

“Clinical nurse specialists use their knowledge and commitment to evidence-based practice to help organizations achieve excellence in patient care, service and value. They are essential members of the leadership team.”

Linda Burnes Bolton, DrPH, RN, FAAN
Vice President, Nursing & Chief Nursing Officer
Cedars-Sinai

“The rare combination of leadership, passion for teaching, and clinical expertise is what makes CNSs such a valuable resource. There is no way that any significant change in patient care could move forward without them. They not only serve as teachers for their fellow nurses, but also for the physicians who are lucky enough to work with them.”

Dan Negoianu, MD
Assistant Professor of Medicine
Medical Director, Inpatient Dialysis
Director, ICU Nephrology
Hospital of the University of Pennsylvania



“Clinical nurse specialists play an integral role on the leadership team. Their expertise in practice and quality are drivers for patient outcomes. It is a pleasure to partner and collaborate with clinical nurse specialists on everyday projects and system wide initiatives.”

Jill E. Gehman, MHA, RN, BSN, NEA-BC
Associate Clinical Director,
Cardiovascular Nursing
Hospital of the University of Pennsylvania

“In our organization, our clinical nurse specialists are an essential resource for our patients, nurses and physicians, and hospital system. They are both consulted and viewed as the specialized nurse who knows the answers, or can quickly find evidence-based solutions for complicated patient situations and health care processes. I have found these advanced practice nurses to be indispensable team members in our health system, completely focused on advocating for the best care for our patients.”

Carol Danielson,
RN, BSN, MHA, FACHE, NEA-BC
Senior Vice President/Chief Nurse Executive
Gwinnett Health System

National Association of Clinical Nurse Specialists
100 North 20th Street, Suite 400
Philadelphia, PA 19103



The National Association of Clinical Nurse Specialists (NACNS), founded in 1995, exists to enhance and promote the unique, high value contribution of the CNS to the health and well-being of individuals, families, groups, and communities, and to promote and advance the practice of nursing.

Copyright © 2015 NACNS



CLINICAL NURSE SPECIALIST

VISION/VALUE/VOICE

Discover **CNSs** — the nursing clinical experts who will improve your health care environment.

WHAT IS A CLINICAL NURSE SPECIALIST?

A clinical nurse specialist (CNS) is an advanced practice registered nurse (APRN). CNSs hold graduate nursing degrees and are experts in a particular specialty, such as population (e.g. pediatrics), type of problem (e.g. wound care), setting (e.g. Intensive Care Unit), type of care (e.g. rehabilitation), or disease (e.g. diabetes). They can work in any number of settings, such as a hospital, private practice, or a clinic.

Regardless of specialty or setting, CNSs provide leadership in clinical expertise, nursing practice, and systems innovation.

CNSs diagnose, develop plans of care for, treat, and provide ongoing management of complex patients. In many states, the CNS can prescribe medications, and durable medical equipment and therapies. They also provide expertise and support to bedside nurses, help drive practice changes throughout the organization, and ensure the use of best practices and evidence-based care to achieve the best possible patient outcomes.

CNSs have the skills and expertise to identify gaps in health care delivery. They have the expertise to help design, implement, assess and evaluate health care interventions to improve health care delivery and outcomes.



HOW DOES THE CNS ENHANCE THE CLINICAL ENVIRONMENT?

- Advocates for cost-effective and quality patient outcomes
- Promotes patient safety
- Serves as a patient advocate
- Facilitates use of evidence-based practice
- Leads in attaining magnet status
- Assists with staff retention through mentoring
- Raises the standard of patient care
- Reduces costs through decrease in re-admissions
- Assures compliance with state and federal healthcare guidelines

WHAT STRENGTHS DOES THE CNS BRING TO THE WORKPLACE?

- Knowledge of performance-based reimbursement
- Possesses specialty-focused clinical expertise
- Expert in nursing practice leadership
- Adept at team-based care and collaboration
- Understanding of transitional care needs
- Skills to consult with patients, nurses and other colleagues on health care team
- Systems change expertise
- Systems and process analysis



For more information on how a CNS can meet your institution's vision and goals please visit www.nacns.org.

Write:
NACNS
100 North 20th Street, Suite 400
Philadelphia, PA 19103

Email: info@nacns.org
Phone: (215) 320-3881



UNLOCKING THE MYSTERY OF THE CLINICAL NURSE SPECIALIST

NACNS is the only association dedicated to representing the more than 70,000 clinical nurse specialists (CNSs) working in the United States. The CNS role is complex and multi-faceted, and CNSs sometimes aren't visible as other APRN or nursing roles but they have been a vital part of the health care industrial complex for more than 60 years.



FACT OR FICTION?

CNSs only work with patients at the bedside.

FICTION! CNSs work across three spheres of influence, not only through their clinical expertise at the bedside but also through their work to better nursing practice and system innovation. The [2016 CNS Census](#) found that CNSs spend most of their time providing direct patient care (22%), teaching nurses and staff (20%), consulting with nurses, staff and others (20%), leading evidence-based practice projects (14%) and assisting other nurses and staff with direct patient care (12%).

FACT OR FICTION?

The CNS and CNL role are essentially interchangeable.

FICTION! Clinical nurse specialists are one of the four types of advanced practice registered nurses, CNLs are NOT APRNs. CNSs have either a master's or Doctorate in nursing. They are trained in physiology, pharmacology and physical assessment, in addition to their area of specialty.

FACT OR FICTION?

Many CNSs oversee purchasing decisions at their hospital or health system.

FACT! A recent survey found that 9 in 10 CNSs are actively involved in purchasing decisions at their facilities.

FACT OR FICTION?

CNSs are not eligible to prescribe drugs or durable medical equipment.

FICTION! Prescriptive authority is a matter of state law, but CNSs in 39 states are either eligible to prescribe independently or can prescribe if they have a collaborative agreement with a physician.

FACT OR FICTION?

CNSs are experts in a specialty, problem, setting, type of care or disease.

FACT! CNSs are not like other APRNs. They can work with patients who are acutely ill or chronically ill. A CNSs specialty may be identified in terms of a population (ex. pediatrics or women's health), a setting (ex. ED or critical care), a disease (ex. Diabetes), type of care (ex. psychiatric), or type of problem (ex. pain).

AACN Statement of Support for Clinical Nurse Specialists

The American Association of Colleges of Nursing (AACN) is committed to advancing professional nursing roles and highlighting the connection between well-educated nurses and quality health care. As a leading supporter of academic institutions that educate advanced practice registered nurses (APRNs), AACN is keenly aware of the direct link between graduate-prepared nurses and both patient safety and positive outcomes.

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. AACN supports the full definition of the Clinical Nurse Specialist outlined in the American Nurses Association's 2004 publication titled *Nursing: Scope & Standards of Practice*. (See Attachment A).

Further, the growing body of research on CNS outcomes shows a strong correlation between CNS interventions and safe, cost-effective patient care. CNS practice has been directly linked to reducing hospital costs and lengths of stay, reduced frequency of emergency room visits, improved pain management practices, increased patient satisfaction with nursing care, and fewer complications in hospitalized patients (Fulton & Baldwin, 2004). Given this strong connection to patient safety, AACN encourages hospitals and other health care providers to expand the use of Clinical Nurse Specialists and to engage these clinical experts to a greater extent throughout the health care arena.

AACN believes that Clinical Nurse Specialists play an important role in the provision of nursing care that does not duplicate the emerging role of the Clinical Nurse Leader (CNL). In terms of focus, CNLs are educated as generalists while CNSs are prepared for specialty practice. The CNL operates primarily on the clinical microsystem level involving small, functional front-line units, while the CNS is engaged not only within the microsystem but also at the systems levels within three spheres of influence: client, personnel and organizational systems. The CNL coordinates and implements client care, while the CNS designs and evaluates patient-specific and population-based programs. The CNL evaluates and implements evidence-based practice while the CNS has the added responsibility of generating new evidence. The CNS and CNL roles are distinct and complementary (Spross et. al., 2004). AACN envisions that these clinicians will work collaboratively to ensure that patients receive the best care possible. (See Attachment B.)

The health of our nation rests on having an adequate supply of highly qualified nurses

ADVANCING HIGHER EDUCATION IN NURSING

available to render care in many different capacities. Nurses are needed both at the point of care and in advanced practice roles to deliver care that is growing intensely more complicated. Essential within this nurse staffing mix is the Clinical Nurse Specialist whose role is fundamental to provide quality, safe and cost-effective specialty care across settings.

Approved March 13, 2006

References

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

Fulton, J.S. & Baldwin, K. (2004, January/February). An annotated bibliography reflecting CNS practice and outcomes. *Clinical Nurse Specialist*, 18(1), 21-39.

Spross, J., Hamric, A., Hall, G., Minarik, P., Sparacino, P., Stanley, J. (2004, December). Working statement comparing the Clinical Nurse Leader and Clinical Nurse Specialist roles: Similarities, differences and complementarities. Washington, DC: American Association of Colleges of Nursing.

Attachment A

The American Nurses Association's definition of a Clinical Nurse Specialist:

Clinical nurse specialists (CNSs) are registered nurses, who have graduate level nursing preparation at the master's or doctoral level as a CNS. They are clinical experts in evidence-based nursing practice within a specialty area, treating and managing the health concerns of patients and populations. The CNS specialty may be focused on individuals, populations, settings, type of care, type of problem, or diagnostic systems subspecialty. CNSs practice autonomously and integrate knowledge of disease and medical treatments into assessment, diagnosis, and treatment of patients' illnesses. These nurses design, implement, and evaluate both patient-specific and population-based programs of care. CNSs provide leadership in advancing the practice of nursing to achieve quality and cost effective patient outcomes as well as provide leadership of multidisciplinary groups in designing and implementing innovative alternative solutions that address system problems and/or patient care issues. In many jurisdictions, CNSs as direct care providers, perform comprehensive health assessments, develop differential diagnoses, and may have prescriptive authority. Prescriptive authority allows them to provide pharmacologic and nonpharmacologic treatments and order diagnostic and laboratory tests in addressing and managing specialty health problems of patients and populations. CNSs serve as patient advocates, consultants, and researchers in various settings.

Source:

American Nurses Association. (2004). *Nursing: Scope & standards of practice*. Washington, DC: American Nurses Association, p. 15.

Attachment B

American Association of Colleges of Nursing

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

December 2004

Judith A. Spross, PhD, RN, AOCN, FAAN
Associate Professor
University of Southern Maine

Ann B. Hamric, PhD, RN, FAAN
Associate Professor
University of Virginia School of Nursing

Geri Hall, PhD, ARNP, CNS, FAAN
Clinical Professor
University of Iowa College of Nursing

Pamela A. Minarik, MS, APRN, BC, FAAN
Professor of Nursing
Director, Office of International Affairs
Yale University School of Nursing

Patricia S. A. Sparacino, MS, RN, FAAN
Vice Chair, Department of Family Health Care Nursing
University of California, San Francisco School of Nursing

Joan M. Stanley, PhD, RN, CRNP
Director of Education Policy
American Association of Colleges of Nursing