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National Association of Clinical Nurse Specialists

Crosswalk Analysis of AACN Essentials of Nursing Education with NACNS Core Practice Competencies

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The *Essentials* of Nursing Education

In 2021, *The AACN Essentials: Core Competencies for Professional Nursing Education* (*Essentials*) was updated[1]. The *Essentials* document provides a framework for academic

nursing curricula. First published in 1986, the new edition is future oriented and replaces three previous documents:

- *Essentials of Baccalaureate Education for Professional Practice* (AACN, 2008)
- *Essentials of Master's Education in Nursing* (AACN, 2011)
- *Essentials of Doctorate Education for Advanced Nursing Practice* (2006)

The new *Essentials* are configured differently from past documents in two important areas. First, previous versions defined "essentials" as curricular elements operationalized through a program's curriculum. The new version frames curricular elements as competency statements. By making more explicit the universal learning outcomes new graduates are expected to achieve upon program completion, the new *Essentials* are shifting from a focus on curricular content to student learning outcomes. The shift to learning outcomes is intended to bridge a gap between education and practice. Nonetheless, the *Essentials* remain the standard requirements for nursing education curricula.

Second, the new *Essentials* are structured in 10 domains representing 2 levels of education. Level 1 educational standards apply to entry-level baccalaureate nursing programs. Level 2 educational standards apply to all graduate academic degree programs at the master's and practice doctoral levels. Level 2 standards specify a minimum level of learning outcomes in each domain applicable to all graduate prepared nurses. Thus, Level 2 becomes the "floor" upon which advanced practice roles are built. Each domain includes "sub-competencies," which are the learning outcomes associated with the domain written as behavioral statements. The 10 domains of the new *Essentials* are:

Domain 1: Knowledge for Nursing Practice

Domain 2: Person-Centered Care

Domain 3: Population Health

Domain 4: Scholarship for Nursing Practice

Domain 5: Quality and Safety

Domain 6: Interprofessional Partnerships

Domain 7: Systems-Based Practice

Domain 8: Informatics and Healthcare Technologies

Domain 9: Professionalism

Domain 10: Personal, Professional, and Leadership Development

Additionally, integrated across the 10 domains are eight concepts considered foundational to students' learning. The concepts are: clinical judgment; communication; compassionate care; diversity, equity, and inclusion; ethics; evidence-based practice; health policy; and social determinants of health.

The *Essentials* and Advanced Nursing Practice

Graduate degrees in nursing are role specific. Whereas baccalaureate education prepares all graduates for the same "general" practice, graduate programs prepare students for specific advanced practice roles. A role is a circumscribed area of practice with unique
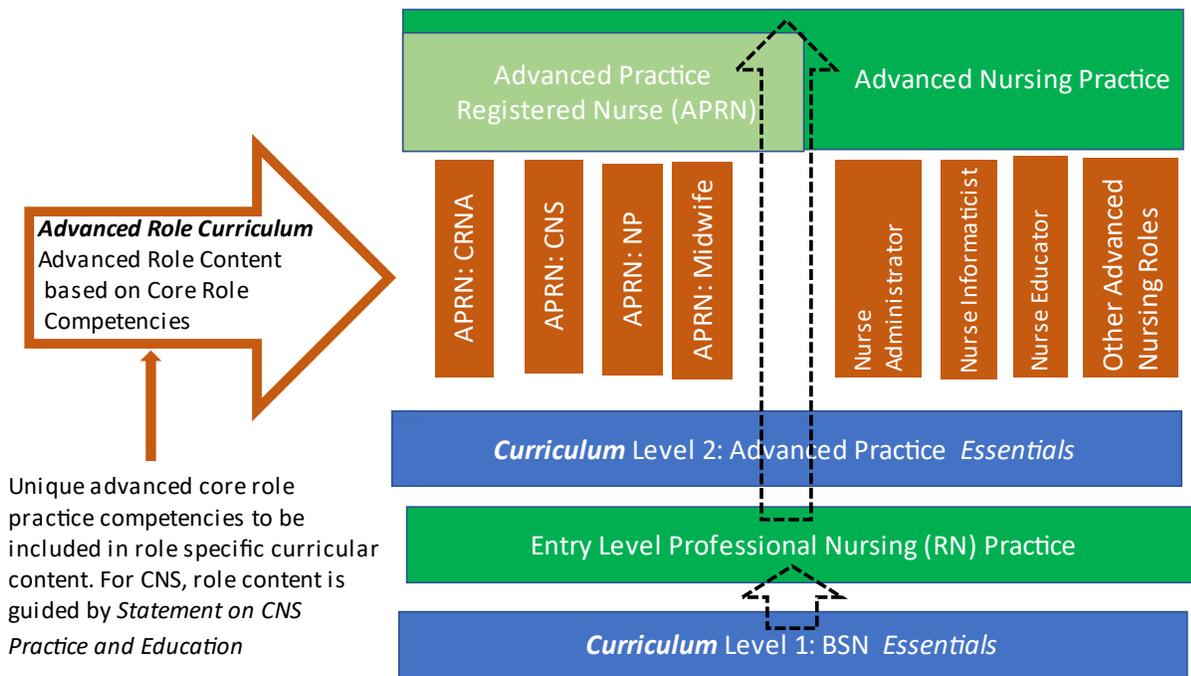
knowledge and abilities achieved through education. The recognized advanced practice registered nursing (APRN) roles are clinical nurse specialist (CNS), nurse practitioner, nurse midwife, and nurse anesthetist. These roles are a subset of all advanced nursing roles. Other advanced nursing roles include, but are not limited to, nursing administration, informatics, and education.

Advanced nursing specialty practice is guided by core practice competencies and standards published by professional nursing organizations representing the specialty. The role-based practice competencies are distinct from the learning outcome competencies specified in the *Essentials*. For example, CNS core practice competencies, established by the National Association of Clinical Nurse Specialists (NACNS), are organized in three domains called Spheres of Impact: Patient Direct Care; Nurses and Nursing Practice; and Organizations/Systems. Similarly, the American Organization of Nurse Leaders (AONL) core practice competencies are organized in 5 domains: Communication/Relationship Management; Professionalism; Leadership; Knowledge of Health Care Environment; and Business Skills and Principles.

An important distinction must be made between the *Essential's* core competencies for education, which are minimum learning outcomes written as behavioral statements, and core practice competencies for an advanced nursing role, which are expectations for performance in a unique advanced nursing role. Core *role competencies* are what distinguishes advanced nursing roles one from the other. Role competencies are routinely updated by professional organizations with the expertise and professional authority to represent an advanced role. Unique role competencies are the basis for professional role validation of having achieved the competencies through mechanisms such as certification.

Graduate programs must include core role practice competencies in curricula so that graduates are prepared to meet the unique role professional practice expectations. Figure 1 demonstrates the relationships among *Essentials* and core role practice competencies for graduate education. Role competencies build on *Essentials* Level 2 competencies. While all graduate curricula will include "floor" Level 2 general knowledge/competency for the 10 *Essentials* domains, each advanced role will demonstrate unique areas of strength consistent with core practice competencies for the role.

Figure 1: Relationship between AACN *Essentials*, Academic Program Curricula, and Preparation of Nurses for Advanced Practice Roles.

Advanced Role Curriculum
Advanced Role Content based on Core Role Competencies

Advanced Practice Registered Nurse (APRN)

Advanced Nursing Practice

APRN: CRNA

APRN: CNS

APRN: NP

APRN: Midwife

Nurse Administrator

Nurse Informaticist

Nurse Educator

Other Advanced Nursing Roles

Curriculum Level 2: Advanced Practice *Essentials*

Entry Level Professional Nursing (RN) Practice

Curriculum Level 1: BSN *Essentials*

Unique advanced core role practice competencies to be included in role specific curricular content. For CNS, role content is guided by *Statement on CNS Practice and Education*

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The *Essentials* and the *Statement on CNS Practice and Education*

This *Statement on Clinical Nurse Specialist Practice and Education*, first published in 1998 and updated in 2004 and 2019, includes the core competencies for CNS practice (unique role competencies), core outcomes of CNS practice (practice outcome expectations for the role), and recommendations for CNS education to assure that students achieve the knowledge, skill, and abilities needed to perform in the role. Students achieve competence through course work and supervised clinical experiences in the CNS role.

In addition to meeting the *Essentials* Level 2 standards, CNS students are expected to meet core CNS practice competencies outlined in the *Statement on Clinical Nurse Specialist Practice and Education*[2] (NACNS *Statement*) as a baseline for entry into CNS practice (See Appendix A for a list of the core CNS practice competencies).

The *Essentials* were created to address healthcare needs for the 21st century. In 2019, the NACNS published its 3rd edition of core CNS practice competencies, largely guided by nursing's social mandate to meet the public's need for nursing services. Importantly, factors that shaped the new *Essentials* show similarity with the core CNS practice competencies that evolved out of our own evaluation of needs in 2019.

Purpose of the Crosswalk Analysis

For educational programs that prepare CNSs, the curriculum should address the 10 domains and associated sub-competencies published in the *Essentials*. The curriculum should also prepare graduates to meet the 2019 NACNS core CNS practice competencies.[2] Therefore, it is necessary to decide the extent to which the *Essentials* learning outcomes support the development of CNS practice defined as the CNS core practice competencies. A crosswalk analysis is one way to determine the alignment between the *Essentials* learning outcomes and CNS practice competencies. A crosswalk analysis can demonstrate the extent to which the elements of one document align with the elements of a second document, thus we can determine the alignment between *Essentials* learning outcomes and the core CNS practice competencies. Through crosswalk analysis, it will also be possible to determine areas for future focus and emphasis in updated versions of NACNS core CNS practice competencies.

Method

To complete the crosswalk analysis, NACNS convened a 24-member task force of CNSs. Of the volunteers, nine were from academia, 13 were from practice, and two were CNS students. The volunteers represented all regions of the United States and clinical expertise across three patient populations (neonatal, pediatric, and adult-gerontology).

The crosswalk analysis was based on methods described by others[3,4] and facilitated alignment of each of the *Essentials* Level 2 sub-competency learning outcomes with the core CNS practice competencies. We completed the crosswalk analysis in two rounds. In round 1, we began by reading both documents (*Essentials* and *NACNS Statement*). Next, we formed teams of 3-4 members who completed analyses for one to two *Essentials* domain(s). Each team had at least one CNS faculty member, one experienced practicing CNS, and one CNS novice. We based alignments on multiple readings of the *Essentials* sub-competency learning outcomes and core CNS practice competencies. We looked explicitly for the matching of key words or phrases and examined them for degree of similarity and non-similarity. If key words were not identified, then alignments were made conceptually. The teams worked toward consensus regarding alignments first and then shared their findings with the group as a whole. Discussion continued until consensus was reached. The data from each team and group consensus was added to a crosswalk grid and meticulous care taken in data management.

The crosswalk grid had six columns (see Appendix B). The first column included the 10 *Essentials* domains. The second column included the overarching competency statements for each domain. The third column included the sub-competency learning outcomes for each competency for each domain as specified in the *Essentials.* Columns four, five, and six were constructed for the findings. In the fourth column we recorded the core CNS practice competencies that aligned with the *Essentials* learning outcome. In the fifth column we recorded group consensus discussion comments regarding alignments. In the sixth column, we recorded the level of alignment. Since the *Essentials* learning outcomes are the "floor" for all graduate prepared nurses, "Level 2" designated alignment with the corresponding CNS competencies as *sufficient* for achieving CNS practice competencies. "APRN-CNS" designated the *Essentials* learning outcome was necessary but <u>*not sufficient*</u> for achieving CNS practice competency. To determine the level of alignment, the team would complete this sentence: *This Essentials learning outcome 1) is sufficient as is for CNS practice* **OR** *2) will require building out of additional knowledge and skill consistent with core CNS practice competencies*. All findings

were recorded on this single grid and repeatedly checked for accuracy. The analysis section of the grid includes the written notes from the group consensus on the alignment between the *Essentials* sub-competency learning outcome and related core CNS practice competency(s).

Following round 1, our preliminary findings were presented to members of NACNS at the national conference in March 2022 to elicit feedback. The feedback from approximately 45 NACNS members was positive of the team's work. Round 2 provided greater transparency of findings to make final validations of the degree of alignments at "Level 2", sufficient for CNS practice and also expected level for all advanced nursing practice roles or "APRN-CNS" designation meaning necessary but not sufficient for achieving CNS core practice competencies. Round 2 findings were finalized through group consensus.

Findings

Findings of the analysis of the alignment of the *Essentials* sub-competencies learning outcomes with the core CNS practice competencies showed that each of the *Essentials* sub-competencies learning outcomes aligned with at least one core CNS practice competency (See Appendix B). With respect to determining the degree of alignment between the core CNS practice competencies and the *Essentials* sub-competencies, the majority of the core CNS competencies were designated to be APRN-CNS. This finding is consistent with the depiction of the CNS core competencies building on the *Essentials* Level 2 learning outcomes as depicted in Figure 1. The key findings are noted below with analysis statements:

Domain 1: Knowledge for Nursing Practice.

- 100% of the 11 *Essentials* sub-competency learning outcomes aligned with at least one core CNS competency.
- For 100% of the 11 *Essentials* sub-competency learning outcomes, the corresponding core CNS competencies aligned at the APRN-CNS level, indicating that the CNS competencies were beyond Level 2 and reflected higher level APRN-level practice.
- Group consensus analysis: CNS practice is distinguished by higher level knowledge necessary to achieve the core CNS practice competencies.

Domain 2: Person-Centered Care.

- 100% of the 32 *Essentials* sub-competencies learning outcomes aligned with at least one core CNS competency.
- For 100% of the 32 *Essentials* sub-competencies learning outcomes, the corresponding core CNS competencies aligned at the APRN-CNS level, indicating that the CNS competencies were beyond Level 2 and reflected higher level APRN-level practice.
- Group consensus analysis: CNS practice is distinguished by advanced clinical expertise in direct care with patients and families with complex needs. This expertise transfers into leadership expertise in transitions of care for at-risk patient populations.

Domain 3: Population Health.

- 100% of the 30 *Essentials* sub-competencies learning outcomes aligned with at least one core CNS competency.
- For 77% of the 30 *Essentials* sub-competencies learning outcomes, the corresponding core CNS competencies aligned at the APRN-CNS level, indicating that the CNS competencies were beyond Level 2 and reflected higher level APRN-level practice. For the remaining 23% of the *Essentials* sub-competencies learning outcomes, the

corresponding core CNS competencies aligned at Level 2, indicating that the Essentials sub-competency learning outcomes were sufficient for CNS practice.
- Group consensus analysis: CNSs are distinguished as leaders in population health. However, CNS competencies are not intentional on the effects of globalization on population health or advanced preparedness during disasters and public health emergencies.

Domain 4: Scholarship for Nursing Practice.

- 100% of the 17 *Essentials* sub-competencies learning outcomes aligned with at least one core CNS competency.
- For 71% of the 17 *Essentials* sub-competencies learning outcomes, the corresponding CNS competencies aligned at the higher APRN-CNS level, indicating that the *Essentials* learning outcomes were necessary but not sufficient for CNS practice. For the remaining 29% of the *Essentials* sub-competencies learning outcomes, the corresponding core CNS competencies aligned at Level 2, indicating that the core CNS practice competencies were sufficient for CNS practice.
- Group consensus analysis: CNS practice is distinguished by the level of scholarship in the CNS role as leaders of quality improvement and evidence-based practice projects, research, selection, and integration of technology, and in program evaluation. CNS practice routinely uses evidence for innovations and generates new information/strategies. However, CNS competencies are not intentional in the ethical conduct of scholarship that would be expected in research and other scholarly activities that require internal review board approval.

Domain 5: Quality and Safety.

- 100% of the 15 *Essentials* sub-competencies learning outcomes aligned with at least one core CNS competency.
- For 93% of the 15 *Essentials* sub-competencies learning outcomes, the corresponding core CNS competencies aligned at the APRN-CNS level, indicating that the CNS competencies were beyond Level 2 and reflected higher level APRN-level practice. For the remaining 7% of the *Essentials* sub-competencies learning outcomes, the corresponding core CNS competencies aligned at Level 2, indicating that the *Essentials* learning outcomes were sufficient for core CNS practice competencies.
- Group consensus analysis: CNS practice is distinguished by the leadership CNSs contribute to quality and safety. The one instance when a CNS competency aligned at Level 2 was in the evaluation of emergency preparedness at the system level.

Domain 6: Interprofessional Partnerships.

- 100% of the 16 *Essentials* sub-competencies learning outcomes aligned with at least one core CNS competency.
- For 100% of the 16 *Essentials* sub-competencies learning outcomes, the corresponding core CNS competencies aligned at the APRN-CNS level, indicating that the CNS competencies were beyond Level 2 and reflected higher APRN-level practice.
- Group consensus analysis: CNS practice is distinguished by the leadership CNSs undertake in building partnerships and guiding teams in evidence-based practice using principles of team-building, collaboration, and negotiation and consulting with other health care providers when needed.

Domain 7: Systems-Based Practice.

- 100% of the 14 *Essentials* sub-competencies learning outcomes aligned with at least one core CNS competency.
- For 100% of the 14 *Essentials* sub-competencies, the corresponding core CNS competencies aligned at the APRN-CNS level, indicating that the CNS competencies were beyond Level 2 and reflected APRN-level practice.
- Group consensus analysis: System level work is a strength of CNS practice. CNSs direct care expertise evolves into leadership in the other two spheres of impact (nurses/nursing practice and organizations/systems) to result in optimal population-based outcomes.

Domain 8: Information and Healthcare Technologies.

- 100% of the 24 *Essentials* sub-competencies learning outcomes aligned with at least one core CNS competency.
- For 42% of the 24 *Essentials* sub-competencies learning outcomes, the corresponding core CNS competencies aligned at APRN-CNS, indicating that the CNS competencies were beyond Level 2 and reflected APRN-level practice. For the remaining 58% of the *Essentials* sub-competencies learning outcomes, the corresponding core CNS competencies aligned at Level 2, indicating that the *Essentials* learning outcomes were sufficient for core CNS practice competencies.
- Group consensus analysis: CNS practice is distinguished by CNSs' unique abilities in the selection, integration, management, and evaluation of technology used in health care. However, the CNS values collaboration and consultation with others for their expertise in information and communication technologies and informatics.

Domain 9: Professionalism.

- 100% of the 31 *Essentials* sub-competencies learning outcomes aligned with at least one core CNS competency.
- For 84% of the 24 *Essentials* sub-competencies learning outcomes, the corresponding core CNS competencies aligned at APRN-CNS, indicating that the CNS competencies were beyond Level 2 and reflected APRN-level practice. For the remaining 16% of the *Essentials* sub-competencies, the *Essentials* learning outcomes were sufficient for core CNS practice.
- Group consensus analysis: CNS practice is distinguished by leadership of nurses and nursing practice that is unique to APRN-CNS practice. However, in two instances (N3 and N12), core CNS practice competencies nearly overlap with two *Essentials* sub-competencies (9.3o and 9.4d).

Domain 10: Personal, Professional, and Leadership Development.

- 100% of the 14 *Essentials* sub-competencies learning outcomes aligned with at least one core CNS competency.
- For 71% of the 14 *Essentials* sub-competencies learning outcomes, the corresponding core CNS competencies aligned at APRN-CNS, indicating that the CNS competencies were beyond Level 2 and reflected APRN-level practice. For the remaining 29% of the *Essentials* sub-competencies, the *Essentials* learning outcomes were sufficient for core CNS practice.
- Group consensus analysis: CNS practice is again eminent for its leadership in and for nurses/nursing practice. Advancing nurse practice has always been a major focus of CNS practice. This focus is most notably apparent in the achievement of nurse sensitive

outcomes and advocating for full scope of professional practice. The sub-competencies that aligned at Level 2 were activities to foster lifelong learning (similar to core CNS practice competency N12 mentioned in Domain 9), methods for peer review and evaluation strategies, and the eradication of structural racism and systematic inequity.

Conclusion

The purpose of the crosswalk analysis was to inform CNS practice and make decisions for the future of CNS education by determining the degree of alignment between the AACN *Essentials* and the NACNS core CNS practice competencies. The analysis revealed that all of the *Essentials* sub-competencies learning outcomes aligned with at least one core CNS practice competency. Additionally, the analysis revealed that the core CNS practice competencies aligned with the *Essentials* sub-competencies primarily at the level of APRN-CNS, thus indicating that the *Essentials* learning outcomes are not sufficient for achieving CNS core practice competencies.

The findings have implications for CNS curricula preparing nurses for CNS entry into practice. While all graduate program nursing curricula need to be designed to ensure Level 2 learning outcomes are met, CNS faculty further need to ensure entry level students are capable of performing the core CNS competencies. In areas where the analysis revealed alignment of core CNS competencies with *Essentials* sub-competencies at the sufficient level ("Level 2"), it will be important for faculty to include additional opportunities for CNS students. For example, the ethical conduct of scholarly activities needs to be infused in the quality improvement and change projects CNS students complete in clinical practica, simulation experiences, and scholarly written work.

This analysis has implications for the upcoming 4th revision of the *NACNS Statement on Clinical Nurse Specialist and Education*. There are two core CNS practice competencies that are similar to *Essentials* sub-competencies (N3 and N12). Where these competencies are expected for all graduate prepared nurses regardless of role, they will need to be examined and revised to focus more specifically on CNS practice. Additionally, discussions are needed in instances where core CNS competencies align with *Essentials* sub-competencies learning outcomes at the "Level 2", or sufficient designation. These instances include sub-competencies regarding disaster and emergency preparedness and the use of information/communication technologies and informatics. As previously noted, being intentional regarding the ethical conduct of scholarly activities is another important consideration due to the extensive focus of CNS practice on quality improvement, evidence-based practice, selection and integration of technology, change management, program evaluation, and the conduct of research. This crosswalk analysis demonstrated that the majority of core CNS practice competencies align with the *Essentials* Level 2 sub-competencies learning outcomes at the APRN CNS level, indicating that the Essentials learning outcomes are necessary but not sufficient to prepare CNSs in the core CNS practice competencies.

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Appendix A: NACNS Core CNS Competencies[2]

Patient Direct Care Sphere of Impact

P.1) Uses relationship-building communication to promote health and wellness, healing, self-care, and peaceful end-of-life.

P.2) Conducts a comprehensive health assessment in diverse care settings including psychosocial, functional, physical, and environmental factors.

P.3) Synthesizes assessment findings using advanced knowledge, expertise, critical thinking, and clinical judgment to formulate differential diagnoses.

P.4) Designs evidence-based, cost-effective interventions, including advanced nursing therapies, to meet the multifaceted needs of complex patients.

P.5) Implements customized evidence-based advanced nursing interventions, including the provision of direct care.

P.6) Prescribes medications, therapeutics, diagnostic studies, equipment, and procedures to manage the health issues of patients.

P.7) Designs and employs educational strategies that consider readiness to learn, individual preferences, and other social determinants of health.

P.8) Uses advanced communication skills in complex situations and difficult conversations.

P.9) Provides expert consultation based on a broad range of theories and evidence for patients with complex healthcare needs.

P.10) Provides education and coaching to patients with complex learning needs and atypical responses.

P.11) Evaluates impact of nursing interventions on patients' aggregate outcomes using a scientific approach.

P.12) Leads and facilitates coordinated care and transitions in collaboration with the patient and interprofessional team.

P.13) Facilitates patient and family understanding of the risks, benefits, and outcomes of proposed healthcare regimens to promote informed, shared decision-making.

P.14) Facilitates resolution of ethical conflicts in complex patient care situations.

P.15) Analyzes the ethical impact of scientific advances, including cost and clinical effectiveness, on patient and family values and preferences.

P.16) Advocates for patient's preferences and rights.

Nurses and Nursing Practice Sphere of Impact

N.1) Provides expert specialty consultation to nurses related to complex patient care needs.

N.2) Promotes interventions that prevent the impact of implicit bias on relationship building and outcomes.

N.3) Advocates for nurses to practice to the full extent of their role in the delivery of healthcare.

N.4) Leads efforts to resolve ethical conflict and moral distress experienced by nurses and nursing staff.

N.5) Fosters a healthy work environment by exhibiting positive regard, conveying mutual respect, and acknowledging the contributions of others.

N. 6) Employs conflict management and negotiation skills to promote a healthy work environment.

N.7) Assesses the nursing practice environment and processes for improvement opportunities.

N.8) Uses evidence-based knowledge as a foundation for nursing practice to achieve optimal nurse-sensitive outcomes.

N.9) Mentors nurses and nursing staff in using evidence-based practice principles.

N.10) Leads nurses in the process of planning, implementing, and evaluating change considering intended and unintended consequences.

N.11) Evaluates the outcomes of nursing practice using methods that provide valid data.

N.12) Facilitates opportunities for nurses, students, and other staff to acquire knowledge and skills that foster professional development.

N.13) Engages nurses in reflective practice activities that promote self-awareness and invite peer feedback to improve the practice of nursing.

N.14) Mentors nurses to analyze legislative, regulatory, and fiscal policies that affect nursing practice and patient outcomes.

Organizations/Systems Sphere of Impact

O.1) Cultivates a practice environment in which mutual respect, communication, and collaboration contribute to safe, quality outcomes.

O.2) Uses leadership, team building, negotiation, collaboration, and conflict resolution to build partnerships within and across systems and/or communities.

O.3) Consults with healthcare team members to integrate the needs, preferences, and strengths of a population into the healthcare plan to optimize health outcomes and patient experience within a healthcare system.

O.4) Leads and participates in systematic quality improvement and safety initiatives based on precise problem/etiology identification, gap analysis, and process evaluation.

O.5) Provides leadership for the interprofessional team in identifying, developing, implementing, and evaluating evidence-based practices and research opportunities.

O.6) Partners with research-focused, doctorally-prepared (i.e., PhD) colleagues to translate, conduct, and disseminate research that addresses gaps and improves clinical knowledge and practice.

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.

O.8) Leads and facilitates change in response to organizational and community needs in a dynamic healthcare environment.

O.9) Evaluates system level interventions, programs, and outcomes based on the analysis of information from relevant sources.

O.10) Demonstrates stewardship of human and fiscal resources in decision-making.

O.11) Disseminates CNS practice and fiscal outcomes to internal stakeholders and the public.

O.12) Promotes nursing's unique contributions to advancing health to stakeholders (e.g., the organization, community, public, and policymakers).

O.13) Advocates for equitable healthcare by participating in professional organizations and public policy activities.

O.14) Advocates for ethical principles in protecting the dignity, uniqueness, and safety of all.

Appendix B: Findings of the Crosswalk Analysis

Essentials Domain	Domain Competency Statements	Domain Competency Sub-Competencies	Core CNS Practice Competencies: Alignment	Analysis	Level of Alignment: Level 2 or APRN-CNS
1: Knowledge for Nursing Practice	1.1 Demonstrate an understanding of the discipline of nursing's distinct perspective and where shared perspectives exist with other disciplines				
		1.1e Translate evidence from nursing science as well as other sciences into practice.	P4, P5, P6, P7, P9, N9, O4, O5, O8	Also includes advanced practice knowledge and skills and across three spheres of impact.	APRN-CNS
		1.1f Demonstrate the application of nursing science to practice.	P2, P4, P5, P7, P9, N8	As above.	APRN-CNS
		1.1g Integrate an understanding of nursing history in advancing nursing's influence in health care.	P5, N7, N8, N14	Also includes competency in understanding that which is unique to nursing practice and nurse sensitive outcomes.	APRN-CNS
	1.2 Apply theory and research-based knowledge from nursing, the arts, humanities, and other sciences.				
		1.2f Synthesize knowledge from nursing and other disciplines to inform education, practice, and research.	P2, P4, P5, P6, P7, P9, P14, N8, N9, N11, O3, O4, O5, O8	Also includes complex care focus, leads nurses in change, and across three spheres of impact.	APRN-CNS
		1.2g Apply a systematic and defendable approach to nursing practice decisions.	P2, P3, P4, P5, P11, N1, N7, N8, N11, O3, O4, O5, O9, O12	Also includes formulating differential diagnoses, complex care focus, across three spheres of impact, and leads QI, EBP, research, change, evaluation, and in technology selection, evaluation, and management.	APRN-CNS
		1.2h Employ ethical decision making to assess, intervene, and evaluate nursing care.	P7, P13, P14, P15, P16, N2, N4, O13, O14	Also includes complex care focus and across three spheres of impact.	APRN-CNS
		1.2i Demonstrate socially responsible leadership.	P1, P14, P16, N2, N4, N5, N6, N10, N12, N13, N14, O1, O2, O9, O10, O13, O14	Also includes complex care focus, leads nurses in change, and across three spheres of impact.	APRN-CNS
		1.2j Translate theories from nursing and other disciplines to practice.	P3, P8, P9, P10, N7, N8, O6, O9	Also includes formulating differential diagnoses, complex care focus, and across three spheres of impact.	APRN-CNS
	1.3 Demonstrate clinical judgment founded on a broad knowledge base.				
		1.3d Integrate foundational and advanced specialty knowledge into clinical reasoning.	P2, P3, P4, P5, P9, P11, P12, N1, N3, N7, N11, O4, O6, O12	Also includes evidence from publications on CNS practice outcomes.	APRN-CNS
		1.3e Synthesize current and emerging evidence to influence practice.	P3, P9, N7, N8, N9, O3, O4, O5, O6, O7, O8, O11	Also includes formulating differential diagnoses, achieving nurse sensitive outcomes, and leading QI, EBP, research, change, evaluation, and in technology.	APRN-CNS

Essentials Domain	Domain Competency Statements	Domain Competency Sub-Competencies	Core CNS Practice Competencies: Alignment	Analysis	Level of Alignment: Level 2 or APRN-CNS
		1.3f Analyze decision models from nursing and other knowledge domains to improve clinical judgment.	P9, N1, N8, N11, O5, O7, O9	Also includes complex care focus, leading nurses in EBP and across three spheres of impact.	APRN-CNS
2: Person-Centered Care	2.1 Engage with the individual in establishing a caring relationship.				
		2.1d Promote caring relationships to effect positive outcomes.	P1	Also includes using relationship-building communication from health promotion, healing, self-care, to EOL care.	APRN-CNS
		2.1e Foster caring relationships.	P1	As above.	APRN-CNS
	2.2 Communicate effectively with individuals				
		2.2g Demonstrate advanced communication skills and techniques using a variety of modalities with diverse audiences.	P1, P7, P8, P10	Also includes complex patients as unique to CNS practice.	APRN-CNS
		2.2h Design evidence-based, person-centered engagement materials.	P4, P5, P7, P10	Also includes designing for complex patient care situations using person-centered information.	APRN-CNS
		2.2i Apply individualized information, such as genetic/genomic, pharmacogenetic, and environmental exposure information in the delivery of personalized health care.	P1, P5, P9, P11	Also includes designing customized care for complex patients.	APRN-CNS
		2.2j Facilitate difficult conversations and disclosure of sensitive information.	P8	Also includes using advanced communication skills in complex situations.	APRN-CNS
	2.3 Integrate assessment skills in practice.				
		2.3h Demonstrate that one's practice is informed by a comprehensive assessment appropriate to the functional area of advanced nursing practice.	P2	Also includes being an autonomous provider - prepared for prescriptive authority.	APRN-CNS
	2.4 Diagnose actual or potential health problems and needs.				
		2.4f Employ context driven, advanced reasoning to the diagnostic and decision-making process.	P3	Also includes formulating differential diagnoses.	APRN-CNS
		2.4g Integrate advanced scientific knowledge to guide decision making.	P9	Also includes being an expert consultant for complex patients/situations.	APRN-CNS

Essentials Domain	Domain Competency Statements	Domain Competency Sub-Competencies	Core CNS Practice Competencies: Alignment	Analysis	Level of Alignment: Level 2 or APRN-CNS
	2.5 Develop a plan of care.				
		2.5h Lead and collaborate with an interprofessional team to develop a comprehensive plan of care.	P4, P12, O3	Also includes leading population health for at-risk patients with a focus on complex situations and consulted for clinical expertise.	APRN-CNS
		2.5i Prioritize risk mitigation strategies to prevent or reduce adverse outcomes.	P4, N10, O4	Also includes focus on complex patients and leadership in quality improvement for at-risk populations to lead nurses in change.	APRN-CNS
		2.5j Develop evidence-based interventions to improve outcomes and safety.	P4, O5	Also includes leading the team in EBP.	APRN-CNS
		2.5k Incorporate innovations into practice when evidence is not available.	P4, P5	Also includes for complex patients/situations.	APRN-CNS
	2.6 Demonstrate accountability for care delivery.				
		2.6e Model best care practices to the team.	N10, O10	Also includes role-modeling hands-on advanced direct care and fiscally responsible decision making in prescribing care.	APRN-CNS
		2.6f Monitor aggregate metrics to assure accountability for care outcomes.	P11, P15, N11	Also includes using outcome data on nursing interventions and outcomes of nursing practice.	APRN-CNS
		2.6g Promote delivery of care that supports practice at the full scope of education.	N3, O12	Also includes articulating to all stakeholders across the system.	APRN-CNS
		2.6h Contribute to the development of policies and processes that promote transparency and accountability.	P16, N13, O13, O14	Also includes specifically intervening with nurses and advocating at the system, professional organization, and public policy levels.	APRN-CNS
		2.6i Apply current and emerging evidence to the development of care guidelines/tools.	P5, N8	Also includes emphasis on patient care policies/clinical care policies to achieve nurse sensitive outcomes.	APRN-CNS
		2.6j Ensure accountability throughout transitions of care across the health continuum.	P12, O10	Also includes leading transitions with fiscal smart decision making.	APRN-CNS
	2.7 Evaluate outcomes of care.				
		2.7d Analyze data to identify gaps and inequities in care and monitor trends in outcomes.	P11, N11, O4, O9	Also includes analysis across three spheres of impact: patient, nursing, and org/system (and beyond to communities) with a focus on nursing practice and outcomes, gap analysis, program evaluation, etc.	APRN-CNS
		2.7e Monitor epidemiological and system-level aggregate data to determine healthcare outcomes and trends.	P11, N11, O4, O9	As above.	APRN-CNS

Essentials Domain	Domain Competency Statements	Domain Competency Sub-Competencies	Core CNS Practice Competencies: Alignment	Analysis	Level of Alignment: Level 2 or APRN-CNS
		2.7f Synthesize outcome data to inform evidence-based practice, guidelines, and policies.	P11, N11, O4, O9	As above.	APRN-CNS
	2.8 Promote self-care management.				
		2.8f Develop strategies that promote self-care management.	P1, P5, P7	Also includes knowledge of at-risk populations to identify key strategies through clinical expertise.	APRN-CNS
		2.8g Incorporate the use of current and emerging technologies to support self-care management.	O7	Also includes leading in technology selection, management, and evaluation.	APRN-CNS
		2.8h Employ counseling techniques, including motivational interviewing, to advance wellness and self-care management.	P10	Also includes addressing complex learning needs.	APRN-CNS
		2.8i Evaluate adequacy of resources available to support self-care management.	P2, P11, N7, O4	Also includes evaluating across the three spheres of impact.	APRN-CNS
		2.8j Foster partnerships with community organizations to support self-care management.	O2, O13	Also includes leading in building partnerships for communities and service in professional organization to advocate for equitable care.	APRN-CNS
	2.9 Provide care coordination.				
		2.9f Evaluate communication pathways among providers and others across settings, systems, and communities.	P12, N10	Also includes leading the team in care coordination and nurses in change activities.	APRN-CNS
		2.9g Develop strategies to optimize care coordination and transitions of care.	P12	Also includes leading the team in care coordination.	APRN-CNS
		2.9h Guide the coordination of care across health systems.	P12	As above.	APRN-CNS
		2.9i Analyze system-level and public policy influence on care coordination.	O9, O13	Also includes advocating at the system, professional organization, and public policy levels.	APRN-CNS
		2.9j Participate in system-level change to improve care coordination across settings.	P12, O4, O8	Also includes leading the team in care coordination, QI, and change.	APRN-CNS
3: Population Health	3.1 Manage population health.				

Essentials Domain	Domain Competency Statements	Domain Competency Sub-Competencies	Core CNS Practice Competencies: Alignment	Analysis	Level of Alignment: Level 2 or APRN-CNS
		3.1j Assess the efficacy of a system's capability to serve a target sub-population's healthcare needs.	P11, N11, O4, O9	Also includes assessment across three spheres of impact: patient, nursing, and org/system (and beyond to communities) with a focus on nursing practice and outcomes (gap analysis, program evaluation, etc.).	APRN-CNS
		3.1k Analyze primary and secondary population health data for multiple populations against relevant benchmarks.	P11, N11, O9	As above.	APRN-CNS
		3.1l Use established or evolving methods to determine population-focused priorities for care.	O4	Also includes leading the team.	APRN-CNS
		3.1m Develop a collaborative approach with relevant stakeholders to address population healthcare needs, including evaluation methods.	O2, O8	As above.	APRN-CNS
		3.1n Collaborate with appropriate stakeholders to implement a sociocultural and linguistically responsive intervention plan.	O2, O8	As above.	APRN-CNS
	3.2 Engage in effective partnerships.				
		3.2d Ascertain collaborative opportunities for individuals and organizations to improve population health.	O2, O3, O8, O13	Also includes leading in building partnerships using a variety of strategies ie., team building, etc.	APRN-CNS
		3.2e Challenge biases and barriers that impact population health outcomes.	N2, O14	Also targets implicit bias specifically.	APRN-CNS
		3.2f Evaluate the effectiveness of partnerships for achieving health equity.	N11, O2, O9, O14	Also includes evaluating and leading in nursing partnerships and others.	APRN-CNS
		3.2g Lead partnerships to improve population health outcomes.	O2	As above.	APRN-CNS
		3.2h Assess preparation and readiness of partners to organize during natural and manmade disasters.	O2	As expected at Level 2.	Level 2
	3.3 Consider the socioeconomic impact of the delivery of health care.				
		3.3c Analyze cost-benefits of selected population-based interventions.	P11, N10, O4, O9, O10	Also includes a comprehensive assessment across the spheres.	APRN-CNS

Essentials Domain	Domain Competency Statements	Domain Competency Sub-Competencies	Core CNS Practice Competencies: Alignment	Analysis	Level of Alignment: Level 2 or APRN-CNS
		3.3d Collaborate with partners to secure and leverage resources necessary for effective, sustainable interventions.	O2	Also includes the building of and nurturance.	APRN-CNS
		3.3e Advocate for interventions that maximize cost-effective, accessible, and equitable resources for populations.	O13	Also includes going beyond system level to include professional organization and advocacy in public policy.	APRN-CNS
		3.3f Incorporate ethical principles in resource allocation in achieving equitable health.	P14, P15, O14	Also includes providing expertise in complex patient care situations.	APRN-CNS
	3.4 Advance equitable population health policy.				
		3.4f Identify opportunities to influence the policy process.	P15, N14	Also includes mentoring nurses to do this activity as well.	APRN-CNS
		3.4g Design comprehensive advocacy strategies to support the policy process.	P4, O13	Also includes addresses complex patients' needs.	APRN-CNS
		3.4h Engage in strategies to influence policy change.	N14, O6, O13	Also includes mentorship, research, and prof. organization commitments.	APRN-CNS
		3.4i Contribute to policy development at the system, local, regional, or national levels.	N14, O6, O13	As above.	APRN-CNS
		3.4j Assess the impact of policy changes.	P11, N7, O9	Also includes across threes spheres of impact.	APRN-CNS
		3.4k Evaluate the ability of policy to address disparities and inequities within segments of the population.	P11, N7, O9	As above.	APRN-CNS
		3.4l Evaluate the risks to population health associated with globalization.	O8	As expected at Level 2.	Level 2
	3.5 Demonstrate advocacy strategies.				
		3.5f Appraise advocacy priorities for a population.	P14, P16, N14, O13, O14	Also includes prioritizing for complex patient populations, mentorship for nurses in policy that affect patient outcomes, and advocacy efforts in public policy activities.	APRN-CNS
		3.5g Strategize with an interdisciplinary group and others to develop effective advocacy approaches.	P9, O13	Also includes the provision of expert consultation.	APRN-CNS

Essentials Domain	Domain Competency Statements	Domain Competency Sub-Competencies	Core CNS Practice Competencies: Alignment	Analysis	Level of Alignment: Level 2 or APRN-CNS
		3.5h Engage in relationship-building activities with stakeholders at any level of influence, including system, local, state, national, and/or global.	P1, P9, N10, O2, O13	Also includes the provision of expert consultation across the spheres of impact, organizations, and public policy activities.	APRN-CNS
		3.5i Demonstrate leadership skills to promote advocacy efforts that include principles of social justice, diversity, equity, and inclusion.	P16, N2, O13, O14	Also includes a leadership role across the spheres of impact.	APRN-CNS
	3.6 Advance preparedness to protect population health during disasters and public health emergencies.				
		3.6f Collaboratively initiate rapid response activities to protect population health.	N10, O8	As expected at Level 2.	Level 2
		3.6g Participate in ethical decision making that includes diversity, equity, and inclusion in advanced preparedness to protect populations.	O13, O14	As expected at Level 2.	Level 2
		3.6h Collaborate with interdisciplinary teams to lead preparedness and mitigation efforts to protect population health with attention to the most vulnerable populations.	N10, O13, O14	As expected at Level 2.	Level 2
		3.6i Coordinate the implementation of evidence-based infection control measures and proper use of personal protective equipment.	O4	As expected at Level 2.	Level 2
		3.6j Contribute to system-level planning, decision making, and evaluation for disasters and public health emergencies.	O8	As expected at Level 2.	Level 2
4: Scholarship for the Nursing Discipline	4.1 Advance the scholarship of nursing.				
		4.1h Apply and critically evaluate advanced knowledge in a defined area of nursing practice.	O4, O5, O7, O8, O9, O11	Also includes the application of knowledge in a variety of areas of CNS scholarship (QI, EBP, research, selection of technology, change projects, program evaluation, and dissemination.	APRN-CNS

Essentials Domain	Domain Competency Statements	Domain Competency Sub-Competencies	Core CNS Practice Competencies: Alignment	Analysis	Level of Alignment: Level 2 or APRN-CNS
		4.1i Engage in scholarship to advance health.	O4, O5, O7, O8, O9, O11	As above.	APRN-CNS
		4.1j Discern appropriate applications of quality improvement, research, and evaluation methodologies.	O7, O8, O9	As above.	APRN-CNS
		4.1k Collaborate to advance one's scholarship.	O5, O6	As above.	APRN-CNS
		4.1l Disseminate one's scholarship to diverse audiences using a variety of approaches or modalities.	O6, O11	Also includes making visible the CNSs contributions to care to advance the profession.	APRN-CNS
		4.1m Advocate within the interprofessional team and with other stakeholders for the contributions of nursing scholarship.	N3, O5, O12	Also includes routinely articulate to stakeholders at the org, community, public, and policy making levels.	APRN-CNS
	4.2 Integrate best evidence into nursing practice.				
		4.2f Use diverse sources of evidence to inform practice.	P11, N8, O5	Also includes integrating best evidence across three spheres of impact.	APRN-CNS
		4.2g Lead the translation of evidence into practice.	N9, O5	Also includes leading nurses and org/system in EBP.	APRN-CNS
		4.2h Address opportunities for innovation and changes in practice.	N10, O8	As above.	APRN-CNS
		4.2i Collaborate in the development of new/revised policy or regulation in the light of new evidence.	N14, O5, O13	Also includes changing policy through leadership, dissemination, and nurse mentorship.	APRN-CNS
		4.2 j Articulate inconsistencies between practice policies and best evidence.	O6, O11	Also includes addressing gaps through policy and communicates to stakeholders.	APRN-CNS
		4.2k Evaluate outcomes and impact of new practices based on the evidence.	P11, N10, O4, O9, O10	Also includes developing policy and evaluate practice based on evidence from multiple sources.	APRN-CNS
	4.3 Promote the ethical conduct of scholarly activities.				
		4.3e Identify and mitigate potential risks and areas of ethical concern in the conduct of scholarly activities.	O6	As expected at Level 2.	Level 2
		4.3f Apply IRB guidelines throughout the scholarship process.	O6	As expected at Level 2.	Level 2

Essentials Domain	Domain Competency Statements	Domain Competency Sub-Competencies	Core CNS Practice Competencies: Alignment	Analysis	Level of Alignment: Level 2 or APRN-CNS
		4.3g Ensure the protection of participants in the conduct of scholarship.	O6	As expected at Level 2.	Level 2
		4.3h Implement processes that support ethical conduct in practice and scholarship.	O6	As expected at Level 2.	Level 2
		4.3i Apply ethical principles to the dissemination of nursing scholarship.	O6	As expected at Level 2.	Level 2
5: Quality and Safety	5.1 Apply quality improvement principles in care delivery.				
		5.1i Establish and incorporate data driven benchmarks to monitor system performance.	P1, N8, N11, O4, O9	Also includes data across three spheres of impact.	APRN-CNS
		5.1j Use national safety resources to lead team-based change initiatives.	N8, O4, O8	Also includes focus on achievement of nurse sensitive outcomes in nursing practice and organization/systems.	APRN-CNS
		5.1k Integrate outcome metrics to inform change and policy recommendations.	N8, N11, O8	As above.	APRN-CNS
		5.1l Collaborate in analyzing organizational process improvement initiatives.	N10, O4, O9	Also includes leading in these collaborative processes and working directly with nurses .	APRN-CNS
		5.1m Lead the development of a business plan for quality improvement initiatives.	P9, O4	Also includes providing expert consultation.	APRN-CNS
		5.1n Advocate for change related to financial policies that impact the relationship between economics and quality care delivery.	N10, O8, O10	Also includes leading in change and stewardship.	APRN-CNS
		5.1o Advance quality improvement practices through dissemination of outcomes.	O5, O6, O11	Also includes providing leadership for the interprofessional team.	APRN-CNS
	5.2 Contribute to a culture of patient safety.				
		5.2g Evaluate the alignment of system data and comparative patient safety benchmarks.	P11, N8, N11, O4, O9	Also includes evaluation across three spheres of impact.	APRN-CNS
		5.2h Lead analysis of actual errors, near misses, and potential situations that would impact safety.	P9, P11, N7, N10	Also includes leadership in this area as the clinical expert and for complex care.	APRN-CNS
		5.2i Design evidence-based interventions to mitigate risk.	P4	Also includes at-risk and complex patient care.	APRN-CNS

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		5.2j Evaluate emergency preparedness system-level plans to protect safety.	O8	As expected at Level 2.	Level 2
	5.3 Contribute to a culture of provider and work environment safety.				
		5.3e Advocate for structures, policies, and processes that promote a culture of safety and prevent workplace risks and injury.	N5, N8, O1, O13, O14	Also includes leading to empower nurses, achieving nurse sensitive outcomes, aligning care with the health care systems mission and policies, and influencing policy making bodies.	APRN-CNS
		5.3f Foster a just culture reflecting civility and respect.	P8, N2, N4, N5, N6, O2, O14	Also includes leading within and across the three spheres.	APRN-CNS
		5.3g Create a safe and transparent culture for reporting incidents.	P8, N5, O1, O2, O14	As above.	APRN-CNS
		5.3h Role model and lead well-being and resiliency for self and team.	P1, N4, N5, N8, N9, O1, O2	Also includes leading in achievement of nurse sensitive outcomes ie., nurse satisfaction, etc.	APRN-CNS
6: Interprofessional Partnerships	6.1 Communicate in a manner that facilitates a partnership approach to quality care delivery.				
		6.1g Evaluate effectiveness of interprofessional communication tools and techniques to support and improve the efficacy of team-based interactions.	P11, O2, O7	Also includes using advanced techniques in complex situations and leading in team-building. Additionally, leading, managing, and evaluating technology.	APRN-CNS
		6.1h Facilitate improvements in interprofessional communications of individual information (e.g. EHR).	O2, O7	Also includes leading in team-building, managing and evaluating technology.	APRN-CNS
		6.1i Role model respect for diversity, equity, and inclusion in team-based communications.	N5, O2, O14	Also includes leading, collaborating, and being a role-model.	APRN-CNS
		6.1j Communicate nursing's unique disciplinary knowledge to strengthen interprofessional partnerships.	P9, N3, O2, O12	Also includes providing expert nursing consultation, advocating for nursing innovations, consulting other health care providers, and promoting nursing via professional organizations and public policy initiatives.	APRN-CNS
		6.1k Provide expert consultation for other members of the healthcare team in one's area of practice.	P9, N1	Also includes expert consultation for complex and difficult patient care situations.	APRN-CNS
		6.1l Demonstrate capacity to resolve interprofessional conflict.	N6, O2	Also includes leading nursing and the broader interprofessional teams.	APRN-CNS

Essentials Domain	Domain Competency Statements	Domain Competency Sub-Competencies	Core CNS Practice Competencies: Alignment	Analysis	Level of Alignment: Level 2 or APRN-CNS
	6.2 Perform effectively in different team roles, using principles and values of team dynamics.				
		6.2g Integrate evidence-based strategies and processes to improve team effectiveness and outcomes.	P12, O1, O2, O5	Also includes leading and influencing the team with an understanding how quality nursing care delivery depends on effective interprofessional team collaboration.	APRN-CNS
		6.2h Evaluate the impact of team dynamics and performance on desired outcomes.	P12, O1, O2, O5	As above.	APRN-CNS
		6.2i Reflect on how one's role and expertise influences team performance.	N13	Also includes engaging nurses and inviting feedback.	APRN-CNS
		6.2j Foster positive team dynamics to strengthen desired outcomes.	P12, O1, O2, O5	Also includes facilitating patient/family outcomes and part of the team.	APRN-CNS
	6.3 Use knowledge of nursing and other professions to address healthcare needs.				
		6.3d Direct interprofessional activities and initiatives.	P12, N10	Also includes leading in response to change to guide/direct nurses and others.	APRN-CNS
	6.4 Work with other professions to maintain a climate of mutual learning, respect, and shared values.				
		6.4e Practice self-assessment to mitigate conscious and implicit biases toward other team members.	N2	Also includes intervening directly with nurses.	APRN-CNS
		6.4f Foster an environment that supports the constructive sharing of multiple perspectives and enhances interprofessional learning.	N2, N5, N6, O1	Also includes employing strategies to handle conflicts and leading nurses and the team while maintaining clinical focus in line with the mission and policies.	APRN-CNS
		6.4g Integrate diversity, equity, and inclusion into team practices.	N2, N5, N6, O1	As above.	APRN-CNS
		6.4h Manage disagreements, conflicts, and challenging conversations among team members.	N2, N5, N6, O1	As above.	APRN-CNS
		6.4i Promote an environment that advances interprofessional learning.	N1, N12	Also includes the provision of expert consultation and focus on professional development of others.	APRN-CNS
7: Systems-Based Practice	7.1 Apply knowledge of systems to work effectively across the continuum of care.				

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		7.1e Participate in organizational strategic planning.	N8, O4, O5, O6, O7, O8, O9	Also includes leading in achievement of nurse sensitive outcomes, in QI, in EBP, research opportunities, use of technology, and program evaluation.	APRN-CNS
		7.1f Participate in system-wide initiatives that improve care delivery and/or outcomes.	N8, O4, O5, O6, O7, O8, O9	As above.	APRN-CNS
		7.1g Analyze system-wide processes to optimize outcomes.	N8, O4, O5, O6, O7, O8, O9	As above.	APRN-CNS
		7.1h Design policies to impact health equity and structural racism within systems, communities, and populations.	N8, O4, O5, O6, O7, O8, O9, O13, O14	As above with focus on equitable health care.	APRN-CNS
	7.2 Incorporate consideration of cost-effectiveness of care.				
		7.2g Analyze relevant internal and external factors that drive healthcare costs and reimbursement.	P4, P15, O10	Also includes using data to design interventions for complex patients and in ethical decision making.	APRN-CNS
		7.2h Design practices that enhance value, access, quality, and cost-effectiveness.	P4, P15, O10	As above.	APRN-CNS
		7.2i Advocate for healthcare economic policies and regulations to enhance value, quality, and cost-effectiveness.	P4, P15, O10	As above an at the patient/family level of preferences.	APRN-CNS
		7.2j Formulate, document, and disseminate the return on investment for improvement initiatives collaboratively with an interdisciplinary team.	P11, O6, O11	Also includes evaluating impact of nursing interventions, participating in research, and dissemination of outcomes/needs to all stakeholders.	APRN-CNS
		7.2k Recommend system-wide strategies that improve cost- effectiveness considering structure, leadership, and workforce needs.	P4, N7, O4, O5, O8	Also includes designing strategies and leading in change initiatives to advance nursing practice.	APRN-CNS
		7.2l Evaluate health policies based on an ethical framework considering cost-effectiveness, health equity, and care outcomes.	P15, N11, O10	Analyzes ethical impact of scientific advances, evaluates policy that affects nursing outcomes, and decisions made based on human and fiscal resources.	APRN-CNS

Essentials Domain	Domain Competency Statements	Domain Competency Sub-Competencies	Core CNS Practice Competencies: Alignment	Analysis	Level of Alignment: Level 2 or APRN-CNS
	7.3 Optimize system effectiveness through application of innovation and evidence-based practice.				
		7.3e Apply innovative and evidence-based strategies focusing on system preparedness and capabilities.	N7, O4	Also includes intimate knowledge of the nursing practice environment through constant surveillance and proactive leadership in QI and safety initiatives.	APRN-CNS
		7.3f Design system improvement strategies based on performance data and metrics.	N8, O4, O5, O6, O7, O8, O9, 11	Also includes leading in achievement of nurse sensitive outcomes, QI, EBP, research opportunities, use of technology, and program evaluation.	APRN-CNS
		7.3g Manage change to sustain system effectiveness.	N10, O8	Also includes leading nurses and org/system in change efforts.	APRN-CNS
		7.3h Design system improvement strategies that address internal and external system processes and structures that perpetuate structural racism and other forms of discrimination in healthcare systems.	N2, O13, O14	Also includes leading across the system to impact implicit bias.	APRN-CNS
8: Informatics and Healthcare Technologies	8.1 Describe the various information and communication technology tools used in the care of patients, communities, and populations.				
		8.1g Identify best evidence and practices for the application of information and communication technologies to support care.	N7, O5, O7	Also includes knowledge of the nursing practice environment through assessment to improve upon and lead in opportunities focused on the selection, integration, management, and evaluation of technology support in health care.	APRN-CNS
		8.1h Evaluate the unintended consequences of information and communication technologies on care processes, communications, and information flow across care settings.	N7, N11, O7, O8	As above.	APRN-CNS
		8.1i Propose a plan to influence the selection and implementation of new information and communication technologies.	O7	As above.	APRN-CNS
		8.1j Explore the fiscal impact of information and communication technologies on health care.	N7, O7, O10	As above.	APRN-CNS

Essentials Domain	Domain Competency Statements	Domain Competency Sub-Competencies	Core CNS Practice Competencies: Alignment	Analysis	Level of Alignment: Level 2 or APRN-CNS
		8.1k Identify the impact of information and communication technologies on workflow processes and healthcare outcomes.	N7, O7	As above.	APRN-CNS
	8.2 Use information and communication technology to gather data, create information, and generate knowledge.				
		8.2f Generate information and knowledge from health information technology databases.	N11, O9	As expected at Level 2.	Level 2
		8.2g Evaluate the use of communication technology to improve consumer health information literacy.	P7, O7, O9	Also includes the design of and leading educational strategies for populations of patients with complex needs using principles of health literacy.	APRN-CNS
		8.2g Evaluate the use of communication technology to improve consumer health information literacy.	P7, N11, O7, O9	As above.	APRN-CNS
		8.2i Clarify how the collection of standardized data advances the practice, understanding, and value of nursing and supports care.	N11, O4	As expected at Level 2.	Level 2
		8.2j Interpret primary and secondary data and other information to support care.	P2, N11, O9	As expected at Level 2.	Level 2
	8.3 Use information and communication technologies and informatics processes to deliver safe nursing care to diverse populations in a variety of settings.				
		8.3g Evaluate the use of information and communication technology to address needs, gaps, and inefficiencies in care.	N7, O7, O9	As expected at Level 2.	Level 2
		8.3h Formulate a plan to influence decision-making processes for selecting, implementing, and evaluating support tools.	O7, O8	Also includes knowledge of the nursing practice environment through assessment for improvement and leading in opportunities focused on the selection, integration, management, and evaluation of technology support in health care.	APRN-CNS

Essentials Domain	Domain Competency Statements	Domain Competency Sub-Competencies	Core CNS Practice Competencies: Alignment	Analysis	Level of Alignment: Level 2 or APRN-CNS
		8.3i Appraise the role of information and communication technologies in engaging the patient and supporting the nurse-patient relationship.	O7		Level 2
		8.3j Evaluate the potential uses and impact of emerging technologies in health care.	O7	Also includes knowledge of the nursing practice environment through assessment for improvement and leading in opportunities focused on the selection, integration, management, and evaluation of technology support in health care.	APRN-CNS
		8.3k Pose strategies to reduce inequities in digital access to data and information.	07, 013, O14	As expected at Level 2.	Level 2
	8.4 Use information and communication technology to support documentation of care and communication among providers, patients, and all system levels.				
		8.4e Assess best practices for the use of advanced information and communication technologies to support patient and team communications.	N7, O5, O7	As expected at Level 2.	Level 2
		8.4f Employ electronic health, mobile health, and telehealth systems to enable quality, ethical, and efficient patient care.	O7, O13, O14	As expected at Level 2.	Level 2
		8.4g Evaluate the impact of health information exchange, interoperability, and integration to support patient-centered care.	O7, O9	Also includes leading based on knowledge of system level needs/outcomes and managing/evaluating the impact of technology.	APRN-CNS
	8.5 Use information and communication technologies in accordance with ethical, legal, professional, and regulatory standards, and workplace policies in the delivery of care.				
		8.5g Apply risk mitigation and security strategies to reduce misuse of information and communication technology.	O7, O9	As expected at Level 2.	Level 2

Essentials Domain	Domain Competency Statements	Domain Competency Sub-Competencies	Core CNS Practice Competencies: Alignment	Analysis	Level of Alignment: Level 2 or APRN-CNS
		8.5h Assess potential ethical and legal issues associated with the use of information and communication technology.	P14, P15, O7, O14	As expected at Level 2.	Level 2
		8.5i Recommend strategies to protect health information when using communication and information technology.	O7, O14	As expected at Level 2.	Level 2
		8.5j Promote patient engagement with their personal health data.	P13, O14	As expected at Level 2.	Level 2
		8.5k Advocate for policies and regulations that support the appropriate use of technologies impacting health care.	O7, O13	As expected at Level 2.	Level 2
		8.5l Analyze the impact of federal and state policies and regulation on health data and technology in care settings.	O7, O13	As expected at Level 2.	Level 2
9: Professionalism	9.1 Demonstrate an ethical comportment in one's practice reflective of nursing's mission to society.				
		9.1h Analyze current policies and practices in the context of an ethical framework.	P15, N2, N4, N7, O4, O13	Also includes analysis using an ethical framework across the three spheres of impact with focus on at-risk, complex patients/situations, leading in policy revision and new policy that brings best evidence to practice for vulnerable populations.	APRN-CNS
		9.1i Model ethical behaviors in practice and leadership roles.	P14, P15, N1, N2, N4	Also includes advancing nursing practice as experts in ethical areas affecting nursing practice and purposefully cultivating a healthy working environment and direct care expertise with nurses.	APRN-CNS
		9.1j Suggest solutions when unethical behaviors are observed.	P14, N4, O14	Also includes leading to resolve ethical problems affecting patients with complex situations and with nurses facing moral dilemmas.	APRN-CNS
		9.1k Assume accountability for working to resolve ethical dilemmas.	P14, P15, N4, O14	As above.	APRN-CNS
	9.2 Employ participatory approach to nursing care.				
		9.2h Foster opportunities for intentional presence in practice.	N9, N13	Also includes using advanced techniques in mentorship of nurses and in guiding reflective practice.	APRN-CNS
		9.2i Identify innovative and evidence-based practices that promote person-centered care.	P4, P5, N1, O5	Also includes leading the team in identifying, developing, implementing, and evaluating evidence-based practices and research opportunities.	APRN-CNS

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		9.2j Advocate for practices that advance diversity, equity, and inclusion.	P16, N2, N4, O13, O14	Also includes advancing nurses as leaders and collaborating with nurses in addressing DEI issues at the patient, nursing practice, and public policy levels.	APRN-CNS
		9.2k Model professional expectations for therapeutic relationships.	N1, N5, O1, O3	Also includes nurse:CNS consults for complex patients and together, solving complex problems/situations and CNS consults from other professionals to optimize health outcomes for all.	APRN-CNS
		9.2l Facilitate communication that promotes a participatory approach.	P1, N5, N6, N9, N13, O1	Also includes multiple areas of advanced practice where the CNS role model's relationship-building communication techniques at the patient, nurse, and organization level.	APRN-CNS
	9.3 Demonstrate accountability to the individual, society, and the profession.				
		9.3i Advocate for nursing's professional responsibility for ensuring optimal care outcomes.	N3, N7, N8, O12	Also includes the CNSs role in articulating to stakeholder's nursing's contribution to health care and by routinely assesses nursing practice outcomes.	APRN-CNS
		9.3j Demonstrate leadership skills when participating in professional activities and/or organizations.	O2, O13	Also includes building partnerships across the organization and in communities using leadership, negotiation and conflict resolution skills and leading in policy initiatives in public and in professional organizations that affect the care of patients and the nursing profession.	APRN-CNS
		9.3k Address actual or potential hazards and/or errors.	N10, O7	Also includes leading nurses in change while evaluating unintended consequences of care.	APRN-CNS
		9.3l Foster a practice environment that promotes accountability for care outcomes.	N13, N14, O10	Also includes leading nurses in self-awareness with feedback processes, mentorship regarding policy and how nursing and patient outcomes are affected, and stewardship in decision making.	APRN-CNS
		9.3m Advocate for policies/practices that promote social justice and health equity.	N2, O13, O14	Also includes leading in prevention of implicit bias and in public policy and professional organizations.	APRN-CNS
		9.3n Foster strategies that promote a culture of civility across a variety of settings.	N2, N4, N5, N6, O1, O14	Also includes leading to resolve moral distress and conflict among nurses and staff.	APRN-CNS
		9.3o Lead in the development of opportunities for professional and interprofessional activities.	N12	As expected at Level 2.	Level 2
	9.4 Comply with relevant laws, policies, and regulations.				
		9.4d Advocate for polices that enable nurses to practice to the full extent of their education.	N3	As expected at Level 2.	Level 2

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		9.4e Assess the interaction between regulatory agency requirements and quality, fiscal, and value-based indicators.	N8, O9	Also includes accountability leading and evaluating nurse sensitive indicators and outcomes	APRN-CNS
		9.4f Evaluate the effect of legal and regulatory policies on nursing practice and healthcare outcomes.	N11, N14, O9	Also includes the mentorship of nurses in legislative/regulatory and fiscal processes on nursing and patient outcomes.	APRN-CNS
		9.4g Analyze efforts to change legal and regulatory policies that improve nursing practice and health outcomes.	O8, O13	Also includes leading in change efforts.	APRN-CNS
		9.4h Participate in the implementation of policies and regulations to improve the professional practice environment and healthcare outcomes.	O4, O5, O7, O8, O9, O13	Also includes a leading role in the implementation.	APRN-CNS
	9.5 Demonstrate the professional identity of nursing.				
		9.5f Articulate nursing's unique professional identity to other interprofessional team members and the public.	N3, N8, O11, O12, O14	Also includes CNS leadership to demonstrate optimal nurse sensitive outcomes.	APRN-CNS
		9.5g Evaluate practice environment to ensure that nursing core values are demonstrated.	N5, N7, N11, O9	Also includes execution at the nursing and organization level as a primary function of CNS role.	APRN-CNS
		9.5h Identify opportunities to lead with moral courage to influence team decision-making.	P14, N4	Also includes leading in the resolution of ethical conflicts for patients with complex situations.	APRN-CNS
		9.5i Engage in professional organizations that reflect nursing's values and identity.	O13	As expected at Level 2.	Level 2
	9.6 Integrate diversity, equity, and inclusion as core to one's professional identity.				
		9.6d Model respect for diversity, equity, and inclusion for all team members.	N2, N5, O14	As expected at Level 2.	Level 2
		9.6e Critique one's personal and professional practices in the context of nursing's core values.	N2, N13	As expected at Level 2.	Level 2

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		9.6f Analyze the impact of structural and cultural influences on nursing's professional identity.	N7, O9, O12	Also includes the routine assessment of nursing's unique contributions and articulating nursing sensitive outcomes to stakeholders.	APRN-CNS
		9.6g Ensure that care provided by self and others is reflective of nursing's core values.	N2, N5, N8, O1	Also includes ensuring nurses are held to the highest standards to achieving nurse sensitive care outcomes and cultivating an environment that supports those outcomes.	APRN-CNS
		9.6h Structure the practice environment to facilitate care that is culturally and linguistically appropriate.	P7, N2, N5, O1	Also includes advanced skill at the patient population level in the design of appropriate learning strategies and promoting this learning environment based on social determinant of health across the system.	APRN-CNS
		9.6i Ensure self and others are accountable in upholding moral, legal, and humanistic principles related to health.	P14, N2, N4, N7, N13, N14, O1, O2, O14	Also includes presence of the CNS at all levels (patient, nurse, and org/system) to advocate on behalf of patient outcomes, seek solutions collaboratively, role model best practices, and lead in an environment that values all contributions to care.	APRN-CNS
10: Personal, Professional, and Leadership Development	10.1 Demonstrate a commitment to personal health and well-being.				
		10.1c Contribute to an environment that promotes self-care, personal health, and well-being.	N5, N6, N8, N13, O1	Also includes employing strategies to support nurses and nursing practice to achieve optimal outcomes for nurse well-being.	APRN-CNS
		10.1d Evaluate the workplace environment to determine level of health and well-being.	N4, N5, N7, N8	Also includes comprehensive assessments of nurses/nursing practice to lead in efforts to improve nurse health and well-being.	APRN-CNS
	10.2 Demonstrate a spirit of inquiry that fosters flexibility and professional maturity.				
		10.2g Demonstrate cognitive flexibility in managing change within complex environments.	N10, O8	Also leads nurses in change and at the systems level in response to dynamic environments.	APRN-CNS
		10.2h Mentor others in the development of their professional growth and accountability.	N9, N13, N14	Also includes mentoring nurses in evidence-based practice, leg/reg system, and in personal/professional growth through self-reflection, awareness, and peer feedback.	APRN-CNS
		10.2i Foster activities that support a culture of lifelong learning.	N12	As expected at Level 2.	Level 2
		10.2j Expand leadership skills through professional service.	N14, O13	Also includes working in the public policy arena to change health policy at the local and national levels.	APRN-CNS
	10.3 Develop capacity for leadership.				
		10.3j Provide leadership to advance the nursing profession.	N3, N9, N10, N12, N14, O2, O11, O12, O13	Also includes system level leadership, mentorship, role modeling ethical behaviors, and advocates for nurses through wide spread dissemination of outcomes.	APRN-CNS

Essentials Domain	Domain Competency Statements	Domain Competency Sub-Competencies	Core CNS Practice Competencies: Alignment	Analysis	Level of Alignment: Level 2 or APRN-CNS
		10.3k Influence intentional change guided by leadership principles and theories.	N10, O8	Also includes leading at nursing and systems levels of care change efforts.	APRN-CNS
		10.3l Evaluate the outcomes of intentional change.	N10, O8	Also includes the leadership role of the CNS at the nursing and system levels in response to analysis of outcomes across levels.	APRN-CNS
		10.3m Evaluate strategies/methods for peer review.	N13	As expected at Level 2.	Level 2
		10.3n Participate in the evaluation of other members of the care team.	N13	As expected at Level 2.	Level 2
		10.3o Demonstrate leadership skills in times of uncertainty and crisis.	N4, N6, N10, O2	Also includes leading in response to conflict/crises considering intended and unintended consequences and using team building strategies, collaboration, and conflict resolution techniques when needed.	APRN-CNS
		10.3p Advocate for the promotion of social justice and eradication of structural racism and systematic inequity in nursing and society.	P16, N2, O13, O14	As expected at Level 2.	Level 2
		10.3q Advocate for the nursing profession in a manner that is consistent, positive, relevant, accurate, and distinctive.	N3, O11, O12	Also includes disseminating quality and cost-effective outcomes associated with CNS care in addition to unique nursing's contributions.	APRN-CNS