

Criteria for the Evaluation of Clinical Nurse Specialist Master's, Practice Doctorate, and Post-Graduate Certificate Educational Programs

**Prepared by the
Validation Panel of
The National Association of
Clinical Nurse Specialists**

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National Task Force on the Guidelines for
Clinical Nurse Specialist Education**

Members of the Task Force Writers Group (2009-2010)

Angela P. Clark, PhD, RN, CNS, FAAN, FAHA, Co-Chair
Peggy Gerard, PhD, RN, Co-Chair
Patti Zuzelo, EdD, RN, ACNS-BC, Board Liaison, NACNS Education Committee
Kathleen Baldwin, PhD, RN, CNS, NACNS Education Committee
Cathy J. Thompson, PhD, RN, CCNS, NACNS CNS Educator of the Year, 2008
Pam Malloy, RN, MN, OCN, American Association of Colleges of Nursing Representative
Jane Sumner, PhD, RN, National League for Nursing Representative

Members of the Validation Panel (2010-2011)

Anne Alexandrov, PhD, RN, CCRN, ANVP-BC, FAAN, Commission on Collegiate Nursing Education (CCNE)
Carol J. Bickford, PhD, RN-BC, CPHIMS, American Nurses Association (ANA)
Lucinda Brown, RN, CNS, MSN, Society of Pediatric Nurses (SPN)
Naomi E. Ervin, PhD, RN, PHCNS-BC, FAAN, Association of Community Health Nursing Educators (ACHNE)
Cindy Gatens, MN, RN, CRRN, Association of Rehabilitation Nurses (ARN)
Carol Hartigan, MA, RN, Association of Critical-Care Nurses/AACN Certification Corporation
Judith Hertz, PhD, RN, FNGNA, National Gerontological Nursing Association (NGNA)
Katherine Laux Kaiser, PhD, APHN, BC, Association of Community Health Nursing Educators (ACHNE)
Theresa Kessler, PhD, RN, ACNS-BC, American Nursing Credentialing Center (ANCC)
Cecil King, RN, MSN, CNOR, CNS, American Organization of Nurse Executives (AONE)
Audrey Lyndon, PhD, RNC, CNS-BC, Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
Renee Manworren, MS, RN-BC, CNS, American Society for Pain Management Nurses (ASPMN)
Bridget Montana, MS, RN, CNS, MBA, Hospice and Palliative Nurses Association (HPNA)
AnnMarie Papa, DNP, RN, CEN, NE-BC, FAEN, Emergency Nurses Association (ENA)
Julie Ponto, PhD, RN, ACNS-BC, AOCN, Oncology Nursing Society/Oncology Nursing Certification Corp. (ONS & ONCC)
Les Rodriguez, MSN, MPH, RN, ACNS-BC, National Association of Clinical Nurse Specialists (NACNS)
Lucia Schliessmann, MSN, BA, RN, ACRN, Association of Nurses in AIDS Care (ANAC)
Mary Jean Schumann, DNP, MBA, RN, CPNP, American Nurses Association (ANA)
Daniel Sheridan, PhD, RN, FNE-A, FAAN, International Association of Forensic Nurses (IAFN)
Victoria Soltis-Jarrett, PhD, PMHCNS-BC, PMHNP-BC, International Society of Psychiatric-Mental Health Nurses (ISPN)
Joan Stanley, PhD, CRNP, FAAN, FAANP, American Association of Colleges of Nursing (AACN)
Jane Sumner, PhD, RN, PHCNS, BC, National League for Nursing (NLN)
Costellia Talley, PhD, ACNS-BC, Academy of Medical-Surgical Nurses (AMSN)
Patti R. Zuzelo, EdD, RN, ACNS-BC, ANP-BC, CRNP, National Association of Clinical Nurse Specialists (NACNS)

Terry Valiga, EdD, RN, ANEF, FAAN, Duke University School of Nursing, Convener
Ethan Gray, NACNS Managing Director

Overview

This project was designed to develop and disseminate nationally-endorsed criteria to guide the development, implementation and evaluation of Clinical Nurse Specialist (CNS) programs * in the U.S. The material presented here builds upon guidelines published in the *Statement on Clinical Nurse Specialist Practice and Education* (NACNS, 2004), and it includes recommendations for CNS curricula – including the minimum required clock hours of clinical practica – that are congruent with existing national accreditation standards for advanced practice registered nurse (APRN) roles, the *Consensus Model for APRN Regulation* (APRN Consensus Workgroup, 2008), the *Essentials of Master’s Education in Nursing* (AACN, 1996, 2011) **, the *Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006), the *National CNS Competency Task Force Organizing Framework and CNS Core Competencies* (NACNS, 2008), and the *Core Practice Doctorate CNS Competencies* (NACNS, 2009).

This project adapted a previously-validated consensus-building process (US Department of Health and Human Service, 2002) that was initially developed in consultation with a nationally-recognized expert in higher education assessment and used to develop and validate national consensus-based primary care nurse practitioner competencies in five specialty areas (APRN Consensus Work Group, 2008). The current project utilized the expertise of a variety of stakeholders and included assessment of current documents and existing models to inform the process and anticipate barriers to implementing the final recommendations. A Task Force of experts developed the initial document (referred to as Guidelines), and the NACNS then sought input and validation from other stakeholders and organizations. The final draft document produced by the Validation Panel was presented to the NACNS membership and posted for public comment. The feedback from that public comment period was reviewed by the panel and final revisions made as appropriate.

Process Used to Develop the Guidelines

A Clinical Nurse Specialist Education Guidelines Task Force was charged by the National Association of Clinical Nurse Specialists (NACNS) Board of Directors to establish guidelines for CNS programs offering either master’s and/or practice doctorate points of entry into this APRN role. The intent of this project was to ensure quality CNS education by providing criteria that could be used as a companion, or adjunct, document in the development, review or accreditation of CNS programs.

The Education Standards Task Force was comprised of two groups: Writers and Reviewers/Refiners. The work of the Writers group spanned approximately ten (10) months, with the work facilitated by conference calls, e-mail exchanges, and a designated web space for reference materials.

* Throughout this document, the terms “CNS program,” “CNS content,” “CNS focus,” and “CNS track” refer specifically to the learning experiences designed to prepare individuals for the clinical nurse specialist (CNS) role. They do not refer to the entire master’s or DNP program.

** The original work related to formulation of the criteria included in this document was done in the context of the 1996 AACN *Essentials of Master’s Education for Advanced Practice Nursing*. A new edition of that document was published in 2011 and used by the Validation Panel to create this document dated December 19, 2011.

The NACNS Education Committee and representatives from a large number of national specialty nursing organizations were invited to join the task force as Reviewer/Refiner members to provide input. The final document of this Task Force was then forwarded to a separate panel of experts who were asked to review, refine, and validate the evaluation criteria.

Process Used by the Validation Panel to Revise the Criteria

Members of the Validation Panel reviewed the Guidelines that had been developed by the Task Force (2009), as well as the national CNS Competency Task Force Report (NACNS, 2008), which included Clinical Nurse Specialist Core Competencies. For each criterion in the 2009 Task Force report, all Panel members were asked to comment on whether the statement of the criterion was relevant and clear; whether the elaboration was helpful; whether the documentation noted as required was relevant, appropriate, complete, and reasonable; and whether the documentation noted as recommended was appropriate and non-essential (i.e., truly recommended only and not required). Based on this feedback and dialogue, the criteria were revised and sent to Panel members for review. This time, they were asked to respond to questions about language used, proposed re-ordering of selected criteria, proposed combining of selected criteria, clarity, and internal consistency of the document. Again, the criteria were revised based on feedback, and additional drafts were circulated to Panel members. For each criterion, opinions regarding its acceptability as stated, suggestions for further revision, and feedback on specific questions related to criteria that generated significant debate was sought. The final draft document was forwarded to the NACNS Board of Directors who posted it to the NACNS website and invited comments from members and the broad nursing community. The feedback received during that public comment period was reviewed by the Validation Panel, and the Guidelines refined as needed. The final Guidelines document is being forwarded to the NACNS Board of Directors for approval. It is recommended that the approved document be sent to various nursing organizations and nursing's two accrediting bodies (i.e., CCNE and NLNAC) for endorsement and then shared with the organization's membership, all State Boards of Nursing, and the broader public.

Recommendations

Use of the Criteria

The criteria that follow are intended to be used to evaluate CNS master's, practice doctorate, and post-graduate certificate educational programs and serve as an adjunct to existing national accreditation standards. In addition, these standards may also be used to guide development of new CNS programs and to conduct self-evaluation of new and existing CNS programs.

Dissemination and Endorsement of the Criteria

It is recommended that this document be shared with key stakeholders, including CNS program faculty, CCNE (the Commission on Collegiate Nursing Education) and NLNAC (the National League for Nursing Accrediting Commission) for review. Once the document is revised as needed based on this feedback, it will be approved by the NACNS Board of Directors, and then disseminated to the broader nursing community for endorsement. Endorsement is understood to be a "general philosophical agreement with the evaluation criteria" (National Task Force on Quality Nurse Practitioner Education, 2008). The Criteria will then be distributed to all CNS programs in the U.S., accrediting organizations, and other relevant

groups such as organizations that fund new and existing programs.

Review of the Criteria

It is recommended that The *Criteria for the Evaluation of CNS Master's, Practice Doctorate, and Post-graduate Certificate Educational Programs* be reviewed by an NACNS-appointed national panel of experts who represent a variety of nursing organizations at least every five years or when significant changes occur that have implications for CNS education programs. It is recommended that these guidelines be reviewed earlier if significant changes in education, accreditation or certification of CNS programs occur.

**Criteria for the Evaluation of
Clinical Nurse Specialist
Master's, Practice Doctorate, and Post-graduate Certificate
Educational Programs**

Introduction

With the increasing complexity of patient healthcare needs, the unprecedented reliance on technology, and the urgency to provide a culture of safety for patients and families, the CNS role provides a unique opportunity to meet the healthcare needs of the nation. Both the National Research Council of the National Academies (2005) and the Institute of Medicine (2003) have challenged healthcare leaders to become educated in providing interprofessional care, using information systems, and concentrating on quality improvement to advance patient safety. CNSs must continue to be educated within this context as expert providers of specialized advanced nursing care.

Clinical Nurse Specialists are educationally prepared to practice in any of the “three spheres of influence” that are evident in the conceptual model of CNS practice (NACNS, 2004). These spheres of influence are the (a) Patients Sphere, where the goal is to provide expert care; (b) Nurses and Nursing Practice Sphere, where the goal is to influence evidence-based care; and (c) Organizations/Systems Sphere, where the goal is to influence and lead system improvements.

Recent national discussions about the future direction for APRN practice (AACN, 2006; AACN, 2009, 2011; APRN Consensus Work Group, 2008; Institute of Medicine/Robert Wood Johnson Foundation, 2010) have proposed changes that will transform all APRN education. Nursing education leaders must keep abreast of trends and nationally-accepted educational standards that will influence curricula. This current document presents the first version of the *Criteria for the Evaluation of CNS Master's, Practice Doctorate, and Post-graduate Certificate Educational Programs*. Future versions will evolve and will continue to reflect the best thinking of leaders in CNS and APRN education.

This document includes three main components: 1) criteria for the evaluation of CNS master's, practice doctorate, and post-graduate certificate programs; 2) required and recommended documentation for evaluating CNS education programs; and 3) references. An additional document that includes curriculum recommendations based on nationally-validated master's and practice doctorate CNS competencies as well as the *Consensus Model for APRN Regulation* (APRN Consensus Work Group, 2008) is available through the National Association of Clinical Nurse Specialists; also available is a toolkit that includes ideas regarding curriculum content, clinical learning experiences, and student-led change projects that relate to the three spheres of influence.

The criteria for evaluating CNS master's and practice doctorate educational programs follow. These are organized into five (5) 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.

Summary

These *Criteria for the Evaluation of Clinical Nurse Specialist Master's, Practice Doctorate, and Post-graduate Certificate Educational Programs* reflect the requirements necessary to ensure quality CNS education at the master's, post-graduate, and practice doctorate levels. The document incorporates recommendations from the *Consensus Model for APRN Regulation* (APRN Consensus Work Group, 2008) and therefore, provides guidance to CNS programs that will need to modify curricula and requirements for clinical practica. This document also provides valuable information to new programs that are being developed. The document reflects the commitment of NACNS and CNS stakeholders to ensure that CNSs are prepared to provide expert and independent care to patients, and to influence nursing practice and system changes to improve patient outcomes.

CRITERION 1. 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 that is recognized by the U.S. Department of Education.

Elaboration:

The CNS program must exist within an academic nursing unit that operates within or is affiliated with an institution of higher education. The program must be at the graduate level and accredited by a nationally-recognized nursing accrediting body (i.e., CCNE or NLNAC).

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 purpose of the CNS program must clearly define the population * focus area and any additional specialty * preparations. The program outcomes/competencies should reflect preparation at the graduate level and be congruent with the mission of the parent institution and the nursing unit.

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

* Throughout these Criteria, “population” and “specialty” are used in accord with the definitions outlined in the APRN Consensus Work Group (2008) document.

1-3. The individual who has responsibility for the overall leadership or oversight of the CNS 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 State in which the program is based; and**
- **has responsibility for ensuring that the program adheres to national CNS educational standards.**

Elaboration:

There must be a full-time faculty member designated to provide overall leadership or oversight of the CNS program. This individual must have educational and/or experiential preparation for the CNS role in a population focus area that is congruent with a focus of the program. The faculty member designated to lead the CNS program is expected to keep abreast of current standards and trends in CNS education and practice and to ensure adherence to national CNS standards. Although not required, it is strongly recommended that the individual who has responsibility for the overall leadership or oversight of the CNS program be prepared at the doctoral level.

Documentation (Required):

- Description of the duties and responsibilities of the faculty member designated to lead the CNS program
- Evidence of how the faculty member designated to lead the CNS program advances the purpose, mission, goals, and outcomes of the program
- Curriculum Vitae of the faculty member designated to lead the CNS program, which documents educational preparation and/or national certification as a CNS in a population focus area congruent with one of the foci of the program
- Current credential as an APRN in the state/territory in which the program exists

Documentation (Recommended):

- List of publications and other scholarly activities relevant to CNS practice/education and membership/leadership in professional organization(s) that focus on advancing or documenting the impact of CNS practice/education

* Throughout these Criteria, “doctorate” refers to the practice or the research doctorate

**CRITERION 2. CNS PROGRAM RESOURCES:
FACULTY, CLINICAL, AND INSTITUTIONAL**

Criterion 2. CNS Program Resources: Faculty, Clinical, and Institutional – FACULTY

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

2-1b. Faculty who teach CNS role and clinical practice courses have master’s, post-graduate, or practice doctorate preparation as a CNS.

Elaboration:

Faculty teaching CNS role or clinical practice courses in the CNS program must hold the academic credentials, qualifications, and experience that are needed to carry such teaching responsibilities. It is strongly recommended that faculty teaching in the practice doctorate CNS program hold an earned practice or research doctorate, or have a clearly-outlined plan for attaining such preparation.

Documentation (Required):

- Profile Table of all faculty teaching in the CNS program documenting each individual’s credentials, education, certification(s), experience, and courses taught for the past two years
- *Curriculum Vitae* of all faculty members teaching in the CNS program
- Plan to attain doctoral preparation for each master’s-prepared faculty member teaching in the practice doctorate CNS program who does not currently hold that degree

Criterion 2. CNS Program Resources: Faculty, Clinical, and Institutional – FACULTY

2-2. Faculty who teach in the CNS program maintain expertise in their area of specialization and contribute to the field (a) by engaging in scholarly projects and professional leadership activities that promote evidence-based practice and improve health outcomes, or (b) through other activities in one or more of the three Spheres of Influence (patient/client, nurses/nursing practice, organization/system).

Elaboration:

Faculty members teaching in the CNS program demonstrate expertise in at least one of the three Spheres of Influence through some form of faculty practice, which may include clinical care, scholarly projects (including evidence-based practice), consultation, or research with clinical implications.

Documentation (Required):

- Evidence of the practice or contributions made by each faculty member teaching in the CNS program, as they relate to one or more of the Spheres of Influence
- Examples of the leadership activities of faculty members teaching in the CNS program, including national/state/regional service in professional associations
- Evidence of the professional development activities of faculty members teaching in the CNS program that serve to help maintain expertise in the area of specialization and the area(s) of teaching responsibility
- Examples of the scholarly activities of faculty members teaching in the CNS program, including publications, grants, presentations, evidence-based practice contributions, etc.

Criterion 2. CNS Program Resources: Faculty, Clinical, and Institutional – FACULTY

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:

It is essential to have an adequate cadre of full-time and part-time faculty teaching in the CNS program to provide quality learning experiences for students, engage in ongoing curriculum review and refinement, mentor students and junior faculty, guide preceptors, and provide continuity regarding implementation of the program.

Documentation (Required):

- Copies of teaching assignments for all faculty teaching in the CNS program for the past two years
- Plan to develop and/or maintain a cadre of qualified full-time faculty to teach in and maintain the quality and stability of the program

Criterion 2. CNS Program Resources: Faculty, Clinical, and Institutional – CLINICAL

2-4. A 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 State Board of Nursing requirements.

Elaboration:

Adequate and appropriately-credentialed faculty and clinical preceptors to teach the clinical components of the CNS program are essential for effective program implementation. The recommended ratio for direct supervision (by the faculty member or clinical preceptor) is 1:1 or 1:2.

The recommended ratio for indirect supervision (by the faculty member) is 1:6 to 1:8. Such ratios ensure quality clinical learning experiences for students, as well as effective evaluation of student performance.

Documentation (Required):

- List of all full-time and part-time faculty, including credentials, involved in teaching clinical CNS courses during the past two years, indicating whether each provided direct or indirect supervision
- List of faculty:student and preceptor:student ratios for all CNS clinical courses taught during the past two years, indicating whether each was direct or indirect supervision
- Description of mechanisms for determining faculty:student and preceptor:student ratios and evaluating whether these provide quality outcomes
- Explanation of any variations in the recommended faculty:student or preceptor:student ratios noted in the Elaboration section above
- Documentation of State Board of Nursing requirements regarding faculty:student and/or preceptor:student ratios and how the CNS program meets those requirements

Criterion 2. CNS Program Resources: Faculty, Clinical, and Institutional – CLINICAL

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. The criteria for those evaluations are to be provided by faculty members teaching in the program, and they have ultimate responsibility for evaluating student performance and evaluating the quality of students' 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

Criterion 2. CNS Program Resources: Faculty, Clinical, and Institutional – CLINICAL

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

Elaboration:

Clinical preceptors must be educationally- and experientially-prepared to mentor students in the CNS role. If CNS preceptors are not available or additional professional expertise is deemed essential for the student's education, other professionals (e.g., master's- or doctorally-prepared nurse practitioners, physicians, nutritionists, social workers, psychologists, nurses, or other health professionals with advanced preparation and specialized expertise) may precept CNS students for circumscribed experiences.

Documentation (Required):

- Evidence that student clinical practice experiences are supervised by CNS preceptors or CNS faculty members
- Copies of agreements/contracts with all preceptors involved in the CNS program during the past two years
- Evidence that all preceptors hold the appropriate professional degree and credential
- Documentation of verification of all preceptors' credentials, educational or experiential preparation, and unencumbered professional license
- Description of a plan to increase the number of educationally- and experientially- prepared preceptors is provided when CNS preceptors are not available for essential supervision of students

Criterion 2. CNS Program Resources: Faculty, Clinical, and Institutional – CLINICAL

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 are better able to supervise CNS students when they receive ample information about the specific course in which the student is enrolled and how the experience they are sharing with the student relates to the overall program outcomes/competencies. The preceptor's role in supervision and evaluation should be evident to all concerned – preceptor, student, and faculty.

Documentation (Required):

- Description of the way(s) in which preceptors are oriented to the CNS program outcomes/competencies, specific course objectives, and their responsibilities related to the supervision and evaluation of the student
- Copies of orientation documents provided to preceptors

Criterion 2. CNS Program Resources: Faculty, Clinical, and Institutional – CLINICAL

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 CNS competencies in the three Spheres of Influence (patient/client, nurses/nursing practice, organization/system), and meeting CNS/APRN certification/licensure requirements.

Elaboration:

Sufficient clinical facilities are essential to support student practice experiences in all three Spheres of Influence, to enhance role development, and to prepare students to meet certification/licensure requirements in the role and population focus. Student experiences in all three Spheres of Influence help them develop skills in all of the nationally-validated CNS competencies and expand their career opportunities.

Documentation (Required):

- Description of clinical facilities available and used for student practice experiences within the past two years
- Examples of the experiences available in clinical facilities regarding each Sphere of Influence
- Examples of student practice experiences related to each Sphere of Influence
- Examples of current agreements/contracts with facilities used for CNS clinical practice experiences (NOTE: All agreements/contracts must be on file)

Criterion 2. CNS 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 members are expected to engage in professional development and scholarly activities, as well as continue their practice, in order to remain current. Such activities must be supported, at least in part, by the program.

Documentation (Required):

- Description of the support provided to faculty who teach in the CNS program that allows them to enhance their professional development, engage in scholarly activities, and engage in practice

Criterion 2. CNS Program Resources: Faculty, Clinical, and Institutional – INSTITUTIONAL

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, support systems, and other resources are essential to support faculty in designing and implementing teaching and evaluation methods in all courses in the CNS program and to ensure a quality educational experience. The institution, therefore, must provide resources, facilities, and services that are sufficient in number and quality to support faculty and students in all aspects of the CNS program.

Documentation (Required):

- Description of resources and support systems in place to support faculty in designing and implementing effective teaching and evaluation methods
- Description of how the institution supports faculty and students in the CNS program in the areas of resources, facilities, and support services (including technology support for distance education) to ensure program quality and student success.

CRITERION 3. STUDENT ADMISSION, PROGRESSION AND GRADUATION REQUIREMENTS

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:

Since CNSs are advanced practice registered nurses, their education must be at the graduate level and build upon baccalaureate nursing competencies, in light of the many pathways for the educational preparation of nurses, graduate preparation for the CNS role may be at the master's level, through a post-graduate certificate program, or through a practice doctorate program.

Documentation (Required):

- Evidence that the CNS program meets appropriate expectations outlined by national organizations 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

Criterion 3. Student Admission, Progression and Graduation Requirements

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:

The role of faculty teaching in the CNS program in developing and implementing admission, progression and graduation criteria related to that program must be clear. Such 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 how faculty teaching in the CNS program are involved in making decisions about admissions to that program
- Evidence of how faculty teaching in the CNS program are involved in establishing progression guidelines and making decisions related to student progression through that program

- Aggregate data about qualifications of students admitted to the CNS program, their progression through it, graduation rates, and graduates' success on national certification exams (if available) and state licensure/recognition as a CNS/APRN

Criterion 3. Student Admission, Progression and Graduation Requirements

3-3. All students in the CNS program must hold unencumbered licensure as an RN prior to and throughout their enrollment in CNS clinical courses.

Elaboration:

Since the CNS program prepares students for an advanced practice role in nursing and requires their involvement in patient care during clinical courses, students must meet legal requirements to practice as a registered nurse.

Documentation:

- Description of how the current RN license of all students in the CNS program is verified
- Documentation that files are maintained as evidence of licensure validation

CRITERION 4. CNS CURRICULUM

Criterion 4. CNS Curriculum

4-1. The curriculum is congruent with state requirements, national standards for graduate APRN programs, and nationally-recognized master's level or DNP CNS competencies.

Elaboration:

The CNS curriculum should incorporate appropriate theory and clinical courses consistent with state requirements and nationally-endorsed standards, guidelines and competencies for graduate, APRN and CNS programs. Graduates of the program should be prepared to practice in the CNS role and be successful on a national certification exam appropriate to the population-focused area. Preparation for meeting graduate-level CNS competencies and effectiveness within the three CNS Spheres of Influence should be reflected in the curriculum. Post-graduate certificate program graduates are expected to meet the same CNS competencies as master's or practice doctorate program graduates.

Documentation (Required):

- Copy of the program of study showing core, role, population and, if appropriate, specialty courses for each track or where core, role and population competencies are integrated
- Syllabus for each course in the CNS program, including course descriptions, objectives, credits, didactic/clinical allocations, and relationship to nationally-recognized graduate core, APRN core, CNS role/population-focused core standards, and the three Spheres of Influence
- Description of how the program uses state requirements, nationally-endorsed standards and guidelines, and each of the following to develop and refine the curriculum:
 - Nationally-endorsed CNS master's and/or practice doctorate competencies
 - AACN *Master's Essentials* (2011) and/or DNP *Essentials* (2006);
 - The *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (2008)
- Evidence that the curriculum prepares students to meet the criteria for eligibility to take the appropriate national certification examination (when available) and for state licensure/recognition as a CNS/APRN

Criterion 4. CNS Curriculum

4-2. The CNS program requires a minimum of 500 supervised clinical (clock) hours for master's and post-graduate preparation. A minimum of 1,000 supervised clinical (clock) hours are required for post-baccalaureate practice doctorate preparation.

Elaboration:

CNS students must have an opportunity to practice the CNS role in settings related to the population/focus area and, if appropriate, specialty of the program under the supervision of a CNS faculty member and/or a qualified CNS preceptor. "Clinical (clock) hours" refers to hours in which the student implements the CNS role in one or more of the Three Spheres of Influence. (Skills lab hours and physical assessment practice sessions are not included in the calculation of "clinical (clock) hours.")

Combined CNS/nurse practitioner programs must include clinical experiences in both the CNS and NP roles and population/focus area and must prepare students to be eligible for certification as a CNS. A minimum of 500 clinical (clock) hours must be spent in post-graduate programs preparing for the CNS role and population/focus area of practice. A minimum of 1,000 clinical (clock) hours must be spent in post-baccalaureate programs preparing nurses for the CNS role at the practice doctorate level.

CNS programs preparing graduates for practice in a specialty area of practice in addition to the population/focus area must document how clinical experiences address both. It is expected that the number of required clinical hours will be greater for a program that prepares students for CNS practice in a specialty area in addition to the population/focus area.

Documentation (Required):

- Evidence that validates a minimum of 500 clinical (clock) hours in the master's and post-graduate certificate CNS program
- Evidence that validates a minimum of 1,000 clinical (clock) hours in the post-baccalaureate practice doctorate program

CRITERION 5. CNS PROGRAM EVALUATION

Criterion 5. CNS 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 plan for evaluating the CNS program that specifies the what, who, when and how of data collection is essential to ensure continued program quality. The plan must provide for regular reviews (e.g., every five years or more frequently as certification or national standards are updated/ revised), document how results of the evaluation are used for program improvement, and describe how faculty determine that program outcomes/competencies are met.

Documentation (Required):

- Copy of the comprehensive evaluation plan that describes systematic evaluation of the didactic and clinical experiences, preceptors, clinical sites, and faculty involved in the CNS program
- Evidence that the evaluation of the CNS program is integral to the nursing unit's overall Evaluation Plan
- Documentation of how evaluation results have been used for program improvement
- Timeline for the ongoing, systematic evaluation of the CNS curriculum
- Documentation of regular, formal reviews of the CNS curriculum by faculty teaching in that program

Criterion 5. CNS Program Evaluation

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 develop and implement a plan to evaluate the extent to which program outcomes/competencies have been achieved, incorporating the perspective of students, alumni, graduates' employers, clinical partners/preceptors, and other significant stakeholders. Aggregate data from program evaluations should be reviewed regularly by faculty teaching in the CNS program and used for ongoing improvement of the program.

Documentation (Required):

- Instruments/methods/measures used to collect data needed for a comprehensive program evaluation. Such measures may include the following: graduate/alumni satisfaction, employment following program completion, employer satisfaction, certification pass rates, program retention and graduation rates, etc.
- Aggregate data (such as average time to complete the program, graduation rates, and pass rates on national certification exam and state licensure/approval as a CNS/APRN) from students, alumni, graduates' employers, and other stakeholders for the past two years
- Reports of analyses of data that document CNS program strengths, areas needing improvement or refinement, and strategies designed to address areas of concern
- Examples of program changes that have been made, based on findings from the program evaluation

Documentation (Recommended):

- Minutes of curriculum meetings where program outcome data were analyzed and recommendations for program improvement were formulated

Criterion 5. CNS Program Evaluation**5-3. Faculty who teach and students who are enrolled in the CNS program have input into the ongoing development, evaluation and revision of the program.****Elaboration:**

Faculty who teach in the CNS program are knowledgeable about national practice standards, guidelines for graduate nursing education, and guidelines for CNS education. They also understand the curriculum structure and content, as well as the learning experiences that are necessary to adequately prepare CNSs for their evolving role. Students also have a vested interest in the program, since they are the ones who experience it and who desire to be exceptionally well-prepared to assume the CNS role upon graduation. Therefore, both students and faculty should participate in designing, evaluating, and revising the CNS program.

Documentation (Required):

- Description of processes in place that provide for faculty and student input into the development, evaluation, and refinement of the CNS curriculum.
- Examples of how students and faculty have been engaged in curriculum development, evaluation, and refinement

Documentation (Recommended):

- Minutes from CNS faculty and/or graduate program meetings that illustrate curriculum development and decision making by faculty
- Minutes from CNS faculty meetings that illustrate how student input is incorporated into decisions related to curriculum design and implementation

Criterion 5. CNS Program Evaluation

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

Elaboration:

In order to ensure that it remains current and relevant, the CNS program must be formally evaluated, and such evaluation should occur regularly (e.g., every 5 years or more frequently as certification or national standards are updated/revised, or as major changes in the program/curriculum occur). Data from such evaluations, as well as the need to be responsive to changes in certification or national standards, are essential to guide decisions about refinements that may be needed to provide quality education that prepares graduates for effective practice in the CNS role.

Documentation (Required):

- Sample reports of data collection activities
- Examples of how outcome data have been used to revise/refine the CNS program

Criterion 5. CNS Program Evaluation

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

Elaboration:

In order to ensure that faculty continues to be appropriately-credentialed, effective teachers, current in their knowledge of CNS practice and contributing professionals, there must be a plan for when, how, and by whom regular evaluations of all faculty who teach in the CNS program are conducted.

Documentation (Required):

- Methods used to evaluate faculty who teach in the CNS program (e.g., annual activity reports, student evaluations of teaching effectiveness, peer evaluations of teaching and scholarship)
- Description of when faculty teaching in the CNS program are evaluated, by whom, and how data from those evaluations are used to promote ongoing faculty development and program quality
- Tools/Instruments used to gather evaluative data about faculty who teach in the CSN program

Criterion 5. CNS Program Evaluation

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

Elaboration:

There must be clearly-defined processes and methods to evaluate (a) the effectiveness and appropriateness of clinical sites and (b) the qualifications and effectiveness of preceptors engaged in supervising and evaluating CNS students.

Documentation (Required):

- Description of procedures and methods used by students enrolled in and faculty teaching in the CNS program to evaluate clinical facilities used in the program.
- Description of how clinical facilities, including those in locations for distance education students, are selected and evaluated
- Description of procedures and methods used by students enrolled in and faculty teaching in the CNS program to evaluate the preceptors involved in supervising and evaluating students
- Tools/Instruments used to gather evaluative data about clinical facilities used and preceptors who supervise and evaluate CNS students

Criterion 5. CNS Program Evaluation

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 overall and should include an evaluation in each clinical course according to a defined evaluation plan. Such evaluations should be comprehensive, use multiple means to gather data about performance, and include observations (in-person, virtually, or through the use of various technologies) of students' performance by both the faculty member teaching the CNS clinical course and the preceptor who provides ongoing supervision of student in the clinical facility.

Documentation (Required):

- Description of the plan for evaluating student performance, including the methods used to evaluate their clinical performance, the frequency of evaluations, and the responsibilities of faculty and preceptors in the evaluation process
- Description of how feedback is provided to students by faculty and preceptors regarding their performance and their progress in meeting program outcomes/competencies

Documentation (Recommended):

- Examples of the tools/Instruments used to evaluate students' performance in the CNS program, including both didactic and clinical courses

References

- AACN (American Association of Colleges of Nursing). (1996). *The essentials of master's education for advanced practice nursing*. Washington, D C: Author.
- AACN (American Association of Colleges of Nursing). (2006). *The essentials of doctoral education for advanced nursing practice*. Washington, D C: Author.
- AACN (American Association of Colleges of Nursing). (2009). *Fact Sheet: The doctor of nursing practice (DNP)*. Retrieved May 6, 2009 from <http://www.aacn.nche.edu/Media/FactSheets/dnp.htm>
- AACN (American Association of Colleges of Nursing). (2011). *The essentials of master's education in nursing*. Washington, DC: Author. Retrieved May 1, 2011 from <http://www.aacn.nche.edu/Education/pdf/DraftMastEssentials.pdf>.
- APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee. (2008). *Consensus model for APRN regulation: Licensure, accreditation, certification & education*. Retrieved February 12, 2011 from https://www.ncsbn.org/Consensus_Model_for_APRN_Regulation_July_2008.pdf.
- Institute of Medicine/Robert Wood Johnson Foundation. (2010). *The future of nursing: Leading change, advancing health*. Washington, DC: National Academies Press. Retrieved February 12, 2011 from www.nap.edu/catalog/12956.html.
- Institute of Medicine. (2003). *Health professions education: A bridge to quality*. Washington, DC: National Academies Press.
- NACNS (National Association of Clinical Nurse Specialists). (2004). *Statement on clinical nurse specialist practice and education*. Harrisburg, PA: National Association of Clinical Nurse Specialists.
- NACNS National CNS Competency Task Force. (2008). *National CNS Competency Task Force organizing framework and CNS core competencies*. Harrisburg, PA: National Association of Clinical Nurse Specialists.
- NACNS National Task Force for Core Practice Doctorate CNS Competencies. (2009). *Core practice doctorate CNS competencies [Draft]*. Harrisburg, PA: National Association of Clinical Nurse Specialists.
- National Research Council of the National Academies. (2005). *Advancing the nation's health needs: NIH research training programs*. Washington, D C: National Academies Press.
- National Task Force on Quality Nurse Practitioner Education. (2008). *Criteria for evaluation of nurse practitioner programs*. Washington, D C: Author.
- U.S. Department of Health and Human Services, HRSA, BHP, DON. (2002). *Nurse practitioner primary care competencies in specialty areas: Adult, family, gerontological, pediatric, and women's health*. Rockville, MD: Author.
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