



Recommended Competencies for Older Adult Care for CNSs Prepared for Women's Health/Gender Specific and Across the Lifespan Populations

March 2010

Developed in collaboration with
The Hartford Institute for Geriatric Nursing at New York University and the
National Association of Clinical Nurse Specialists



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Founded in 1929, the John A. Hartford Foundation is a committed champion of training, research and service system innovations that promote the health and independence of America's older adults. Through its grantmaking, the Foundation seeks to strengthen the nation's capacity to provide effective, affordable care to this rapidly increasing older population by educating "aging-prepared" health professionals (physicians, nurses, social workers), and developing innovations that improve and better integrate health and supportive services. The Foundation was established by John A. Hartford. Mr. Hartford and his brother, George L. Hartford, both former chief executives of the Great Atlantic & Pacific Tea Company, left the bulk of their estates to the Foundation upon their deaths in the 1950s. Additional information about the Foundation and its programs is available on their Web site.



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PREPARED FOR WOMEN'S HEALTH/GENDER SPECIFIC AND ACROSS
THE LIFESPAN POPULATIONS**

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Introduction

With the growing population of older adults and the shortage of healthcare providers knowledgeable about the complex needs of this population, it is clear that all clinical nurse specialists (CNSs) who provide care to older adults need to expand their knowledge and skills to address these needs. The national dialogue among educators, licensing bodies, certifiers, and accrediting bodies culminated in the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education* (2008). This document states that:

...All APRNs in any of the four roles providing care to the adult population, e.g. family or gender specific, must be prepared to meet the growing needs of the older adult population. Therefore, the education program should include didactic and clinical education experiences necessary to prepare APRNs with these enhanced skills and knowledge. (p.9) (Entire report can be accessed at <http://www.aacn.nche.edu/education/pdf/APRNReport.pdf>.)

This model for APRN Regulation has been endorsed by 45 national nursing organizations. In addition, the professional organizations that comprise the nursing collaborative focused on Licensure, Accreditation, Certification and Education (LACE) have set the target date of 2015 for full implementation and are actively engaged in operationalizing the model.

With funding from the John A. Hartford Foundation (JAHF), the American Association of Colleges of Nursing (AACN), in collaboration with the Hartford Institute for Geriatric Nursing at New York University College of Nursing and the National Association of Clinical Nurse Specialists (NACNS), convened a national panel of experts in CNS education, certification, licensure, and practice. The Expert Panel included representatives of seven national nursing organizations whose foci included CNS certification, licensure, education, and adult and gerontology CNS practice areas. In addition, the Expert Panel included a representative of a national healthcare organization whose primary focus is on the care of older adults. The Expert Panel's primary charge was to develop national entry-level, consensus-based competencies for the adult-gerontology CNS. These consensus-based competencies will provide a nationally recognized standard for the adult-gerontology population-focused competencies for the CNS role. The Expert Panel also was charged with the review and revision of the competencies for CNSs prepared to provide care to older adults but who are not specialists in gerontology delineated in *Nurse Practitioner and Clinical Nurse Specialist Competencies for Older Adult Care* (AACN, 2004). The competencies for CNSs prepared in women's health/gender specific care or for practice across the lifespan

presented here reflect the current recommendations of the CNS Expert Panel. (A list of the Expert Panel Members is included as Attachment A.)

The purpose of this document is to describe recommended competencies of new graduates of graduate-degree and post-graduate certificate programs preparing clinical nurse specialists (CNSs) prepared to care for those populations that provide care to older adults but are not adult-gerontology CNSs. Specifically, these populations include across the lifespan, and the women's health or gender-related CNS as defined in the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* Group, 2008). **This set of recommended competencies is not intended to alter or replace competencies developed for these CNS populations. Rather the competencies described in this document complement and are intended to augment the national CNS core (National CNS Competency Task Force, 2008) and population-focused competencies. The competencies delineated in this document are intended to highlight those areas of competence and evidence-based knowledge that CNSs providing care to older adults should have in order to improve health outcomes, quality of life, and level of functioning of the growing population of older adults.** Competencies specific to one population or dependent upon specialty or practice setting are not included. The competencies delineated in this document are intended to be entry-level competencies. It is recognized that as a CNS gains experience, his or her practice may include more advanced and additional skills and knowledge not included in these entry-level competencies. These competencies describe a minimum set of recommended competencies for CNSs caring for older adults. **Because of the broad nature of these competencies, some may already be included as core role or population-focused competencies.** In addition, the expanded population-focus and complexity of care provided by advanced practice nurses prepared as adult-gerontology CNSs are addressed in a separate document, *Adult-Gerontology Clinical Nurse Specialist Competencies* (2010), which can be accessed on the AACN Website (<http://www.aacn.nche.edu/Education/curriculum/adultgerocnscomp.pdf>) and are not included in this document.

Integrating Gerontology Content and Competencies Into Women's Health/Gender Specific and Across the Lifespan CNS Curricula

To facilitate the integration of these competencies for older adult care into the women's health/gender specific or across the lifespan CNS curricula, the competencies have been inserted into the National CNS Core Competency framework (2008). This framework is provided as an example of how the recommended older adult competencies could be integrated throughout the CNS curriculum.

Recommended Competencies for Older Adult Care for CNSs Prepared for Women's Health/Gender Specific or Across the Lifespan Populations describes minimum competencies deemed necessary—by a national expert panel of adult and gerontology CNS educators, certifiers, licensing entities, and practitioners—for all CNSs caring for

older adults. Because of the broad nature of these competencies some may already be included as core role or population-focused competencies. Other competencies may be included in the core curriculum but may require additional emphasis or presentation in a different context specific to the unique care needs of the older adult.

Table 1. Recommended Older Adult Care Competencies for CNSs Prepared for Women’s Health/Gender Specific and Across the Lifespan Populations

<i>A. Direct Care Competency:</i> <i>Direct interaction with patients, families, and groups of patients to promote health or well-being and improve quality of life. Characterized by a holistic perspective in the advanced nursing management of health, illness, and disease states.</i>		
Recommended Older Adult Care Competencies for CNSs Prepared for Women’s Health/Gender Specific and Across the Lifespan Populations		
<i>Behavioral Statement</i>	<i>Sphere(s) of Influence</i>	<i>Nurse Characteristics</i>
1. Assesses physiological and functional changes associated with aging and development, differentiating normal from abnormal changes.	<i>Patient</i>	<i>Clinical Judgment</i>
2. Uses reliable and valid age-appropriate assessment instruments to assess acute and chronic health concerns, including but not limited to mental status, delirium, dementia, pain, function, cognition, mobility, skin integrity, quality of life, nutrition, neglect and abuse, and elder mistreatment.	<i>Patient</i>	<i>Clinical Judgment</i>
3. Assesses for syndromes and constellations of symptoms that may be manifestations of other health problems common to older adults, e.g., risk taking behaviors, self-injury, stress, incontinence, falls, delirium, or depression.	<i>Patient</i>	<i>Clinical Judgment</i>
4. Assesses age specific health risk behaviors and genetic risks in older adults.	<i>Patient</i>	<i>Clinical Judgment</i>
5. Assesses the ability of the individual and family to manage developmental (life stage) transitions, resilience and coping strategies.	<i>Patient</i>	<i>Clinical Judgment</i>
6. Assesses older individual’s, family’s, and	<i>Patient</i>	<i>Clinical Judgment</i>

caregiver's ability to execute plans of care.		
7. Conducts a pharmacological assessment of the older adult including polypharmacy, drug interactions, over-the-counter and herbal product use, and the ability to safely and correctly store and self-administer medications.	<i>Patient</i>	<i>Clinical Judgment</i>
8. Assesses for pain in the older adult, including the cognitively impaired, and develops a plan of care to manage the pain.	<i>Patient</i>	<i>Clinical Judgment</i>
9. Recognizes the presence of co-morbidities and psychosocial issues that may impact optimal level of health in the older adult.	<i>Patient</i>	<i>Clinical judgment</i>
10. Evaluates for common mental health disorders in older adults such as depression, dementia, anxiety, or substance-related disorders.	<i>Patient</i>	<i>Clinical judgment</i>
11. Interprets values/results of laboratory and diagnostic tests with consideration of the individual's age, gender, ethnicity and health status, with particular attention to differentiating values for older adults.	<i>Patient</i>	<i>Clinical judgment</i>
12. Identifies both typical and atypical presentations of chronic and acute illnesses and diseases common to older adults.	<i>Patient</i>	<i>Clinical Judgment</i>
13. Promotes and recommends immunizations and appropriate health screenings for the older adult.	<i>Patient</i>	<i>Clinical Judgment</i>
14. Designs and implements interventions for older adults to prevent or reduce risk factors that contribute to: <ul style="list-style-type: none"> a. decline in physical or mental function b. impaired quality of life c. social isolation d. excess disability 	<i>Patient</i>	<i>Clinical Judgment and Response to Diversity</i>
15. Assists the individual to compensate for age-related functional changes.	<i>Patient</i>	<i>Clinical Judgment and Advocacy/Moral Agency</i>
16. Maintains or maximizes function and mobility, continence, mood, memory and orientation, nutrition,	<i>Patient</i>	<i>Clinical Judgment and Caring Practices</i>

and hydration.		
17. Promotes safety and risk reduction through the use of interventions such as: <ul style="list-style-type: none"> a. devices to promote mobility and prevent falls b. cognitive and sensory enhancements c. restraint-free care d. reduced urinary catheter use. 	<i>Patient</i>	<i>Clinical Judgment and Caring Practices</i>
18. Develops age-specific, individualized treatment plans and interventions with consideration of cognitive status, sensory function, perception, and the environment when caring for older adults.	<i>Patient</i>	<i>Clinical Judgment and Caring Practices</i>
19. Fosters a trusting relationship that facilitates discussion of sensitive issues with the individual, family, and other caregivers related to care of the older adult such as: <ul style="list-style-type: none"> a. suicide prevention, self injury b. sexually-related issues c. substance use/abuse d. risk-taking behavior e. driving safety f. independence g. finances h. violence, abuse and mistreatment i. prognosis 	<i>Patient</i>	<i>Advocacy/Moral Agency and Caring Practices</i>
20. Adapts age-specific assessment methods or tools to a culturally diverse population.	<i>Patient</i>	<i>Clinical Judgment and Response to Diversity</i>
21. Assesses intergenerational differences in family members’ beliefs that influence care, e.g., end-of-life care.	<i>Patient</i>	<i>Clinical Judgment, Response to Diversity and Caring Practices</i>
<i>B. Consultation Competency:</i> <i>Patient, staff, or system-focused interaction between professionals in which the consultant is recognized as having specialized expertise and assists the consultee with problem solving</i>		
<i>C. Systems Leadership Competency:</i> <i>The ability to manage change and empower others to influence clinical practice and political processes both within and across systems.</i>		

<p align="center">Recommended Older Adult Care Competencies for CNSs Prepared for Women's Health/Gender Specific and across the Lifespan Populations</p>		
<p><i>Behavioral Statement</i></p>	<p><i>Sphere(s) of Influence</i></p>	<p><i>Nurse Characteristics</i></p>
<p>22. Advocates within the healthcare system and policy arenas for the health needs of older adults, especially the frail and markedly advanced older adult.</p>	<p><i>System</i></p>	<p><i>Advocacy/Moral Agency and Systems Thinking</i></p>
<p>23. Articulates and promotes to other healthcare providers and the public, the role within the healthcare team of the CNS and its significance in improving outcomes of care for older adults.</p>	<p><i>System</i></p>	<p><i>Systems Thinking</i></p>
<p>24. Advocates for therapeutic, safe, and health-promoting environments for older adults.</p>	<p><i>System</i></p>	<p><i>Clinical Judgment, Systems Thinking, Caring Practices</i></p>
<p>25. Applies knowledge of regulatory processes and principles of payer systems to the planning and delivery of healthcare services across the continuum of older adult care.</p>	<p><i>System</i></p>	<p><i>Systems Thinking</i></p>
<p>26. Participates in the development and implementation of clinical practice guidelines and evidence-based care processes to reduce adverse events common to older adults, such as infections, falls, and polypharmacy.</p>	<p><i>System</i></p>	<p><i>Systems Thinking</i></p>
<p>27. Improves practice outcomes for the older adult within systems by:</p> <ul style="list-style-type: none"> a. developing strategies to reduce the impact of ageism and sexism on healthcare policies; b. using technology and quality improvement methods to enhance safety and monitor health outcomes; c. advocating for access to quality, cost-effective healthcare; d. advocating for access to hospice and palliative care services for patients across the adult-age spectrum. 	<p><i>System</i></p>	<p><i>Systems Thinking, Advocacy and Moral Agency</i></p>

<i>D. Collaboration Competency: Working jointly with others to optimize clinical outcomes. The CNS collaborates at an advanced level by committing to authentic engagement and constructive patient, family, system, and population-focused problem-solving.</i>		
Recommended Older Adult Care Competencies for CNSs Prepared for Women’s Health/Gender Specific and Across the Lifespan Populations		
<i>Behavioral Statement</i>	<i>Sphere(s) of Influence</i>	<i>Nurse Characteristics</i>
28. Recognizes the heightened need for coordination of care with other healthcare providers and community resources, with special attention to the needs of the non-verbal, developmentally and cognitively impaired patient and frail older adult.	System	Advocacy/Moral Agency, Collaboration, and Systems Thinking
29. Coordinates comprehensive care in and across settings with particular attention to the needs of the older adult, family, and caregivers.	System	Systems Thinking and Collaboration
30. Communicates to other members of the interdisciplinary care team special needs of older adults to improve outcomes of care.	System	Collaboration and Systems Thinking
31. Collaborates with the interdisciplinary healthcare team, including geriatric and geropsychiatric care teams, to focus efforts to improve outcomes of care for the older adult.	System and Nursing	Collaboration, and Systems Thinking
<i>E. Coaching Competency: Skillful guidance and teaching to advance the care of patients, families, groups of patients, and the profession of nursing.</i>		
Recommended Older Adult Care Competencies for CNSs Prepared for Women’s Health/Gender Specific and Across the Lifespan Populations		
<i>Behavioral Statement</i>	<i>Sphere(s) of Influence</i>	<i>Nurse Characteristics</i>
32. Modifies health information, patient education programs, and interventions for patients with sensory, perceptual, cognitive, and physical and mental illness	Patient	Clinical Judgment, Facilitation of

limitations.		<i>learning, Caring Practices, Advocacy and Moral Agency</i>
33. Educates older adults, families, and caregivers regarding normal changes of aging, myths, and stereotypes of aging, and health promotion and prevention activities for older adults.	<i>System and Patient</i>	<i>Facilitation of learning, Advocacy and Moral Agency</i>
34. Educates professional and lay caregivers to provide culturally and spiritually sensitive care to older adults, including the frail elderly.	<i>System and Nursing</i>	<i>Facilitation of Learning</i>
<i>F. Research Competency: The work of thorough and systematic inquiry. Includes the search for, interpretation, and use of evidence in clinical practice and quality improvement, as well as active participation in the conduct of research as it relates to the adult/older adult population.</i>		
Recommended Older Adult Care Competencies for CNSs Prepared for Women’s Health/Gender Specific and Across the Lifespan Populations		
<i>Behavioral Statement</i>	<i>Sphere(s) of Influence</i>	<i>Nurse Characteristics</i>
35. Facilitates the incorporation of evidence-based practices, products, and technology that are specific to the older adult population.	<i>System</i>	<i>Systems Thinking, Collaboration</i>
<i>G. Ethical decision-making, moral agency and advocacy: Identifying, articulating, and taking action on ethical concerns at the patient, family, healthcare provider, system, community, and public policy levels.</i>		
Recommended Older Adult Care Competencies for CNSs Prepared for Women’s Health/Gender Specific and Across the Lifespan Populations		
<i>Behavioral Statement</i>	<i>Sphere(s) of Influence</i>	<i>Nurse Characteristics</i>
36. Uses an ethical framework to address individual and family concerns about such issues as care-giving, management of pain and end-of-life issues.	<i>Patient, System</i>	<i>Advocacy/Moral Agency, Caring Practices</i>

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ATTACHMENT :

EXPERT PANEL FOR ADULT-GERONTOLOGY CNS COMPETENCIES

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