



Position Statement

Entry For CNS Practice

Approved 3/7/23

Background

Clinical nurse specialists (CNS) are advanced practice registered nurses (APRNs) with graduate level preparation at the master's, post-graduate certificate, or doctorate in nursing practice (DNP) levels. In 2015, NACNS endorsed 2030 as the date for DNP as entry level academic preparation for CNS practice.¹ At present, most academic programs preparing CNSs for entry level practice remain at the master's level.² The 2022 NACNS Census found that the master's of science in nursing (MSN) was the highest educational degree reported by respondents (65%), followed by DNP (20%), PhD (8%), and post-graduate certificate (7%).³ Most importantly, available evidence supports positive patient care outcomes from both master's and DNP prepared APRNs with no distinction between the two academic degrees.⁴⁻⁶

NACNS's Revised Position

The NACNS endorses three academic degree options as minimum entry to CNS practice: a master's degree, post-graduate certificate, or DNP degree from an accredited academic program that prepares graduates as a CNS.

Supporting Information

The NACNS bases its position on four primary reasons. First, findings from an NACNS conducted cross walk analysis,⁷ which compared the American Association of Colleges of Nursing's (AACN) *Essentials* graduate level 2 competencies and sub-competencies with the NACNS core practice competencies, concluded that the new AACN *Essentials* are aligned with foundational content for core CNS practice competencies and are being achieved through MSN, DNP, and post-graduate certificate levels of CNS education.

Second, NACNS embraces educational options for CNSs and all APRNs seeking academic preparation beyond the master's degree. CNSs and other APRNs are encouraged to explore both practice (DNP) and research (PhD) doctorates and to select the option that best fits their individual career goals and life circumstances. Accordingly, the NACNS supports both the practice and research doctorates as terminal degree options for CNSs.

Third, the additional costs and time associated with obtaining a DNP degree over a master's degree or a post-graduate certificate can be a barrier for nurses electing the CNS role as a career path. Barriers such as cost and time contribute to the shortage of CNSs resulting in fewer CNSs supporting quality and safety at a time of post-pandemic rebuilding of the nursing workforce.

Finally, based on best available evidence, there is no demonstrated difference in quality of outcomes between DNP and MSN prepared CNSs. NACNS fully embraces the 2022 recommendation put forth by AACN that academic and practice leaders clarify the purpose and goals of the DNP degree, identify hallmarks of high-quality DNP programs, educate employers about the unique competencies of DNP graduates, collect systems-level data on DNP

effectiveness, and conduct research on the impact of DNP-prepared nurses on patient outcomes.⁵

Recommendation

The NACNS will continue to support preparation of CNSs with master's, post-graduate certificate, and DNP degrees from accredited academic programs that prepare graduates as a CNS as the minimum entry into CNS practice.

NACNS will continue dialogue with members and academic leaders about best options for academic credentials. Further, the emergence of the DNP degree has brought a decline in PhD prepared nurse scientists. NACNS continues to encourage CNSs to explore the PhD in nursing degree to advance nursing knowledge through nursing research. NACNS will continue to review and revise this statement as needed with an intended goal establishing a future date for doctoral entry into CNS role and practice.

Conclusion

The NACNS endorses a master's, post-graduate certificate, or DNP degree from an accredited academic program that prepares graduates as a CNS as the minimum entry into CNS practice.

References

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