

# Adult-Gerontology Clinical Nurse Specialist Competencies

March 2010

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



Developed with funding from The John A. Hartford Foundation

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## **Adult-Gerontology Clinical Nurse Specialist Competencies**

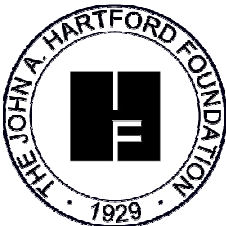
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**Developed with funding from The John A. Hartford Foundation**

# **EXPERT PANEL FOR ADULT-GERONTOLOGY CLINICAL NURSE SPECIALIST COMPETENCIES**

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American Association of Colleges of Nursing

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National Association of Clinical Nurse Specialists

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Gerontology CNS

Sue Sendelbach, PhD, RN, CCNS, FAHA  
Acute Care CNS

## **VALIDATION PANEL**

### Organizations Participating in Validation Panel

American Association of Critical Care Nurses  
American Nurses Association  
Commission on Collegiate Nursing Education  
Gerontological Advanced Practice Nurses Association  
Hartford Institute at NYU  
Hospice and Palliative Nurses Association  
National Association of Clinical Nurse Specialists  
Nurses Organization of Veterans Affairs  
Oncology Nursing Society  
Department of Veterans Affairs

### Schools Participating in Validation Panel

Bloomsburg University  
College of Staten Island  
Florida Southern College  
Johns Hopkins University  
King College  
La Salle University  
Louisiana State University Health Sciences Center  
Misericordia University  
Pacific Lutheran University  
Rush University  
San Francisco State University  
SUNY-Upstate Medical University  
Texas Christian University  
The College of St. Scholastica  
University of California-Los Angeles  
University of Delaware  
University of Massachusetts-Boston  
University of Michigan  
University of Pittsburgh  
University of Rhode Island  
University of South Alabama  
University of Southern Mississippi  
University of Texas-Austin  
University of Texas Health Science Center  
University of the Incarnate Word  
University of Wisconsin-Milwaukee  
Vanderbilt University  
Widener University  
Wilkes University

## ENDORSEMENTS

The organizations listed below have endorsed the Adult-Gerontology Clinical Nurse Specialist Competencies. Endorsement is defined as a *philosophical agreement with the intent and content* of the competencies found on pages 14-31.

(The list of endorsing organizations is posted in the electronic document which can be accessed at <http://aacn.nche.edu/>)

American Association of Colleges of Nursing (AACN)  
American Nurses Credentialing Center (ANCC)  
American Association of Critical-Care Nurses (AACN)  
American Association of Critical-Care Nurses Certification Corporation (AACNCC)  
Commission on Collegiate Nursing Education (CCNE)  
Gerontological Advanced Practice Nurses Association (GAPNA)  
National Association of Clinical Nurse Specialists (NACNS)

## PROJECT OVERVIEW

The Adult-Gerontology Clinical Nurse Specialist Competencies reflect the work of a national Expert Panel, representing the array of both adult and gerontology clinical nurse specialist education and practice. In collaboration with colleagues from the Hartford Geriatric Nursing Institute at New York University and the National Association of Clinical Nurse Specialists (NACNS), the American Association of Colleges of Nursing (AACN) facilitated the process to develop these consensus-based competencies, including the work of the national Expert Panel and the external validation process. The process used for this project models that used previously for the development of a number of nationally recognized nursing competencies, including the *Nurse Practitioner Primary Care Competencies in Specialty Areas: Adult, Family, Gerontological, Pediatric, and Women's Health (2002)*.

The National Association of Clinical Nurse Specialists (NACNS) accepted the invitation to co-facilitate the Expert Panel and appointed Dr. Kelly Goudreau to serve as their representative and co-facilitator. The national consensus-building process to develop these national consensus-based competencies for the Adult-Gerontology Clinical Nurse Specialist was jointly facilitated by Drs. Joan Stanley, AACN, and Kelly Goudreau, NACNS.

The Expert Panel included representatives of seven national nursing organizations whose foci include CNS education, adult and gerontology CNS practice, certification, and licensure. In addition, the Expert Panel included four individuals who represented adult, gerontology CNS education and practice and a representative of one national healthcare organization whose primary focus is on the care of older adults.

The Expert Panel convened for the first time via conference call December 12, 2008, and then face-to-face in January 2009 in Washington, DC at the AACN. During this meeting, the panel reviewed relevant documents including the National Consensus-based Core CNS competencies, the American Association of Critical Care Nurses Standards of Practice and Performance for the Acute and Critical Care CNS and Critical Care CNS Competencies, the American Nurses Credentialing Center Test Content Outline for the Clinical Specialist in Adult Health (2006), and the NACNS Core Practice Doctorate Clinical Nurse Specialty Competencies (2009). The JAHF Gero-Psychiatric Nursing Collaborative recommendations for enhancements to CNS education related to care of older adults also were reviewed. The Expert Panel confirmed that the Adult-Gerontology competencies would build on the graduate and APRN core competencies delineated in the AACN (2006) *Essentials of Doctoral Education for Advanced Nursing Practice* or the AACN (1996) *Essentials of Master's Education for Advanced Practice Nursing* and on the National Consensus CNS Core Competencies (2008). The Panel also agreed that the framework to be used for the Adult-Gerontology CNS Competencies would reflect that of the National Consensus CNS Core Competencies (2008). The documents reviewed by the Expert Panel are listed in Appendix A.



After the first face-to-face meeting, the panel met electronically and by conference call to review and discuss the competencies. By late summer 2009 the panel reached consensus on the draft competencies and completed phase one of the competency development process. AACN and NACNS then solicited nominations from national nursing, consumer and healthcare organizations for individuals to serve on the external validation panel. Phase II, the validation process, was conducted in September and October 2009.

The Validation Panel included 18 representatives from 10 national nursing organizations identified as having expertise relative to adult or gerontology CNS education or practice and who had not served on the Expert Panel. In addition, all adult and gerontology CNS education programs were invited to participate in the validation process. Thirty-four individuals from 29 schools participated in the validation process. Organizations were asked to identify individuals who had experience in one or more of the following areas related to issues surrounding the CNS role or scope of practice:

- delivery of adult or gerontology health care
- education of adult or gerontology clinical nurse specialists
- credentialing of clinical nurse specialists
- licensing of advanced practice registered nurses (APRNs);
- accreditation of graduate nursing education programs; or
- employment of adult or gerontology clinical nurse specialists.

The validation tool developed originally as part of the Health Resource and Services Administration (HRSA)-funded nurse practitioner primary care competencies project (2002) was adapted to a SurveyMonkey online format. The Validation Panel was asked to systematically review each adult-gerontology competency for relevance (i.e., is the competency necessary?) and specificity (i.e., is the competency stated specifically and clearly? If not, provide suggested revisions.) The Validation Panel also was asked to provide comment on the comprehensiveness of the competencies (is there any aspect of adult-gerontology CNS knowledge, skill, or practice missing?).

The validation process demonstrated overwhelming consensus with the competencies and provided valuable feedback for additional refinement. The Expert Panel met for a second time face-to-face in February 2010 in Washington, DC to review the validation results, revise the competencies as needed, and produce the final set of 50 competencies delineated in this document. Based on the feedback from the Validation Panel, 16 competencies were deleted and 65% of the competencies underwent revision to enhance specificity. In addition, 6 competencies were added. The Expert Panel also made recommendations regarding clinical expectations for adult-gerontology CNS education programs.

The final set of Adult-Gerontology CNS competencies will be disseminated widely, including to all the national nursing organizations participating in either of the two phases of the project and to all graduate schools of nursing. Endorsement of the Adult-Gerontology Competencies will be sought from national nursing organizations. The endorsement process will remain fluid and names of endorsing organizations will be added to the electronic posting of the document as they are received.

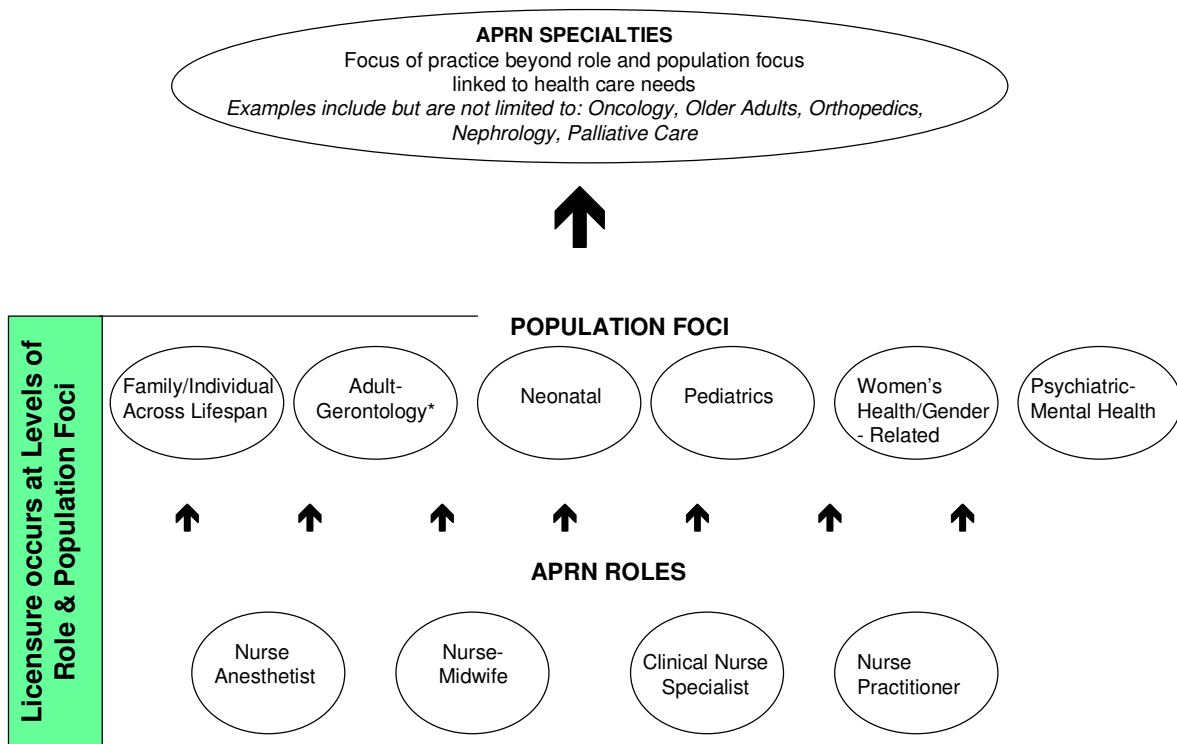
It is recognized that challenges will arise as the adult and gerontology programs are merged or developed. In the second phase of the AACN- Hartford Institute of Geriatric Nursing at NYU APRN initiative, funded by the JAHF, materials and resources will be compiled and/or developed to assist faculty to transition to the new regulatory model for adult-gerontology-focused CNS education, certification, and licensure and to operationalize these Adult-Gerontology CNS competencies within this new curricular framework. Resources for both faculty and students will include gerontology-focused content modules, curricular models, and case studies to provide guidance for the development and implementation of the adult-gerontology CNS curriculum.

## **ADULT-GERONTOLOGY CLINICAL NURSE SPECIALIST COMPETENCIES**

### **Introduction**

The *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education*, finalized in 2008, defines advanced practice registered nurses (APRNs) and standardized requirements for each of the four APRN regulatory components: LACE. Under this regulatory model, (now endorsed by 45 national nursing organizations), the clinical nurse specialist (CNS) is defined as one of four APRN roles. In addition to the four roles, APRNs are educated and practice in at least one of six population foci: family/individual across the lifespan, **adult-gerontology**, pediatrics, neonatal, women's health/gender-related, or psych/mental health. The APRN consensus regulatory model is shown in Diagram 1.

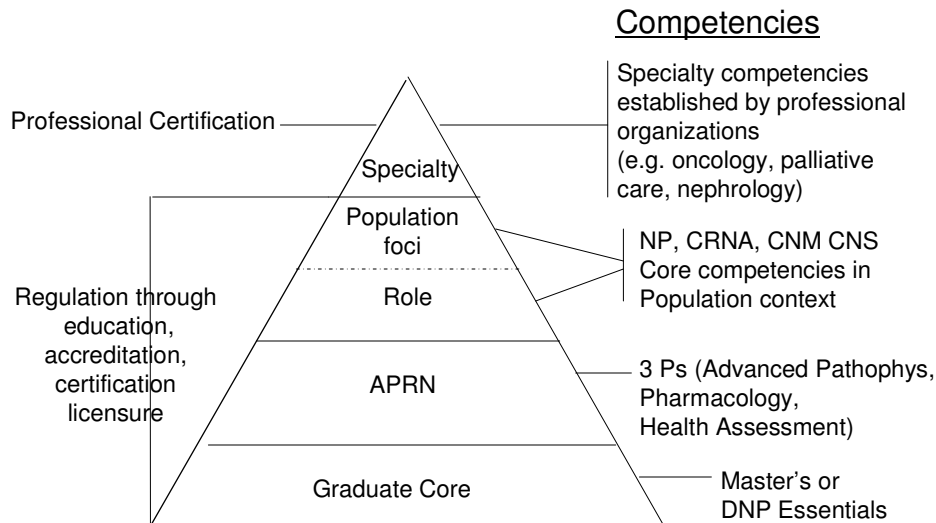
## APRN REGULATORY MODEL



**Diagram 1: Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education (2008).**

(<http://www.aacn.nche.edu/education/pdf/APRNReport.pdf>.)

Under the Consensus Model for APRN Regulation, Clinical Nurse Specialists (CNSs) are educated and assessed across the continuum from wellness through acute care. In addition, CNSs must be educated, certified, and licensed to practice in a role and population. This Adult-Gerontology CNS Competency document delineates entry-level competencies for all graduates of master's, doctorate of nursing practice (DNP), and post-graduate programs preparing adult-gerontology clinical nurse specialists (CNSs) for certification and licensure. The competencies are intended to be used in conjunction with and build upon the graduate and APRN core competencies delineated in the AACN (2006) *Essentials of Doctoral Education for Advanced Nursing Practice* or the AACN (1996) *Essentials of Master's Education for Advanced Practice Nursing*. In addition, these competencies build upon the National CNS Core Competencies (2008) for all clinical nurse specialists. These competencies focus on the unique practice knowledge, skills, and attitudes of the adult-gerontology CNS. 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. A model of the adult-gerontology curriculum is shown in Diagram 2.



**Diagram 2: Building an APRN Curriculum within the Consensus APRN Regulatory Model**

These competencies, in addition to the core competencies for all CNS practice, reflect the current knowledge base and scope of practice for entry-level adult-gerontology CNSs. As scientific knowledge expands and the healthcare system and practice evolve in response to societal needs, CNS competencies also will evolve. The periodic review and updating of these competencies will ensure their currency and reflection of these changes.

### **CURRICULAR AND CLINICAL EXPECTATIONS FOR THE ADULT-GERONTOLOGY CNS EDUCATION PROGRAM**

The adult-gerontology CNS program provides sufficient didactic and clinical experiences to prepare the graduate with the competencies delineated in this document. It is expected that faculty assess the types of experiences, patient populations and settings, and length of experiences afforded each student to ensure that he/she is prepared to provide care to the entire adult-older adult age spectrum and across the continuum of care from wellness to acute care.

By merging the adult and gerontology CNS curricula, the expectation is that opportunities to enhance or focus the clinical experiences within all clinical settings currently used be sought. For example, within the acute care setting, opportunities should be provided the student to focus on the differing developmental, life stage, wellness, and illness needs that impact a patient's care across the entire adult age spectrum. Practice experiences should focus on the full spectrum of adult-older adult care. A variety of experiences should also include opportunities to increase the student's understanding of the needs of the patient and family transitioning to various care settings. Practice

experiences may include a variety of experiences (e.g., virtual experiences, case studies, immersive 3D technology, and simulation experiences) to enhance the student's preparation with these competencies.

In addition, preceptors and faculty with responsibility for oversight of these clinical experiences should represent broad-based and varied expertise to ensure that the CNS graduate is prepared to provide care to the entire adult-older adult age spectrum and across the continuum of care.

### **ADULT-GERONTOLOGY CLINICAL NURSE SPECIALIST COMPETENCIES**

These are entry-level competencies for all adult-gerontology clinical nurse specialists (CNSs). These adult-gerontology population-focused competencies build on the graduate core competencies, APRN core competencies, and CNS core competencies. The Adult-Gerontology CNS competencies are consistent with the format or model of the National CNS Core Competencies (2008).

The patient population of the Adult-Gerontology CNS practice includes young adults (including late adolescents and emancipated minors), adults and older adults (including young-old, old, and old-old adults). Preparation of the graduate with the entry-level competencies delineated in this document, unless otherwise specified, includes preparation across the entire adult-older adult age spectrum. The scope of practice of the Adult-Gerontology CNS is not setting specific but rather is based on patient care needs.

The focus of the Adult-Gerontology CNS is to provide patient-centered, quality care. The Adult-Gerontology CNS applies evidence in practice designed to improve quality of care and health outcomes.

**Table 1: Adult-Gerontology CNS Competencies**

<b>A. Direct Care Competency:</b> <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. The patient population of the adult-gerontology CNS practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including the young-old, frail and old-old adults), in all contexts of care.</i>			
<b>National CNS Competency Task Force Core Competencies* 10.31.08</b>	<b>CNS Adult-Gerontology Population-Focused Competencies 02.05.10</b>		
<b><i>Behavioral Statement</i></b>	<b><i>Behavioral Statement</i></b>	<b><i>Sphere</i></b>	<b><i>Synergies</i></b>
<p><i>A.1 Conducts comprehensive, holistic wellness and illness assessments using known or innovative evidence-based techniques, tools, and direct and indirect methods.</i></p> <p><i>A.2 Obtains data about context and etiologies (including both non-disease and disease-related factors) necessary to formulate differential diagnoses and plans of care, and to identify and evaluate of outcomes.</i></p> <p><i>A.3 Employs evidence-based clinical practice guidelines to guide screening and diagnosis.</i></p> <p><i>A.4 Assesses the effects of interactions among the individual, family, community, and social systems on health and illness.</i></p>	1. Conducts a comprehensive, holistic assessment of individuals including those who are non-verbal, developmentally, functionally, and/or cognitively impaired.	<i>Patient</i>	<i>Clinical Judgment</i>
	2. Assesses physiological and functional changes associated with aging and development across the adult continuum.	<i>Patient</i>	<i>Clinical Judgment</i>
	3. Assesses age-specific and genetic risk factors.	<i>Patient</i>	<i>Clinical Judgment</i>
	4. Assesses the interaction between acute and chronic physical and mental health problems.	<i>Patient</i>	<i>Clinical Judgment</i>
	5. Recognizes the presence of co-morbidities and psychosocial issues that may impact optimal level of health.	<i>Patient</i>	<i>Clinical Judgment</i>
	6. Uses reliable and valid age-appropriate	<i>Patient</i>	<i>Clinical Judgment</i>

\* The National CNS Core Competencies (2008) are included here as a resource to students and faculty and to facilitate the development of the Adult-Gerontology CNS program curriculum.

<p><i>A. 5 Identifies potential risks to patient safety, autonomy and quality of care based on assessments across the patient, nurse and system spheres of influence.</i></p> <p><i>A.6 Assesses the impact of environmental/system factors on care.</i></p> <p><i>A.7 Synthesizes assessment data, advanced knowledge, and experience, using critical thinking and clinical judgment to formulate differential diagnoses for clinical problems amenable to CNS intervention.</i></p> <p><i>A.8 Prioritizes differential diagnoses to reflect those conditions most relevant to signs, symptoms and patterns amenable to CNS interventions.</i></p> <p><i>A.9 Selects interventions that may include, but are not limited to:</i></p> <p><i>A.9.a.Application of advanced nursing therapies</i></p> <p><i>A.9.b.Initiation of interdisciplinary team meetings, consultations and other communications to benefit patient care</i></p> <p><i>A.9.c Management of patient medications, clinical procedures and other interventions</i></p> <p><i>A.9.d Psychosocial support including patient counseling and spiritual interventions</i></p> <p><i>A.10 Designs strategies, including</i></p>	<p>assessment instruments to assess acute and chronic health concerns, including but not limited to mental status, delirium, dementia, and pain.</p> <p>7. Assesses for manifestations of health disorders or health disruptions, e.g. infection, adverse drug effect, dehydration, ischemia, and geriatric syndromes.</p> <p>8. Evaluates for common mental health disorders such as depression, dementia, anxiety, or substance-related disorders.</p> <p>9. Conducts a pharmacologic assessment including polypharmacy, drug interactions, over-the-counter and herbal product use, and the ability to safely and correctly store and self-administer medications.</p> <p>10. Interprets values/results of laboratory and diagnostic tests with consideration of age, ethnicity, and health status.</p> <p>11. Assesses patient, family, and caregiver’s ability to implement complex plans of care.</p> <p>12. Assesses patient, caregiver, and family’s preferences in relation to cultural, spiritual, quality of life, and lifestyle choices.</p>	<p><i>Patient</i></p> <p><i>Patient</i></p> <p><i>Patient and System</i></p> <p><i>Patient</i></p> <p><i>Patient and System</i></p> <p><i>Patient and System</i></p>	<p><i>Clinical Judgment</i></p> <p><i>Clinical Judgment</i></p> <p><i>Clinical Judgment</i></p> <p><i>Clinical Judgment</i></p> <p><i>Clinical Judgment</i></p> <p><i>Clinical Judgment</i></p>
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<p><i>advanced nursing therapies, to meet the multifaceted needs of complex patients and groups of patients.</i></p> <p><i>A.11 Develops evidence-based clinical interventions and systems to achieve defined patient and system outcomes.</i></p> <p><i>A.12 Uses advanced communication skills within therapeutic relationships to improve patient outcomes.</i></p> <p><i>A.13 Prescribes nursing therapeutics, pharmacologic and non-pharmacologic interventions, diagnostic measures, equipment, procedures, and treatments to meet the needs of patients, families and groups, in accordance with professional preparation, institutional privileges, state and federal laws and practice acts.</i></p> <p><i>A.14 Provides direct care to selected patients based on the needs of the patient and the CNS's specialty knowledge and skills</i></p> <p><i>A.15 Assists staff in the development of innovative, cost effective programs or protocols of care</i></p> <p><i>A.16 Evaluates nursing practice that considers Safety, Timeliness, Effectiveness, Efficiency, Efficacy and Patient-centered care.</i></p> <p><i>A.17 Determines when evidence based guidelines, policies, procedures and plans of care need to be tailored to the</i></p>	<p>13. Determines diagnoses in the complex patient and takes into consideration:</p> <ul style="list-style-type: none"> <li>a. Physiologic and pathophysiologic changes</li> <li>b. Morbidities and co-morbidities</li> <li>c. Events across the life span</li> <li>d. Patient's pharmacologic history</li> </ul> <p>14. Manages or appropriately refers the patient with signs and symptoms of physical and mental health disorders across the adult lifespan, including geriatric syndromes.</p> <p>15. Intervenes to prevent or minimize iatrogenesis.</p> <p>16. Intervenes to facilitate transitions of care with emphasis on quality, safety, and risk avoidance.</p> <p>17. Designs a comprehensive, individualized, age- and disease- appropriate plan for health promotion.</p> <p>18. Develops age specific, individualized treatment plans and interventions with consideration of cognitive status, sensory function, perception, and the environment.</p>	<p><i>Patient</i></p> <p><i>Patient and System</i></p> <p><i>Patient</i></p> <p><i>Patient, System, and Nurse</i></p> <p><i>Patient, System, and Nurse</i></p> <p><i>Patient</i></p>	<p><i>Clinical judgment</i></p> <p><i>Clinical judgment</i></p> <p><i>Clinical judgment</i></p> <p><i>Advocacy and moral agency, Systems thinking, Clinical judgment, Caring practice</i></p> <p><i>Systems thinking, Clinical judgment, Caring practice</i></p> <p><i>Clinical judgment, Caring practice</i></p>
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<p><i>individual.</i></p> <p><i>A.18 Differentiates between outcomes that require care process modification at the individual patient level and those that require modification at the system level.</i></p> <p><i>A.19 Leads development of evidence-based plans for meeting individual, family, community, and population needs.</i></p> <p><i>A. 20 Provides leadership for collaborative, evidence-based revision of diagnoses and plans of care, to improve patient outcomes</i></p>	<p>19. Uses behavioral, communication, and environmental-modification strategies with individuals who have cognitive and psychiatric impairments.</p>	<p><i>Patient and System</i></p>	<p><i>Clinical judgment, Caring practice, Advocacy and moral agency</i></p>
	<p>20. Coordinates 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.</p>	<p><i>Patient and System</i></p>	<p><i>Clinical judgment, Collaboration, Caring practice</i></p>
	<p>21. Manages patient’s transitions of care in collaboration with the individual, family, caregivers and interdisciplinary team members, including:</p> <ul style="list-style-type: none"> <li>a. analyzing the readiness of the patient and family to transition</li> <li>b. determining appropriate level and/or setting of care</li> <li>c. coordinating implementation of transition</li> </ul>	<p><i>Patient, System, and Nurse</i></p>	<p><i>Collaboration, Advocacy and moral agency</i></p>
<p><b><i>B. Consultation Competency:</i></b> <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. The patient population of the adult-gerontology CNS practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including the young-old, frail and old-old adults), in all contexts of care.</i></p>			
<p><b>National CNS Competency Task Force Core Competencies</b> <b>10.31.08</b></p>	<p><b>CNS Adult-Gerontology Population-Focused Competencies</b> <b>02.05.10</b></p>		
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<p><i>distribution, health status, income distribution, culture)</i>  <i>C.2.b.Environment (schools, community support services, housing availability, employment opportunities)</i>  <i>C.2.c.System of health care delivery</i>  <i>C.2.d.Regulatory requirements</i>  <i>C.2.e.Internal and external political influences/stability</i>  <i>C.2.f.Health care financing</i>  <i>C.2.g.Recurring practices that enhance or compromise patient or system outcomes.</i></p> <p><i>C.3 Determines nursing practice and system interventions that will promote patient, family and community safety.</i></p> <p><i>C.4 Uses effective strategies for changing clinician and team behavior to encourage adoption of evidence-based practices and innovations in care delivery.</i></p> <p><i>C.5 Provides leadership in maintaining a supportive and healthy work environment.</i></p> <p><i>C.6 Provides leadership in promoting interdisciplinary collaboration to implement outcome-focused patient care programs meeting the clinical needs of patients, families, populations and communities.</i></p> <p><i>C.7 Develops age-specific clinical standards, policies and procedures.</i></p>	<p>address biases (e.g. socioeconomic, ethnic, ageism, sexism, cultural, mental health stigma)  <b><i>*also applicable to G7 in the core</i></b></p> <p>4. Provides leadership to address threats to healthcare safety and quality in the adult-older adult population.</p> <p>5. Participates in development, implementation, and evaluation of clinical practice guidelines that address patient needs across the adult age spectrum.</p> <p>6. Advocates for access to hospice and palliative care services for patients across the adult age spectrum.</p> <p>7. Promotes system-wide policies and protocols that address cultural, ethnic, spiritual, and intergenerational/age differences among patients, healthcare providers, and caregivers.</p> <p>8. Implements system level changes based on analysis and evaluation of age-specific outcomes of care.</p>	<p><i>System</i></p> <p><i>System</i></p> <p><i>System</i></p> <p><i>Nursing and System</i></p> <p><i>System</i></p>	<p><i>Advocacy and moral agency, Systems thinking</i></p> <p><i>Systems thinking, Collaboration, Clinical judgment</i></p> <p><i>Systems thinking Advocacy and moral agency</i></p> <p><i>Systems thinking, Advocacy and moral agency, Response to diversity</i></p> <p><i>Systems thinking</i></p>
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<p><i>C.8 Uses leadership, team building, negotiation, and conflict resolution skills to build partnerships within and across systems, including communities.</i></p> <p><i>C.9 Coordinates the care of patients with use of system and community resources to assure successful health/illness/wellness transitions, enhance delivery of care, and achieve optimal patient outcomes.</i></p> <p><i>C.10 Considers fiscal and budgetary implications in decision making regarding practice and system modifications.</i></p> <p><i>C.10.a. Evaluates use of products and services for appropriateness and cost/benefit in meeting care needs</i></p> <p><i>C.10.b. Conducts cost/benefit analysis of new clinical technologies</i></p> <p><i>C.10.c. Evaluates impact of introduction or withdrawal of products, services, and technologies</i></p> <p><i>C.11 Leads system change to improve health outcomes through evidence based practice:</i></p> <p><i>C.11.a. Specifies expected clinical and system level outcomes.</i></p> <p><i>C.11.b. Designs programs to improve clinical and system level processes and outcomes.</i></p> <p><i>C.11.c. Facilitates the adoption of</i></p>			
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<p><i>practice change</i></p> <p><i>C.12 Evaluates impact of CNS and other nursing practice on systems of care using nurse-sensitive outcomes</i></p> <p><i>C.13 Disseminates outcomes of system-level change internally and externally</i></p>			
<p><b>D. Collaboration Competency:</b> 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. The patient population of the adult-gerontology CNS practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including the young-old, frail and old-old adults), in all contexts of care.</p>			
<p><b>National CNS Competency Task Force Core Competencies</b> <b>10.31.08</b></p>	<p><b>CNS Adult-Gerontology Population-Focused Competencies</b> <b>02.05.10</b></p>		
<p><b><i>Behavioral Statement</i></b></p>	<p><b><i>Behavioral Statement</i></b></p>	<p><b><i>Sphere</i></b></p>	<p><b><i>Synergies</i></b></p>
<p><i>D.1 Assesses the quality and effectiveness of interdisciplinary, intra-agency, and inter-agency communication and collaboration.</i></p> <p><i>D.2 Establishes collaborative relationships within and across departments that promote patient safety, culturally competent care, and clinical excellence</i></p> <p><i>D.3 Provides leadership for establishing, improving, and sustaining collaborative relationships to meet clinical needs.</i></p> <p><i>D.4 Practices collegially with medical staff and other members of the healthcare team so that all providers' unique contributions to health outcomes will be enhanced.</i></p>	<p>1. Coordinates formal and informal education for healthcare providers to improve adult-older adult healthcare outcomes.</p> <p>2. Leads collaborative efforts of the healthcare team in focusing on individuals and systems issues that impact the adult-older adult patient.</p>	<p><i>System</i></p> <p><i>System and Nursing</i></p>	<p><i>Facilitation of learning</i></p> <p><i>Collaboration</i></p>

<i>D.5 Facilitates intra-agency and inter-agency communication.</i>			
<b>E. Coaching Competency:</b> <i>Skillful guidance and teaching to advance the care of patients, families, groups of patients, and the profession of nursing. The patient population of the adult-gerontology CNS practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including the young-old, frail and old-old adults), in all contexts of care.</i>			
<b>National CNS Competency Task Force Core Competencies 10.31.08</b>	<b>CNS Adult-Gerontology Population-Focused Competencies 02.05.10</b>		
<b><i>Behavioral Statement</i></b>	<b><i>Behavioral Statement</i></b>	<b><i>Sphere</i></b>	<b><i>Synergies</i></b>
<i>E.1 Coaches patients and families to help them navigate the healthcare system. E.2 Designs health information and patient education appropriate to the patient's developmental level, health literacy level, learning needs, readiness to learn, and cultural values and beliefs. E.3 Provides education to individuals, families, groups and communities to promote knowledge, understanding and optimal functioning across the wellness-illness continuum. E.4 participates in pre-professional, graduate and continuing education of nurses and other health care providers:     E.4.a. Completes a needs assessment as appropriate to guide interventions with staff;     E.4.b. Promotes professional development of staff nurses and</i>	<i>1. Advises patients, families and caregivers on how to address sensitive issues such as sexually transmitted diseases, suicide prevention, substance use, driving, independent living, potential for abuse, end-of-life concerns, advance care planning, and finances. 2. Facilitates decision-making regarding treatment options with the patient, family, caregivers and/or healthcare proxy. 3. Modifies health information, patient education programs, and interventions for patients with sensory, perceptual, cognitive, and physical and mental illness limitations. 4. Facilitates access to and use of information and care technology based on assessment of the ability and preferences of patients across the adult age spectrum.</i>	<i>Patient  Patient  Patient  Patient</i>	<i>Clinical judgment, Advocacy and moral agency Facilitation of learning  Clinical judgment, Facilitation of learning, Caring practice  Clinical judgment, Facilitation of learning Caring practice Advocacy and moral agency  Facilitation of learning</i>

<p><i>continuing education activities;</i>  <i>E.4.c.Implements staff development and continuing education activities;</i>  <i>E.4.dMentors nurses to translate research into practice.</i>  <i>E.5 Contributes to the advancement of the profession as a whole by disseminating outcomes of CNS practice through presentations and publications.</i>  <i>E.6 Mentors staff nurses, graduate students and others to acquire new knowledge and skills and develop their careers.</i>  <i>E.7 Mentors health professionals in applying the principles of evidence-based care.</i>  <i>E.8 Uses coaching and advanced communication skills to facilitate the development of effective clinical teams.</i>  <i>E.9 Provides leadership in conflict management and negotiation to address problems in the healthcare system.</i></p>	<p>5. Designs educational programs that enhance the knowledge of older adults, families, and caregivers regarding normal changes of aging, myths and stereotypes of aging, and health promotion and prevention activities for older adults.</p> <p>6. Provides education to patients, families, caregivers, and the community including but not limited to the following topics:</p> <ul style="list-style-type: none"> <li>a. health promotion</li> <li>b. high risk behaviors and their impact on health</li> <li>c. the interaction between physical and mental health</li> </ul> <p>7. Provides programs for the development of healthcare providers, students, and caregivers that incorporate age specific cultural competence and skills.</p> <p>8. Articulates the role and significance of the CNS in improving healthcare outcomes for adults-older adults to other healthcare providers and the public.</p> <p>9. Mentors healthcare providers, students, and others to develop expertise in the care of the vulnerable adult including the frail elderly patient.</p>	<p><i>System and Patient</i></p> <p><i>System and Patient</i></p> <p><i>System and Nursing</i></p> <p><i>System</i></p> <p><i>System and Nursing</i></p>	<p><i>Facilitation of learning, Advocacy and moral agency</i></p> <p><i>Facilitation of learning</i></p> <p><i>Facilitation of learning</i></p> <p><i>Systems thinking</i></p> <p><i>Facilitation of learning</i></p>
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<p><b>F. Research Competency:</b> <i>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. The patient population of the adult-gerontology CNS practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including the young-old, frail and old-old adults), in all contexts of care.</i></p>			
<p><b>National CNS Competency Task Force Core Competencies 10.31.08</b></p>	<p><b>CNS Adult-Gerontology Population-Focused Competencies 02.05.10</b></p>		
<i>Behavioral Statement</i>	<i>Behavioral Statement</i>	<i>Sphere</i>	<i>Synergies</i>
<p><b>I. Interpretation, Translation and Use of Evidence</b></p>			
<p>F.I. 1. Analyzes research findings and other evidence for their potential application to clinical practice  F.I.2. Integrates evidence into the health, illness, and wellness management of patients, families, communities and groups.  F.I.3 Applies principles of evidence-based practice and quality improvement to all patient care.  F.I.4. Assesses system barriers and facilitators to adoption of evidence-based practices.  F.I.5 Designs programs for effective implementation of research findings and other evidence in clinical practice  F.I.6 Cultivates a climate of clinical inquiry across spheres of influence:  F.I.6.a. Evaluates the need for</p>	<p>1. Facilitates the incorporation of evidence-based practices, products, and technology that are specific to adult-older adult populations, into clinical practice and policies.</p>	<p><i>System</i></p>	<p><i>Systems thinking, Collaboration</i></p>



improvement or redesign of care delivery processes to improve safety, efficiency, reliability, and quality. F.I.6.b. Disseminates expert knowledge.			
<b>II. Evaluation of Clinical Practice</b>			
F.II.1 Fosters an interdisciplinary approach to quality improvement, evidence-based practice, research, and translation of research into practice	1. Provides leadership in identifying gaps in data and analyses specific to age-related outcomes of care.	<i>System</i>	<i>Systems thinking, Clinical inquiry</i>
F.II.2 Participates in establishing quality improvement agenda for unit, department, program, system, or population	2. Facilitates the incorporation of evidence related to adults-older adults when formulating and reviewing age-specific policies, procedures, and protocols.	<i>System</i>	<i>Systems thinking</i>
F.II.3 Provides leadership in planning data collection and quality monitoring	3. Evaluates innovative approaches to delivering care to the adult-older adult populations	<i>System</i>	<i>Systems thinking, Collaboration Clinical inquiry</i>
F.II.4 Uses quality monitoring data to assess the quality and effectiveness of clinical programs in meeting outcomes.			
F.II.5 Develops quality improvement initiatives based on assessments.			
F.II.6 Provides leadership in the design, implementation and evaluation of process improvement initiatives.			
F.II.7 Provides leadership in the system-wide implementation of quality improvements and innovations.			
<b>III. Conduct of Research</b>			
F.III.1 Participates in conduct and implementation of research which includes one or more of the following: F. III 1 a. Identification of questions for clinical inquiry	1. Identifies areas of inquiry relevant to the adult-older adult population. 2. Advocates the use of data collection tools and consents that are understandable and	<i>System</i>  <i>System</i>	<i>Advocacy and moral agency</i>  <i>System thinking</i>

<p>F. III 1 b. Conduct of literature reviews</p> <p>F. III 1 c Study design and implementation</p> <p>F III 1 d Data collection</p> <p>F III 1 e Data analysis</p> <p>F III 1 f. Dissemination of findings</p>	<p>appropriate for adult-older adult populations.</p> <p>3. Applies ethical principles in safeguarding the confidentiality, dignity, and safety of all adult-older adult research participants, including the vulnerable and those with impaired decision-making capacity.</p>	<p><i>Patient, System</i></p>	<p><i>Advocacy and moral agency</i></p>
<p><b><i>G. Ethical decision-making, moral agency and advocacy:</i></b> <i>Identifying, articulating, and taking action on ethical concerns at the patient, family, health care provider, system, community, and public policy levels. The patient population of the adult-gerontology CNS practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including the young-old, frail and old-old adults), in all contexts of care.</i></p>			
<p><b>National CNS Competency Task Force Core Competencies 10.31.08</b></p>	<p><b>CNS Adult-Gerontology Population-Focused Competencies 02.05.10</b></p>		
<p><b><i>Behavioral Statement</i></b></p>	<p><b><i>Behavioral Statement</i></b></p>	<p><b><i>Sphere</i></b></p>	<p><b><i>Synergies</i></b></p>
<p>G.1 Engages in a formal self-evaluation process, seeking feedback regarding own practice, from patients, peers, professional colleagues and others</p> <p>G.2 Fosters professional accountability in self or others.</p> <p>G.3 Facilitates resolution of ethical conflicts:</p> <p style="padding-left: 20px;">G.3.a. Identifies ethical implications of complex care situations</p> <p style="padding-left: 20px;">G.3.b. Considers the impact of scientific advances, cost, clinical effectiveness, patient and family values and preferences, and other</p>	<p>1. Balances patient and family preferences, threats to patient safety, and risk/benefit analysis of interventions such as fall prevention, pain management, and treatment choices.</p>	<p><i>Patient, System</i></p>	<p><i>Clinical judgment, Collaboration</i></p>

<p>external influences.</p> <p>G.3.c. Applies ethical principles to resolving concerns across the three spheres of influence</p> <p>G.4 Promotes a practice climate conducive to providing ethical care.</p> <p>G.5 Facilitates interdisciplinary teams to address ethical concerns, risks or considerations, benefits and outcomes of patient care.</p> <p>G.6 Facilitates patient and family understanding of the risks, benefits, and outcomes of proposed healthcare regimen to promote informed decision making.</p> <p>G.7 Advocates for equitable patient care by:</p> <p style="padding-left: 20px;">G.7.a. Participating in organizational, local, state, national, or international level of policy-making activities for issues related to their expertise</p> <p style="padding-left: 20px;">G.7.b. Evaluating the impact of legislative and regulatory policies as they apply to nursing practice and patient or population outcomes</p> <p><b>*see C3 in Adult-Gero competencies</b></p> <p>G.8 Promotes the role and scope of practice of the CNS to legislators, regulators, other health care providers, and the public:</p> <p style="padding-left: 20px;">G.8.a. Communicates information that promotes nursing, the role of</p>			
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<p>the CNS and outcomes of nursing and CNS practice through the use of the media, advanced technologies, and community networks.</p> <p>G.8.b. Advocates for the CNS/APRN role and for positive legislative response to issues affecting nursing practice.</p>			
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## APPENDIX A: BACKGROUND DOCUMENTS REVIEWED BY EXPERT PANEL

American Association of Colleges of Nursing. (1996). *The Essentials of Master's Education for Advanced Practice Nursing*. Washington, DC: Author.

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