CLINICAL EXPERTISE
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NACNS

National Association of Clinical Nurse Specialists

Statement on Clinical Nurse Specialist Practice and Education

Fourth Edition

National Association of Clinical Nurse Specialists
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We also extend our sincere appreciation to all individuals—past and present—whose time, scholarship, and commitment have informed and strengthened this body of work, including contributors who may not be explicitly named but whose influence is reflected throughout this document.

The Task Force for the Revision of the *Statement on Clinical Nurse Specialist Practice and Education* comprises conscientious, thorough, and hardworking CNS leaders who represent diverse areas of CNS practice, research, and education. The collective wisdom, talent, and dedication of these invaluable members have resulted in this revised document.

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Furthermore, NACNS would also like to recognize the **review workgroup for the *Revision of the Statement on CNS Practice and Education*.**

NACNS Past Presidents Council

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Disclosure Statement

The review and revision of the *Statement on Clinical Nurse Specialist Practice and Education, Fourth Edition* was conducted by the NACNS Statement Taskforce with input and guidance from the NACNS Past Presidents Council, the NACNS Program Directors Council, and other key stakeholders. Throughout the drafting and editing process, members of the Taskforce used Microsoft Copilot, an artificial intelligence (AI)–supported writing tool, to assist with organization, synthesis, and refinement of content. Copilot was used solely to support clarity, consistency, and alignment with Taskforce recommendations and the key documents identified in the Preface. All substantive decisions, interpretations, and final content were developed, reviewed, and approved by the Taskforce and relevant NACNS stakeholder groups.

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PREFACE

Founded in 1995, the National Association of Clinical Nurse Specialists (NACNS) was established as the national organization solely dedicated to advancing the role, practice, and influence of Clinical Nurse Specialists (CNSs). Since its inception, NACNS has championed the unique contributions of CNSs and served as a unifying voice for CNS priorities across specialties. The association continues to support the CNS role 30 years later. The following purpose, mission, vision, and goals serve as the foundational framework guiding the organization's strategy, decision-making, and long-term direction.

Purpose

NACNS serves as the national authority on CNS practice, education, and research regardless of specialty. NACNS advances the global visibility and influence of CNSs as Advanced Practice Registered Nurses (APRNs). NACNS provides a forum for CNSs to advance nursing knowledge and clinical inquiry, share resources, discuss current issues to improve healthcare outcomes and promote equity in health and healthcare delivery.

Mission

To advocate and advance the unique expertise and value of CNS contributions to health care through policy, collaboration, and professional development.

Vision

Every CNS is an APRN with full scope-of-practice and a transformational innovator leading improvement in healthcare environments resulting in superior health outcomes for the populations they serve.

Goals

NACNS –

- demonstrates the value of the CNS as an APRN;
- embraces full practice authority (FPA) for all CNSs (NACNS, 2023a);
- provides support to individual CNSs, programs preparing CNSs, and entities employing CNSs;
- achieves and maintains organizational excellence, sustainability, and member satisfaction through professional and shared governance.

History of the Statement on Clinical Nurse Specialist Practice and Education

Against the backdrop of increasing specialization in post-World War II healthcare, the clinical nurse specialist role was created in the 1950s to provide clinically expert leadership for nursing practice starting with psychiatric nursing. With the support of federal funding, CNS programs expanded to multiple specialties. Graduate education prepared CNSs for direct patient care, teaching/mentoring, interprofessional team practice, communication and consultation, and research. These functions became known as CNS "sub-roles"and described the breadth of CNS contributions across clinical practice professional development, and healthcare systems. As CNS practice continued to evolve and expand, nursing leaders sought a more comprehensive framework to articulate the scope, competencies, and outcomes associated with CNS practice.

In 1995, NACNS was founded and the organization made articulating CNS practice competencies and contributions to society an urgent agenda. The result was a re-envisioned conceptualization of the CNS role. CNS practice competencies were conceptualized within the context of three domains, called spheres of influence – patient/client (direct care), nursing personnel (nurses/nursing practice), and organization/network (organizations/systems).

In 1998, the first edition of the *Statement on Clinical Nurse Specialist Practice and Education* was published serving as a national position statement about contemporary CNS practice. Further, the document established guidelines for CNS education to complement the newly defined scope of CNS practice competency. The *Statement* was revised in 2004 and 2019, updating and retaining the three spheres of practice competencies and corresponding spheres of outcomes, and updating the educational recommendations.

The fourth edition (2026) again updates the competencies and outcomes with consideration of current and emerging health policy priorities as noted in influential documents such as the *Future of Nursing 2020–2030*, AACN *Essentials of Nursing Education*, the International Council of Nursing *Guidelines for Advanced Practice Nursing*, and the World Health Organization *Global and Strategic Direction for Nursing and Midwifery*. The revision again emphasizes the contributions of CNSs to society as clinical experts, systems leaders, and innovators. Like prior editions, the 2026 revision was drafted by content experts and received extensive internal review and validation by NACNS members and expert external review by national nursing organizations.

It must be noted that the practice competencies published in the ongoing editions of the Statement reflect core CNS practice, as opposed to specialty. Additionally, they reflect standards of clinical nursing practice and advanced nursing practice published by the American Nurses Association (ANA 2021, 2022). These standards provided the overarching professional expectations, scope parameters, and domains that informed the structure and intent of CNS competencies, ensuring alignment with the broader obligations of registered nurses and APRNs while articulating the unique contributions of the CNS role.

CHAPTER 1: INTRODUCTION

CNSs represent a vital segment of the more than 90,000 APRNs in the United States (U.S.) (Health Resources and Services Administration, 2024). Building on the NACNS longstanding work to define and advance the role, this *Statement on Clinical Nurse Specialist Practice and Education* provides an updated framework for CNS practice and education. As the only professional association exclusively representing CNSs in the U.S., NACNS remains uniquely positioned to steward this foundational document, now presented in its fourth edition.

Since the original publication in 1998, and subsequent revisions in 2004 and 2019, the healthcare landscape has continued to evolve rapidly. Policy developments such as the *Patient Protection and Affordable Care Act* (2010), the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education* (APRN Joint Dialogue Group, 2008), and the *Future of Nursing* report by the National Academy of Medicine (2021) have influenced the expectations and scope of advanced nursing practice. These seminal documents underscore the need for APRNs, including CNSs, to practice to the full extent of their education and training.

This fourth edition reflects these ongoing changes and expands the CNS role in several emerging content areas essential to contemporary practice. As artificial intelligence (AI) and digital health technologies accelerate, CNSs must be positioned to critically evaluate, guide, and equitably implement these tools in practice (El Arab et al., 2025; Ronquillo et al., 2021). Given their longstanding expertise in evidence-based practice and change management, CNSs are uniquely suited to lead the application of implementation science principles to ensure that the best available evidence is systematically and successfully integrated into clinical care (Nelson-Brantley et al., 2023; Nelson-Brantley & Haulmark, 2025). Additionally, the COVID-19 pandemic highlighted the pivotal leadership role CNSs play in emergency response and system resilience. Evidence demonstrates that CNSs were central to coordinating nursing practice, rapidly translating evidence, and supporting workforce stability during the crisis (Ladak et al., 2021; Pate et al., 2021).

This edition continues to affirm NACNS's commitment to advancing health equity and addressing social factors affecting health, while positioning these priorities alongside the expanding responsibilities of CNSs in technology stewardship, implementation practice, and disaster preparedness. This expansion is critical to improving outcomes for patients, nurses, and health systems. CNSs are recognized as clinical experts, systems leaders, and innovators whose influence extends beyond direct patient care to driving organizational change, eliminating health disparities, fostering inclusive environments, and advocating for equitable healthcare systems. This Statement reinforces that CNS practice, education, and leadership are grounded in a commitment to equitable access, meaningful connection, and active engagement with individuals, families, communities, and populations. This commitment includes attention to social factors affecting health journeys and the conditions that support inclusion and belonging, consistent with the ethical obligations outlined in the *Code of Ethics for Nurses* (ANA, 2025).

As described in the Preface, this statement provides a clear and current description of the CNS's contributions to clinical care, systems leadership, and health policy. This Statement is organized into six chapters. Chapter 2 defines CNS practice, presents the conceptual model, and reaffirms the CNS's social mandate. Chapter 3 outlines the updated core competencies, while Chapter 4 details the associated outcomes, both organized across the three spheres of impact. Chapter 5 provides guidance for graduate preparation, and Chapter 6 sets forth criteria for evaluating CNS educational programs.

Scope and Purpose of the Statement

This *Statement on Clinical Nurse Specialist Practice and Education* provides a framework for CNS preparation, practice, and professional contribution. Its purposes are to:

- Define entry-level CNS competencies in three domains of practice (spheres of impact) aligned with the 2021 AACN *Essentials, Level 2*, at the "competent" level, with recognition that expertise advances through proficiency and mastery over time.
- Establish the expected outcomes of CNS practice across the three spheres of impact—patient direct care, nurses and nursing practice, and organizations/systems;
- Serve as the foundation for graduate CNS education, certification, and regulation;
- Articulate the unique and essential contributions of the CNS role by differentiating CNS practice from other advanced practice nurses, nurses in other advanced areas (e.g., nurse administrators, nursing professional development specialists), and direct care nurses.

The Statement delineates the competencies and outcomes that define entry into the role. Broader discussion of the CNS's social mandate, scope of practice, regulatory context, and conceptual model are provided in Chapter 2.

Goals of the Statement

The goals of the Statement are to:

- Articulate the contributions of CNSs in addressing current and future healthcare needs.
- Define core competencies for CNS practice and their associated outcomes.
- Provide a framework for CNS education at the graduate level, ensuring consistent alignment with the 2021 AACN Essentials.

CHAPTER 2: CLINICAL NURSE SPECIALIST PRACTICE

Social and Professional Mandate for CNS Practice

The CNS role was developed in response to the increasingly complex and evolving needs of patients, families (i.e., related or chosen individuals who support the patient), and communities (i.e., groups and populations with shared characteristics, interests, or healthcare needs). As an APRN, the CNS embodies the nursing profession's social mandate—a foundational commitment to promoting health and responding to societal needs. This mandate is articulated in the ANA Code of Ethics for Nurses (ANA, 2025), which serves as a guiding document for all nursing roles. The CNS role reflects and extends this ethical obligation by leveraging advanced clinical expertise to improve health outcomes, address systemic challenges, and advance equity across healthcare environments, particularly for populations historically marginalized by structural inequities.

Nursing, as a self-regulating profession, is accountable for evolving its practice to meet the changing needs of society. This includes contributing to the development of policies and regulations that shape healthcare delivery and outcomes. The CNS role exemplifies this responsibility through practice focus on evidence-based care, leadership in quality improvement, and responsiveness to emerging health trends. Ongoing critical reflection and adaptation are essential to ensure that CNS practice remains relevant, effective, and aligned with the profession's ethical responsibilities.

The U.S. healthcare system has undergone significant transformation in recent decades, driven by technological advancements, shifting reimbursement models, and evolving care delivery policies. These changes have been accompanied by persistent disparities in access to care, particularly among rural and urban underserved populations, older adults, individuals with disabilities, and those with multiple chronic conditions. Persistent inequities tied to social factors affecting health have further shaped health outcomes. CNSs are essential leaders in addressing these challenges, integrating clinical expertise with systems-level interventions to strengthen healthcare delivery and promote equity.

CNSs play a critical role in responding to the broader determinants of health, including social, economic, and environmental factors such as employment, housing, clean air and water, and nutrition. CNSs bring a unique combination of advanced clinical expertise, nursing-practice leadership, and systems-level influence that enables them to integrate social, economic, and environmental determinants of health into both direct care and organizational change strategies.

In alignment with the *Future of Nursing* 2020–2030 report, CNSs integrate patient direct care with system-level interventions to address these complex influences on health. Their practice promotes risk reduction, symptom management, and functional status—and includes assessment, diagnosis, treatment, and evaluation. CNSs also serve as mentors, educators, and system leaders, using research and evidence to drive improvements in care quality and outcomes.

As communities become more diverse, the need for culturally responsive, equitable care grows. CNSs approach each patient and family as unique, avoiding assumptions and fostering inclusive, relationship-based care. They design and implement evidence-based interventions tailored to complex needs, support interprofessional collaboration, and apply implementation science to ensure sustainable practice change. Through their leadership, CNSs help healthcare systems adapt to evolving demands while maintaining a focus on safety, quality, cost-effectiveness, and equity of outcomes for all populations.

Scope and Nature of CNS Practice

CNSs provide expert care to defined specialty populations across the continuum—from health promotion and disease prevention to acute and chronic illness management. Their practice includes direct patient care such as assessment, diagnosis, and treatment, and extends to leadership in evidence-based practice, healthcare system optimization, and nursing advancement (NACNS, 2023b). CNSs consistently drive high-quality, cost-effective, patient-focused outcomes. Their work spans all three spheres of impact—patient direct care, nurses and nursing practice, and organizations/systems—and aligns with the National Academy of Medicine's six aims for healthcare: care that is safe, effective, patient-centered, timely, efficient, and equitable (National Academy of Medicine, 2021). Key practices of the CNS may include but are not limited to:

- Deliver expert assessment, diagnosis, and management of complex health conditions
- Prescribe necessary diagnostic tests and pharmacologic and non-pharmacologic therapies to diagnose illness and promote wellness
- Provide care independently or in collaboration with interprofessional teams
- Lead patient safety and quality initiatives using evidence-based practice
- Coach patients with acute and chronic conditions to optimize health outcomes
- Mentor nurses and other healthcare professionals to build clinical expertise
- Design and implement evidence-based interventions to improve care delivery
- Facilitate interprofessional collaboration to enhance team-based care
- Improve care quality, reduce costs, and advance patient outcomes
- Influence healthcare systems, policies, and professional standards
- Identify and address social factors affecting health to promote equitable care
- Foster inclusive environments that embrace diversity, mitigate bias, and ensure belonging across healthcare teams and patient populations

CNS Preparation, Regulation, and Specialty Practice

CNSs are prepared at the graduate level (master's, doctoral, or post-graduate certificate) through accredited programs that provide advanced clinical education. Recognized as one of the four APRN roles by the APRN Consensus Model, National Council of State Boards of Nursing (NCSBN), American Nurses Association (ANA), and International Council of Nurses (ICN), CNSs are licensed registered nurses with specialized training in clinical expertise, leadership, and systems improvement (NACNS, 2023b).

Licensure for CNSs is based on population focus, not specialty area. Certification exams are currently available in Adult-Gerontology, Neonatal, and Pediatric population foci. While specialty certification (e.g., oncology, nephrology, palliative care) is not required for licensure, it is a professional expectation that CNSs pursue and maintain specialty credentials to ensure competence and ethical practice.

A hallmark of CNS practice is the ability to specialize within a population focus. This flexibility allows CNSs to evolve their practice over time without requiring a new license, provided they remain within their certified population. For example, a CNS certified in Adult-Gerontology may transition from cardiac care to pulmonary disease management or pain management, adapting to emerging healthcare needs while maintaining licensure.

CNSs are authorized to prescribe pharmacologic and non-pharmacologic therapies, with prescriptive authority granted in many states, though the scope and independence of that authority vary (Buck, 2021). They are also recognized for Medicare Part B participation and may bill independently for services, including eligibility for Medicare's Primary Care Incentive Program under the Patient Protection and Affordable Care Act. CNSs must:

- Graduate from an accredited CNS program with advanced clinical education
- Demonstrate core competencies in clinical decision-making, advanced skills, and professional autonomy
- Pass a national certification exam (in many states) and maintain certification aligned with their population focus

This structure supports lifelong learning, practice adaptability, and alignment with evolving healthcare demands, reinforcing the CNS's role in delivering high-quality, cost-effective, and ethically grounded care.

CNS Role within the APRN Consensus Model and Advanced Nursing Practice

The CNS is a recognized APRN, alongside the Certified Nurse Practitioner (CNP), Certified Nurse-Midwife (CNM), and Certified Registered Nurse Anesthetist (CRNA). The APRN Consensus Model, published in 2008 and endorsed by 48 national nursing organizations, established a unified framework for APRN regulation through Licensure, Accreditation, Certification, and Education (LACE) (APRN Joint Dialogue Group, 2008). To be recognized as an APRN under the Consensus Model, individuals must:

- Complete graduate-level education in one of the four APRN roles
- Be prepared in one of six population foci: Family/Individual Across the Lifespan, Adult-Gerontology, Pediatrics, Neonatal, Women's Health/Gender-Related, or Psychiatric/Mental Health
- Complete advanced coursework (APRN core) in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology
- Obtain national certification in both an APRN role and population focus
- Be licensed and/or designated at the APRN level by a state board of nursing

The CNS role is defined by practice integrated across three domains, called spheres of impact: patient direct care, nursing and nursing practice, and organizational/systems. CNSs apply advanced clinical and diagnostic reasoning grounded in nursing and related science to deliver direct patient care, mentor nurses, lead quality improvement initiatives, and design system-level interventions. CNS practice spans the continuum of care and is grounded in evidence-based practice and systems thinking. While all APRN roles share a foundation in holistic, patient-centered care and advanced clinical competencies, the CNS role is distinguished by its emphasis on nursing practice transformation and system-level leadership. CNSs are particularly well-prepared to care for complex and vulnerable populations, reduce hospital lengths of stay, and improve care transitions through personalized, multi-faceted care plans.

ICN (2020) defines advanced practice nursing as requiring expert knowledge, complex decision-making skills, and clinical competencies shaped by the context in which the nurse is credentialed. CNSs exemplify this definition through their ability to identify patterns in care, address gaps, and implement sustainable improvements that benefit individuals, populations, and healthcare systems. Importantly, advanced nursing education alone does not confer APRN status. Degrees in leadership, education, or administration, including the Doctor of Nursing Practice (DNP), are advanced academic credentials but are not, by themselves, preparation for a specific advanced

practice role. APRN designation is reserved for nurses who complete graduate education with a defined APRN role focus (e.g., CNS, CNP, CNM, CRNA) and meet corresponding certification and licensure requirements.

It is essential for nurses, educators, and employers to understand graduate degree distinctions. While nurses in leadership roles may demonstrate competencies such as collaboration, consultation, and systems thinking, the CNS applies these skills within the context of advanced direct patient care addressing impeding factors within and across the care continuum.. Their nationally recognized, state-regulated scope of practice cannot be substituted by other APRN roles or non-clinical nursing leadership positions. Employers should hire CNSs for roles that require both advanced clinical judgment and the ability to lead practice transformation. Their preparation ensures they are equipped to function at the highest level of nursing practice across all competencies outlined in the APRN Consensus Model.

Conceptual Model of Clinical Nurse Specialist Practice

A conceptual model is a visualization of a mental image of interrelated concepts. Models depicting nursing practice provide structure and rationale for the nursing role, support consistency and sustainability of practice, and direct relevant research questions about the role. Over the years, several models have depicted advanced practice nursing, most notably the work of Hamric (1983, 1989, 1996, 2000, 2009, 2019). As advanced practice nursing continued to evolve, CNS leaders sought a framework that more explicitly articulated the unique competencies, scope, and outcomes associated with CNS practice. In 1998, NACNS described the CNS role as practice within three interacting domains labeling the domains *spheres of influence* (NACNS, 1998). The domains, or spheres, were direct care, nurses/nursing practice, and organizations/systems. The competencies were determined to be core for the CNS role regardless of specialty area of practice. In 2004, a visualization of the domains was published demonstrating the domains interacting within the context of specialty knowledge and standards, thus depicting the core competencies interpreted within specialty practice (NACNS, 2004). This model was slightly revised in 2019, the domains were renamed spheres of impact and structured within the larger context of the healthcare environment, as shown in Appendix A. These initial models facilitated consistency of practice expectations by organizing knowledge about role core competencies. Previous editions of the *Statement* also included expected practice outcomes organized by the same three domains (direct care, nurses/nursing practice, organizations/systems) but presented limited understanding of how practice competencies were linked to the outcomes, hampering the ability to demonstrate the value of the CNS role and practice.

This revision of the *Statement* addresses the oversight and adopts the *Clinical Nurse Specialist Practice Value Model* to illustrate the dynamic relationship between CNS core practice competencies and associated clinical outcomes (Fulton, 2025). In the model, the CNS practice competencies are represented by a box at the top of the large arrows (Figure 1). Though not depicted as three interacting spheres, the competencies remain organized in three domains – patient direct care, nurses/nursing practice, and organization/systems, and are defined within this Statement. The domains continue to be referred to as *spheres of impact* and the competencies are interactive and synergistic across the spheres. Competencies in the three spheres are the foundation of CNS practice, and in the model the impact of practice is depicted as arrows stemming from competencies and leading to target outcomes.

As the anchor of CNS practice, the expert direct care arrow (patient direct care sphere) is the largest. This representation emphasizes the focus of the CNS role as a direct care provider impacting patient/family outcomes. The smaller two arrows on the left side represent CNS as a direct care provider who impacts nursing care delivered by nurses/nursing staff and impacting patient/family outcomes. CNS practice includes influencing the delivery of nursing care by nurses through activities such as teaching, consulting, mentoring, and leading nurses/nursing staff at the point of care (nurses/nursing practice sphere). Through the design and implementation of system-level interventions/programs of care (organizations and systems sphere), CNS practice leads to system

outcomes that support, guide, and facilitate patient/family outcomes, depicted by the arrow on the right side. Evaluation/goal attainment and associated feedback loops within the model depicts the iterative nature of CNS practice and commitment to continuous improvement. Impact arrows and outcomes are shaded darker to represent direct care activities and lighter to represent indirect care activities.

Direct care is defined as the act of giving care to a patient in which scientific knowledge and clinical judgement are integrated with the art of nursing to deliver individualized, therapeutic care. The nurse-patient relationship is the enveloping structure in which all nursing activity occurs, brought about by physical and social contact in a therapeutic social climate. ***Indirect care*** is defined as performing activities away from patients but related to patient needs and well-being, requiring planning and implementation based on scientific knowledge, skills, and judgement. It may involve individualized problem solving or a clinical practice change impacting groups or populations with similar health problems for which nursing care is required. The CNS role is a direct care role as demonstrated by the focus on patient/family outcomes. In this context, indirect care should not be confused with ***indirect care roles***, such as professional development, administrative, or research roles.

CNS practice in the three spheres of impact occurs in a health system/clinical setting depicted as an enveloping porous outer boundary. This porous boundary exists in the larger social structure. Elements and influences of the social structure can be designated beyond the boundary as needed to further depict the context of healthcare.

The *Clinical Nurse Specialist Practice Value Model* demonstrates how expert clinical practice, specialty knowledge, and systems leadership converge to optimize patient outcomes and advance nursing practice (Fulton, 2025). The core competencies associated with each sphere of impact and their related outcomes are detailed in Chapters 3 and 4 of this Statement. It is important to note that nursing, as a complex and mature discipline, develops multiple models describing the same phenomenon. Differing models each provide a unique perspective. No model is best; a model should depict a phenomenon from an intended perspective. The *CNS Practice Value Model* provides the perspective of CNS practice in three interacting domains linked to patient and family outcomes.

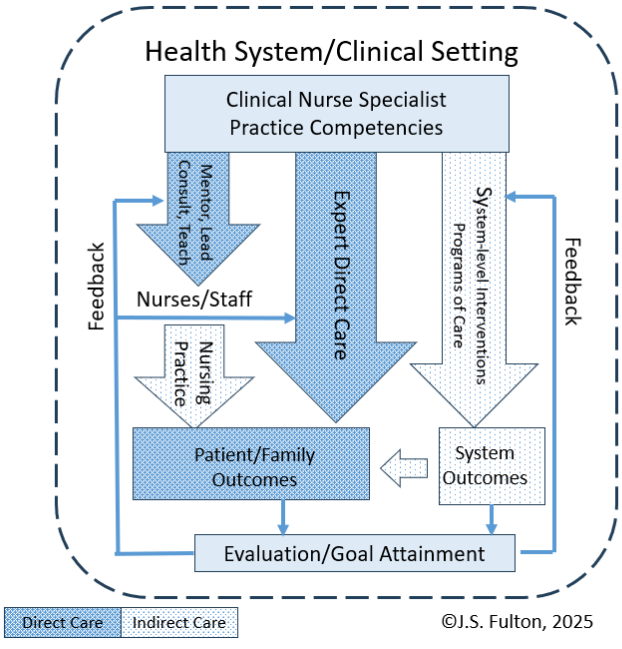

Figure 1: Clinical Nurse Specialist Practice Value Model

CHAPTER 3. CLINICAL NURSE SPECIALIST CORE COMPETENCIES

Introduction

The core CNS competencies are the foundation of CNS practice in a complex and evolving healthcare system. They are the comprehensive, entry-level competencies and behaviors expected of graduates of all programs that prepare CNSs. Because CNSs practice in a wide range of specialties, the core competencies apply across all population foci, specialties, and settings. The original core competencies were developed through content analysis, literature review, competency drafting by role experts, and corroboration amongst key stakeholders (Baldwin et al, 2007). CNS competencies were further evaluated through validation surveys that included national samples (Baldwin et al., 2008; Baldwin et al., 2009).

Fundamental to these competencies is that the CNS maintains state licensure and/or designation as an APRN, is certified as a CNS in one of the six approved population foci after completing a course of education as a CNS in an accredited program (NACNS, 2010). These requirements ensure that CNSs are prepared to integrate advanced clinical expertise with leadership, quality improvement, and equity-focused practice. To support transparency in the revision process and demonstrate alignment with national expectations for advanced nursing practice, the Crosswalk Analysis of AACN Essentials of Nursing Education with NACNS Core Practice Competencies (NACNS, 2022) served as a foundational analytic tool for the taskforce during competency development. The crosswalk completed with the third edition remains applicable, as the fourth edition preserves the same competency structure and foundational content. Revisions primarily enhanced existing competencies to reflect contemporary practice, maintaining alignment with the 2021 AACN Essentials, Level 2.

Core Competencies by Spheres of Impact

The three spheres of impact provide an organizing framework for CNS competencies. The competencies represent essential skills used to achieve desired outcomes in CNS practice. A CNS may focus on any one or more of the three spheres, but clinical expertise in the patient direct care sphere remains the core of CNS practice for each of the other two spheres. Through these spheres, competencies enable CNSs to impact patients, nurses, and organizations by improving outcomes, ensuring cost-effective care, advancing nursing practice, and promoting equity in health and healthcare delivery. Deliberative CNS practice, partnering with colleagues from other disciplines, ensures that desired patient outcomes are attained. Such practice requires collaboration with interprofessional partners and attention to the social, structural, and cultural factors that influence health.

Core Clinical Nurse Specialist Competencies

Patient Direct Care Sphere of Impact

The patient sphere encompasses the direct care provided by CNSs through advanced, holistic, and evidence-based nursing practice. This sphere involves direct interaction with individual patients, families, healthcare surrogates, communities, and populations to promote health, enhance well-being, and improve quality of life across the health continuum. CNSs possess advanced knowledge and clinical expertise beyond the registered nurse (RN) role, enabling them to assess, diagnose, and treat illness with a high level of autonomy and precision. They are skilled in comprehensive assessment, differential diagnosis, and the implementation of targeted

interventions to prevent or manage disease, alleviate symptoms, and address functional problems and risk behaviors and respond to social factors affecting health that influence outcomes.

In complex and often unpredictable clinical situations, CNSs apply advanced communication skills to engage in meaningful, therapeutic conversations with patients and families. They serve as clinical experts, guides, and coaches, empowering individuals to adopt health-promoting lifestyles, modify risk behaviors, and overcome barriers related to literacy, culture, or access to care. Furthermore, CNSs are leaders in the discovery and application of innovations in patient care, drawing on nursing science, theory, and interdisciplinary knowledge. Their practice is characterized by a holistic perspective, integrating physical, emotional, social, and spiritual dimensions of health to deliver person-centered care that is compassionate, evidence-based, and equitable.

TABLE1: COMPETENCIES – PATIENT DIRECT CARE SPHERE
P.1. Employs expert advanced communication skills to promote shared decision-making and navigate complex conversations influenced by social and structural factors.
P.2. Conducts expert advanced comprehensive health assessments incorporating physical, psychosocial, functional, and environmental factors across diverse care settings.
P.3. Synthesizes expert advanced assessment findings using advanced knowledge, expertise, critical thinking, and clinical judgment to formulate differential diagnoses.
P.4. Implements tailored evidence-based, and cost-effective interventions, including expert nursing strategies.
P.5. Orders and interprets diagnostic tests and prescribes treatments, referrals, and therapies based on clinical judgment to establish or refine diagnoses, guide patient management, and optimize outcomes.
P.6. Develops and delivers education and coaching strategies tailored to learning readiness, individual preferences, complex needs, and social factors affecting health.
P.7. Provides expert clinical consultation within a specialty population using theory-informed and evidence-based approaches.
P.8. Evaluates the impact of interventions on individual and aggregate patient outcomes using data-driven methods.
P.9. Leads and facilitates coordinated and safe care transitions in collaboration with patients, families, and the interprofessional team.
P.10. Promotes patient and family understanding of healthcare regimens and technologies, including risks, benefits, and data privacy considerations.
P.11. Leads ethical conflict resolution and advocates for patient preferences, rights, and equitable care that address access, connection, engagement, and social factors affecting health.
P.12. Evaluates the ethical implications of scientific and technological advances ensuring alignment with patients' values and supports safe, appropriate application in direct care.

Nurses and Nursing Practice Sphere of Impact

The nurses and nursing practice sphere reflects the CNS role in advancing nursing practice to achieve optimal, equitable health outcomes. The CNS ensures that nurses and nursing personnel consistently apply evidence-based practices to meet the complex needs of patients across care settings. CNSs play a pivotal role in supporting nurses across the continuum. They conduct clinical inquiries, analyze population-level data, and identify gaps in practice, including disparities in access and outcomes to drive improvements. Through expert consultation, role modeling, and targeted clinical mentoring, CNSs foster a culture of continuous learning and nursing excellence that is inclusive, collaborative, and responsive to diverse patients and workforce needs.

CNSs actively listen, validate experiences, reflect insights, and offer constructive feedback to support and empower nursing teams. They lead the development of evidence-based policies, procedures, protocols, and best practice guidelines, drawing on advanced clinical and specialty knowledge. The CNS also collaborates with the interprofessional team to evaluate and revise practice standards, ensuring that nursing care remains current, effective, patient-centered, culturally responsive, and inclusive. Their influence enhances the quality, safety, and consistency of nursing practice, ultimately improving outcomes for individuals, families, communities and populations affected by health inequities.

TABLE 2: COMPETENCIES – NURSES and NURSING PRACTICE SPHERE
N.1. Provides specialty consultation to nurses to support equitable, individualized care planning for complex patient needs.
N.2. Coaches nurses in communication, relationship-building, and conflict management skills to navigate differences, resolve interprofessional conflict, and promote mutual respect, shared values, and collaborative practice.
N.3. Mentors and consults with nurses to strengthen clinical judgment, foster professional growth, and support practice to the full scope of licensure.
N.4. Guides nurses through ethical conflict and moral distress, fostering a supportive, collaborative, and inclusive work environment.
N.5. Fosters a healthy work environment by modeling respect, acknowledging contributions, and integrating self-care practices that support well-being for self and the team.
N.6. Assesses the nursing practice environment to identify root causes, prioritize issues, and apply problem-solving methods.
N.7. Leads application of evidence-based practice and implementation science to drive sustainable improvements in outcomes.
N.8. Mentors nurses and nursing staff in applying evidence-based practice and implementation strategies.
N.9. Uses advanced analytic methods to evaluate nursing practice outcomes, ensuring equity in data interpretation to demonstrate nursing's unique contributions to healthcare improvement.
N.10. Supports nurses and other professionals in navigating professional development through self-reflection, goal setting, and responsiveness to evolving practice needs.

Organizations and Systems Sphere of Impact

The organizations and systems sphere highlights the CNS's strategic role in shaping healthcare delivery at the organizational and system level. In today's complex healthcare environment, CNSs articulate the value of nursing care and influence decisions that drive system level change. CNSs advocate for professional nursing and CNS practice, representing the nursing perspective in organizational decision-making, policy development, regulatory and accreditation readiness, and system-level initiatives. They influence the trajectory of care across the continuum, working to reduce readmissions, improve long-term outcomes, and close disparity gaps that disproportionately affect vulnerable populations. In many cases, CNSs operate across multiple facilities, community settings, and healthcare systems, ensuring equitable, high-quality care delivery.

With advanced expertise in assessment, diagnosis, systems thinking, and collaboration, CNSs lead quality improvement and safety initiatives grounded in data analysis and gap assessments. They drive the translation of evidence into practice, integrating programs and disciplines to enhance patient care across the continuum. CNSs lead interprofessional teams in designing and implementing innovative, patient-centered care models, safety/harm reduction programs, and emerging technologies, such as artificial intelligence and digital health. These strategies empower patients and families, while engaging care teams in comprehensive, holistic approaches that improve outcomes. They also develop and evaluate policies, procedures, and protocols that reflect best practices and support high-quality nursing care, while embedding principles of inclusivity, cultural responsiveness, and belonging.

Beyond hospitals and health systems, CNSs engage with regulatory agencies, insurers, community leaders, public health partners, and policymakers to advocate for equitable access to care and the creation of healthy communities. Their leadership extends through professional organizations, where they impact health policy and advance the nursing profession, and promote equity at local, state, national, and global levels.

TABLE 3: COMPETENCIES – ORGANIZATIONs/SYSTEMs SPHERE
O.1. Creates a culture of psychological safety and workforce well-being.
O.2. Builds and sustains interprofessional partnerships across systems, sectors, and communities.
O.3. Integrates population needs, strengths, and preferences into care delivery to optimize outcomes and patient experience.
O.4. Leads quality improvement and safety initiatives by applying clinical and systems expertise.
O.5. Leads integration of evidence-based interventions into organizational systems.
O.6. Leads the application of implementation science frameworks and strategies to embed and sustain evidence-based practice across organizational systems.
O.7. Collaborates with research teams to design, conduct, and disseminate research aligned with organizational priorities, ensuring protection of human subjects.
O.8. Leads the selection, evaluation, and use of emerging health technologies, to support safe, effective, and equitable care.

TABLE 3: COMPETENCIES – ORGANIZATIONs/SYSTEMs SPHERE
O.9. Collaborates with interprofessional teams to develop emergency preparedness and disaster response plans that address system and population-level vulnerabilities.
O.10. Leads coordinated emergency response efforts to support equitable, culturally responsive care.
O.11. Evaluates system-level programs and interventions using clinical, financial, and digital data to improve care and advance health equity.
O.12. Analyzes financial and clinical data to develop a business case for products or services that enhance outcomes and system performance.
O.13. Disseminates CNS practice and financial outcomes to stakeholders, communities, and policymakers.
O.14. Advocates through professional and policy efforts for ethical and equitable care, and structures that enable CNSs and nurses to practice to their full scope.

Together, the core competencies describe the knowledge, skills, and behaviors expected of entry-level CNSs across all settings. These competencies ensure that CNSs are prepared to meet the demands of a dynamic healthcare system, support optimal outcomes for patients and families, strengthen nursing practice, and improve organizations and systems. Chapter 4 presents the measurable outcomes associated with CNS practice across the three spheres of impact. These outcomes demonstrate how CNSs translate competencies into tangible quality, safety, cost-effectiveness, and equity improvements in healthcare delivery.

CHAPTER 4: OUTCOMES OF CLINICAL NURSE SPECIALISTS

Introduction

The outcomes of CNS practice were first published in the 2004 statement (NACNS, 2004). An annotated bibliography of research studies and articles about CNS practice and outcomes compiled by Kathleen Baldwin informed development of CNS outcomes (Fulton & Baldwin, 2004). In 2015, a descriptive study was conducted by Fulton et al. “to assess CNSs’ perceptions of the ongoing validity of outcomes published by the NACNS” (Fulton, Mayo, Walker, & Urden, 2016). The findings of the study demonstrated agreement with identified outcomes and their continued relevance to CNS practice. These findings confirmed that the outcomes remained valid benchmarks of CNS impact across patient care, nursing practice, and organizational systems.

Outcomes of Clinical Nurse Specialists by Spheres of Impact

The Task Force reviewed validated CNS outcomes to ensure alignment with core competencies. Each competency is linked to relevant outcomes, though outcome numbers do not correspond to competency numbers. For example, competency P.1. does not directly align with outcome PO.3. Table 3 in Chapter 5 clearly aligns CNS core competencies, related CNS outcomes, and essential core content areas for developing CNS competencies. This cross-mapping approach highlights how each competency contributes to multiple outcomes, reinforcing the CNS’s multifaceted role. Outcomes are organized across the three spheres of impact—patient direct care, nurses and nursing practice, and organizations/systems—to illustrate the breadth of CNS influence on quality, safety, cost-effectiveness, and equity.

Patient Direct Care Sphere of Impact Outcomes

The patient sphere outcomes reflect the direct impact of CNS practice on individuals, families, and populations. These outcomes demonstrate measurable CNS contributions to health promotion, disease prevention, and the management of acute and chronic conditions, while also addressing disparities in access, treatment, and outcomes. Patient outcomes are achieved through expert assessment, diagnosis, treatment, and evaluation, guided by evidence-based interventions tailored to diverse populations.

Nurses and Nursing Practice Sphere of Impact Outcomes

The nursing practice sphere outcomes reflect the CNS’s influence on the knowledge, skills, and behaviors of nurses and nursing personnel. These outcomes highlight the CNS’s role in mentoring, coaching, and role modeling to strengthen nursing care delivery, foster inclusivity, and build a workforce prepared to address health equity. CNS outcomes in this sphere also encompass the development of nursing staff, advancement of clinical judgment, and the adoption of evidence-based practice. They include the creation of healthy, inclusive practice environments that mitigate bias, reduce moral distress, and promote resilience and belonging among nurses.

Organizations/Systems Sphere of Impact Outcomes

The organizations/systems sphere outcomes reflect the CNS’s ability to influence structures and processes that shape healthcare delivery. These outcomes demonstrate CNS leadership in improving efficiency, quality, safety, and equity in healthcare delivery. CNSs affect outcomes through system-level initiatives, including quality improvement, safety programs, and policy development. They ensure that these initiatives address both clinical

and structural determinants of health, advancing organizational cultures that are inclusive, equitable, and aligned with professional standards.

Outcomes of Clinical Nurse Specialists

TABLE 4: OUTCOMES – PATIENT DIRECT CARE SPHERE
PO.1. Comprehensive expert advanced assessments identify patient care issues that require targeted interventions.
PO.2. Diagnoses are accurately derived using clinical judgment, aligned with assessment data and underlying etiologies.
PO.3. Plans of care are individualized, evidence-based, and developed through shared decision-making with patients and families, considering resources and preferences.
PO.4. Implements targeted interventions based on advanced assessment and diagnostic reasoning.
PO.5. Programs of care are designed using scientific knowledge and evidence-based practice to meet population needs, incorporating cultural, clinical, and contextual considerations.
PO.6. Symptoms, functional limitations, and risk behaviors are prevented, reduced, or alleviated through timely interventions.
PO.7. Interprofessional collaboration enhances nursing interventions, producing synergistic improvements in outcomes.
PO.8. Collaboration with patients, families, and healthcare professionals ensures coordinated, patient-centered outcomes.
PO.9. Patient transitions are coordinated across the continuum of care to reduce fragmentation and improve continuity.
PO.10. Errors and unintended consequences are reduced through evidence-based practices and continuous evaluation.
PO.11. Measurable patient outcomes are consistently achieved through the application of evidence-based interventions, high-quality nursing care, and continuous monitoring.
PO.12. Interventions are evaluated for effectiveness, with successful strategies integrated into practice and unsupported ones de-implemented.
PO.13. Educational programs for patients, families, and groups are delivered using tailored strategies that address learning needs and social factors affecting health.
PO.14. Clinical phenomena and effective interventions are disseminated through scholarly presentations and publications to advance nursing practice.
PO.15. Effective nursing interventions are incorporated into guidelines and policies to standardize and sustain best practices.

OUTCOMES – NURSES AND NURSING PRACTICE SPHERE
NO.1. Knowledge and skill development needs are identified, guiding targeted professional development for nurses.
NO.2. Nurses apply evidence-based practice and implementation science to improve care and outcomes.
NO.3. The evidence supporting practice is communicated clearly and made accessible, promoting translation into nursing care.
NO.4. Nurses articulate their unique contributions to care and outcomes using data and advanced analytics.
NO.5. Nurses are empowered to address patient care challenges at the point of care.
NO.6. Career advancement programs are innovative, accessible, and responsive to evolving practice needs, fostering lifelong learning.
NO.7. Nurses engage in continuous learning to maintain and advance competence, supported by mentorship and evolving evidence.
NO.8. Nurses have a meaningful voice in patient care decision-making, supported by advocacy, coaching, and leadership development.
NO.9. Collaboration among nurses and interprofessional teams produces synergistic improvements in outcomes.
NO.10. Nurses feel supported and valued in a healthy work environment that promotes well-being, recognition, and growth.
NO.11. Nurses use clinical and financial resources judiciously to enhance care quality and reduce costs, demonstrating value-based practice.
NO.12. Nurses recognize and mitigate the impact of implicit bias in care delivery fostering equity and inclusion.
NO.13. Educational and professional development programs are created, implemented, and evaluated to demonstrate measurable clinical and fiscal outcomes.
OUTCOMES – ORGANIZATIONS/SYSTEMS SPHERE
OO.1. Clinical problems are identified and addressed within organizational context, leveraging interprofessional collaboration and systems thinking for strategic alignment.
OO.2. Patient care processes are continuously improved through quality and safety initiatives that integrate clinical and systems expertise.
OO.3. Change strategies are implemented using evidence-based frameworks and implementation science to ensure sustainable system-wide improvements.
OO.4. Evidence-based practice is integrated into care delivery through implementation science and clinical expertise.
OO.5. Policies are designed and evaluated to support nursing practice, enhance team-based care, and promote ethical, equitable healthcare.

OO.6. Staff adhere to policies, protocols, and standards of care that meet regulatory requirements and promote safe, high-quality, equitable care.
OO.7. Policy-making bodies are influenced to develop and revise regulations that enhance patient care and strengthen health system performance.
OO.8. Innovative care models are developed, piloted, and scaled across the continuum using population health data, digital technologies, and specialty expertise.
OO.9. Patient care programs align with organizational mission, values, and strategic imperatives, ensuring responsiveness to population needs and health equity.
OO.10. Nursing care outcomes are articulated in organizational and system decision-making using clinical, financial, and digital data.
OO.11. A shared vision for advancing health outcomes and organizational goals is cultivated through interprofessional engagement and transparent communication.
OO.12. Decision-makers are informed of practice challenges, contributing factors, and implications for outcomes and costs through data-driven advocacy and business case development.
OO.13. Patient care initiatives incorporate cost management and revenue strategies while maintaining focus on quality, equity, and patient-centered outcomes.

CHAPTER 5: RECOMMENDATIONS FOR GRADUATE PREPARATION OF CLINICAL NURSE SPECIALISTS

Introduction

This section presents recommendations for graduate preparation of CNSs that ensures acquisition of the CNS core competencies. NACNS advocates that all CNSs practice at their full scope to meet the needs of the current healthcare landscape. The curricular content areas were informed by review of the literature, feedback from practicing CNSs, and current educational standards (AACN, 2021). It is important to note that curriculum for population-specific and specialty practice competencies is beyond the scope of these recommendations. For both, national standards articulated by specialty organizations should be used to develop additional courses, content areas, or educational learning threads as needed. The recommendations in this section are designed to provide guidance to CNS educators as they evaluate, revise, or develop CNS programs. These recommendations are inclusive of graduate preparation, ensuring that all CNS programs are aligned with the AACN Essentials and reflect contemporary priorities in healthcare. To support transparency in the revision process and demonstrate alignment with national expectations for advanced nursing practice, the Crosswalk Analysis of AACN Essentials of Nursing Education with NACNS Core Practice Competencies (NACNS, 2022) served as a foundational analytic tool for the taskforce during competency development.

Important Note on State Authorization and Licensure Requirements

In accordance with federal regulations and guidance from state boards of nursing, institutions must determine and publicly disclose whether their CNS curriculum meets educational requirements for licensure or certification in the jurisdictions where students reside or intend to practice. Programs must maintain processes for monitoring jurisdiction-specific requirements and communicating any limitations to prospective and enrolled students. Because requirements vary by jurisdiction, CNS programs should avoid assuming uniform licensure, certification, prescriptive authority, or diagnostic authority across states and should communicate that practice authority is dependent on applicable state law and regulation.

History and Evolution of Clinical Nurse Specialist Education

In direct response to the National League for Nursing's recommendations for universities to develop master's level nursing curricula, Peplau merged advanced knowledge courses with role functions and pioneered the psychiatric CNS role in the 1950s as a model of advanced clinical nursing (Fulton, 2014; Peplau, 1965/2003. The first CNS program began at Rutgers University in 1954, Education was developed to prepare CNSs as expert clinical nurses, providing specialized nursing care directly to patients, and indirectly improving care by focusing on nursing staff education and system analysis (Boyd et al., 1991; Fenton, 1985; Page & Arena, 1994).

By 1980, there were multiple programs for CNS education, and early evaluation research validated the innovative contributions of CNS care (Bigbee & Amidi-Nouri, 2000; Georgopoulous & Christman, 1970; Georgopoulos & Jackson, 1970). In the 1980s, some nursing leaders suggested that reconfiguring the curricula and coalescing the CNS, NP, and CNM roles into a single advanced practice nursing role would strengthen nursing's position in primary care delivery (Schroer, 1991). The proposal for a single title, however, generated significant debate within the profession (Sparacino, 2000) and was abandoned because the unique contributions of each group were lost.

In the 1990s, there was variability in CNS education requirements across the country (Fulton, 2014; Walker et al., 2003). Surveys of graduate nursing programs that prepared CNSs, NPs, and CNMs in the U.S. revealed

significant variations in the length of programs, number of courses in the major, specialty titling, and competencies (AACN, 1994; Burns et al., 1993; Walker et al., 2003). These findings, coupled with changes in the healthcare and ongoing debate about knowledge required for advanced practice, led to several position statements that provided direction for CNS education. The statements recommended changes in the regulation of health professionals (Pew Health Professions Commission, 1995), delineated scope and standards of advanced practice nursing (ANA, 1996; ANA 2004), and provided guidelines for graduate preparation of advanced practice nurses (AACN, 1996).

The AACN's *The Essentials of Master's Education for Advanced Practice Nursing* (1996) filled a gap by offering guidance for curricular development in graduate programs. The document said graduates of master's programs in nursing must have "critical thinking and decision-making skills … ability to critically and accurately assess, plan, intervene, and evaluate the health and illness experiences of clients … ability to communicate effectively …(and) the ability to analyze, synthesize, and utilize knowledge" (p. 6).

NACNS has published documents to provide additional guidance for CNS education. In 1998, NACNS published its first statement on CNS practice and education. After just three years, 56 percent of CNS education programs were using the 1998 NACNS recommendations to guide their curricula (Walker et al, 2003). NACNS published a second and third edition of education recommendations in 2004 and 2019, building on the prior statements.

In 2008, CNS education was further standardized by publication of the Consensus Model for APRN Licensure, Accreditation, Certification, and Education (APRN Joint Dialogue Group, 2008). That document has since been used by certification bodies to guide certification eligibility criteria and by state boards of nursing to regulate advanced practice. Because the document outlined requirements for three separate courses - advanced pathophysiology, pharmacology, and physical assessment - these courses are now standard in all CNS programs. CNS programs incorporated this requirement to ensure graduates' eligibility for national certification examinations, regardless of specialty. These requirements continue to drive regulation and certification.

The Consensus Model (APRN Joint Dialogue, 2008) also provided clarity related to the four roles of advanced practice: CNS, CNP, CNM, and CRNA. The document established that APRN education would lead to preparation in one of those four roles, with further preparation in one of six population foci: "family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women's health/gender-related or psych/mental health" (APRN Joint Dialogue Work Group, 2008, p. 5). Currently, certification exams are only available for three populations – adult-gerontology, pediatrics, and neonatal. As of 2018, the American Nurses Credentialing Center (ANCC) offers a CNS-specific certification examination in adult-gerontology, while the American Association of Critical-Care Nurses (2025) offers exams in adult-gerontology, pediatrics, and neonatal. As a result, CNS education programs emphasize population areas where certification is available. This discrepancy between the six recognized population foci and the three currently available CNS certification options is a recognized gap that continues to influence CNS education, certification pathways, and workforce development.

Competencies listed in Chapter 2 are role-based and do not address population foci or specialties. Similarly, the education recommendations in this section are also CNS role-based. Population- and specialty-specific recommendations should build on these foundational role-based competencies, ensuring that programs remain responsive to evolving population needs and equity priorities

These national documents provide a general framework for preparing nurses at the graduate level. The AACN Essentials (2021) provide broad core content and learning outcomes across roles and specialties. It is therefore important to outline CNS-specific content that ensures achievement of core competencies upon graduation from CNS programs, with curricula that reflect contemporary priorities.

Curricular Recommendations

As previously stated in Chapter 1 of this document, the competencies contained in Chapter 2 apply to two levels of entry for CNS practice: Master's and Doctor of Nursing Practice. Multiple competency sets may also inform CNS curricula, including the Interprofessional Education Collaborative (IPEC) competencies (IPEC, 2023) and the Quality and Safety Education for Nurses (QSEN) Institute framework (AACN & QSEN, 2012). QSEN principles for graduate nursing education are integrated into the 2021 AACN Essentials (AACN, 2021). Examples of curriculum alignment with these competencies are described in the literature, including a scoping review of QSEN integration (Ferro & Yoder, 2024) and a narrative review proposing alignment between IPEC competencies and rehabilitation education (Belleza & Johnson, 2023), which could be adapted for CNS programs. For the purposes of this document, discussion is limited to commonly used curriculum standards, rather than the full range of competency statements.

The NACNS recommends the following curricula content for CNS education:

1. Use AACN's *Essentials: Core Competencies for Professional Nursing Education* (2021) to address core education requirements. While not CNS-specific, these Essentials establish foundational expectations for advanced nursing education.
2. Required courses in advanced pathophysiology, physical assessment, and pharmacology should include the following content for CNS education:
    a) Advanced physiology/pathophysiology should also include advanced science content such as epidemiology, psychobiology, and genetics. Advanced science content should include concepts and principles relevant for CNS practice, should reflect a balance between illness and disease etiologies, and should be integrated throughout the curriculum in ways relevant to CNS practice.
    b) Advanced physical assessment coursework must emphasize evaluation across the continuum of wellness to illness (including health promotion and disease prevention); psychosocial, functional, and environmental factors; and risk behaviors to accurate differential diagnoses.
    c) Advanced pharmacology should include principles of pharmacodynamics, pharmacokinetics, pharmacotherapeutics, pharmacogenomics, and drug-drug and drug-food interactions. Where a state may require additional preparation for prescriptive authority, the advanced pharmacology course(s) should meet statute requirements.
3. NACNS recommends the following additional core content specific to CNS practice:
    - Theoretical and empirical foundations for CNS practice
    - Advanced knowledge of illness and wellness phenomena
    - Design and development of nursing assessments, interventions, and programs
    - Critical thinking, diagnostic reasoning, and clinical decision-making
    - Evaluation, selection, and use of healthcare technologies, products, and devices
    - Mentoring, coaching, and facilitation strategies that support learning, clinical reasoning, and professional growth
    - Change leadership and implementation science
    - Systems thinking and organizational context
    - Interprofessional collaboration and leadership development

- Consultation theory and process skills
- Quality improvement and safety science
- Measurement and outcome evaluation
- Project management
- Financial analysis and business planning
- Evidence-based practice and knowledge translation
- Expert interpersonal communication
- Advocacy and ethical decision-making
- Integration of strategies to advance equitable access, meaningful connection, and engagement
- Emergency preparedness and crisis leadership
- Specialty nursing knowledge & skill development via supervised clinical experiences.

The following table shows the alignment of the core CNS competencies with CNS outcomes, and curriculum content recommendations.

TABLE 5. Alignment of Competencies, Outcomes, and Curricular Recommendations

CNS Core Competencies	Related CNS Outcomes	Essential Core Content Areas for Developing CNS Competencies
Patient Direct Care Sphere of Impact		
P.1. Employs advanced communication skills to promote shared decision-making and navigate complex conversations influenced by social and structural factors.	**PO.3.** Plans of care are individualized, evidence-based, and developed through shared decision-making with patients and families, considering resources and preferences. **PO.7.** Interprofessional collaboration enhances nursing interventions, producing synergistic improvements in patient outcomes. **PO.8.** Collaboration with patients, families, and healthcare professionals ensures coordinated, patient-centered outcomes.	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.
P.2. Conducts advanced comprehensive health	**PO.1.** Comprehensive advanced assessments identify	In addition to performing advanced physical assessment, coursework must

CNS Core Competencies	Related CNS Outcomes	Essential Core Content Areas for Developing CNS Competencies
assessments incorporating physical, psychosocial, functional, and environmental factors across diverse care settings.	patient care issues that require targeted nursing interventions.	emphasize the evaluation of wellness, illness, psychosocial, functional and environmental factors as well as risk behaviors to support the ability to make differential diagnoses.
P.3. Synthesizes advanced assessment findings using advanced knowledge, expertise, critical thinking, and clinical judgment to formulate differential diagnoses.	**PO.2.** Diagnoses are accurately derived using clinical judgment, aligned with assessment data and underlying etiologies.	Critical thinking, diagnostic reasoning, pattern identification, clinical decision making, and problem-solving strategies.
P.4. Implements tailored evidence-based, and cost-effective interventions, including advanced nursing strategies.	**PO.3.** Plans of care are individualized, evidence-based, and developed through shared decision-making with patients and families, considering resources and preferences. **PO.4.** Implements targeted interventions based on advanced assessment and diagnostic reasoning. **PO.6.** Symptoms, functional limitations, and risk behaviors are prevented, reduced, or alleviated through timely interventions. **PO.11.** Measurable patient outcomes are consistently achieved through the application of evidence-based interventions, high-quality nursing care, and continuous monitoring. **PO.15.** Effective nursing interventions are incorporated into guidelines and policies to	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 workplace, and workplace 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.

CNS Core Competencies	Related CNS Outcomes	Essential Core Content Areas for Developing CNS Competencies
	standardize and sustain best practices.	
P.5. Orders and interprets diagnostic tests and prescribes treatments, referrals, and therapies based on clinical judgment to establish or refine diagnoses, guide patient management, and optimize outcomes.	**PO.4.** Implements targeted interventions based on advanced assessment and diagnostic reasoning. **PO.7.** Interprofessional collaboration enhances nursing interventions, producing synergistic improvements in outcomes.	Advanced pharmacology that includes principles of pharmacodynamics, pharmacokinetics, pharmacotherapeutics, drug-drug, and drug-food interactions pertinent to the specialty. Content may also address credentialing and privileges, foundations in coding, and billing for services. Simulation or supervised prescribing hours in clinical setting in real-time can be considered.
P.6. Develops and delivers education and coaching strategies tailored to learning readiness, individual preferences, complex needs, and social factors affecting health.	**PO.5.** Programs of care are designed using scientific knowledge and evidence-based practice to meet populations needs, incorporating cultural, clinical, and contextual considerations. **PO.13.** Educational programs for patients, families, and groups are delivered using tailored strategies that address learning needs and social factors affecting health.	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. Content may include assessing learning needs; 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.
P.7. Provides expert clinical consultation within a specialty population using theory-informed and evidence-based approaches.	**PO.1.** Comprehensive advanced assessments identify patient care issues that require targeted interventions. **PO.5.** Programs of care are designed using scientific knowledge and evidence-based practice to meet populations needs, incorporating cultural, clinical, and contextual considerations.	Consultation theory and research, and the associated process skills of serving as a clinical expert consultant. Content may include coding and billing for consultations that are billable.

CNS Core Competencies	Related CNS Outcomes	Essential Core Content Areas for Developing CNS Competencies
	PO.14. Clinical phenomena and effective interventions are disseminated through scholarly presentations and publications to advance practice.	
P.8. Evaluates the impact of interventions on individual and aggregate patient outcomes using data-driven methods.	**PO.11.** Measurable patient outcomes are consistently achieved through the application of evidence-based interventions, high-quality nursing care, and continuous monitoring. **PO.10.** Interventions are evaluated for effectiveness, with successful strategies integrated into practice and unsupported ones de-implemented. **PO.11.** Measurable patient outcomes are consistently achieved through the application of evidence-based interventions, high-quality nursing care, and continuous monitoring.	Clinical considerations of measurements (e.g., physiological, behavioral, psychosocial) to evaluate the effect of interventions on patient outcomes. Content may 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. 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.9. Leads and facilitates coordinated and safe care transitions in collaboration with the patients, families, and the interprofessional team.	**PO.7.** Interprofessional collaboration enhances nursing interventions, producing synergistic improvements in outcomes. **PO.8.** Collaboration with patients, families, and healthcare professionals ensures coordinated, patient-centered outcomes. **PO.11.** Measurable patient outcomes are consistently achieved through the application of evidence-based	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.

CNS Core Competencies	Related CNS Outcomes	Essential Core Content Areas for Developing CNS Competencies
	interventions, high-quality nursing care, and continuous monitoring. **PO.9.** Patient transitions are coordinated across the continuum of care to reduce fragmentation and improve continuity.	
P.10. Promotes patient and family understanding of healthcare regimens and technologies, including risks, benefits, and data privacy considerations.	**PO.13.** Educational programs for patients, families, and groups are delivered using tailored strategies that address learning needs and social factors affecting health.	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, palliative care, and shared decision-making. 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.11. Leads ethical conflict resolution and advocates for patient preferences, rights, and equitable care that address access, connection, engagement, and social factors affecting health.	**PO.3.** Plans of care are individualized, evidence-based, and developed through shared decision-making with patients and families, considering resources and preferences.	The use of ethical decision- making frameworks as a basis for advocating for patients/families, nurses, other healthcare providers, populations, and the community as a whole. Content may include analysis of ethical dilemmas and opportunities to advocate on behalf of others.
P.12. Evaluates the ethical implications of scientific and technological advances ensuring alignment with patients' values, and supports safe, appropriate application in direct care.	**PO.12.** Interventions are evaluated for effectiveness, with successful strategies integrated into practice and unsupported ones de-implemented. **PO.15.** Effective nursing interventions are incorporated into guidelines and policies to	The use of ethical decision- making frameworks as a basis for advocating for patients/families, nurses, other healthcare providers, populations, and the community as a whole. Content may include analysis of ethical dilemmas and opportunities to advocate on behalf of others.

CNS Core Competencies	Related CNS Outcomes	Essential Core Content Areas for Developing CNS Competencies
	standardize and sustain best practices.	
Nurses and Nursing Practice Sphere of Impact		
N.1. Provides specialty consultation to nurses to support equitable, individualized care planning for complex patient needs.	**PO.1.** Comprehensive advanced assessments identify patient care issues that require targeted interventions. **PO.3**. Plans of care are individualized, evidence-based, and developed through shared decision-making with patients and families, considering resources and preferences. **PO.4.** Implements targeted interventions based on advanced assessment and diagnostic reasoning. **NO.5.** Nurses are empowered to address patient care challenges at the point of care.	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 patient/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.
N.2. Coaches nurses in communication, relationship-building, and conflict management skills to navigate differences, resolve interprofessional conflict, and promote mutual respect, shared values, and collaborative practice.	**PO.3.** Plans of care are individualized, evidence-based, and developed through shared decision-making with patients and families, considering resources and preferences. **PO.7.** Interprofessional collaboration enhances nursing interventions, producing synergistic improvements in outcomes. **PO.8.** Collaboration with patients, families, and healthcare professionals ensures coordinated, patient-centered outcomes.	Development of intellectual skills that underpin the essential characteristics and competencies of the CNS. These skills are used to determine the appropriate application of evidence to individuals or population groups. This content also includes the ability to reframe and hold biases and stereotypes in conscious restraint. Relationship-based communication, conflict management, crucial conversations, peer feedback, awareness of implicit bias, embracing diversity, and shared decision-making with patients and significant others.

CNS Core Competencies	Related CNS Outcomes	Essential Core Content Areas for Developing CNS Competencies
	NO.9. Collaboration among nurses and interprofessional teams produces synergistic improvements in outcomes. **NO.12.** Nurses recognize and mitigate the impact of implicit bias in care delivery fostering equity and inclusion. **NO.8.** Nurses have a meaningful voice in patient care decision-making, supported by advocacy, coaching, and leadership development.	
N.3. Mentors and consults with nurses to strengthen clinical judgment, foster professional growth, and support practice to the full scope of licensure.	**PO.4.** Implements targeted interventions based on advanced assessment and diagnostic reasoning. **PO.6.** Symptoms, functional limitations, and risk behaviors are prevented, reduced, or alleviated through timely interventions. **NO.5.** Nurses are empowered to address patient care challenges at the point of care. **NO.8.** Nurses have a meaningful voice in patient care decision-making, supported by advocacy, coaching, and leadership development.	The use of ethical decision- making frameworks as a basis for advocating for patients/families, nurses, other healthcare providers, populations, and the community as a whole. Content may content include analysis of ethical dilemmas and opportunities to advocate on behalf of others.
N.4. Guides nurses through ethical conflict and moral distress, fostering a supportive, collaborative, and inclusive work environment.	**PO.8.** Collaboration with patients, families, and healthcare professionals ensures coordinated, patient-centered outcomes.	The use of ethical decision- making frameworks as a basis for advocating for patients/families, nurses, other healthcare providers, populations, and the community as a whole. Content may include analysis of ethical dilemmas and

CNS Core Competencies	Related CNS Outcomes	Essential Core Content Areas for Developing CNS Competencies
	NO.5. Nurses are empowered to address patient care challenges at the point of care.	opportunities to advocate on behalf of others.
N.5. Fosters a healthy work environment by modeling respect, acknowledging contributions, and integrating self-care practices that support well-being for self and the team.	**PO.7.** Interprofessional collaboration enhances nursing interventions, producing synergistic improvements in outcomes. **NO.9.** Collaboration among nurses and interprofessional teams produces synergistic improvements in outcomes. **NO.10.** Nurses feel supported and valued in a healthy work environment that promotes well-being, recognition, and growth.	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.
N.6. Assesses the nursing practice environment to identify root causes, prioritize issues, and apply problem solving methods.	**PO.10.** Errors and unintended consequences are reduced through evidence-based practices and continuous evaluation. **PO.12.** Interventions are evaluated for effectiveness, with successful strategies integrated into practice and unsupported ones de-implemented. **NO.1.** Knowledge and skill development needs are identified, guiding targeted professional development.	Quality improvement theories and models; quality improvement processes; process mapping and evaluation; root cause analysis; monitoring of indicators; data analysis and interpretation from a quality improvement perspective; communicating quality information; understanding and measuring a culture of safety; complex adaptive systems and human factors theory and evidence.
N.7. Leads application of evidence-based practice and implementation science to drive sustainable improvements in outcomes.	**PO.5.** Programs of care are designed using scientific knowledge and evidence-based practice to meet population needs, incorporating cultural,	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,

CNS Core Competencies	Related CNS Outcomes	Essential Core Content Areas for Developing CNS Competencies
	clinical, and contextual considerations. **PO.10.** Errors and unintended consequences are reduced through evidence-based practices and continuous evaluation. **PO.11.** Measurable patient outcomes are consistently achieved through the application of evidence-based interventions, high-quality nursing care, and continuous monitoring. **PO.15.** Effective nursing interventions are incorporated into guidelines and policies to standardize and sustain best practices. **NO.2.** Nurses apply evidence-based practice and implementation science to improve care and outcomes. **NO.3.** The evidence supporting practice is communicated clearly and made accessible, promoting translation into nursing care. **NO.11.** Nurses use clinical and financial resources judiciously to enhance care quality and reduce costs, demonstrating value-based practice. **NO.13.** Educational and professional development programs are created, implemented, and evaluated to demonstrate measurable clinical and fiscal outcomes.	learning, stress, palliative care and shared decision-making. 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.

CNS Core Competencies	Related CNS Outcomes	Essential Core Content Areas for Developing CNS Competencies
N.8. Mentors nurses and nursing staff in applying evidence-based practice and implementation strategies.	**PO.5.** Programs of care are designed using scientific knowledge and evidence-based practice to meet population needs, incorporating cultural, clinical, and contextual considerations. **PO.11.** Measurable patient outcomes are consistently achieved through the application of evidence-based interventions, high-quality nursing care, and continuous monitoring. **NO.2.** Nurses apply evidence-based practice and implementation science to improve care and outcomes. **NO.3.** The evidence supporting practice is clearly communicated and accessible, promoting translation into clinical care. **NO.9.** Nurses engage in continuous learning to maintain and advance clinical competence, guided by mentorship and evolving evidence. **NO.12.** Educational programs are developed, implemented, and evaluated based on evidence, with clear links to clinical and fiscal outcomes.	Evidence-based practice processes for the purpose of translating knowledge into nursing practice. Content may include identifying problems and examining the evidence base of current practice, creating PICO (problem/population, intervention, comparison, outcome) 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.
N.9. Uses advanced analytic methods to evaluate nursing practice outcomes, ensuring equity in data interpretation and demonstrating nursing's unique	**PO.12.** Interventions are evaluated for effectiveness, with successful strategies integrated	Selecting measurement instruments for evaluation of interventions at the individual, population, and system level, and critiquing their validity, reliability, and clinical applicability. Additional content

CNS Core Competencies	Related CNS Outcomes	Essential Core Content Areas for Developing CNS Competencies
contributions to healthcare improvement.	into practice and unsupported ones de-implemented. **PO.14.** Clinical phenomena and effective interventions are disseminated through scholarly presentations and publications to advance nursing practice. **PO.15.** Effective nursing interventions are incorporated into guidelines and policies to standardize and sustain best practices. **NO.4.** Nurses articulate their unique contributions to care and outcomes using data and advanced analytics. **NO.11.** Nurses use clinical and financial resources judiciously to enhance care quality and reduce costs, demonstrating value-based practice. **NO.12.** Nurses recognize and mitigate the impact of implicit bias in care delivery fostering equity and inclusion.	includes consideration of system characteristics, resources, and variance; and methods of selecting outcomes of interest. Other content includes informatics.
N.10. Supports nurses and other professionals in navigating professional development through self-reflection, goal setting, and responsiveness to evolving practice needs.	**NO.1.** Knowledge and skill development needs are identified, guiding targeted professional development for nurses. **NO.6.** Career advancement programs are innovative, accessible, and responsive to evolving practice needs, fostering lifelong learning. **NO.10.** Nurses feel supported and valued in a healthy work	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 healthcare 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

CNS Core Competencies	Related CNS Outcomes	Essential Core Content Areas for Developing CNS Competencies
	environment that promotes well-being, recognition, and growth. **NO.7.** Nurses engage in continuous learning to maintain and advance competence, supported by mentorship and evolving evidence. **NO.13.** Educational and professional development programs are created, implemented, and evaluated to demonstrate measurable clinical and fiscal outcomes.	learning; mentoring; and developing professional growth strategies. Designing strategies related to mentoring and developing professional growth.
N.11. Mentors nurses to analyze legislative, regulatory and fiscal policies that affect nursing practice and patient outcomes.	**PO.14.** Clinical phenomena and effective interventions are disseminated through scholarly presentations and publications to advance nursing practice. **PO.15.** Effective nursing interventions are incorporated into guidelines and policies to standardize and sustain best practices. **NO.8.** Nurses have a meaningful voice in patient care decision-making, supported by advocacy, coaching, and leadership development.	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.
Organizations and Systems Spheres of Impact		
O.1. Fosters a culture of psychological safety and workforce well-being.	**PO.3.** Plans of care are individualized, evidence-based, and developed through shared decision-making with patients and families, considering resources and preferences.	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. Content may include relationship-based communication, conflict management, crucial conversations, peer feedback,

CNS Core Competencies	Related CNS Outcomes	Essential Core Content Areas for Developing CNS Competencies
	NO.5. Nurses are empowered to address patient care challenges at the point of care. **NO.10.** Nurses feel supported and valued in a healthy work environment that promotes well-being, recognition, and growth. **NO.8.** Nurses have a meaningful voice in patient care decision-making, supported by advocacy, coaching, and leadership development. **OO.9.** Patient care programs are aligned with organizational mission, values, and strategic imperatives, ensuring responsiveness to population needs and health equity.	awareness of implicit bias, embracing diversity, and shared decision-making with patients and significant others. Additional content may include leadership theory, development of leadership skills, team building and the ability to convey a shared vision for practice. 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.
O.2. Builds and sustains interprofessional partnerships across systems, sectors, and/or communities.	**PO.7.** Interprofessional collaboration enhances nursing interventions, producing synergistic improvements in patient outcomes. **PO.8.** Collaboration with patients, families, and healthcare professionals ensures coordinated, patient-centered outcomes. **NO.9.** Collaboration among nurses and interprofessional teams produces synergistic improvements in outcomes. **OO.1.** Clinical problems are identified and addressed within organizational context, leveraging interprofessional collaboration and systems thinking for strategic alignment.	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. Content may 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 content may include leadership theory, development of leadership skills, team building and the ability to convey a shared vision for practice. 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

CNS Core Competencies	Related CNS Outcomes	Essential Core Content Areas for Developing CNS Competencies
	OO.5. Policies are designed and evaluated to support nursing practice, enhance team-based care, and promote ethical, equitable healthcare. **OO.11.** A shared vision for advancing health outcomes and organizational goals is cultivated through interprofessional engagement and transparent communication.	a healthy work environment and shared goals of the organization.
O.3. Integrates population needs, strengths, and preferences into care delivery to optimize outcomes and patient experience.	**PO.1.** Comprehensive advanced assessments identify patient care issues that require targeted interventions. **PO.3.** Plans of care are individualized, evidence-based, and developed through shared decision-making with patients and families, considering resources and preferences. **PO.5.** Programs of care are designed using scientific knowledge and evidence-based practice to meet population needs, incorporating cultural, clinical, and contextual considerations. **NO.12.** Nurses recognize and mitigate the impact of implicit bias in care delivery fostering equity and inclusion. **OO.1.** Clinical problems are identified and addressed within organizational context, leveraging interprofessional collaboration and systems thinking for strategic alignment.	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 patient/consultee to consider; understanding revenue-generating processes; and using clinical expertise as a power base. 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.

CNS Core Competencies	Related CNS Outcomes	Essential Core Content Areas for Developing CNS Competencies
	OO.8. Innovative care models are developed, piloted, and scaled across the continuum using population health data, digital technologies, and specialty expertise. **OO.9.** Patient care programs align with organizational mission, values, and strategic imperatives, ensuring responsiveness to population needs and health equity.	
O.4. Leads quality improvement and safety initiatives by applying clinical and systems expertise.	**PO.5.** Programs of care are designed using scientific knowledge and evidence-based practice to meet population needs, incorporating cultural, clinical, and contextual considerations. **PO.6.** Symptoms, functional limitations, and risk behaviors are prevented, reduced, or alleviated through timely interventions. **PO.11.** Measurable patient outcomes are consistently achieved through the application of evidence-based interventions, high-quality nursing care, and continuous monitoring. **OO.2.** Patient care processes are continuously improved through quality and safety initiatives that integrate clinical and systems expertise. **OO.6.** Staff adhere to policies, protocols, and standards of care that meet regulatory	Quality improvement theories and models; quality improvement processes; process mapping and evaluation; root cause analysis; monitoring of indicators; data analysis and interpretation from a quality improvement perspective; communicating quality information; understanding and measuring a culture of safety; complex adaptive systems and human factors theory and evidence.

CNS Core Competencies	Related CNS Outcomes	Essential Core Content Areas for Developing CNS Competencies
	requirements and promote safe, high-quality, equitable care.	
O.5. Leads integration of evidence-based interventions into organizational systems.	**PO.3.** Plans of care are individualized, evidence-based, and developed through shared decision-making with patients and families, considering resources and preferences. **PO.5.** Programs of care are designed using scientific knowledge and evidence-based practice to meet population needs, incorporating cultural, clinical, and contextual considerations. **PO.11.** Measurable patient outcomes are consistently achieved through the application of evidence-based interventions, high-quality nursing care, and continuous monitoring. **PO.15.** Effective nursing interventions are incorporated into guidelines and policies to standardize and sustain best practices. **NO.2.** Nurses apply evidence-based practice and implementation science to improve care and outcomes. **NO.3.** The evidence supporting practice is communicated clearly and made accessible, promoting translation into nursing care. **OO.3.** Change strategies are implemented using evidence-	Evidence-based practice processes for the purpose of translating knowledge into nursing practice. Content may 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. 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.

CNS Core Competencies	Related CNS Outcomes	Essential Core Content Areas for Developing CNS Competencies
	based frameworks and implementation science to ensure sustainable system-wide improvements. **OO.8.** Innovative care models are developed, piloted, and scaled across the continuum using population health data, digital technologies, and specialty expertise. **OO.4.** Evidence-based practice is integrated into care delivery through implementation science and clinical expertise.	
O.6. Leads the application of implementation science frameworks and strategies to embed and sustain evidence-based practice across organizational systems.	**PO.11.** Measurable patient outcomes are consistently achieved through the application of evidence-based interventions, high-quality nursing care, and continuous monitoring. **PO.12.** Interventions are evaluated for effectiveness, with successful strategies integrated into practice and unsupported ones de-implemented. **PO.15.** Effective nursing interventions are incorporated into guidelines and policies to standardize and sustain best practices. **NO.2.** Nurses apply evidence-based practice and implementation science principles to improve care and outcomes. **NO.3.** The evidence supporting practice is communicated	Evaluating organizational context and designing implementation plans tailored to context. The content includes application of organizational assessment tools to identify barriers and facilitators and select implementation strategies and outcomes.

CNS Core Competencies	Related CNS Outcomes	Essential Core Content Areas for Developing CNS Competencies
	clearly and made accessible, promoting translation into nursing care. **OO.3.** Change strategies are implemented using evidence-based frameworks and implementation science to ensure sustainable system-wide improvements. **OO.4.** Evidence-based practice is integrated into care delivery through implementation science and clinical expertise.	
O.7. Collaborates with research teams to design, conduct, and disseminate research aligned with organizational priorities, ensuring protection of human subjects.	**PO.14.** Clinical phenomena and effective interventions are disseminated through scholarly presentations and publications to advance nursing practice. **NO.4.** Nurses articulate their unique contributions to care and outcomes using data and advanced analytics. **OO.10.** Nursing care outcomes are articulated in organizational and system decision-making using clinical, financial, and digital data.	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. Content may also focus on human subjects protection and internal review board (IRB) submission.
O.8. Leads the selection, evaluation, and use of emerging health technologies to support safe, effective, and equitable care.	**PO.3.** Plans of care are individualized, evidence-based, and developed through shared decision-making with patients and families, considering resources and preferences. **NO.3.** The evidence supporting practice is communicated clearly and made accessible,	The evaluation, selection, and use of existing technology (e.g., AI), 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. Content may include learning activities such as evaluating patient education products; using and optimizing informatics; evaluating the sensitivity and specificity

CNS Core Competencies	Related CNS Outcomes	Essential Core Content Areas for Developing CNS Competencies
	promoting translation into nursing care. **OO.8.** Innovative care models are developed, piloted, and scaled across the continuum using population health data, digital technologies, and specialty expertise.	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.
O.9. Collaborates with interprofessional teams to develop emergency preparedness and disaster response plans that address system and population-level vulnerabilities.	**PO.7.** Interprofessional collaboration enhances nursing interventions, producing synergistic improvements in outcomes. **PO.8.** Collaboration with patients, families, and healthcare professionals ensures coordinated, patient-centered outcomes. **NO.12.** Nurses recognize and mitigate the impact of implicit bias in care delivery fostering equity and inclusion. **OO.1.** Clinical problems are identified and addressed within organizational context, leveraging interprofessional collaboration and systems thinking for strategic alignment. **OO.9.** Patient care programs align with organizational mission, values, and strategic imperatives, ensuring responsiveness to population needs and health equity.	Developing skills in systems-based thinking, interprofessional collaboration, and population-focused planning. Learners should understand the principles of emergency management and be able to assess system vulnerabilities and population risks. The curriculum should emphasize collaborative plan development, inclusive of diverse stakeholders, and integrate cultural competence and equity considerations. CNSs should be equipped to lead planning efforts that align with organizational priorities and promote resilience, safety, and responsiveness across care settings.

CNS Core Competencies	Related CNS Outcomes	Essential Core Content Areas for Developing CNS Competencies
O.10. Leads a coordinated emergency response efforts to support equitable, culturally responsive care.	**PO.8.** Collaboration with patients, families, and healthcare professionals ensures coordinated, patient-centered outcomes. **PO.9.** Patient transitions are coordinated across the continuum of care to reduce fragmentation and improve continuity. **NO.12.** Nurses recognize and mitigate the impact of implicit bias in care delivery fostering equity and inclusion. **OO.11.** A shared vision for advancing health outcomes and organizational goals is cultivated through interprofessional engagement and transparent communication. **OO.9.** Patient care programs align with organizational mission, values, and strategic imperatives, ensuring responsiveness to population needs and health equity.	Preparation to lead and participate in real-time emergency care delivery. Curriculum should include crisis leadership, ethical decision-making, and culturally competent care strategies. Learners should be trained to support continuity of care, facilitate effective transitions, and empower nursing staff to respond confidently and equitably during emergencies. Emphasis should be placed on communication, teamwork, and alignment with organizational values to ensure that emergency responses are both clinically effective and socially responsive.
O.11. Evaluates system-level programs and interventions using clinical, financial, and digital data to improve care and advance health equity.	**PO.11.** Measurable patient outcomes are consistently achieved through the application of evidence-based interventions, high-quality nursing care, and continuous monitoring. **PO.12.** Interventions are evaluated for effectiveness, with successful strategies integrated into practice and unsupported ones de-implemented.	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.

CNS Core Competencies	Related CNS Outcomes	Essential Core Content Areas for Developing CNS Competencies
	NO.4. Nurses articulate their unique contributions to care and outcomes using data and advanced analytics. **NO.11.** Nurses use clinical and financial resources judiciously to enhance care quality and reduce costs, demonstrating value-based practice. **NO.13.** Educational and professional development programs are created, implemented, and evaluated to demonstrate measurable clinical and fiscal outcomes. **OO.2.** Patient care processes are continuously improved through quality and safety initiatives that integrate clinical and systems expertise. **OO.10.** Nursing care outcomes are articulated in organizational and system decision-making using clinical, financial, and digital data. **OO.13.** Patient care initiatives incorporate cost management and revenue strategies while maintaining a focus on quality, equity, and patient-centered outcomes. **OO.9.** Patient care programs align with organizational mission, values, and strategic imperatives, ensuring responsiveness to population needs and health equity.	

CNS Core Competencies	Related CNS Outcomes	Essential Core Content Areas for Developing CNS Competencies
O.12. Analyzes financial and clinical data to develop a business case for products or services that enhance outcomes and system performance.	**PO.12.** Interventions are evaluated for effectiveness, with successful strategies integrated into practice and unsupported ones de-implemented. **NO.11.** Nurses use clinical and financial resources judiciously to enhance care quality and reduce costs, demonstrating value-based practice. **OO.1.** Clinical problems are identified and addressed within organizational context, leveraging interprofessional collaboration and systems thinking for strategic alignment. **OO.12.** Decision-makers are informed of practice challenges, contributing factors, and implications for outcomes and costs through data-driven advocacy and business case development. **OO.13.** Patient care initiatives incorporate cost management and revenue strategies while maintaining a focus on quality, equity, and patient-centered outcomes.	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. Content can also include financial analysis and business planning, coding and billing, and return on investment and cost avoidance analysis.
O.13. Disseminates CNS practice outcomes and promotes nursing's impact on health to stakeholders, communities, and policymakers.	**PO.14.** Clinical phenomena and effective interventions are disseminated through scholarly presentations and publications to advance nursing practice. **PO.15.** Effective nursing interventions are incorporated into guidelines and policies to	Knowledge of cost-effectiveness evaluation, opportunities to evaluate CNS practice, and participate in the process of disseminating CNS outcomes. Content may include development of business proposals marketing CNS practice and scholarly products, such as posters and publications.

CNS Core Competencies	Related CNS Outcomes	Essential Core Content Areas for Developing CNS Competencies
	standardize and sustain best practices. **NO.4.** Nurses articulate their unique contributions to care and outcomes using data and advanced analytics. **OO.10.** Nursing care outcomes are articulated in organizational and system decision-making using clinical, financial, and digital data. **OO.11.** A shared vision for advancing health outcomes and organizational goals is cultivated through interprofessional engagement and transparent communication. **OO.12.** Decision-makers are informed of practice challenges, contributing factors, and implications for outcomes and costs through data-driven advocacy and business case development. **OO.7.** Policy-making bodies are influenced to develop and revise regulations that enhance patient care and strengthen health system performance.	
O.14. Advocates through professional and policy efforts for ethical, equitable care, digital health, and structures that enable nurses to practice to their full scope.	**PO.14.** Clinical phenomena and effective interventions are disseminated through scholarly presentations and publications to advance nursing practice. **PO.15.** Effective nursing interventions are incorporated into guidelines and policies to	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.

CNS Core Competencies	Related CNS Outcomes	Essential Core Content Areas for Developing CNS Competencies
	standardize and sustain best practices. **NO.8.** Nurses have a meaningful voice in patient care decision-making, supported by advocacy, coaching, and leadership development. **OO.5.** Policies are designed and evaluated to support nursing practice and enhance team-based care across disciplines, promoting ethical and equitable healthcare. **OO.6**. Staff adhere to policies, protocols, and standards of care that reflect current regulatory requirements and promote safe, high-quality, and equitable care. **OO.7.** Policy-making bodies are influenced to develop and revise regulations that enhance patient care and health system performance.	The use of ethical decision- making frameworks as a basis for advocating for patients/families, nurses, other healthcare providers, populations, and the community as a whole. Content may include analysis of ethical dilemmas and opportunities to advocate on behalf of others.

Essential Core Content Areas for Developing Clinical Nurse Specialist Competencies

A content area identifies the subject-matter focus. Content areas do not prescribe individual courses; instead, they may be addressed as integrated threads throughout the curriculum or reflected in discrete courses, depending on program design. Content areas encompass all pertinent learning experiences in the acquisition and application of knowledge to CNS practice. Inclusion of these areas support the acquisition of advanced knowledge and fosters a culture of equity, respect and belonging that enhances care quality, workforce collaboration, and professional development. The following areas of content are recommended for inclusion in CNS curricula:

1. Theoretical and Empirical Foundations for CNS Practice

Description: Focuses on theories, conceptual models, and empirical knowledge that inform the CNS role and guide evidence-based, equitable care.

Examples: Theories of health, illness, wellness, behavior change, learning, stress, leadership, consultation, collaboration, organizational development, and frameworks addressing equity, social factors affecting health, and systems of power.

Rationale: A strong theoretical and empirical foundation enables CNSs to apply evidence-informed strategies across diverse settings, ensuring inclusive care and advancing nursing knowledge.

2. Advanced Knowledge of Illness and Wellness

Description: Emphasizes theoretical and empirical understanding of health concerns across the wellness-illness continuum, integrating clinical and structural factors that influence outcomes.

Examples: Symptoms such as pain, fatigue, dyspnea, cognitive impairment, dementia, developmental delay, end-of-life care, environmental hazards, impaired mobility, and sleep disturbances; includes the impact of social factors affecting health, cultural context, and health inequities.

Rationale: This knowledge equips CNSs to identify and address complex health conditions, support differential diagnosis, and implement interventions that reflect nursing's unique contributions and promote equitable outcomes.

3. Design and Development of Nursing Assessments, Interventions, and Programs

Description: Focuses on the creation and validation of nursing assessments, interventions, and programs using scientific and theoretical foundations to address complex health needs.

Examples: Developing cost-effective strategies to reduce medication errors, designing support programs for families, creating community-based screening initiatives, and implementing equity-focused interventions.

Rationale: CNSs apply advanced knowledge to design innovative, evidence-based solutions that improve care quality, reduce disparities, and meet patient, nursing, and system-level needs.

4. Critical Thinking, Diagnostic Reasoning, and Clinical Decision-Making

Description: Centers on intellectual skills essential to CNS practice, including the ability to analyze, synthesize, and apply evidence while mitigating bias and reframing assumptions.

Examples: Diagnostic reasoning, pattern recognition, clinical decision-making, problem-solving, and strategies to address cognitive bias in practice.

Rationale: These skills enable CNSs to make informed, equity-conscious decisions that enhance care quality, safety, and cost-effectiveness across diverse populations.

5. Evaluation, Selection, and Use of Healthcare Technologies, Products, and Devices

Description: Covers the assessment and application of technologies, products, and devices that support nursing practice and improve patient outcomes, with attention to equity and usability.

Examples: Evaluating patient education tools, optimizing informatics systems, analyzing device accuracy, conducting cost-benefit and safety assessments, and addressing ethical and equity considerations (ANA, 2022).

Rationale: CNSs lead in selecting and implementing technologies that enhance care delivery, reduce errors, and ensure equitable access, serving as consultants and educators across healthcare systems.

6. Teaching, Mentoring, and Coaching Theories and Strategies

Description: Focuses on evidence-based approaches to education and professional development, emphasizing inclusive learning in all teaching and mentoring activities.

Examples: Conducting needs assessments, designing culturally responsive health education materials, applying learning theories, mentoring nurses, and promoting inclusive professional growth.

Rationale: CNSs are responsible for educating patients, families, and healthcare personnel. Effective teaching strategies must be accessible, theory-driven, and outcome-oriented to support equitable learning and practice environments.

7. Change Leadership and Implementation Science

Description: Focuses on the theory and application of implementation science (Schultes et al., 2021) to design, lead, and sustain change across all spheres of CNS impact. Includes project management, knowledge translation, and change strategies that promote equity and sustainability.

Examples: Applying evidence-based change models; building collaborative relationships; fostering empowerment; and using persuasion, negotiation, and inclusive leadership to implement practice improvements.

Rationale: Effective change in healthcare requires CNSs to lead with influence and collaboration, promoting health promotion, prevention, and interprofessional practice. Mastery of implementation science enables CNSs to drive sustainable, equitable improvements in care delivery and system performance.

8. Systems Thinking and Organizational Context

Description: Emphasizes systems theory and organizational research to understand and influence individual, group, and institutional dynamics. Includes strategies for leading change, shaping policy, and fostering innovation and inclusivity in healthcare environments.

Examples: Assessing organizational culture and power structures; anticipating system-wide impacts of change; engaging informal leaders; using feedback to inform policy; responding to regulatory pressures.

Rationale: CNSs operate within complex systems and must understand organizational context to lead change, improve care quality, and promote equity. Systems thinking supports proactive, strategic decision-making that enhances nursing practice and patient outcomes.

9. Interprofessional Collaboration and Leadership Development

Description: Focuses on developing leadership competencies that support inclusive, collaborative interprofessional teams. Includes communication strategies, care coordination, and transition management to ensure continuity and equity across care settings.

Examples: Facilitating collaboration; navigating organizational culture; articulating nursing's role in team-based care; promoting shared goals; communicating respectfully; and aligning team efforts with equity-focused organizational vision.

Rationale: High-quality, patient-centered care depends on effective interprofessional collaboration. CNSs foster environments that support teamwork, inclusivity, and shared accountability, improving outcomes and advancing nursing leadership.

10. Consultation Theory and Process Skills

Description: Covers consultation theory, research, and practical skills needed to serve as a clinical expert and advisor within healthcare systems.

Examples: Identifying consultation opportunities; defining consultant-consultee roles; generating alternative strategies; understanding financial implications; and leveraging clinical expertise to influence care and systems.

Rationale: Consultation is a core CNS competency that supports problem-solving, model development, and system improvement. Effective consultation enhances collaboration, informs best practices, and strengthens the CNS's role as a clinical leader.

11. Quality Improvement and Safety Science

Description: Focuses on theories, models, and evidence that guide quality improvement and safety science in healthcare. Emphasizes the CNS role in designing, implementing, and sustaining safer, higher-quality care.

Examples: Applying quality improvement models, conducting root cause analysis, mapping processes, monitoring indicators, interpreting data, fostering a culture of safety, and integrating human factors and complex systems theory.

Rationale: CNSs are leaders in improving care quality and safety. Mastery of these concepts enables them to identify risks, implement solutions, and evaluate outcomes that enhance patient care and system performance.

12. Measurement and Outcome Evaluation

Description: Focuses on selecting and applying measurement strategies to assess problems, evaluate nurse-sensitive outcomes, and monitor care effectiveness across individual, population, and system levels.

Examples: Critiquing instruments for validity and reliability, prioritizing outcomes, analyzing cost-effectiveness, evaluating CNS practice impact, and communicating fiscal implications of measured results.

Rationale: CNSs use data to guide decision-making, demonstrate the value of nursing interventions, and support continuous improvement. Outcome evaluation ensures accountability and informs strategic planning.

13. Evidence-Based Practice and Knowledge Translation

Description: Emphasizes identifying, appraising, and applying evidence to improve nursing practice and promote equity-focused knowledge translation. Includes strategies for implementing and sustaining evidence-based change.

Examples: Developing PICO questions, conducting literature reviews, appraising evidence, implementing best practices, de-implementing ineffective interventions, and evaluating and disseminating outcomes.

Rationale: CNSs drive evidence-based improvements in care. Their ability to translate research into practice ensures interventions are effective, equitable, and aligned with current science.

14. Expert Interpersonal Communication

Description: Focuses on advanced communication skills that foster trust, psychological safety, and collaboration across all levels of the healthcare system. Includes strategies for high-stress and crisis situations.

Examples: Relationship-based communication, conflict resolution, peer feedback, implicit bias awareness, shared decision-making, team building, and conveying a shared vision.

Rationale: Effective communication is foundational to CNS practice. It strengthens relationships, supports leadership, and enhances outcomes for patients, teams, and organizations.

15. Advocacy and Ethical Decision-Making

Description: Focuses on applying ethical frameworks to advocate for individuals, communities, and the nursing profession. Includes digital ethics, data privacy, scope of practice, and policy engagement.

Examples: Analyzing ethical dilemmas, applying decision-making models, engaging in advocacy, mentoring nurses, and promoting nursing's role in health advancement.

Rationale: CNSs advocate for equitable care and ethical practice. Their leadership ensures that nursing values are represented in policy, practice, and system-level decisions.

16. Integration of Social Factors Affecting Health

Description: Emphasizes the integration of social, economic, environmental, cultural, and structural factors that shape health journeys into CNS practice, education, and leadership.

Examples: Assessing access to care, housing, food security, income, education, transportation, and community resources; tailoring plans of care to individual and community priorities; partnering across systems to reduce barriers; and advocating for policies and practices that advance equitable access, meaningful connection, and active engagement.

Rationale: CNSs address social factors affecting health to support responsive, person-centered care and improve outcomes for individuals, families, communities, and populations. This content prepares CNSs to lead system-level change that strengthens access, connection, engagement, inclusion, and belonging across healthcare environments.

17. Emergency Preparedness and Crisis Leadership

Description: Focuses on preparing CNSs to lead emergency response and crisis management across healthcare systems (ICN, 2019). Includes continuity planning, culturally competent care, and resilience strategies.

Examples: Developing emergency plans, leading crisis teams, supporting care transitions, communicating in high-stress situations, advocating for vulnerable populations, and contributing to post-crisis evaluation.

Rationale: CNSs play a vital role in emergency preparedness. Their leadership ensures coordinated, equitable care during crises and supports recovery and resilience across systems.

Additional Educational Preparation

In addition to the core content areas, the practice and socialization experiences of CNS students are shaped by the following:

1. *Opportunities for students to develop competencies in the three spheres of impact through preceptorships with Clinical Nurse Specialists.*

   Preceptorships provide ongoing peer review, support professional socialization, and establish a network of CNS colleagues for current and future collaboration. Students may also gain supplemental experiences with other healthcare providers relevant to the specialty. However, the primary emphasis must remain on learning the CNS role competencies under the guidance of an experienced CNS preceptor.

2. *Opportunities to individualize the program of study to meet personal career goals and competencies related to the Clinical Nurse Specialist's specialty.*

   Educational programs should address CNS core competencies while allowing students to pursue specialty competencies when programs prepare graduates for specialty practice. Many faculty use the NACNS Statement as required reading to guide learning about CNS core competencies. Additional documents may supplement specialty-specific content.

3. *Socialization experiences for full and part-time students as a continuing process from the time of matriculation to graduation.*

   CNS preparation extends beyond coursework. To become a clinical and professional leader, students must integrate acquired knowledge, competencies, and experiences that foster networking with CNS colleagues, nursing leaders, and policymakers.

Summary

Graduate education for CNSs should prepare students to achieve core competencies across the three spheres of impact. Curricula should include essential content areas and threads, integrating AACN guidance, with NACNS-recommended additions to ensure CNS specific competencies. Schools of nursing may provide additional courses and experiences for specialty beyond these core elements.

Beyond core content, students should have opportunities to individualize their programs of study to align career goals and specialty competencies. Preceptorship with experienced CNSs is essential to model competencies and support role socialization. NACNS recognizes that not all programs currently align with these recommendations. Faculty teaching in, or planning to establish, CNS programs are encouraged to use this Statement as a guide for curriculum development and revision.

CHAPTER 6. CRITERIA FOR THE EVALUATION OF CLINICAL NURSE SPECIALIST EDUCATIONAL PROGRAMS

Introduction

The original criteria for evaluating CNS graduate programs were developed by a national task force (2009-2010), validated by a diverse national panel (2010-2011), and published by NACNS in 2011. Details of the development and validation processes are included in that publication.

The evaluation criteria have been updated to reflect current competencies and practice. Their purpose remains unchanged: to guide evaluation of CNS educational programs, supplement national accreditation standards, support new program development, and facilitate evaluation of new or existing programs.

This section includes:

1) Criteria for evaluating CNS educational programs.

2) Required and recommended documentation for evaluation.

Criteria for the Evaluation of Clinical Nurse Specialist Programs

The criteria for evaluating CNS educational programs follow. These are organized into five sections: Program Organization and Administration; Program Resources including faculty, clinical, and institutional; Student Admission, Progression, and Graduation Requirements; Curriculum; and Program Evaluation. Each criterion is explained in greater depth in an elaboration section, and the required/recommended documentation for each criterion is specified.

CRITERION 1. CLINICAL NURSE SPECIALIST PROGRAM ORGANIZATION AND ADMINISTRATION

1-1. The CNS program operates within, or is affiliated with, an institution of higher education. The program is accredited by a nursing accrediting body recognized by the U.S. Department of Education.

Elaboration:

The CNS program must exist within an academic nursing unit at the graduate level and be accredited by a nationally recognized nursing accrediting body.

Documentation (Required):

- Description of program's relationship with the institution of higher education.
- Evidence that the program is at the graduate level.
- Evidence of current accreditation from a nationally recognized nursing accrediting body.

1-2. The purpose of the CNS program is clear, and the program outcomes are clearly aligned with the mission of the parent institution and the mission/goals of the nursing unit.

Elaboration:

The program must identify the population focus area and any specialty preparation offered. Outcomes/competencies should reflect graduate level expectations and align with the mission of the parent institution and the nursing unit.

Throughout these criteria, “population” and “specialty” are consistent with APRN Joint Dialogue Group (2008) document.

Documentation (Required):

- Evidence of congruence among the purpose of the CNS program, the mission of the parent institution, and the mission/goals of the nursing unit.
- Evidence of congruence among the program outcomes/competencies, mission of the parent institution, and mission/goals of the nursing unit.

1-3. The individual who has responsibility for the overall leadership or oversight of the Clinical Nurse Specialist program:

- Has educational and/or experiential preparation for the CNS role.
- Holds a master’s or doctoral degree in nursing.
- Documents experience in graduate education.
- Is recognized/licensed by the Board of Nursing of the states in which the program is based.
- Has responsibility for ensuring that the program adheres to national CNS educational standards.

Elaboration:

The Commission on Collegiate Nursing Education (2024) requires a full-time faculty member with preparation consistent with the CNS role to lead the program. This individual must meet state regulatory requirements for education, licensure, and certification. National certification in role and population focus may also be required depending on accreditation expectations. While adjunct faculty may contribute specialized expertise, the designated program leader—ideally doctorally prepared—retains responsibility for curriculum oversight, adherence to CNS standards, and program quality. This approach ensures program integrity while leveraging adjunct expertise as appropriate.

Documentation (Required):

- Description of the duties and responsibilities of the designated program leader.
- Evidence that the leader advances the purpose, mission, goals, and outcomes of the program.
- Curriculum vitae documenting educational preparation and/or national certification as a CNS in a population focus area congruent with program offerings.
- Current credential as an APRN in the state/territory where the program exists.

Documentation (Recommended):

- List of publications and other scholarly activities relevant to CNS practice/education.
- Membership and leadership in professional organization(s) advancing CNS practice/education.
- Throughout these criteria, “doctorate” refers to a practice or research doctorate.

CRITERION 2. CLINICAL NURSE SPECIALIST PROGRAM RESOURCES: FACULTY, CLINICAL, AND INSTITUTIONAL

CRITERION 2. Clinical Nurse Specialist Program Resources: Faculty, Clinical, and Institutional – FACULTY

2-1a. Faculty who teach in the Clinical Nurse Specialist program have appropriate credentials, education, and experience that prepares them for such teaching responsibilities.

2-1b. Faculty who teach Clinical Nurse Specialist role and clinical practice courses have master's, postgraduate, or practice doctorate preparation as a Clinical Nurse Specialist.

Elaboration:

Faculty teaching CNS role or clinical practice courses must hold academic credentials, qualifications, and experiences appropriate to their responsibilities. For practice doctorate CNS programs, it is strongly recommended that faculty hold an earned practice or research doctorate, or have a documented plan for attaining such preparation

Documentation (Required):

- Profile table of all faculty teaching in the CNS program, including credentials, education, certification(s), experience, and courses taught for the past two years.
- Curriculum vitae of all faculty members teaching in the CNS program.
- Documented Plan for doctoral preparation for each master's-prepared faculty member teaching in the practice doctorate CNS program who does not currently hold that degree.

2-2. Faculty who teach in the CNS program maintain expertise in their areas of specialization and contribute to the field by engaging in scholarly projects and professional leadership activities that promote evidence-based practice and improve health outcomes, or through other activities in one or more of the three spheres of impact (patient direct care, nurses/nursing practice, organizations/systems).

Elaboration:

Faculty members teaching in the CNS program must demonstrate expertise in at least one of the three spheres of impact through faculty practice activities, such as clinical care, scholarly projects (including evidence-based practice), consultation, or clinically relevant research

Documentation (Required):

- Evidence of each faculty member's contributions demonstrating expertise in one or more of the spheres of impact.
- Examples of faculty leadership activities, including national/state/regional service in professional associations.
- Evidence of professional development activities that maintain faculty expertise in their specialty and teaching areas.
- Examples of the scholarly activities such as publications, grants, presentations, evidence-based practice contributions.

2-3. Faculty who teach in the CNS program must be sufficient in number and expertise to teach all courses, support the professional role development of students, implement essential clinical learning experiences, develop policies, advise students, and engage in ongoing curriculum development and evaluation.

Elaboration:

An adequate cadre of full-time and part-time faculty is essential to provide quality student learning experiences, engage in ongoing curriculum review and refinement, mentor students and junior faculty, guide preceptors, and ensure program continuity.

Documentation (Required):

- Copies of teaching assignments for all CNS faculty over the past two years.
- Plan to develop and/or sustain a qualified a cadre of full-time faculty to ensure program stability.

CRITERION 2. Clinical Nurse Specialist Program Resources: Faculty, Clinical, and Institutional – CLINICAL

2-4. Sufficient number of faculty and clinical preceptors are available to ensure quality clinical experiences for CNS students and provide adequate direct and indirect supervision and evaluation of students enrolled in clinical practice courses. Faculty/student ratios must conform to any state boards of nursing requirements.

Elaboration:

Adequate, appropriately credentialed faculty and clinical preceptors are essential to teaching the clinical components of the CNS program. Recommended supervision ratios are 1:1 or 1:2 for direct supervision (faculty or preceptor) and 1:6 to 1:8 for indirect supervision (faculty). These ratios support high-quality learning experiences and effective evaluation of student performance.

Documentation (Required):

- List of all full-time and part-time faculty, (with credentials) who taught, clinical CNS courses during the past two years, indicating whether each provided direct or indirect supervision.
- Faculty-student and preceptor-student ratios for all CNS clinical courses in the past two years, indicating whether each was direct or indirect supervision.
- Description of mechanisms for determining and evaluating supervision ratios to ensure quality outcomes.
- Explanation of any deviations from the recommended supervision ratios.
- Documentation of applicable state Board of Nursing requirements (on supervision ratios and evidence of program compliance

2-5. When preceptors are involved in the clinical supervision of students, the faculty who teach in the CNS program retain ultimate responsibility for evaluating student performance and the quality of the clinical experiences.

Elaboration:

When preceptors are used by the CNS program, they are expected to provide evaluative feedback to students and faculty regarding the students' clinical performance. Faculty establish the evaluation criteria and retains ultimate responsibility for assessing student performance and the quality of clinical experiences.

Documentation (Required):

- Criteria for selection/appointment of clinical preceptors.
- Methods of communication between faculty and clinical preceptors regarding student performance and the adequacy of the clinical experience.
- Evaluation criteria used to assess student performance in each CNS clinical course.

2-6. Preceptors, who are authorized to practice in the CNS role through educational preparation and/or certification, supervise students in clinical practice experiences through direct or virtual interactions. Other professionals also may be preceptors for clinical experiences.

Elaboration:

Clinical preceptors must be educationally and experientially-prepared to mentor students in the CNS role. When CNS preceptors are unavailable or additional expertise is needed, other qualified professionals (e.g., master's- or doctorally prepared NPs, physicians, nutritionists, social workers, psychologists, or other advanced practitioners) may precept CNS students for defined learning experiences.

Documentation (Required):

- Evidence that student clinical practice experiences are supervised by CNS preceptors or CNS faculty members.
- Copies of agreements/contracts with all program preceptors for the past two years.
- Evidence that all preceptors hold the appropriate degrees and credentials.
- Verification of preceptors' credentials, educational or experiential preparation, and unencumbered professional licenses.
- Plan to increase the number of educationally and experientially-prepared CNS preceptors when availability is limited.

2-7. Preceptors who supervise CNS students in clinical settings are oriented to curriculum requirements, practice course objectives, and expectations regarding student supervision and evaluation.

Elaboration:

Preceptors supervise most effectively when they are oriented to the specific courses in which the students are enrolled, and how the experience align with overall program outcomes/competencies. The preceptor's role in supervision and evaluation should be evident to preceptor, student, and faculty.

Documentation (Required):

- Description of how preceptors are oriented to the CNS program outcomes/competencies, course objectives, and their responsibilities for supervision and evaluation.
- Copies of orientation documents provided to preceptors.

2-8. Clinical facilities are sufficient in quality and number to provide experiences that give CNS students ample opportunities for role development, implementation of nationally-validated competencies in the three spheres of impact (patient direct care, nurses/nursing practice, organizations/systems), and meeting CNS/APRN certification/licensure requirements.

Elaboration:

Adequate clinical facilities are essential to support student practice in all three spheres of impact, enhancing role development and preparation for certification/licensure requirements in the role and population focus.

Experiences across the three spheres enable students to build nationally validated CNS competencies and expand their career opportunities.

Documentation (Required):

- Description of clinical facilities available and used for student practice experiences in the past two years.
- Examples of the experiences available in clinical facilities regarding each sphere of impact.
- Examples of student practice experiences related to each sphere of impact.
- Examples of current agreements/contracts with facilities used for CNS clinical practice experiences (all agreements/contracts must be on file).

CRITERION 2. Clinical Nurse Specialist Program Resources: Faculty, Clinical, and Institutional– INSTITUTIONAL

2-9. Resources are sufficient to support the ongoing professional development, scholarly activities, and practice of faculty who teach in the CNS program.

Elaboration:

Faculty are expected to engage in professional development, scholarly activities, and continued practice to remain current. Such activities must be supported, at least in part, by the program.

Documentation (Required):

- Description of the support provided to CNS faculty for professional development, scholarly activities, and continued practice.

2-10a. Learning resources and support services for on-campus/face-to-face and online/distance environments are sufficient to ensure educational quality in the CNS program.

2-10b. Institutional resources, facilities and services needed to support the development, implementation, and evaluation of the CNS program are available to faculty and students.

Elaboration:

Technology, library, faculty development, and other support systems, are essential for designing and implementing effective teaching and evaluation methods in CNS courses The institution therefore must provide resources, facilities, and services of sufficient number and quality to support faculty and ensuring a high-quality educational experience.

Documentation (Required):

- Description of resources and support systems available to faculty for teaching and evaluation in the CNS program.
- Description of institution supports for CNS faculty and students including facilities, services, and technology (with distance education support when applicable to ensure program quality and student success.

CRITERION 3. STUDENT ADMISSION, PROGRESSION, AND GRADUATION REQUIREMENTS

3-1. The CNS program builds on baccalaureate level nursing competencies and culminates in a master's degree, post-graduate certificate, or doctorate.

Elaboration:

As APRNs, CNSs must be educated at the graduate level, building upon baccalaureate nursing competencies. Graduate preparation for the CNS role may occur through a master's level, through a postgraduate certificate program, or through a practice doctorate program.

Documentation (Required):

- Evidence that the CNS program meets national expectations for graduate and APRN programs.
- Documentation that the CNS program builds on baccalaureate nursing competencies and, as appropriate to the degree being awarded, on nationally-recognized graduate level nursing competencies.

3-2. Faculty who teach in the CNS program participate in developing, approving, and revising the admission, progression, and graduation criteria for the program.

Elaboration:

Faculty roles in developing and implementing admission, progression, and graduation criteria for the CNS program must be clearly defined. Faculty must have the authority and responsibility to make decisions regarding student admissions and progression through the program.

Documentation (Required):

- Description of the admission and progression criteria for students in the CNS program.
- Evidence of faculty involvement in decisions about student admissions.
- Evidence of faculty involvement in establishing progression guidelines and making related decisions.
- Aggregate data on student qualifications at admission, progression through the program, graduation rates, and success on national certification exams (if available) and CNS/APRN state licensure or recognition.

3-3. All students in the CNS program must hold unencumbered licensure as a registered nurse before and throughout their enrollment in clinical courses.

Elaboration:

Because CNS education involves direct patient care in clinical courses, students must hold and maintain a current RN license to meet requirements for practice

Documentation:

- Description of how RN license of all CNS students is verified.
- Documentation that student files include evidence of licensure validation.

CRITERION 4. CLINICAL NURSE SPECIALIST CURRICULUM

4-1. The curriculum is congruent with state requirements, national standards for graduate APRN programs, and nationally recognized graduate CNS competencies.

Elaboration:

The CNS curriculum must include theory and clinical courses consistent with state requirements and nationally endorsed standards, guidelines, and competencies for graduate, APRN, and CNS programs. Graduates should be prepared to practice in the CNS role and pass a national certification exam aligned with their population focus. The curriculum should explicitly prepare students to achieve graduate-level CNS competencies and demonstrate effectiveness across the three spheres of impact. Post-graduate certificate graduates are expected to meet the same CNS competencies as master's or practice doctorate graduates.

Documentation (Required):

- Copy of the program of study showing core, role, population and, if appropriate, specialty courses for each track or where competencies are integrated.
- Syllabi for all CNS courses including course descriptions, objectives, credits, didactic/clinical allocations, and relationship to nationally recognized graduate APRN/CNS standards, and the three spheres of impact.
- Description of how the program incorporates state requirements, nationally endorsed standards and guidelines, and the following to develop and refine the curriculum:

  — Nationally-endorsed CNS competencies.

  — *AACN Essentials* (2021) for advanced level nursing education

  — *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (2008).

- Evidence that the curriculum prepares students for eligibility to sit for appropriate national certification examination (when available) and obtain state CNS/APRN licensure/recognition.

4-2. Clinical Nurse Specialist Clinical Hour Requirements

- *Master's & Post-graduate Certificate: Minimum 500 supervised clinical (clock) hours.*
- *Post-baccalaureate DNP: Minimum 1,000 supervised clinical (clock) hours.*

Elaboration:

CNS students must have opportunities to practice the CNS role within their population/focus area (and specialty, if applicable) under the supervision of CNS faculty and/or qualified preceptors. "Clinical (clock) hours" are defined as time in which students actively implement the CNS role across one or more of the three spheres of impact. Simulation, skills lab time, physical assessment practice sessions, and travel time to clinical sites are excluded from the clinical hour count.

Programs must consult their state board of nursing to verify jurisdiction-specific requirements, which may vary by state. Commission on Collegiate Nursing Education (CCNE) accreditation standards (2024) reinforce a minimum of 500 clinical hours. Although there is discussion of increasing this to 750 clinical hours, NACNS (2024) maintains the 500-hour minimum and does not recommend increasing without supporting evidence.

Combined CNS/NP programs must include clinical experiences addressing both roles and population/focus areas, and must prepare students for CNS eligibility. Post-graduate certificate programs must allocate at least 500 hours to the CNS role, and DNP programs must allocate at least 1,000 hours.

Programs preparing students for both a population/focus area and specialty must document that those clinical experiences adequately cover both areas. These programs are expected to require more than the minimum number of clinical hours.

Required Documentation:

- Evidence of ≥ 500 clinical (clock) hours in master's and postgraduate certificate CNS programs.
- Evidence of ≥ 1,000 clinical (clock) hours in post-baccalaureate DNP CNS programs.

CRITERION 5. CLINICAL NURSE SPECIALIST PROGRAM EVALUATION

5-1. There is a comprehensive evaluation plan for the CNS program that addresses the curriculum, faculty resources, student outcomes, clinical sites, preceptors, and program resources.

Elaboration:

A comprehensive evaluation plan must clearly specify what will be assessed, who is responsible, when evaluations occur, and how data are collected. The plan should include regular reviews (e.g., every five years, or more frequently if certification or national standards are updated), document how results are used for program improvement, and describe how faculty determine whether program outcomes and competencies are achieved.

Documentation (Required):

- Copy of a comprehensive evaluation plan, including systematic evaluation of the didactic and clinical experiences, preceptors, clinical sites, and faculty
- Evidence that CNS program evaluation is integrated into the nursing unit's overall evaluation plan.
- Documentation of how evaluation results have informed program improvement.
- Timeline for systematic, ongoing evaluation of the CNS curriculum.
- Evidence of regular, formal reviews of the CNS curriculum by program faculty.

5-2. The CNS program collects and aggregates data from a variety of sources to evaluate achievement of program outcomes.

Elaboration:

The CNS program must implement a plan to evaluate achievement of program outcomes and competencies, incorporating feedback from students, alumni, employers, clinical partners/preceptors, and other stakeholders. Faculty should regularly review aggregate evaluation data and use findings for continuous program improvement

Documentation (Required):

- Instruments and methods used for comprehensive program evaluation such as graduate/alumni satisfaction, post-graduation employment, employer satisfaction, certification pass rates, program retention and graduation rates.
- Aggregate data from the past two years such as time to completion, graduation rates, certification exam pass rates, CNS/APRN licensure/approval collected from students, alumni, employers, and other stakeholders.
- Reports analyzing data to identify CNS program strengths, areas for improvement, and strategies to address concern.
- Examples of program changes implemented based on evaluation findings.

Documentation (Recommended):

- Curriculum meetings minutes documenting analysis of program outcome data and recommendations for improvement.

5-3. Faculty who teach and students who are enrolled in the CNS program have input in the ongoing development, evaluation, and revision of the program.

Elaboration:

Faculty teaching in the CNS program is knowledgeable about national practice standards, graduate nursing education guidelines, and CNS specific standards. They understand curriculum structure, content, and learning experiences required to prepare CNSs for their evolving role. Students, as direct beneficiaries of the program, have a vested interest in its quality and their preparation for the CNS role. Therefore, both students and faculty should participate in designing, evaluating, and revising the CNS program.

Documentation (Required):

- Description of processes for incorporating faculty and student input into curriculum development, evaluation, and refinement.
- Examples of students and faculty engagement in curriculum development, evaluation, and refinement.

Documentation (Recommended):

- Minutes from CNS faculty and/or graduate program meetings that documenting curriculum development and faculty decision-making.
- Minutes from CNS faculty meetings showing how student input is incorporated into curriculum design and implementation.

5-4. The CNS curriculum is evaluated on an ongoing basis, using relevant data to inform revisions.

Elaboration:

CNS programs must be formally evaluated on a regular cycle (i.e., every 5 years, or more often when certification or national standards are revised, or when major program changes occur). Data from these evaluations, along with responsiveness to certification and national standards, should guide refinements to ensure graduates are well-prepared for effective CNS practice.

Documentation (Required):

- Sample reports from program evaluation data collection activities.
- Examples of program refinements made in response to outcome data.

5-5. Faculty who teach in the CNS program are evaluated regularly, according to parent institution or nursing unit policies.

Elaboration:

To ensure faculty remain appropriately credentialed, effective teachers, current in CNS practice, and active contributors to the profession, the CNS program must maintain a plan specifying when, how, and by whom faculty evaluations are conducted.

Documentation (Required):

- Description of methods used to evaluate CNS faculty such as annual activity reports, student evaluations of teaching, and peer evaluations of teaching and scholarship.

- Description of the evaluation process, including time, responsible parties, and how results are used to support faculty development and program quality.
- Tools/instruments used to collect and evaluate data on CNS faculty.

5-6. The clinical agencies and preceptors utilized for the CNS program are evaluated annually by faculty members and students.

Elaboration:

The CNS program must maintain clearly defined processes to evaluate the effectiveness and appropriateness of clinical sites, as well as the qualifications and performance of preceptors who supervise and evaluate CNS students.

Documentation (Required):

- Description of procedures used by students and faculty to evaluate clinical facilities.
- Description of selection and evaluation processes for clinical facilities, including those in locations for distance education students.
- Description of procedures used by students and faculty to evaluate preceptors' qualifications and effectiveness.
- Copies or description of instruments used to collect evaluation data on clinical facilities and preceptors.

5-7. Evaluation of students is cumulative, multi-method, and incorporates clinical observation of performance by faculty who teach in the CNS program and preceptors who supervise students in practice experiences.

Elaboration:

Student performance must be evaluated comprehensively according to a defined evaluation plan. Each clinical course should include evaluation using multiple methods, including direct observation (in person or virtual) by both the faculty member teaching the CNS clinical course and the supervising preceptor in the clinical setting.

Documentation (Required):

- Description of the student performance evaluation plan, including methods, frequency, and respective roles of faculty and preceptors.
- Description of how faculty and preceptors provide feedback to students regarding performance and progress towards program outcomes and competencies.

Documentation (Recommended):

- Examples of the instruments used to evaluate students' performance in didactic and clinical courses.

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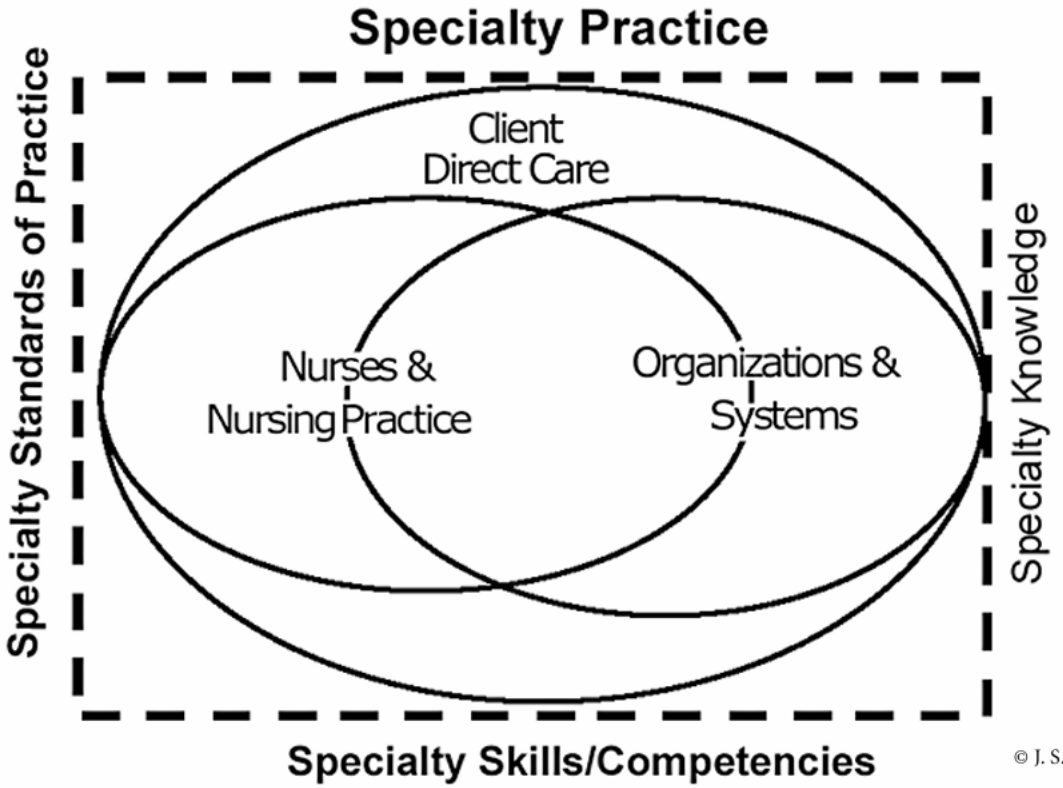
Appendix A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