Achieving Specialty Competency for Clinical Nurse Specialists

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The National Association of Clinical Nurse Specialists (NACNS) strongly supports the continuation of specialty practice education for the Clinical Nurse Specialist (CNS). Specialty practice is the principal element and the hallmark of this advanced practice registered nurse (APRN) role and must be maintained in the context of the new population-based licensure model articulated in the Consensus Model for Advanced Practice Registered Nurse Regulation: Licensure, Accreditation, Certification and Education (APRN Consensus Model).

**NACNS believes that in addition to aligning CNS education, certification and licensure to be consistent with the APRN Consensus Model, CNSs must also acquire sufficient knowledge and skills in a specialty. With the adoption of the APRN Consensus Model by the state, the CNS APRN roles will be licensed based on population and will practice according to the competencies identified for population, role and their identified CNS specialty.**

The APRN Consensus Model does not include regulation at the specialty level and is silent on strategies for achieving specialty competencies for the CNS. As the only professional organization representing CNSs regardless of specialty, NACNS recognizes its right and responsibility to set forth recommendations for continuing CNS specialty practice education and to ensure specialty practice occurs within the context of graduate education. The recommendations presented herein are intended to guide the academic and practice communities in implementing the educational essentials outlined in the APRN Consensus Model in conjunction with specialty practice content and experiences. NACNS invites continued dialogue with stakeholders on the importance of and the challenges to ensuring that the unique contributions of specialization within CNS practice are included through graduate education, professional certification and operationalization of CNS specialty in all practice settings.

At present, many CNS educational programs are making revisions to align with the requirements specified in the APRN Consensus Model to include role and population content, physiology/pathophysiology, physical assessment and pharmacology courses, and a minimum of 500 supervised clinical practice hours. In addition to one's practice within population foci, specialty education can provide further depth within one's practice.

Therefore, options must be made available to support achievement of specialty practice competencies. Lacking research or other evidence demonstrating the best educational strategies for achieving population and specialty education of the CNS, the following options, based on expert opinion, are recommended.

**Options for Obtaining Specialty Content and Practice Competencies**

NACNS supports the pursuit of specialty education as a component of CNS graduate study, and specialty content should be designed to complement population and role-based content. The following are options for achieving population, role, and specialty competencies at the graduate level.

NACNS would like to propose the following options for consideration. Schools and specialty organizations should consider adopting one of these models in order to support the attainment of CNS specialty content in CNS education.

**Options for Graduate Programs**

- **Master's-level study:** Specialty competency should be achieved through formalized graduate level study. The requirements of study may include academic course work, approved advanced continuing education course work or other structured earning experience (e.g. fellowship, mentorship). For students with evidence of specialty expertise from practice, graduate learning experiences will integrate the required population and role competencies and allow students to apply their specialty knowledge at an advanced level while acquiring the required population and role competencies required for licensure.
- Masters to DNP: CNS students with earned master's degrees will have achieved both population and specialty competencies upon entering a DNP program. Adequate clinical practice hours should be included in order for the student to further develop specialty expertise.
- BSN to DNP: CNS students in this program will need to develop both population and specialty competencies. The course content and clinical hours should be appropriated to achieve population and specialty content.
- BSN to PhD: CNS students in these programs typically are required to complete credit hours with a portion of the credits at the master's level. The master's level courses should include the requirements for CNS practice as specified in the APRN Consensus Model. Students complete a dissertation, which is the generation of new knowledge to advance nursing science. Specialty knowledge can be enhanced through the coursework related to the dissertation topic.

Regardless of the academic option selected, the achievement of specialty competencies should be documented. Documentation may include academic transcript, an earned certificate, a portfolio, or other accepted professional mechanisms demonstrating specialty competencies.

**Conclusion**

Implementation of the APRN Consensus Model supports recognition of the CNS role as an advanced practice nursing role in all 50 states. Licensure based on population and role allows the CNS to have broader career options than licensure based on specialty. It is critical that the CNS have access to specialty education during graduate study in addition to

their population and role competency-based education. It is also important that CNS graduates be able to function at the entry-level in the CNS role and in their specialty practice area as well.

National Association of Clinical Nurse Specialists looks forward to continued dialogue addressing innovative ideas for integrating specialties that will provide depth within the population foci.