

American Association of Colleges of Nursing

**Working Statement Comparing the Clinical Nurse Leadersm and
Clinical Nurse Specialist Roles: Similarities, Differences and
Complementarities**

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The American Association of Colleges of Nursing (AACN) Board of Directors approved the *Working Paper on the Role of the Clinical Nursing Leader*sm in May 2003. In response to client care needs and to the health care delivery environment, the Working Paper, the report of the Task Force on Education and Regulation II, delineates a new role, the clinical nurse leader (CNL)sm role. To address questions that have been raised by the nursing community, a group of individual clinical nurse specialists, leaders in the field of nursing and CNS practice and education, were asked to work with AACN to develop a statement that would compare the CNL and CNS roles: the similarities, differences and complementarities. This statement represents the work of those individuals.

<p>The Clinical Nurse Leader (CNL) is prepared at the master's degree level as a generalist.</p> <p>In addition to the competencies delineated in the AACN (1998) <i>Essentials of Baccalaureate Education for Professional Nursing Practice</i>¹, the CNL is prepared with the competencies outlined in the AACN (2003) <i>Working Paper on the Role of the Clinical Nurse Leader</i>².</p>		<p>The Clinical Nurse Specialist (CNS) is an advanced practice nurse prepared in a clinical specialty at the master's, post-master's or doctoral level as a specialist.</p> <p>The CNS, as an Advanced Practice Nurse (APN), is prepared with the AACN (1996) <i>Essentials of Master's Education for Advanced Practice Nursing</i>³, including the Graduate Nursing and APN Clinical Core. In addition, the CNS is prepared in a specialty curriculum which includes those clinical and didactic learning experiences identified and defined by the specialty nursing organization for the particular area of advanced clinical practice.</p>
<p>The CNL functions as a generalist providing and managing care at the point of care to patients, individuals, families, and communities.</p>	<p>Both the CNL and CNS provide care in all types of health care settings, including acute, outpatient, home, school and community.</p>	<p>The CNS functions as an expert clinician in a particular specialty or subspecialty of nursing practice^{4,5,6}</p>
<p>The CNL is responsible for the management and coordination of comprehensive client care, for individuals and clinical cohorts.⁷</p>	<p>The CNL and CNS develop a comprehensive and holistic view of patients.</p>	<p>The CNS is responsible for designing, implementing, and evaluating patient-specific and population-based programs of care.^{8,9}</p>
<p>The CNL functions primarily within clinical microsystems which are small</p>	<p>Both the CNL and CNS manage care</p>	<p>The CNS functions at both microsystem and system levels, within three spheres of</p>

<p>functional front-line units such as a hospital unit, outpatient clinic or home health agency.¹⁰</p>	<p>that is responsive to the health care needs of individuals and families.</p>	<p>influence: client, personnel and organizational systems.¹¹</p> <p>The CNS (even if unit-based) exerts influence on behalf of their specialty population at the system level.</p>
<p>The CNL assesses individuals and families to anticipate risks, design and implement plans of care, provide oversight of the care delivery and outcomes for a specified group of patients.</p>	<p>The CNL and CNS provide highly skilled clinical patient care.</p> <p>The CNL and CNS serve as advocates for individual clients, families and communities in the health care system.</p>	<p>The CNS manifests a high level of expertise in the assessment, diagnosis, and treatment of the complex responses of individuals, families or special populations to actual or potential health problems, prevention of illness and injury, maintenance of wellness, and provision of comfort.¹²</p>
<p>The CNL implements principles of “mass customization”¹³ to ensure consistency of clinical care within populations. The CNL also uses strategies for risk anticipation and risk assessment to design, implement and evaluate plans of care for a cohort of patients.</p>	<p>The CNL and CNS use clinical knowledge and skill and a variety of information technologies, including clinical databases, to anticipate risk, perform risk assessments and other surveillance strategies to customize interventions and ensure achievement of health related outcomes.</p> <p>The CNL and CNS design and provide health promotion and risk reduction services for patients.</p>	<p>As a consultant the CNS provides expert knowledge and skill in a specialized area of practice to other nurses and the multidisciplinary health care team, particularly for complex or critically ill patients.¹⁴</p>
<p>The CNL is responsible for the delegation and oversight of care delivery by other staff on a daily</p>	<p>The CNL and CNS mentor nursing staff and other care</p>	<p>The CNS serves as a mentor to other nursing professionals to advance the practice of nurses and nursing.</p>

basis.	providers.	
<p>The CNL has the ability and primary responsibility for providing the necessary coordination and communication with other team members within the microsystem to affect improved patient outcomes for individual patients or a specified cohort of patients in a unit or care setting.</p> <p>The CNL coordinates care, decreasing the fragmentation and ensuring seamless, safe care.</p>		<p>The CNS has the ability and responsibility for communication within and across the organization or systems to affect improved patient outcomes for the specialty population.</p>
<p>The CNL evaluates evidence for practice, implements evidence-based practice, and uses quality improvement strategies to affect improved outcomes at the microsystem level. The CNL identifies problem areas and participates in the implementation of clinical research.</p>	<p>Both the CNL and CNS translate nursing research findings into clinical practice.</p>	<p>A critical component of the CNS role is to generate and evaluate evidence for practice. The CNS advances nursing practice through innovative evidence-based interventions, best practice guidelines and modification of professional standards, organizational policies that direct the care of nursing personnel and other providers of health care to improve outcomes.^{15,16}</p>
<p>The CNL identifies the need for new policies and practices, participates in their development and provides leadership in implementation and evaluation of guidelines, professional standards and policies that impact patient care at the microsystem level.</p>	<p>The CNL and CNS use knowledge of health organizations, systems, policy leadership and change to develop and implement/coordinate evidence-based standards, policies and procedures.</p>	<p>The CNS identifies the need for new standards, policies and procedures within the organization and across systems. The CNS leads in the development, implementation and evaluation of innovative evidence-based interventions, best practice guidelines and modification of professional standards and organizational policies that direct the care of nursing personnel and other health care providers to improve outcomes.¹⁷</p> <p>The CNS demonstrates professional leadership by taking an active role in the formulation and implementation of such policies at the community, state and national levels.</p>
<p>The CNL coordinates human, environmental and material resources</p>		<p>The CNS interprets the dimensions of nursing care requiring resources at the</p>

within the microsystem to ensure cost-effective care. ¹⁸		system level and provides leadership to assure that the system adequately supports the delivery of nursing care. ¹⁹
The CNL works with the multidisciplinary care team to provide quality care to a cohort of patients at the microsystem level.	Although both the CNL and CNS work with multidisciplinary care teams, the sphere of influence and focus may differ.	The CNS works with multidisciplinary care teams within and across systems.
As a member of the professional staff, the CNL is responsible administratively to the unit administrator/nurse manager or equivalent depending upon the type of health care setting/unit.		The CNS may be responsible administratively to the specialty area administrator or chief nursing officer within the organization.
<p>Key activities of the CNL include:</p> <ul style="list-style-type: none"> • The CNL is the health professional to whom other care providers go for day-to-day information or issues related to the care of the specified patient cohort. • Performing a comprehensive assessment of the client and family/caregiver upon initial contact. • Responsibility for the ongoing assessment and modification, if necessary, of the plan of care. • Responsibility and accountability for care delivered and the outcomes of care for the specified cohort of clients. • Responsibility for patient education, including individuals, families and other 	<p>The CNL and CNS are involved in the interdisciplinary decision-making and planning processes in respect to the patient's plan of care.</p> <p>The CNL and CNS each develops an interpersonal relationship with individual patients and families and/or other caregivers.</p>	<p>Key activities of the CNS include:</p> <ul style="list-style-type: none"> • Using the core competencies of advanced practice nursing to design, implement, and evaluate programs of care to enhance patient outcomes, particularly for complex patients and across systems of care.*²⁰ • CNS involvement in care delivery and planning depends on a variety of factors, e.g. the assessed needs of patients and learning needs of staff. • Leading multidisciplinary groups in designing and implementing innovative solutions that address system problems and patient care issues.^{21, 22} • Serving as a leader, consultant, mentor and change agent to achieve quality cost-effective outcomes.²³ • Developing differential diagnoses

* The APN competencies include: direct care, expert coaching and guidance, research, ethical decision-making, collaboration, consultation, and leadership.

caregivers.		<p>and interventions to treat or prevent illness.²⁴</p> <ul style="list-style-type: none"> • Developing criteria for and evaluating the quality and effectiveness of nursing practice and organizational systems. • Providing consultation to other nursing and health professional staff in an area of specialization, particularly for complex or critically ill patients. • Planning and implementing educational opportunities for health professional staff, patients and communities.
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¹ American Association of Colleges of Nursing. (1998). The essentials of baccalaureate education for professional nursing practice. Washington, DC: Author.

² American Association of Colleges of Nursing. (2004). Working Paper on the Role of the Clinical Nurse Leader. <http://www.aacn.nche.edu/newnurse>.

³ American Association of Colleges of Nursing. (1996). The Essentials of Master’s Education for Advanced Practice Nurses. Washington, DC: Author.

⁴ American Nurses Association. (2004). *Nursing scope & standards of practice*. Washington, DC: Author.

⁵ National Association of Clinical Nurse Specialists. (2004). Statement on clinical nurse specialist practice and education. Harrisburg, PA: Author.

⁶ Sparacino, PSA. (2005). The clinical nurse specialist. In AB Hamric, JA Spross & CM Hanson (Eds.), *Advanced Practice Nursing: An Integrative Approach, 3rd edition*, p 415-446. Philadelphia, PA: Elsevier Saunders.

⁷ American Association of Colleges of Nursing. (2004). Working Paper on the Role of the Clinical Nurse Leader. <http://www.aacn.nche.edu/newnurse>. p.10

⁸ American Nurses Association. (2004). *Scope & Standards of Practice*. Washington, DC: Author. p.15.

⁹ National Association of Clinical Nurse Specialists. (2004). Statement on clinical nurse specialist practice and education. Harrisburg, PA: Author. p. 26.

¹⁰ Mohr JJ, Barach P, Cravero JP, Blike GT, Godfrey MM, Batalden PB, Nelson EC. (2003). Microsystems in health care: Part 6. Designing patient safety into the microsystem. *Joint Commission Journal on Quality and Safety*, 29(8) 401-408, August 2003.

¹¹ National Association of Clinical Nurse Specialists. (2004). Statement on clinical nurse specialist practice and education. Harrisburg, PA: Author.

¹² American Nurses Association. (2004). *Nursing scope & standards of practice*. Washington, DC: Author.

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- ¹³ Institute of Medicine. (2001). Crossing the quality chasm, A new health system for the 21st century. Washington, DC: National Academy Press. p 123-124.
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- ¹⁵ National Association of Clinical Nurse Specialists. (2004). Statement on clinical nurse specialist practice and education. Harrisburg, PA: Author.
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- ¹⁷ National Association of Clinical Nurse Specialists. (2004). Statement on clinical nurse specialist practice and education. Harrisburg, PA: Author. p.2.
- ¹⁸ American Association of Colleges of Nursing. (1996). The Essentials of Master's Education for Advanced Practice Nurses. Washington, DC: Author. p.9.
- ¹⁹ National Association of Clinical Nurse Specialists. (2004). Statement on clinical nurse specialist practice and education. Harrisburg, PA: Author. p.20.
- ²⁰ Hamric AB. (2005). A definition of advanced practice nursing. In AB Hamric, JA Spross, CM Hanson (Eds.) *Advanced Practice Nursing: An Integrative Approach, 3rd edition*. Philadelphia: Elsevier Saunders.
- ²¹ National Association of Clinical Nurse Specialists. (2004). Statement on clinical nurse specialist practice and education. Harrisburg, PA: Author.
- ²² Sole, M L. (2004). How do You Define the Clinical Nurse Specialist? *AACN News, 21, 1*.
- ²³ National Association of Clinical Nurse Specialists. (2004). Statement on Clinical Nurse Specialist Practice and Education. Harrisburg, PA: Author. p.26.
- ²⁴ National Association of Clinical Nurse Specialists. (2004). Statement on Clinical Nurse Specialist Practice and Education. Harrisburg, PA: Author. p.14.