may be identified in terms of a population (ex. pediatrics or women’s health), a setting (ex. ED or critical care), a disease (ex. Diabetes), type of care (ex. psychiatric), or type of problem (ex. pain).