Disclosures

- There is no conflict of interest or relevant financial interest by the faculty or planners of this activity.
- AACN does not endorse any commercial product related to this activity.
- The entire webinar and the program evaluation must be completed to earn contact hours.
- This webinar will be recorded and available until February 14, 2016.

Presenters

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Certification Programs Strategist
AACN Certification Corporation
American Association of Critical Care Nurses

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American Nurse Credentialing Center (ANCC)

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College of Nursing, University of Colorado

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Director, DNP Program, La Salle University

Facilitator:
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Senior Director of Education Policy
American Association of Colleges of Nursing (AACN)

Objective

- Evaluate the relevant CNS education program for consistency with the APRN Consensus Model and other nationally recognized curricular standards.

APRN REGULATORY MODEL

APRN SPECIALTIES
Focus of practice beyond role and population focus linked to health care needs
Examples include but are not limited to: Oncology, Older Adults, Nephrology, Palliative Care

APRN ROLES
Nurse Anesthetist
Nurse-Midwife
Clinical Nurse Specialist
Nurse Practitioner

APRN REGULATORY MODEL

License occurs at levels of Role & Population Focus

POPULATION FOCUS
- Adult/Gerontology
- Neonatal
- Pediatric
- Women’s Health/Gender Related
- Chronic Health Conditions Related
- Psychiatric/Mental Health
- Public Health

Initial Timeline for Sequential Implementation of Model

- In 2008, implementation started immediately by all LACE entities
- Target for full implementation is 2015
- APRN education programs should be transitioned by 2012-2013
- Accreditation processes should be in place by 2012-2014
- Certification examinations should be in place by 2012-2014
Implementation of LACE Network

- In August 2010, MOU signed by 28 organizations who agreed to support the implementation of LACE electronic network
- Currently, 27 + 1 additional organization have re-committed to supporting and participating in LACE electronic network
- Ensure transparent and ongoing communication among LACE entities
- Provide a platform for the ongoing work
- LACE not a formal, separate organization

Implications of CM for: CNS Education Programs

- Timeline for education programs to transition continues to be 2012-2013!
- Ensure that graduates eligible for national certification/licensure
- All new APRN programs/tracks must be pre-accredited/pre-approved prior to admitting students
- All post-graduate certificate APRN programs will need to be accredited by 2015

Adult/Gerontology APRN Competencies

- Adult-Gerontology Primary Care NP Competencies (2010)
- Adult-Gerontology Acute Care NP Competencies (2012)
- Adult-Gerontology CNS Competencies (2010)

APRs and Preparation to Care for Older Adults

- CM states that all APRNs in any of the 4 roles providing care to the adult population, e.g. family or women's health, must be prepared to meet the growing needs of the older adult population
- Recommended Competencies for Older Adult care for Non-Adult-Gerontology APRNs
- WH and Across the Lifespan CNSs

Currently, 27 + 1 additional organization have re-committed to supporting and participating in LACE electronic network
Incorporation of Wellness in All APRN Curricula

“All APRNs are educationally prepared to provide scope of services across health wellness-illness continuum... however emphasis and implementation within each role varies.”

- Requires review and enhancement of national core competencies for roles and population foci
- Evaluation of curricula
- Enhancement of certification examinations
- CNS educated across the continuum from wellness through acute care
- New A-G CNS competencies reflect this

Facilitating Transition to the Adult-Gerontology APRN Curriculum

- APRN Resource Center funded by JAHF
- Teaching resources developed and compiled
- Archived webinars
- Curricular exemplars
- Content slides
- Speakers/Consultant Bureau
- Case studies
- Assessment items New & Coming

http://consultgerirn.org/aprncenter

Implementing the Consensus Model by 2015: Education and Certification Requirements for CNS Programs: Critical Issues & Recommended Resources for CNS Educators

Patti R. Zuzelo, EdD, RN, ACNS-BC, ANP-BC, FAAN
Professor & DNP Program Director
La Salle University’s School of Nursing & Health Sciences
Past President, National Association of Clinical Nurse Specialists

Common concerns

- Content and structure of the “3 Ps”
- Current program curriculum/outcomes v. Adult-Gerontology competencies.
- Specialty within the context of the APRN Consensus Model.
- Competencies for 6 populations
- Resources for educators
- Enrollment v. work effort
- Trends

APRN Consensus Model requirements

- Pathophysiology, Pharmacology, Physical Assessment/Health Assessment (Advanced)
  - Separate & distinct
  - Discussion but not published details/agreement concerning the content of these courses:
    - Lifespan?
    - Shared key concepts/content areas?
    - Critical requirements?

Major concerns

1. Specialization
2. Effective and appropriate clinical instruction designed to satisfy the regulatory requirements while shaping a CNS that meets population competencies.
3. Competencies for 6 populations within which specialties can develop.
4. Examinations and sound psychometrics
Certification examination requirements

<table>
<thead>
<tr>
<th>Population competencies</th>
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<tbody>
<tr>
<td>Adult-Gerontology ✓</td>
</tr>
<tr>
<td>Pediatrics, Neonatal, Family/Individual Across Lifespan, Women’s Health/Gender-Related, Psychiatric-Mental Health</td>
</tr>
</tbody>
</table>

Educational programs newly created or revised to provide the graduate programs needed to support the CNS Role within each Population.

Candidate numbers to support expenses and efforts associated with developing and maintaining psychometrically sound examinations.

The Clinical Nurse “Specialist”

- Consistent admonition is to avoid increasing credits/hours for Master’s degree.
- Specialty is not included in 500 hours.
- DNP is not required and may not be recognized in (varies by state).
- If not a specialist, then a generalist?
- Employers typically hire for specialty areas, often in inpatient settings (depending on the region).

Within the APRN community, Clinical Nurse Specialists (CNSs) play a unique role in the delivery of high quality nursing care. These clinicians are experts in evidence-based nursing and practice in a range of specialty areas, such as oncology, pediatrics, geriatrics, psychiatric/mental health, adult health, acute/critical care, and community health among others. In addition to direct patient care, CNSs also engage in teaching, mentoring, consulting, research, management and systems improvement. Able to adapt their practice across settings, these clinicians greatly influence outcomes by providing expert consultation to all care providers and by implementing improvements in health care delivery systems. (American Association of Colleges of Nursing, 2006).

Anecdotal feedback

- Graduates hired as Clinical Nurse Specialists are expected to fully and actively participate in nursing activities of the hiring agency—typically within a specialty.
- Hiring patterns—not typically a CNS of Adult-Gerontology. Specialty expertise is often expected of new hires.

Options?

- Increase MSN credits/credit hours for CNS role only to provide specialty education.
- Incorporate specialty into population
- DNP with specialization + role + population.
- Abandon specialty.

Clinical residency/practicum considerations

- CNSs need experience in settings with expert preceptors prepared in role + population.
- CNSs are typically employed within a specialty.
- Frequent rotations stress constitutional health experiences. Problematic when goal is ensure skill acquisition.
- APN Consensus Model = APN licensure with independent practice including prescription.
Adult-Gerontology Clinical Nurse Specialist Competencies


- [http://www.nacns.org/docs/CNSEducationCriteria.pdf](http://www.nacns.org/docs/CNSEducationCriteria.pdf)

- Used a national consensus-building process established during earlier work efforts and used in subsequent national efforts.

Faculty “to do” list

Suggested faculty activities

Review CNS curricula to ensure that population is correctly addressed.

Critique and revise, if necessary, university/college websites to correctly reflect APRN Consensus Model requirements.

Discuss regional, state, local, and international health needs within the context of nurses’ interests and resources: Design responsive curricula.

Disseminate and engage.

“Quick look” reveals problems

- Some programs provide CNS education in areas of practice that are inconsistent with the APRN Consensus Model e.g. critical care, maternal-infant health, parent-child, growing family, perinatal.
- Programs combining “adult health advanced practice” CNS and NP roles without clear role delineation and separate clinical hours require revision.
- Consensus Model requires success on a national certification examination pertaining to role + population in order for graduate-degree prepared nurses to obtain an APRN license. Educators have responsibility for ensuring that graduates are eligible to take these examinations or, at least, that they are fully aware that they cannot take APRN examinations and cannot practice as such.

Immediate issues of note

- Students make admission commitments two or three years prior to track courses.
- Accepted into particular programs of study.
- Turn-around-time may exceed 5 years.
- What are the implications of completing a program that does not prepare students for national certification examinations?

References


Redesigning a CNS Curriculum: Implementing the Adult-Gerontology APRN Education Requirements

Objectives:

- Describe the process of curricular revision for a CNS Program
- Identify specific teaching strategies/learning activities to infuse gerontological content
- Describe clinical experiences that will prepare the graduate with the Adult-Gerontology Clinical Nurse Specialist Competencies

Marcia Murphy, DNP, ANP-BC, FAHA
Rush University, College of Nursing
Marcia_murphy@rush.edu
Rush University College of Nursing

- MSN: Entry Masters for Non-Nurses & Clinical Nurse Leader for RNs
- DNP: Nurse Practitioner, Clinical Nurse Specialist, Public Health Leadership, Systems Leadership
- PhD: BSN/MS-PhD

Rush Adult CNS Programs

- Mid-1970s: Medical-Surgical CNS
- 2009: Adult Health CNS, Gerontological CNS and Critical Care CNS
- 2012: Adult-Gerontology CNS and Adult-Gerontology Acute Care CNS
- 2012: Transitioned APRN programs to the DNP

Plan of Study for the AGCNS

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<th>Program of Study</th>
<th>Degree Program</th>
<th>AGCNS</th>
<th>Graduation</th>
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<td>NSG 601 Leader as Change Catalyst in Evolving Healthcare Environments</td>
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Redesigning the CNS curriculum

Goal: To prepare graduates to provide care to the entire adult population and across the continuum of care from wellness to acute care.

Process:
- Systematic assessment of the curriculum: didactic and clinical components
- Identify strategies to integrate content and clinical experiences to address gaps
- Evaluate student outcomes

Curricular Assessment

Steps:
1. Established a task force with “key” faculty at the table
2. Created a “crosswalk” to serve as a competency based blueprint for assessment
3. Identified the courses where gerontological content was already integrated
4. Identified gaps in content
5. Developed a plan to integrate the content effectively into the curriculum

Crosswalk Example

<table>
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<th>No.</th>
<th>Subject</th>
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<td>Economic, political, policy considerations</td>
<td>Development, planning, implementation, evaluation of outcomes and activities related to the concept/content</td>
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<td>Economic, political, policy considerations</td>
<td>Development, planning, implementation, evaluation of outcomes and activities related to the concept/content</td>
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</table>
Revision of Existing Adult Management Course Sequence

- Course name change to Management: Adult/Gerontology I and II
- Course description and course objectives explicitly describe the focus across the adult age spectrum
- Integration of key content, teaching strategies, learning activities and evaluation methods

New Content Areas Integrated

- Transitions of care models/strategies
- Geriatric syndromes
- Behavioral intervention strategies such as motivational interviewing
- Normal aging changes
- Atypical presentation of illness
- Unique management considerations

Strategies to Integrate Content into an Existing Management Course

- Include panels: interprofessional and community experts on topics such as transitions of care and facilitating behavior change
- Use web based resources: Interactive Evolving Cases at AACN/HI APRN Faculty Resource Center (http://consultgeriir.org/aprncenter)
- Invite expert lectures with an explicit request to integrate older adult content
- Collaborate across APRN programs

Sample Letter to Lecturers

Using clinical case examples to guide the discussion, please include the following information as it pertains to your lecture topic(s):
- Epidemiology/etiology
- Clinical manifestations and unique clinical presentation in older adults
- Relevant normal organ/functional changes associated with aging
- Differential diagnoses/patient problems
- Diagnostics (current, monitoring, follow-up)
- Management (prevention strategies, current evidence-based practice guidelines, need for consultation/referral, unique considerations for older adults).

New Course Developed

Quality and Safety for aging adults

Course Description:
- This course prepares nurse leaders to create a culture of quality improvement and patient safety for the aging adult. Current models of quality and patient safety are evaluated in the context of national trends and healthcare priorities. The essential role of interprofessional teams as a mechanism to improve quality and patient safety is addressed.

Quality and Safety Course Objectives

- Evaluate national trends and factors influencing the quality and patient safety mandates for aging adults.
- Analyze the impact of physical, psychological and social aging processes on quality and safety issues to optimize health and functioning.
- Examine the quality and patient safety priorities specific to the aging adult.
- Examine how models of interprofessional collaboration are employed to create cultures of patient safety and quality.
- Analyze current models, processes, and tools of quality improvement and patient safety.
**Clinical Component**

**Traditional Clinical Experiences:**
- Acute care settings,
- Specialties such as CV, Oncology, Pulmonary, Critical Care

**Current Clinical experiences:**
- Long term care
- Community-based wellness program for older adults
- Palliative care team
- Transitions of care programs
- Wound /Skin and Ostomy Program

**Clinical Evaluation**

- Clinical evaluation tool based on Adult-Gerontology competencies and the terminal program objectives
- Electronic log
- Site visits
- Objective Structured Clinical Examinations with simulation and standardized patients

**Case Study/Patient Profile**

*Added requirements:*
- Atypical presentation assessment
- Age appropriate diagnostic testing & follow up
- Assessment & considerations of functional ability
- Use of gerontological assessment tools (www.consultgerirn.org)
- Appropriateness of pharmacological interventions (Beer’s criteria, impact age related changes)
- Plan to decrease risk of adverse responses, complications, & geriatric syndromes
- Fit between patient/family and provider goals of care
- Possible issues of ageism that may have impacted care
- Considerations for transition of care, care coordination, and support needs of the patient and family/caregivers

**Formative and Summative Evaluation**

**Formative evaluation:**
- Performance in coursework
- Ongoing clinical evaluation
- DNP Project proposal

**Summative evaluation:**
- DNP capstone project (final presentation and paper)
- Certification exam results
- Surveys: end of program, post graduation and employer

**Lessons Learned**

1. Task force composition is “key”.
2. A gerontological faculty “champion” helpful.
3. Community “experts” in gerontology can enhance the learning experience.
4. Resources (online and print) facilitate the effective infusion of gerontological content.
5. The Adult-Gerontology competencies provide an excellent framework for curricular redesign!

**CNS Resources**

AACN/Hi APRN Faculty Resource Center (http://consultgerirn.org/aprncenter)

National Association of Clinical Nurse Specialists (NACNS)
http://www.nacns.org/resources/

Seven CNS-specific geriatric problem-based case studies, framed by the NACNS spheres of influence model on atypical dementia, diabetes, deconditioning, falls, end of life care, delirium, and pain.

Hartford Institute for Geriatric Nursing
http://elearning.hartfordign.org/course/

Need to login, but free. Peer reviewed interactive & tutorial case studies on transitional care, geropsychiatry, medication management, co-morbidities, and urinary incontinence (NP & CNS)
Additional Resources

- BandwidthOnline.org www.bandwidthonline.org
  Hartford resource for communications tools and information to enhance publications, presentations, and communications about aging and health.
- Nurses Improving Care for Healthsystem Elders (NICHE)
  http://www.nicheprogram.org/
  Nurse driven program designed to help hospitals improve the care of older adults. Some other resources are free, others require a membership.
- The Hospitalized Older Adult
  http://champ.med.umich.edu/CourseOverview.html
  Geriatric content organized around the care of hospitalized older adults: identifying frailty, hazards of hospitalization, palliative care needs, & transitions of care.
- American Association of Critical-Care Nurses (AACN)
  http://www.aacn.org/WD/Practice/Content/Eldercare.pcms?menu=Practice
  Free case studies in the "Best Practices for Elder Care" section. Three introductory modules address hospitalization, physiological aging changes, and frameworks for elder care although the setting is an ICU.

Print Resources


Print Resources

- American Geriatrics Society (www.americangeriatrics.org)
  Multiple resources, articles, guidelines (ex: falls, co-morbidity, diabetes, pain), publications & more
- Portal of Geriatric Online Education (www.pogoe.com)
  • Need to register, but registration is free
  • Multidisciplinary site
  • Clearinghouse for online gerontological resources
  • Many resources are free, others may have a cost
  • Often sends you to the original resource site

CNS Curriculum Exemplar

Cathy J. Thompson, PhD, RN, CCNS
Associate Professor

Session Objective

- To present exemplars of CNS curricula and processes for meeting expectations of APRN Consensus Model

CU-College of Nursing

- Anschutz Medical Center, Aurora, Colorado (Denver area)
  - >800 UG and Graduate nursing students
- BS, RN-BS
- MS (Advanced Practice [CNS, CNM, NP], Health Care Informatics, iLEAD [Leadership & Administration]); PMC available
- DNP (also MS-DNP)
- PhD (also BS-PhD)
Revising Curriculum

- "The indoor sport of faculty!"
- National involvement through NACNS & AACN-West
  - Vision paper ➔ APRN Consensus Model
  - Been adding in more Gerontology content for last couple of years
  - More health promotion and wellness content
- Writer’s Group for CNS Program Educational Standards
- Editor for Educator’s Column, CNS Journal (The APRN Consensus Model: Curricular implications for clinical nurse specialist education) (Thompson, 2010)
- Used crosswalk of CNS Core Competencies and Adult-Gero competencies with current content outlines in courses to see where gaps in our curriculum were

Revising Curriculum: Resources

- Adult-Gerontology Clinical Nurse Specialist Competencies (2010)
- AACN-East: APRN Consensus Model

CNS Program Plan

- Master’s degree ➔ future DNP integration
- Adult Health CNS (Acute & Critical Care, Palliative Care, Adult-Gero clinical focus) ➔ Adult-Gerontology CNS (wellness-acute care, chronic illness, and palliative/EOL care)
- 46 credits:
  - Graduate Core (Theory, Research, Policy, Human-Tech Interface)
  - Advanced Practice Science Core
    - 3 P’s
    - Applied EBP (CNS & DNP requirement)
    - Role Concepts & Professional Issues (1c; All APRNs)
  - CNS Core Classes
  - Clinical Practicum

CNS Program Plan

- CNS Specialty Core (3 required classes) (Population changes & clear language for transcript)
  - Threads: CNS core competencies; SO; EBP; Aging; PC/EOLC; Role development;
  - Palliative Care Certificate available
  - Advanced Practice in Aging, Chronic Illness, and Palliative Care*
  - Advanced Practice in Aging and Acute Care*
  - Complex Symptom Management for the CNS
- 540 hours Practicum in all Competencies and Spheres of Influence (submit monthly e-log)

Required Major Texts (used in all 3 courses)

CNS Core: Intensive Class Format

- CNS core classes meet: All day Thursday & Friday about once a month
  - Four 2-day class sessions a semester, plus presentation day (Thompson, 2011a)
- Teaching methodologies
  - Interactive lecture/case studies/discussion; “Field trips”
  - Multidisciplinary Guest lecturers
    - Former CNS students and CON faculty; CNSs, MDs, NPs, RRT, RD
- Student activities → acquire CNS skills needed for practice
  - Presentations, Cost analysis, Debate, Critiques, Clinical Reasoning, Lit searches, HWE, Portfolio, Reflection, etc.

Content r/t Competencies

- Content is presented according to new CNS competencies (NACNS, 2010)
  - Increase awareness of CNS role/comp for students, provides audit trail for accreditation
  - D&M evident in course description, topic schedule/syllabus (esp. for Rx authority)
- Mix of CNS role/competency topics and clinical expertise each class session
  Thompson & Nelson-Marten, 2011

CNS Content/Competency Examples

- CNS skills – Role and Population
  - CNS Direct Care Competency: Advanced Practice Skills/Therapeutics:
    - Patient/Family Sphere:
      - Ventilator Management, Enteral Nutrition, Pharmacotherapy, Fluid balance management
    - All Spheres:
      - Clinical Reasoning, Decision Making
  - CNS Direct Care Competency: Patient/Family Sphere:
    - Symptom Management, Evidence-Based Symptom Assessment
      - Hospitalized Older Adult, Terminally Ill
    - Health Promotion and Wellness
      - Diagnosis & Management of D&M: Acute Exacerbation of Chronic Illnesses; Acute Diabetic Emergencies; Sepsis, Heart Failure
      - D&M Complex Patients: Immuno-compromised, Trauma, Patients at EOL, End-stage Organ Failure
    - D&M Complex Symptoms: Pain, Confusional States, Nausea/vomiting, Dyspnea
  - CNS Ethical DM Competency: Patient Sphere:
    - Ethics Consults
    - Communication at EOL
    - Advance directions

CNS Content/Competency Examples

- CNS Role Development:
  - Professional Standards/Performance & Theoretical basis for Advanced CNS Practice
  - Professional Issues, e.g., Future CNS/ARNP/Regulation; Tablet/Smartphone applications for practice
  - Financial aspects of practice, Billing & Coding
- CNS Research/EBP Competency:
  - Evidence-based practice skills
  - Finding resources (e.g., IHI, AACN, PEP)
  - Presentation of Scholarly Work (oral, written, PPT/poster skills)
  - Authorship and Publishing
- CNS Systems Leadership Competency:
  - Organization/Systems Sphere:
    - Creating a Healthy, Healing Environment; Creating a Culture of Quality and Safety
    - Organizational Change (including change theory/EBP models)
  - Outcomes measurement
  - Risk management
  - Nursing & Systems Sphere:
    - Technology Assessment
    - Cost Effectiveness and Cost Analysis
    - Leading/Effектив Teams

Adult-Gerontology Content Resources

- Hartford Institute for Geriatric Nursing
  http://consultgerin.org/
  - Specialty Practice Geriatric Educational Products and Resources
  - Specialty Practice Resource Guide
- REASN: American Academy of Nursing (AAN): Expert Panel on Acute and Critical Care: American Association of Critical Care Nurses (AACN)
  http://www.aacn.org/WB/Practice/Media/elderCare/player/main.html
- Guiding Principles for the Elder-Friendly Hospital/Facility: American Organization of Nurse Executives (AONE)
  toolkits www.aone.org/resources/principles.shtml

Adult-Gerontology Content Resources

- ANA: http://www.geronurseonline.org/
- The Portal of Geriatric Online Education (POGoE) www.pogoe.org/
- A New Look at the Old: AJN series

2/14/2013
Continuing Revisions

- AACN-East:
  - Graduate-Level QSEN Competencies
  - Essentials of Doctoral Education
- AACN-West: CNS Educational Program Resources

References

References

National Competencies

- Adult-Gerontology CNS
- Adult-Gerontology Primary Care NP
- Adult-Gerontology Acute Care NP

Clinical Nurse Specialist Certifications

- Clinical Nurse Specialist
  - Adult-Gerontology CNS (new)
    - wellness through acute care
  - Pediatric CNS
    - wellness through acute care

Overview: Adult-Gerontology NP and CNS Certifications

- Adult-Gerontology Clinical Nurse Specialist
  - Credential: AGCNS-BC
  - Expected April 2014
  - Item writing
  - Field testing
- Pediatric Clinical Nurse Specialist
  - Credential: PCNS-BC
  - Expected April 2014
  - Item writing
  - Field testing

ANCC Chart: Adult-Gerontology Certifications

<table>
<thead>
<tr>
<th>Current Certification Name</th>
<th>New or Updated Certification Name</th>
<th>Starting Date</th>
<th>Expected Date</th>
<th>Field Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Clinical Nurse Specialist PCNS-BC</td>
<td>New Pediatric Clinical Nurse Specialist PCNS-BC</td>
<td>4/30/2014</td>
<td>4/30/2014</td>
<td>Yes</td>
</tr>
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</table>

Resources

- ANCC Resources
  - APRN Consensus Model FAQs
  - APRNInfo@ana.org
  - APRNFaculty@ana.org
  - 800.924.4194
- Competencies
  - http://www.aacn.nche.edu/education-resources/competencies-older-adults
- Curriculum Review Program

Download the full chart from: http://www.nursecredentialing.org/Documents/Certification/APRN-Materials/APRN-Basic-CertificationNameChart.pdf
Implementing the Consensus Model by 2015:

THE CERTIFICATION PERSPECTIVE

Carol Hartigan  
Certification and Policy Strategist  
American Association of Critical-care Nurses & AACN Certification Corporation

++ The Clinical Nurse Specialist (CNS) is educated and assessed through national certification processes across the continuum from wellness through acute care.

CURRENT EDUCATIONAL PROGRAM-CERTIFICATION EXAM MATCHUP

<table>
<thead>
<tr>
<th>CNS Program Type</th>
<th>National Certification Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Health</td>
<td>ANCC Adult CNS</td>
</tr>
<tr>
<td>Adult Acute Care</td>
<td>AACN Certcorp Adult Acute/Critical Care CNS</td>
</tr>
<tr>
<td>Pediatric</td>
<td>ANCC Pediatric CNS</td>
</tr>
<tr>
<td>Pediatric Acute Care</td>
<td>AACN Certcorp-Pediatric Acute/Critical Care CNS</td>
</tr>
<tr>
<td>Neonatal Acute Care</td>
<td>AACN Certcorp Neonatal Acute/Critical Care CNS</td>
</tr>
</tbody>
</table>

CONSENSUS MODEL FOR APRN REGULATION — CLINICAL NURSE SPECIALIST FOCUS

++ All Clinical Nurse Specialists are educated and assessed — and competencies tested — from wellness through acute care.

CONSENSUS MODEL BASED EDUCATIONAL PROGRAM-CERTIFICATION EXAM MATCHUP

<table>
<thead>
<tr>
<th>CNS Program Type</th>
<th>National Certification Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult-Gerontology</td>
<td>ANCC Adult-Gerontology CNS Or</td>
</tr>
<tr>
<td>wellness through acute care</td>
<td>AACN Certcorp-Adult-Gerontology CNS Or</td>
</tr>
<tr>
<td>Pediatric CNS</td>
<td>ANCC Pediatric CNS Or</td>
</tr>
<tr>
<td>wellness through acute care</td>
<td>AACN Certcorp Pediatric CNS Or</td>
</tr>
<tr>
<td>Neonatal CNS</td>
<td>ANCC Certcorp Neonatal CNS Or</td>
</tr>
<tr>
<td>wellness through acute care</td>
<td>AACN Certcorp Neonatal CNS Or</td>
</tr>
</tbody>
</table>
SUMMARY

By 2015, all currently-existing, NCSBN-compliant national CNS certification examinations will be discontinued and replaced by newly-developed, Consensus Model-based examinations which Boards of Nursing may use as one criterion for APRN licensure.

<table>
<thead>
<tr>
<th>Current CNS Program Type</th>
<th>Consensus Model CNS Program Type</th>
<th>Consensus Model National Certification Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Health</td>
<td>Adult-Gerontology</td>
<td>ARCC Adult-Gerontology</td>
</tr>
<tr>
<td>Adult Acute Care</td>
<td>Adult-Gerontology</td>
<td>ARCC Adult-Gerontology</td>
</tr>
<tr>
<td>Pediatric</td>
<td>Pediatric-CNS</td>
<td>ARCC Pediatric-CNS</td>
</tr>
<tr>
<td>Pediatric Acute Care</td>
<td>Pediatric-CNS</td>
<td>ARCC Pediatric-CNS</td>
</tr>
<tr>
<td>Neonatal Acute Care</td>
<td>Neonatal-CNS</td>
<td>ARCC Neonatal-CNS</td>
</tr>
</tbody>
</table>

KEY ELEMENTS RELATED TO CERTIFICATION

Educational eligibility requirements met:
- 3 Ps – see APRN LACE website for clarification document at www.aprnace.org
- Required number of didactic courses in population focus*
- Sufficient supervised clinical hours in population focus
- Educational program prepared graduate to be eligible to sit for the nationally recognized certification that corresponds to the APRN role and population focus for which the student was prepared in the program.
- Degree awarded on transcript matches examination name*

PROBLEMS/KEY ISSUES FOR EVERYONE

- “Some programs provide CNS education in areas of practice that are inconsistent with the APRN Consensus Model e.g. critical care, maternal-infant health, parent-child, growing family, perinatal.”
- “Consensus Model requires success on a national certification examination pertaining to role + population in order for graduate-degree prepared nurses to obtain an APRN license. Educators have responsibility for ensuring that graduates are eligible to take these examinations or, at least, that they are fully aware that they cannot take APRN examinations and cannot practice as such.”
- “What are the implications of completing a program that does not prepare students for national certification examinations?”

HOW DO CERTIFIERS DETERMINE ELIGIBILITY REQUIREMENTS?

https://www.ncsbn.org/2276.htm

AGREEMENTS WITH INDIVIDUAL BOARDS OF NURSING AND REVIEW BY NCSBN

Rule 222.1(6) defines a diagnosis and management course as: A course offering both didactic and clinical content in clinical decision-making and aspects of medical diagnosis and medical management of diseases and conditions. Supervised clinical practice must include the opportunity to provide pharmacological and non-pharmacologic management of diseases and problems considered within the scope of practice of the advanced practice nurse’s specialty and role.

Basic Guidelines for Development of a Course in Diagnosis and Management of Problems in the Clinical Specialty Area for Clinical Nurse Specialists

National Consensus-Based Scope & Standards Documents

New Role and Population-Focused CNS Competencies

Adult-Gerontology Faculty Resource

Job Analysis & Test Plan Documents

Curriculum Maps

http://consultgerim.org/aprncenter

**NEW AACN CERTCORP CURRICULUM PRE-APPROVAL PROGRAM**

- Offered free of charge to all schools that have transitioned to a Consensus Model-based curriculum.
- May complete the process well in advance of the first cohort graduation.
- AACN nurse specialists will communicate the outcome of the review and provide feedback, as appropriate.
- Streamlines exam application review process.
- Pre-approved programs will be posted on AACN website.
- Assists prospective students in locating programs of interest—location, curriculum, online delivery, initial and post-graduate, how to contact.

**ADVANTAGES OF CURRICULUM PRE-APPROVAL**

**FOR PROGRAMS:**
- Approved programs will be listed on AACN’s website providing prospective students with valuable program information.
- Program directors save time with AACN’s secure online portal when completing student eligibility forms pre-populated with approved curriculum data.

**FOR GRADUATES:**
- Assurance that the program they complete will meet AACN’s educational eligibility requirements for the AACN Certcorp APRN examinations.
- Expedited application evaluation process (2 to 3 business days).

**AACN CERTCORP ADULT-GERONTOLOGY CNS PILOT TEST TIMELINE**

- Adult-Gerontology, Pediatric and Neonatal Wellness-Through-Acute Care CNS Job Analyses, revised Test Plans and other resources are posted at [www.certcorp.org](http://www.certcorp.org) under Advanced Practice Resources section.
- Pilot testing of the Adult-Gerontology and Pediatric CNS examinations with selected groups of senior students and new graduates begins in March 2013.
- New exam release scheduled for July 2013 with instant scoring if sufficient numbers of pilot testers are recruited.
- Current Adult, Pediatric and Neonatal CCNS exams will be administered through December 31, 2014. Current CCNS credentials will be maintained as long as there are current certificants in practice who require them.

**NEW CONSENSUS MODEL-BASED CNS EXAM IMPLEMENTATION TIMELINE FOR AACN CERTCORP**

<table>
<thead>
<tr>
<th>EXAMINATION</th>
<th>CREDENTIAL</th>
<th>PILOT TESTING</th>
<th>EXAM RELEASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult-Gerontology CNS (wellness through acute care)</td>
<td>ACCNS - AG</td>
<td>March 2013</td>
<td>July 2013</td>
</tr>
<tr>
<td>Pediatric CNS (wellness through acute care)</td>
<td>ACCNS - P</td>
<td>March 2013</td>
<td>July 2013</td>
</tr>
<tr>
<td>Neonatal CNS (wellness through acute care)</td>
<td>ACCNS - N</td>
<td>Not yet determined</td>
<td>Not yet determined</td>
</tr>
</tbody>
</table>

**RELENTLESS COMMUNICATION!**

www.certcorp.org for APRN Resources

Email certification@aacn.org for questions and comments

Email carol.hartigan@aacn.org for specific questions related to this presentation
Thank you!

Questions?