



CANADIAN
NURSES
ASSOCIATION

Pan-Canadian Core Competencies for the Clinical Nurse Specialist

June 2014

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TABLE OF CONTENTS

INTRODUCTION	1
THE CLINICAL NURSE SPECIALIST	1
HOW THE CNS INFLUENCES CARE	2
OVERVIEW AND ASSUMPTIONS	3
COMPETENCIES	5
1. Clinical care competencies	5
2. Systems leadership competencies	6
3. Advancement of nursing practice competencies	7
4. Evaluation and research competencies	8
GLOSSARY	9
REFERENCES	11
APPENDIX A. METHODOLOGY	12
APPENDIX B. ACKNOWLEDGEMENTS	13

INTRODUCTION

This foundational document, developed by the Canadian Nurses Association (CNA), clearly articulates the core competencies of the clinical nurse specialist (CNS). This document was created to reflect the diversity of specialty areas and practice environments in which CNSs work, and to support evolution of the CNS role to meet the changing needs of patients and the Canadian health-care system. Its purpose is to:

- promote clarity of the CNS role,
- facilitate the understanding and highlight the importance of the CNS role for improving health and the delivery of health-care services,
- guide the development of CNS education curricula and outcomes,
- support CNSs in advancing their practice, and
- support employers who are implementing CNS roles in their organizations.

THE CLINICAL NURSE SPECIALIST

This advanced practice role involves analyzing, synthesizing and applying nursing knowledge, theory and research evidence to foster system-wide changes and advance nursing care and the profession as a whole (CNA, 2008).

The CNS is a registered nurse who holds a graduate degree in nursing and has a high level of expertise in a clinical specialty. Areas of specialization may focus on expertise related to a specific population, a practice setting, a disease or subspecialty, a type of care or a type of health problem. The CNS improves client, population and health system outcomes by integrating knowledge, skills and expertise in clinical care, research, leadership, consultation, education and collaboration.

The CNS role can change in response to the dynamic needs of clients, nursing staff and practice settings, the changing strategic directions of the organization, and the economic and policy priorities of health-care funders and ministries of health. Despite role variability, all CNS work is aimed at ensuring safety, quality of care and positive health outcomes.

HOW THE CNS INFLUENCES CARE

Most notably, the CNS influences care at the client level, within the practice setting and at the organizational/systems level.

Influence at the client level

The CNS works with clients of varying age, race, gender, language, education, culture, socio-economic background, religion and sexual orientation. Clients are often from vulnerable populations and have acute and/or chronic conditions. The CNS supports direct client care by:

- assessing and managing risks and complications,
- providing therapeutic interventions,
- planning and coordinating care,
- monitoring and evaluating outcomes, and
- advocating for health and social services that best meet the client's needs.

Further, the CNS provides consultation and specialized care, especially for individuals with complex health conditions (Canadian Centre for Advanced Practice Nursing Research [CCAPNR], 2012).

Influence within the practice setting

The CNS works with other nurses to promote excellence in nursing practice by:

- leading quality improvement initiatives,
- designing and implementing evidence-based policies and practices, and
- supporting nurses and other health-care professionals to use best practice guidelines.

He or she also supports his or her nursing colleagues by providing mentorship and working to improve nursing recruitment and retention.

Influence at the organizational/systems level

The CNS works with managers, educators, policy-makers, administrative decision-makers, regulators and other health professionals to improve the quality and safety of client care. The CNS may also lead initiatives to improve the quality of care at an organizational, provincial and/or national level.

At the systems level, the CNS can play an instrumental role in reducing costs associated with the provision of acute health-care services. For example, CNSs can reduce the lengths of hospital stays by promoting the use of evidence-based interventions to prevent adverse events and reduce complications. Lengths of hospital stays can also be reduced through CNS interventions to better prepare clients and their families for discharge and to strengthen client self-care abilities. Further, readmission to hospital and emergency department visits can be avoided through ongoing assessment, early detection and management of client health problems, care coordination and referral to appropriate community services (CCAPNR, 2012).

OVERVIEW AND ASSUMPTIONS

The CNS competencies expand upon the competencies required of a registered nurse (RN) and reflect advanced nursing practice by remaining consistent with and building upon CNA's *Advanced Nursing Practice: A National Framework* (2008) and by articulating competencies specific to the CNS role. The core competencies in this framework are grouped into four categories:

1. Clinical care
2. System leadership
3. Advancement of nursing practice
4. Evaluation and research

In developing the core competencies, a number of assumptions were made. Interpretation of the competencies requires an understanding of these assumptions — in fact, it is essential to the understanding of how these competencies may be applied to CNS practice in all roles and settings and to a particular client population or practice environment.

Assumptions

1. The CNS uses systematic approaches to retrieve, critically appraise, apply and translate research knowledge into practical information for clients, family members, nurses, other health-care providers, health-care decision-makers and policy-makers.
2. CNS practice encompasses and builds on the professional role and scope of practice of the RN to assess and manage complex health-care issues and support innovation to improve the delivery of nursing and health care.
3. Direct and indirect care are the core components of CNS practice.
4. Graduate nursing education is essential for operationalizing all areas of CNS practice across diverse practice settings and client populations.
5. CNS practice is grounded in client-centered care.
6. The CNS identifies, initiates and leads clinical therapeutic and health service interventions that result in beneficial short, intermediate and/or long-term outcomes for clients and family members, nurses and other providers, organizations and the health-care system.
7. The integration of the CNS role in the health-care delivery system is essential for the development and evolution of professional practice environments that support high-quality nursing care.
8. The CNS role helps to improve quality of care, achieve better health outcomes, avoid unnecessary costs through prevention of adverse events and complications, and reduce acute health-care costs through more efficient models of delivery.
9. The CNS is an autonomous practitioner who collaborates with clients and other providers as a member of the interprofessional health-care team to deliver high-quality client care.
10. The CNS understands and influences provincial/territorial, federal and socio-political issues and the impact of these issues on health services and healthy public policy.
11. The CNS works through an advanced nursing practice lens and has knowledge, skills and abilities achieved through graduate education and practice experience.

To further ensure understanding of the competencies, a glossary of key terms is provided at the end of this document.

COMPETENCIES

1. Clinical care competencies

The CNS is an independent practitioner within his or her role or identified scope of practice who uses advanced clinical judgments to assess, intervene and evaluate the clients he or she serves. The CNS uses advanced and expert knowledge, skills and abilities to develop, coordinate and evaluate a collaborative plan of care for highly complex and unpredictable clinical situations with the focus on optimizing health and quality of life for the client. The CNS provides direct and indirect care on the basis of his or her specialty knowledge, practice context and specialty area.

Competency Statement	
The clinical nurse specialist:	
1.	Conducts comprehensive in-depth assessments using advanced nursing knowledge and skills for specific clients, nursing practice situations or systems.
2.	Collects data about the context and etiology of conditions that are amenable to CNS interventions.
3.	Analyzes the complex interaction of sociological, psychological and physiological processes, determinants of health and clients' lived experiences to develop, implement, evaluate and revise plans of care.
4.	Differentiates actual or potential risks to client safety, autonomy and quality of care on the basis of assessment and client/population validation.
5.	Analyzes patterns of client responses and needs within a complex population and develops strategies to create unit-based, organization-based and system-based changes to optimize health-care outcomes.
6.	Synthesizes the assessment data using advanced knowledge, experience, critical thinking, clinical inquiry and clinical judgment to develop a plan of care.
7.	Designs care plans for clients with highly complex and often unpredictable needs.
8.	Uses clinical inquiry to identify the need for reassessment, match intervention to etiology and choose appropriate methods to evaluate outcomes.
9.	Uses a variety of communication and counselling techniques applicable to specific and highly complex and often unpredictable clinical and team situations.
10.	Provides consultations in highly complex and often unpredictable clinical situations that require advanced specialized knowledge and skills.
11.	Measures indicators such as quality of life, client safety, timeliness, effectiveness, efficiency, efficacy, client-centred care, cost effectiveness and appropriateness on a continuous basis.
12.	Facilitates knowledge translation in a clinical setting to support the care plan in highly complex and often unpredictable situations.
13.	Collaborates with clients and appropriate interprofessional team members within the clinical area to achieve optimal health outcomes.
14.	Advocates for client-centred care to meet their needs in highly complex and often unpredictable situations.
15.	Coordinates health care to facilitate safe and seamless transitions among points of care in highly complex and often unpredictable situations.

2. Systems leadership competencies

The CNS is a nursing leader. Systems leadership includes the ability to manage change and influence clinical practice and political processes both within and across systems, including advocating for and promoting the importance of access to care and advanced nursing services, to clients, nurses, other health professionals, the public, legislators and policy-makers (CNA, 2008).

Competency Statement	
The clinical nurse specialist:	
1.	Facilitates interprofessional collaboration, internally and externally to the organization, to achieve desired client outcomes.
2.	Leads the development and implementation of <ul style="list-style-type: none"> • standards of nursing practice, • practice guidelines, • education strategies, • quality management, • research initiatives, and/or • system change.
3.	Critically analyzes socio-political, demographic and economic issues, trends and policies and contributes to the political process to influence change for optimizing health outcomes.
4.	Integrates knowledge of clients' perspective during policy development and planning.
5.	Leads initiatives to promote professional growth, continuous learning and collaborative practices of nurses and other members of the health-care team to ensure client safety and quality of care.
6.	Fosters an organizational culture of learning, quality and safety through preceptorship, role modelling, mentorship and coaching of nurses, other members of the health-care team and students.
7.	Applies knowledge of existing resources and the cost effectiveness of interventions to inform resource decisions at the practice setting, organizational and system levels.
8.	Implements strategies to achieve the intended nurse-sensitive client outcomes for a defined population.
9.	Leads the implementation and integration of the CNS role within the health-care team, organization and broader health system.
10.	Applies advanced nursing knowledge and skills to communicate, negotiate and build coalitions to manage change and resolve conflict.
11.	Negotiates complex relationships at the individual, practice setting and organizational levels with the goal of optimizing client outcomes.
12.	Recognizes potential and existing gaps in clinical care to influence client and organizational decision-making and change.
13.	Anticipates future changes (e.g., needs related to technology, systems, professional development) and recommends and implements appropriate actions.
14.	Identifies needs and advocates for the necessary human, material and organizational system resources for safe client care.

Competency Statement	
The clinical nurse specialist:	
15.	Develops and leads strategies to promote the uptake of evidence-informed practices to optimize identified client outcomes.
16.	Participates in key quality and safety initiatives with both internal and external stakeholders from the micro to the macro level and vice versa.
17.	Evaluates gaps and operational issues at the organizational and community levels to contribute to the development of innovative solutions.
18.	Collaborates in the development of strategic program planning and evaluation to foster innovative care for specific client populations.

3. Advancement of nursing practice competencies

The CNS leads and fosters the professional development of RNs and nursing practice to maximize the scope and depth of practice leading to optimal client outcomes.

Competency Statement	
The clinical nurse specialist:	
1.	Models professionalism and accountability in all interactions within the health-care team.
2.	Advocates for and implements change to create safe and healthy workplace environments.
3.	Advocates for and implements changes that optimize the development of RNs in their roles.
4.	Evaluates nursing practice against established benchmarks and evidence-informed practice standards.
5.	Engages in reflective practice to ensure that professional standards of practice are met.
6.	Improves nursing practice through mentoring, role modelling, consultation and education.
7.	Incorporates knowledge from continuous learning to inform, evaluate and advance nursing practice.
8.	Disseminates knowledge from continuous learning to advance practice at the local, regional and national level.
9.	Promotes the role of the CNS through involvement in academic pursuits, professional associations and special-interest groups.
10.	Builds capacity and succession planning by mentoring RNs to pursue graduate studies with a focus on acquiring CNS competencies.
11.	Promotes the role and the relevance of the CNS to educators, policy-makers, administrative decision-makers, regulators, other health-care providers and the public.
12.	Identifies and develops indicators for measuring and evaluating the CNS role.
13.	Promotes ethical nursing practice through the development of strong moral climates in the practice setting.

4. Evaluation and research competencies

As a knowledge translator, the CNS searches for, critiques, interprets, synthesizes, uses and disseminates evidence in clinical practice and for quality improvement and client safety initiatives. Development and evaluation of programs and services at various levels are often driving factors behind the CNS practice. The CNS acts either as an investigator or as a collaborator with other members of the health-care team or community to identify, conduct and support research that enhances or benefits nursing practice (CNA, 2008).

Competency Statement	
The clinical nurse specialist:	
1.	Evaluates and critiques current practice against best available evidence/benchmarks.
2.	Evaluates the need for practice improvement to promote safe, effective and reliable care that has a positive impact on client and system outcomes.
3.	Uses systematic approaches to redesign care delivery to promote safe, effective and reliable care that has a positive impact on client and system outcomes.
4.	Uses research and outcome data to formulate, evaluate and/or revise policies, procedures, protocols, client-specific programs and client standards of care.
5.	Addresses identified research practice gaps and opportunities through the use of relevant evidence in practice.
6.	Integrates new evidence into the practice setting and with specific client populations.
7.	Ensures that ethical standards are promoted and maintained in the practice environment when research and quality improvement initiatives are being conducted.
8.	Implements and evaluates quality management processes.
9.	Identifies and incorporates relevant data needed for quality management.
10.	Uses research principles to answer clinical questions to address the quality of client outcomes.
11.	Uses a wide range of strategies to encourage health-care teams to engage in clinical inquiry.
12.	Leads and participates in research initiatives that facilitate the generation of new evidence.
13.	Participates in outcome evaluation of nurse-sensitive indicators.

GLOSSARY

advanced nursing practice. An “umbrella term describing an advanced level of clinical nursing practice that maximizes the use of graduate nursing educational preparation, in-depth nursing knowledge and expertise in meeting the health needs of individuals, families, groups, communities and populations. It involves analyzing and synthesizing knowledge; understanding, interpreting and applying nursing theory and research evidence; and developing and advancing nursing knowledge and the profession as a whole” (CNA, 2008, p. ii). In Canada, the nurse practitioner and clinical nurse specialist are considered advanced practice nursing roles.

advocate. Actively supporting, protecting and safeguarding a client’s rights and interests; supporting others in speaking for themselves; or speaking on behalf of those who cannot speak for themselves.

autonomous. The “ability to make decisions and the freedom to act independently, in accordance with a registered nurse’s professional knowledge, competence and authority” (College of Registered Nurses of Nova Scotia, 2012, p. 14).

client. The recipient of care; may be an individual, family, group, entire community or population.

competencies. The specific knowledge, skills and personal attributes required for a CNS to practise safely and ethically in a designated role and setting.

core competencies. The repertoire of measurable skills, knowledge and abilities required by the CNS throughout his or her career.

direct care. Nursing services that require direct interaction between the health-care provider and the patient to promote health or well-being and improve quality of life.

etiology. The cause, set of causes or manner of causation of a disease or condition.

health. A “state of complete physical, mental [spiritual] and social well-being and not merely the absence of disease or infirmity” (World Health Organization, 1946, p. 1).

holistic care. A system of comprehensive or total client care that considers the physical, emotional, social, cognitive, economic, sexual and spiritual needs of the person, his or her response to illness and the effect of the illness on the person’s ability to meet self-care needs.

indirect care. Nursing services that influence patient care but do not require direct interaction between the health-care provider and the patient. At the CNS level those may include developing evidence-based guidelines or protocols for care (Tracy, 2008).

nurse-sensitive outcomes. “Expected changes that reflect nursing care or care rendered in collaboration with other healthcare providers” (National CNS Competency Task Force, 2008, p. 16).

plan of care. A document that outlines the nursing care to be provided to a client. It is a set of actions the nurse will implement to resolve/support nursing diagnoses identified by client-centred care. Client-centred care is an “approach in which clients are viewed as whole persons; it is not merely about delivering services where the client is located. Client centred care involves advocacy, empowerment, and respecting the client’s autonomy, voice, self-determination, and participation in decision-making” (Registered Nurses’ Association of Ontario, 2002, p. 12).

quality management. An umbrella term that incorporates quality improvement, quality assurance, risk management quality control and utilization management (Canadian Healthcare Association, 2013).

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APPENDIX A. METHODOLOGY

The Pan-Canadian Core Competencies for the Clinical Nurse Specialist will be meaningful to practitioners and those who want to learn more about the role of the CNS. It was created, reviewed and validated using an evidenced-informed approach to competency development. The process relied heavily on the expertise of a diverse group of clinical nurse specialists from across the Canada, who were part of the more than 125 stakeholders involved.

There were five phases of development. During Phase 1, a review of the current practice of the clinical care specialist and competency frameworks was completed by the CNS steering committee. Based on this, the CNS steering committee provided advice on a framework. Phase 2 was a three-day workshop where an experienced, diverse group of CNSs from across the country created a competency profile after receiving training in competency development. In the third phase, the CNS steering committee reviewed the competencies and provided feedback, which was integrated into the document for validation.

Phase 4 involved review and validation of the competencies by a broad group of stakeholders using an online survey created by Assessment Strategies Inc, with guidance from CNA. Respondents were asked to rate each of the 59 competencies for applicability to entry-to-practice, its importance for safe and effective practice, its frequency of use and its level of impact (i.e., client, practice setting or organizational/system). Using a snowball approach, 93 surveys were completed between March 23 and April 20, 2014.

Respondent ratings were aggregated to determine which if any should not be considered relevant to practice. Qualitative feedback from respondents was also reviewed. Overall, all competencies were rated as highly applicable with all 59 receiving an applicability rating of at least 80 per cent. Based on the results, a report was provided to the CNS steering committee, who recommended revisiting some of the competencies that received relatively low ratings to verify their relevance to safe and effective practice.

During Phase 5, CNA and the CNS steering committee made final decisions based on the survey results. In total, two competencies and sub-competencies were added while four were modified. This resulted in the final competency profile comprising 59 competencies.

APPENDIX B. ACKNOWLEDGEMENTS

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