

Education Standards, Curriculum Guidelines, and Competencies for the Neonatal Clinical Nurse Specialist

Introduction

The clinical nurse specialist (CNS) is one of four advanced practice registered nurse* (APRN) roles defined in the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education* (APRN Consensus Work Group & NCSBN APRN Advisory Committee, 2008). According to the *Consensus Model*, “The CNS is responsible and accountable for the diagnosis and treatment of health/illness states, disease management, health promotion, and prevention of illness and risk behaviors among individuals, families, groups, and communities.” Furthermore, “the CNS has a unique APRN role to integrate care across the continuum and through three spheres of influence: patient, nurse, system. The three spheres are overlapping and interrelated but each sphere possesses a distinctive focus.” The CNS specializes in one of the six population foci in which APRNs practice: family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women’s health/gender-related, and psychiatric/mental health.

Professional accountability begins with ensuring the quality of the programs that educate and graduate nurse providers, and this document defines the minimum education standards for a neonatal CNS. The foundational standards for CNS education are based on those for advanced practice nursing (Accreditation Commission for Education in Nursing, 2013; American Association of Colleges of Nursing [AACN], 1996, 2011). The education standards and curriculum guidelines contained in this document are based on the *Criteria for the Evaluation of Clinical Nurse Specialist Master’s, Practice Doctorate, and Post-Graduate Certificate Educational Programs* (2011) of the National Association of Clinical Nurse Specialists (NACNS) and are defined for the neonatal CNS by the National Association of Neonatal Nurses.

The standards herein, used in conjunction with other CNS evaluation and review tools for educational accreditation, ensure that graduating CNSs receive appropriate preparation to function at the novice level. The standards can be used for the development and evaluation of new CNS programs and for the evaluation of existing CNS programs.

The Neonatal CNS Competencies (see the Appendix) build upon the National CNS Core Competencies (NACNS, 2010) for all clinical nurse specialists—graduates of master’s, doctor of nursing practice (DNP), and postgraduate programs preparing the neonatal CNS for certification and licensure. The Neonatal CNS Competencies were developed to correlate with the *Education Standards and Curriculum Guidelines for Neonatal Nurse Practitioner Programs* (National Association of Neonatal Nurses [NANN], 2014).

In addition to educational competencies, this task force integrated into this document (1) NACNS’s three spheres of influence; (2) the seven advanced practice competencies as outlined by Spross (2014): direct care, consultation, system leadership, collaboration, coaching, research, ethical decision making, moral agency, and advocacy; and (3) the eight nurse characteristics described in the AACN Synergy Model for Patient Care: clinical judgment, advocacy and moral agency, caring practices, collaboration, systems

thinking, response to diversity, facilitation of learning, and clinical inquiry (AACN Certification Corporation, n.d.).

The organizing framework for this document is a synthesis of these three models, with some modification and an expansion of the seven competencies identified by Spross (2014), to include patient relationship and family care as the eighth competency and culturally sensitive care as the ninth competency. The patient relationship and family care competency was added to help link the components of the synthesized framework (AACN Certification Corporation, n.d.; NACNS, 2010). In the case of the neonate/infant, the patient's family is an important link between the patient, nurse, and system, and the family's participation in decision making has a distinct role in improving patient outcomes. Competency in the area of the patient relationship and family care is therefore an essential component in the CNS's care of the neonate/infant. The culturally sensitive care competency was added in recognition of the fact that the American Nurses Association's *Nursing: Scope and Standards of Practice* (2015) includes culturally congruent practice (Standard 8) within the standards of professional performance, and the validated competencies of the American Association of Critical-Care Nurses' neonatal exam are based on the AACN Synergy Model for Patient Care (AACN Certification Corporation, n.d.), which emphasizes a response to diversity in the nurse characteristics section.

This framework for neonatal CNS competencies has been applied to all facets of CNS practice specific to the care of the *neonatal population*, which is defined as neonates and continuously hospitalized infants through 2 years of age in all levels of inpatient care. The family is an integral component of care and recovery for the neonate/infant, with the two forming a dyad that the neonatal CNS must consider in all aspects of practice. *Family* refers to parents, guardians, and relatives who assume responsibility for and provide care to their neonate/infant. Other terms used in this document will be familiar to those in the field, but definitions can be found in Appendix 4 of the National CNS Core Competencies (NACNS, 2010).

Using the Benner (1984) model of novice to expert, the task force lists the behaviors or accomplishments that are to be demonstrated at different levels of practice for each CNS competency. The competency levels are sequential: they build on each other, demonstrating growth and evolution from the previous level of practice.

*Advanced practice registered nurses are licensed independent practitioners who are expected to practice within standards established or recognized by a licensing body.

Criteria for the Evaluation of Neonatal Clinical Nurse Specialist Educational Programs

Criterion 1. Program Organization and Administration

1-1. The neonatal clinical nurse specialist (CNS) program operates within or is affiliated with an institution of higher education. The program is accredited by a nursing accrediting body that is recognized by the U.S. Department of Education.

Elaboration

The neonatal CNS program must exist within an academic nursing unit that operates within or is affiliated with an institution of higher education. The program must be at the graduate level and accredited by a nationally recognized nursing accrediting body (i.e., the Commission on Collegiate Nursing Education or the National League for Nursing Accrediting Commission).

Documentation (Required)

- Description of program's relationship with the institution of higher education
- Evidence that the program is at the graduate level
- Evidence of current accreditation from a nationally recognized nursing accrediting body

1-2. The purpose of the neonatal CNS program is clear, and the program outcomes are clearly aligned with the mission of the parent institution and the mission and goals of the nursing unit.

Elaboration

The purpose of the neonatal CNS program must clearly define the population focus area and any additional specialty preparations. (Throughout this document, *population* and *specialty* are used in accordance with the definitions outlined in the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* [APRN Consensus Work Group & National Council of State Boards of Nursing (NCSBN) APRN Advisory Committee, 2008]). The program outcomes and competencies should reflect preparation at the graduate level and be congruent with the mission of the parent institution or the nursing unit.

Documentation (Required)

- Evidence of congruence among the purpose of the neonatal CNS program, the mission of the parent institution, and the mission and goals of the nursing unit
- Evidence of congruence among the program outcomes and competencies, mission of the parent institution, and mission and goals of the nursing unit

1-3. The individual who has responsibility for the overall leadership or oversight of the neonatal CNS program has educational or experiential preparation for the neonatal CNS role; holds a master's or doctoral degree in nursing; documents experience in graduate education; is recognized or licensed by the Board of Nursing of the state in which the program is based; and has responsibility for ensuring that the program adheres to national CNS educational standards. (Note. Throughout this

document, *doctoral degree* or *doctorate* refers to the doctor of nursing practice [DNP] and doctor of nursing science [DNS] degrees and to the research doctorate [PhD].)

Elaboration

A full-time faculty member must be designated to provide overall leadership or oversight of the neonatal CNS program. This individual must have educational or experiential preparation for the neonatal CNS role in a population focus area that is congruent with a focus of the program. The faculty member designated to lead the neonatal CNS program is expected to keep abreast of current standards and trends in CNS education and neonatal practice and to ensure adherence to national CNS standards. Although not required, it is strongly recommended that the individual who has responsibility for the overall leadership or oversight of the neonatal CNS program be prepared at the doctoral level.

Documentation (Required)

- Description of the duties and responsibilities of the faculty member designated to lead the neonatal CNS program
- Evidence of how the designated faculty member advances the purpose, mission, goals, and outcomes of the program
- A curriculum vitae of the designated faculty member that documents educational preparation or national certification as a neonatal CNS in a population focus area congruent with one of the foci of the program
- Current credential as an advanced practice registered nurse (APRN) in the state or territory in which the program exists

Documentation (Recommended)

- List of publications and other scholarly activities relevant to neonatal CNS practice and education and membership or leadership in professional organization(s) that focus on advancing or documenting the impact of neonatal CNS practice and education

Criterion 2. Neonatal CNS Program Resources: Faculty, Clinical, and Institutional

Faculty

2-1a. Faculty members who teach in the neonatal CNS program have appropriate credentials, education, and experience that prepare them for such teaching responsibilities.

2-1b. Faculty members who teach courses on the neonatal CNS role and clinical practice have master's, postgraduate, or doctoral preparation as neonatal CNSs.

Elaboration

Faculty members teaching courses on the neonatal CNS role or clinical practice in the neonatal CNS program must hold the academic credentials, qualifications, and experience that are needed to carry out such teaching responsibilities. It is strongly recommended that faculty members teaching in the practice doctorate neonatal CNS program hold an earned doctorate or have a clearly outlined plan for attaining such preparation.

Documentation (Required)

- Profile table of all faculty teaching in the neonatal CNS program documenting each individual's credentials, education, certification(s), experience, and courses taught for the past 2 years
- Curricula vitae of all faculty members teaching in the neonatal CNS program
- Plan to attain doctoral preparation for each master's-prepared faculty member teaching in the practice doctorate neonatal CNS program who does not currently hold that degree

2-2. Faculty members who teach in the neonatal CNS program maintain expertise in their area of specialization and contribute to the field (a) by engaging in scholarly projects and professional leadership activities that promote evidence-based practice and improve health outcomes, or (b) through other activities in one or more of the three "spheres of influence" (patient/client, nurses/nursing practice, organization/system; see National Association of Clinical Nurse Specialists (2004).

Elaboration

Faculty members teaching in the neonatal CNS program demonstrate expertise in at least one of the three spheres of influence through some form of faculty practice, which may include clinical care, scholarly projects (including evidence-based practice), consultation, or research with clinical implications.

Documentation (Required)

- Evidence of the practice or contributions made by each faculty member teaching in the neonatal CNS program, as they relate to one or more of the spheres of influence
- Examples of the leadership activities of faculty members teaching in the neonatal CNS program, including national, state, or regional service in professional associations
- Evidence of the professional development activities of faculty members teaching in the neonatal CNS program that serve to help maintain expertise in the area of specialization and the area(s) of teaching responsibility
- Examples of the scholarly activities of faculty members teaching in the neonatal CNS program, including publications, grants, presentations, and evidence-based practice contributions

2-3. Faculty members in the neonatal CNS program must be sufficient in number and expertise to teach all courses, support the professional role development of students, implement essential clinical learning experiences, develop policies, advise students, and engage in ongoing curriculum development and evaluation.

Elaboration

It is essential to have an adequate cadre of full-time and part-time teachers in the neonatal CNS program to provide high-quality learning experiences for students, engage in

ongoing curriculum review and refinement, mentor students and junior faculty members, guide preceptors, and provide continuity regarding implementation of the program.

Documentation (Required)

- Copies of teaching assignments for all teachers in the neonatal CNS program for the most recent 2 years
- Plan to develop or maintain a cadre of qualified full-time faculty members to teach in the program and maintain the program's quality and stability

Clinical

2-4. A sufficient number of faculty members and clinical preceptors are available to ensure high-quality clinical experiences for neonatal CNS students and provide adequate direct and indirect supervision and evaluation of students enrolled in clinical practice courses. Faculty-student ratios must conform to State Board of Nursing requirements.

Elaboration

Adequate and appropriately credentialed faculty members and clinical preceptors to teach the clinical components of the neonatal CNS program are essential for effective program implementation. The recommended ratio for direct supervision (by the faculty member or clinical preceptor) is 1:1 or 1:2. The recommended ratio for indirect supervision (by the faculty member) is 1:6 to 1:8. Such ratios ensure high-quality clinical learning experiences for students, as well as effective evaluation of student performance.

Documentation (Required)

- List of all full-time and part-time faculty members (including their credentials) involved in teaching clinical neonatal CNS courses during the most recent 2 years, indicating whether each provided direct or indirect supervision
- List of faculty:student and preceptor:student ratios for all neonatal CNS clinical courses taught during the most recent 2 years, indicating whether each was direct or indirect supervision
- Description of mechanisms for determining faculty:student and preceptor:student ratios and evaluating whether these provide high-quality outcomes
- Explanation of any variations in the recommended faculty:student or preceptor:student ratios noted in the Elaboration section above
- Documentation of State Board of Nursing requirements regarding faculty:student and preceptor:student ratios and how the neonatal CNS program meets those requirements

2-5. When preceptors are involved in the clinical supervision of students, the faculty members who teach in the neonatal CNS program retain ultimate responsibility for evaluating student performance and the quality of the clinical experiences.

Elaboration

When preceptors are used by the neonatal CNS program, they are expected to provide evaluative feedback to students and faculty regarding the students' clinical performance. The criteria for those evaluations are to be provided by faculty members teaching in the

program, and they have ultimate responsibility for evaluating student performance and evaluating the quality of students' clinical experiences.

Documentation (Required)

- Criteria for selection or appointment of clinical preceptors
- Methods of communication between faculty members and clinical preceptors regarding student performance and the adequacy of the clinical experience
- Evaluation criteria used to assess student performance in each CNS clinical course

2-6. Preceptors authorized to practice in the neonatal CNS role through educational preparation or neonatal CNS certification supervise students in clinical practice experiences through direct or virtual interactions. Other professionals also may serve as preceptors for clinical experiences.

Elaboration

Clinical preceptors must be educationally and experientially prepared to mentor students in the neonatal CNS role. If neonatal CNS preceptors are not available or if additional professional expertise is deemed essential for the student's education, other professionals (e.g., master's- or doctorally prepared nurse practitioners, physicians, nutritionists, social workers, psychologists, nurses, or other health professionals with advanced preparation and specialized expertise) may precept neonatal CNS students for circumscribed experiences.

Documentation (Required)

- Evidence that students' clinical practice experiences are supervised by neonatal CNS preceptors or neonatal CNS faculty members
- Copies of agreements or contracts with all preceptors involved in the neonatal CNS program during the most recent 2 years
- Evidence that all preceptors hold the appropriate professional degree and credentials: a minimum of a master's degree in nursing and master's-level or postgraduate preparation as a CNS
- Documentation of verification of all preceptors' credentials, educational or experiential preparation), and unencumbered professional license
- Description of a plan to increase the number of educationally and experientially prepared preceptors when neonatal CNS preceptors are not available for essential supervision of students

2-7. Preceptors who supervise neonatal CNS students in clinical settings are oriented to curriculum requirements, practice course objectives, and expectations regarding student supervision and evaluation.

Elaboration

Preceptors are better able to supervise neonatal CNS students when they receive ample information about the specific course in which the students are enrolled and how the experience they are sharing with the students relates to the overall program outcomes or

competencies. The preceptor's role in supervision and evaluation should be evident to all concerned—preceptor, student, and faculty.

Documentation (Required)

- Description of the way(s) in which preceptors are oriented to the neonatal CNS program's outcomes or competencies, the specific course objectives, and their responsibilities related to the supervision and evaluation of students
- Copies of orientation documents provided to preceptors

2-8. Clinical facilities are sufficient in quality and number to provide experiences that give neonatal CNS students ample opportunities for role development, implementation of nationally validated neonatal CNS competencies in the three spheres of influence (patient/client, nurses/nursing practice, organization/system), and meeting CNS/APRN certification and licensure requirements.

Elaboration

Sufficient clinical facilities are essential to support students' practice experiences in all three spheres of influence, to enhance role development, and to prepare students to meet certification and licensure requirements in the role and population focus. Student experiences in all three spheres of influence help them develop skills in all of the nationally validated neonatal CNS competencies and expand their career opportunities.

Documentation (Required)

- Description of clinical facilities available and used for students' practice experiences within the most recent 2 years
- Examples of the experiences available in clinical facilities regarding each sphere of influence
- Examples of students' practice experiences related to each sphere of influence
- Examples of current agreements or contracts with facilities used for neonatal CNS clinical practice experiences (*Note.* All agreements or contracts must be on file.)

Institutional

2-9. Resources are sufficient to support the ongoing professional development, scholarly activities, and practice of faculty members in the neonatal CNS program.

Elaboration

Faculty members are expected to engage in professional development and scholarly activities, as well as continue their practice, in order to remain current. Such activities must be supported, at least in part, by the program.

Documentation (Required)

- Description of the support provided to faculty members who teach in the neonatal CNS program that allows them to enhance their professional development, engage in scholarly activities, and engage in practice

2-10a. Learning resources and support services for on-campus and online or distance environments are sufficient to ensure educational quality in the neonatal CNS program.

2-10b. Institutional resources, facilities, and services necessary to support the development, implementation, and evaluation of the neonatal CNS program are available to faculty and students.

Elaboration

Technology, library, faculty development, support systems, and other resources are essential to support the faculty in designing and implementing teaching and evaluation methods in all courses in the neonatal CNS program and to ensure a quality educational experience. The institution must therefore provide resources, facilities, and services that are sufficient in number and quality to support the faculty and students in all aspects of the neonatal CNS program.

Documentation (Required)

- Description of resources and support systems in place to support the faculty in designing and implementing effective teaching and evaluation methods
- Description of how the institution supports the faculty and students in the neonatal CNS program in the areas of resources, facilities, and support services (including technology support for distance education) to ensure program quality and student success

Criterion 3. Student Admission, Progression, and Graduation Requirements

3-1. The neonatal CNS program builds on baccalaureate-level nursing competencies and culminates in a master's degree, postgraduate certificate, or doctorate.

Elaboration

Because CNSs are APRNs, their education must be at the graduate level and build upon baccalaureate nursing competencies. Given the many pathways for the educational preparation of nurses, graduate preparation for the neonatal CNS role may be carried out at the master's level, through a postgraduate certificate program, or through a practice doctorate program.

Documentation (Required)

- Evidence that the neonatal CNS program meets appropriate expectations outlined by national organizations for graduate and APRN programs
- Documentation that the neonatal CNS program builds on baccalaureate nursing competencies and, as appropriate to the degree being awarded, on nationally recognized graduate-level nursing competencies

3-2. Faculty members who teach in the neonatal CNS program participate in developing, approving, and revising the admission, progression, and graduation criteria for the program.

Elaboration

The role of faculty members teaching in the neonatal CNS program in developing and implementing admission, progression and graduation criteria related to that program must be clear. Such faculty members must have the authority and responsibility to make decisions regarding student admissions and progression through the program.

Documentation (Required)

- Description of the admission and progression criteria for students in the neonatal CNS program
- Evidence of how faculty members teaching in the neonatal CNS program are involved in making decisions about admissions to that program
- Evidence of how faculty members teaching in the neonatal CNS program are involved in establishing progression guidelines and making decisions related to student progression through that program
- Aggregate data about qualifications of students admitted to the neonatal CNS program, their progression through it, graduation rates, and graduates' success on national certification exams (if available) and state licensure or recognition as a CNS/APRN

3-3. All students in the neonatal CNS program must hold unencumbered licensure as a registered nurse (RN) prior to and throughout their enrollment in neonatal CNS clinical courses.

Elaboration

Because the neonatal CNS program prepares students for an advanced practice role in nursing and requires their involvement in patient care during clinical courses, students must meet legal requirements to practice as an RN.

Documentation

- Description of how the current RN license of all students in the neonatal CNS program is verified
- Documentation that files are maintained as evidence of licensure validation

Criterion 4. Neonatal CNS Curriculum

4-1. The curriculum is congruent with state requirements, national standards for graduate APRN programs, and nationally recognized master's-level or DNP CNS competencies.

Elaboration

The neonatal CNS curriculum should incorporate appropriate theory and clinical courses consistent with state requirements and nationally endorsed standards, guidelines, and competencies for graduate, APRN, and CNS programs. Graduates of the program should be prepared to practice in the neonatal CNS role and be successful on a national certification exam appropriate to the population focus. Preparation for meeting graduate-level neonatal CNS competencies and effectiveness within the three CNS spheres of influence should be reflected in the curriculum. Postgraduate certificate program

graduates are expected to meet the same neonatal CNS competencies as master's or practice doctorate program graduates.

Documentation (Required)

- Copy of the program of study showing core, role, population and, if appropriate, specialty courses for each track or where core, role, and population competencies are integrated; see the Appendix, Neonatal Clinical Nurse Specialist Competencies
- Syllabus for each course in the neonatal CNS program, including course descriptions; objectives; credits; didactic or clinical allocations; and relationship to nationally recognized graduate core standards, APRN core standards, CNS role and population-focused core standards, and the three spheres of influence
- Description of how the program uses state requirements, nationally endorsed standards and guidelines, and each of the following to develop and refine the curriculum:
 - NACNS-endorsed CNS master's or practice doctorate competencies
 - *The Essentials of Master's Education in Nursing* (American Association of Colleges of Nursing [AACN], 2011) or *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006)
 - *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (APRN Consensus Work Group & NCSBN APRN Advisory Committee, 2008)
 - NANN's Neonatal Clinical Nurse Specialist Competencies (see Appendix)
- Evidence that the curriculum prepares students to meet the criteria for eligibility to take the appropriate national certification examination (when available) and for state licensure or recognition as a CNS/APRN

4-2. The Neonatal CNS program requires a minimum of 500 supervised clinical (clock) hours for master's and postgraduate preparation. A minimum of 1,000 supervised clinical (clock) hours is required for postbaccalaureate practice doctorate preparation.

Elaboration

Neonatal CNS students must have an opportunity to practice the neonatal CNS role in settings related to the population or focus area and, if appropriate, the specialty of the program under the supervision of a neonatal CNS faculty member or a qualified CNS preceptor. "Clinical (clock) hours" refers to hours in which the student implements the neonatal CNS role in one or more of the three spheres of influence. (Skills lab hours and physical assessment practice sessions are not included in the calculation of "clinical [clock] hours.")

Combined neonatal CNS/nurse practitioner (NP) programs must include clinical experiences in both the neonatal CNS and NP roles and population or focus area and must prepare students to be eligible for certification as a neonatal CNS. A minimum of 500 clinical (clock) hours must be spent in postgraduate programs preparing for the CNS role and population or focus area of practice. A minimum of 1,000 clinical (clock) hours must be spent in postbaccalaureate programs preparing nurses for the neonatal CNS role at the practice doctorate level.

CNS programs preparing graduates for practice in a specialty area of practice in addition to the population or focus area must document how clinical experiences address both. It is expected that the number of required clinical hours will be greater for a program that prepares students for CNS practice in a specialty area in addition to the population or focus area.

Documentation (Required)

- Evidence that validates a minimum of 500 clinical (clock) hours in the master's and postgraduate certificate neonatal CNS program
- Evidence that validates a minimum of 1,000 clinical (clock) hours in the postbaccalaureate practice doctorate program

Criterion 5. Neonatal CNS Program Evaluation

5-1. A comprehensive evaluation plan for the neonatal CNS program addresses the curriculum, faculty resources, student outcomes, clinical sites, preceptors, and program resources.

Elaboration

A comprehensive plan for evaluating the neonatal CNS program that specifies the what, who, when, and how of data collection is essential to ensure continued program quality. The plan must provide for regular reviews (e.g., every 5 years or more frequently as certification or national standards are updated and revised), document how results of the evaluation are used for program improvement, and describe how faculty members determine that program outcomes and competencies are met.

Documentation (Required)

- Copy of the comprehensive evaluation plan that describes systematic evaluation of the didactic and clinical experiences, preceptors, clinical sites, and faculty involved in the neonatal CNS program
- Evidence that the evaluation of the neonatal CNS program is integral to the nursing unit's overall evaluation plan
- Documentation of how evaluation results have been used for program improvement
- Timeline for the ongoing, systematic evaluation of the neonatal CNS curriculum
- Documentation of regular, formal reviews of the neonatal CNS curriculum by faculty members teaching in that program

5-2. The neonatal CNS program collects and aggregates data from a variety of sources to evaluate achievement of program outcomes.

Elaboration

The neonatal CNS program must develop and implement a plan to evaluate the extent to which program outcomes or competencies have been achieved, incorporating the perspective of students, alumni, graduates' employers, clinical partners, preceptors, and other significant stakeholders. Aggregate data from program evaluations should be

reviewed regularly by faculty members teaching in the neonatal CNS program and used for ongoing improvement of the program.

Documentation (Required)

- Instruments, methods, and measures used to collect data needed for a comprehensive program evaluation. Such measures may include the following: satisfaction of graduates and alumni, employment following program completion, employer satisfaction, certification pass rates, and program retention and graduation rates.
- Aggregate data (such as average time to complete the program, graduation rates, pass rates on national certification exams, and state licensure or approval as a CNS/APRN) from students, alumni, graduates' employers, and other stakeholders for the most recent 2 years
- Reports of analyses of data that document neonatal CNS program strengths, areas requiring improvement or refinement, and strategies designed to address areas of concern
- Examples of program changes that have been made, based on findings from the program evaluation

Documentation (Recommended)

- Minutes of curriculum meetings where program outcome data were analyzed and recommendations for program improvement were formulated

5-3. Faculty members who teach and students who are enrolled in the neonatal CNS program have input into the ongoing development, evaluation and revision of the program.

Elaboration

The neonatal CNS program faculty is knowledgeable about national practice standards, guidelines for graduate nursing education, and guidelines for neonatal CNS education. Faculty members also understand the curriculum structure and content, as well as the learning experiences that are necessary to adequately prepare neonatal CNSs for their evolving role. Because students also have a vested interest in the program (they desire excellent preparation for assuming the neonatal CNS role upon graduation), both students and faculty should participate in designing, evaluating, and revising the neonatal CNS program.

Documentation (Required)

- Description of processes in place that provide for faculty and student input into the development, evaluation, and refinement of the neonatal CNS curriculum
- Examples of how students and faculty have been engaged in curriculum development, evaluation, and refinement

Documentation (Recommended)

- Minutes from neonatal CNS faculty and/or graduate program meetings that illustrate curriculum development and decision making by faculty
- Minutes from neonatal CNS faculty meetings that illustrate how student input is incorporated into decisions related to curriculum design and implementation

5-4. The neonatal CNS curriculum is evaluated on an ongoing basis, and relevant data are used to inform revisions.

Elaboration

In order to ensure that the neonatal CNS program remains current and relevant, a formal evaluation should occur regularly (e.g., every 5 years or more frequently as certification or national standards are updated and revised, or as major changes in the program or curriculum occur). Data from such evaluations evidencing responsiveness to changes in national standards and certification are essential in guiding decisions about refinements that improve the quality of education and prepare graduates for effective practice.

Documentation (Required)

- Sample reports of data-collection activities
- Examples of how outcome data have been used to revise and refine the neonatal CNS program

5-5. Faculty members who teach in the neonatal CNS program are evaluated regularly, according to the policies of the parent institution or nursing unit.

Elaboration

In order to ensure that faculty members continue to be appropriately credentialed, effective teachers and contributing professionals who are current in their knowledge of neonatal CNS practice, a plan covering when, how, and by whom regular evaluations of all teachers are conducted must be established.

Documentation (Required)

- Methods used to evaluate faculty members who teach in the neonatal CNS program (e.g., annual activity reports, student evaluations of teaching effectiveness, peer evaluations of teaching and scholarship)
- Description of when teachers in the neonatal CNS program are evaluated, by whom, and how data from those evaluations are used to promote ongoing faculty development and program quality
- Tools and instruments used to gather evaluative data about teachers in the neonatal CNS program

5-6. The clinical agencies and preceptors utilized for the neonatal CNS program are evaluated annually by faculty members and students.

Elaboration

There must be clearly defined processes and methods to evaluate (a) the effectiveness and appropriateness of clinical sites and (b) the qualifications and effectiveness of preceptors engaged in supervising and evaluating neonatal CNS students.

Documentation (Required)

- Description of procedures and methods used by students enrolled in and faculty teaching in the neonatal CNS program to evaluate clinical facilities used in the program

- Description of how clinical facilities, including those in locations for distance education students, are selected and evaluated
- Description of procedures and methods used by students enrolled in and faculty teaching in the neonatal CNS program to evaluate the preceptors involved in supervising and evaluating students
- Tools and instruments used to gather evaluative data about clinical facilities used and preceptors who supervise and evaluate neonatal CNS students

5-7. Evaluation of students is cumulative, uses multiple methods, and incorporates clinical observation of performance by faculty who teach in the neonatal CNS program and preceptors who supervise students in practice experiences.

Elaboration

Students' performance must be evaluated overall and should include an evaluation in each clinical course according to a defined evaluation plan. Such evaluations should be comprehensive, use multiple means to gather data about performance, and include observations (made directly, virtually, or through the use of various technologies) of students' performance by both the faculty members teaching the neonatal CNS clinical course and the preceptors who provide ongoing supervision of students in the clinical facility.

Documentation (Required)

- Description of the plan for evaluating students' performance, including the methods used to evaluate their clinical performance, the frequency of evaluations, and the responsibilities of faculty members and preceptors in the evaluation process
- Description of how feedback is provided to students by faculty members and preceptors regarding their performance and their progress in meeting program outcomes and competencies

Documentation (Recommended)

- Examples of the tools and instruments used to evaluate students' performance in the neonatal CNS program, including both didactic and clinical courses

Neonatal Clinical Nurse Specialist Competencies

See the Appendix for the behavioral statements, spheres of influence, and nurse characteristics associated with each competency.

A. Direct Care Competency: Direct interaction with neonates, infants, and families to promote health or well-being and improve their quality of life, characterized by a holistic perspective in the advanced nursing management of health, illness, and disease states

B. Consultation Competency: Interactions between professionals focused on neonates/infants/families or on the staff or system in which the consultant is recognized as having specialized expertise and assists the consultee with problem solving

C. Systems Leadership Competency: The ability to manage change and empower others to influence clinical practice and political processes both within and across systems

D. Collaboration Competency: Working collaboratively at an advanced level to optimize clinical outcomes by committing to authentic engagement and constructive problem-solving focused on the neonate, infant, family, and system

E. Coaching and Teaching Competency: Skillful guidance and teaching to advance the care of neonates, infants, families, and the profession of nursing

F. Research and Quality Competency: The work of thorough and systematic inquiry, which includes the search for, interpretation of, and use of evidence in clinical practice and performance improvement, as well as active participation in the conduct of research as it relates to the population of neonates/infants and their families

G. Ethical Decision-Making, Moral Agency, and Advocacy Competency: Identifying, articulating, and taking action on ethical concerns at the level of the neonate/infant, the family, the healthcare provider, the system, the community, and public policy

H. Patient Relationship and Family Care Competency: The development, promotion, and implementation of strategies to facilitate relationships that optimize outcomes in the family-centered care environment

I. Culturally Sensitive Care Competency: Sensitivity in recognizing and appreciating cultural differences (including those related to spiritual beliefs, gender, race, ethnicity, lifestyle, socioeconomic status, age, and values) and incorporating that understanding into the provision of care

Appendix. Neonatal Clinical Nurse Specialist (CNS) Competencies

The material in this appendix is modeled generally on the clinical nurse specialist competencies, behavioral statements, spheres of influence, and nurse characteristics delineated by the National Association of Clinical Nurse Specialists (2010), which in turn built upon the AACN Synergy Model for Patient Care (AACN Certification Corporation, n.d.).

- The table includes statements of the seven national CNS competencies (sections A–G) that have been tailored to the neonatal population. Two competencies related to the patient relationship and family care and to culturally sensitive care (sections H and I, respectively) have also been added.
- The national CNS behavioral statements appear in column 1 of the table; the neonatal CNS behavioral statements appear in column 2.
- In the neonatal CNS behavioral statements, some sections of the national CNS document have been combined (e.g., in the Direct Care Competency, sections A.7–A.11), or the language has been expanded (e.g., in the Systems Leadership Competency, C.1), revised (e.g., C.3), or updated (e.g., in the Research and Quality Competency, section F, where the currently favored term *performance improvement* replaces the term *quality improvement*).
- The neonatal CNS behavioral statements have been grouped into three levels: Novice/Advanced Beginner, Proficient, and Expert. This choice was made so that the document can serve as a resource not only for education providers but also for employers and, even more important, for neonatal CNSs, as they consider their own professional growth and their contributions to the patients and families they serve. The task force used Patricia Benner's (1984) levels of knowledge acquisition in nursing but combined the novice and advanced beginner levels (because by definition CNSs begin their work not as newly graduated RNs but as APNs) and also, in order to avoid unnecessary repetition, combined the competent and proficient levels into one, labeled *proficient*.

Another important point concerns the population focus. Neonatal nurses, including neonatal CNSs, care both for neonates and for infants who have been continuously hospitalized since birth. The term *neonate/infant* has therefore been used to denote the neonatal CNS's patient.

The neonatal CNS leaders who developed this document consider the neonate/infant to be the primary focus of care. Nevertheless, they recognize that

- these neonates/infants exist in the context of a family
- these families will most likely provide care for the patients until they can provide for their own care
- families may be constituted by a wide variety of genetically and nongenetically related people, from countless cultural backgrounds, with a wide range of values, responsibilities, fears, and hopes
- these families are also the neonatal CNS's patients and require and deserve the best professional care.

Finally, the task force members acknowledge that in some areas the appropriate functions of the neonatal CNS may overlap with those of the neonatal nurse practitioner. They recognize that the legal scope of practice varies between states and that the role activities within these scopes of

practice vary among employers and institutions. This document reflects the group's careful consideration of these realities. The task force found support for all the listed neonatal CNS competencies and associated behavioral statements in the existing legal scope of practice of many neonatal CNSs.

DRAFT FOR PUBLIC COMMENT

Neonatal Clinical Nurse Specialist (CNS) Competencies			
A. Direct Care Competency: Direct interaction with neonates, infants, and families to promote health or well-being and improve their quality of life, characterized by a holistic perspective in the advanced nursing management of health, illness, and disease states			
National CNS Behavioral Statement	Neonatal CNS Behavioral Statement	Sphere of Influence	Nurse Characteristics
<p>A.1. Conducts comprehensive, holistic wellness and illness assessments using known or innovative evidence-based techniques, tools, and direct and indirect methods.</p> <p>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.</p> <p>A.3. Employs evidence-based clinical practice guidelines to guide screening and diagnosis.</p> <p>A.4. Assesses the effects of interactions among the individual, family, community, and social systems on health and illness.</p> <p>A.5. Identifies potential risks to patient safety, autonomy and</p>	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Conducts a comprehensive history and assessment of the neonate/infant and family, using known or innovative evidence-based techniques, tools, and direct and indirect methods • Develops a comprehensive database (both disease and non-disease factors) that includes pertinent history, diagnostic tests, and physical assessment • Distinguishes between normal, variations of normal and abnormal findings, including developmental, physiologic, and behavioral states • Assesses the effects of interactions among the neonate/infant, family, and the community on the patient/family dyad • Identifies potential risks to patient safety, the patient/family dyad, and quality of care • Identifies evidence-based clinical practice guidelines to guide screening, diagnosis, and management of the neonate/infant <p>Proficient</p> <ul style="list-style-type: none"> • Critically evaluates and synthesizes assessment data utilizing advanced knowledge, experience, and clinical judgment 	Patient, Nurse, System	Clinical Judgment

<p>quality of care based on assessments across the patient, nurse and system spheres of influence.</p> <p>A.6. Assesses the impact of environmental/system factors on care.</p>	<ul style="list-style-type: none"> • Formulates a differential diagnosis and plan of care • Implements and evaluates new evidence-based assessment tools and techniques <p>Expert</p> <ul style="list-style-type: none"> • Develops, implements, and evaluates innovative evidence-based assessment techniques and tools 		
<p>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.</p> <p>A.8. Prioritizes differential diagnoses to reflect those conditions most relevant to signs, symptoms, and patterns amenable to CNS interventions.</p> <p>A.9. Selects interventions that may include, but are not limited to:</p> <p>A.9.a. Application of advanced nursing therapies</p> <p>A.9.b. Initiation of interdisciplinary team meetings, consultations, and other communications to benefit patient care</p> <p>A.9.c. Management of patient</p>	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Develops a plan of care and interventions according to established protocol and current standards of care • Develops a plan of care based on scientific evidence and practice guidelines • Develops interventions to promote patient safety, strengthen the patient/family dyad, and improve the quality of care • Provides developmentally appropriate care • Applies principles of pain management to care • Applies end-of-life and palliative care principles to the delivery of care <p>Proficient</p> <ul style="list-style-type: none"> • Applies current scientific knowledge to initiate change and improve care • Leads multidisciplinary teams in the revision of diagnoses and plans of care based on evidence-based practice • Uses change strategies to improve team communication • Incorporates community needs, strengths, and resources into practice • Engages staff in development, implementation, 	<p>Patient, Nurse, System</p>	<p>Clinical Judgment, Systems Thinking, Caring Practice</p>

<p>medications, clinical procedures and other interventions</p> <p>A.9.d. Psychosocial support including patient counseling and spiritual interventions</p> <p>A.10. Designs strategies, including advanced nursing therapies, to meet the multifaceted needs of complex patients and groups of patients.</p> <p>A.11. Develops evidence-based clinical interventions and systems to achieve defined patient and system outcomes.</p>	<p>and evaluation of interventions to promote patient safety, strengthen the patient/family dyad, and improve the quality of care</p> <p>Expert</p> <ul style="list-style-type: none"> • Designs, implements, and evaluates evidence-based practice improvements to improve care and management of the neonate/infant • Leads multidisciplinary teams in development of evidence-based plans to meet the individual, family, community, and population needs to improve outcomes • Develops, implements, and evaluates innovative, evidence-based interventions to promote patient safety, strengthen the patient/family dyad, and improve quality of care • Develops and evaluates new practice approaches based on nursing theories and theories from other disciplines 		
<p>A.12. Uses advanced communication skills within therapeutic relationships to improve patient outcomes.</p>	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Uses therapeutic communication skills with special attention to the capacities and needs of the neonate/infant and family <p>Proficient</p> <ul style="list-style-type: none"> • Coordinates care with other healthcare providers and community resources to improve outcomes for neonates/infants and families <p>Expert</p> <ul style="list-style-type: none"> • Advocates at the regional or national level for 	<p>Patient</p>	<p>Caring Practice</p>

	<p>improved communication using therapeutic relationships</p> <ul style="list-style-type: none"> • Mentors others in the use of advanced communication skills within therapeutic relationships to improve patient outcomes 		
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.	Prescribes nursing therapeutics, pharmacologic and nonpharmacologic interventions, diagnostic measures, equipment, procedures, and treatments to meet the needs of neonates/infants, families, and groups, in accordance with professional preparation, institutional privileges, and state and federal laws and practice acts	Patient	Clinical Judgment
A.14. Provides direct care to selected patients based on the needs of the patient and the CNS's specialty knowledge and skills	Provides direct care to selected neonates/infants and families based on the needs of the patient and the CNS's specialty knowledge and skills	Patient	Clinical Judgment
A.15. Assists staff in the development of innovative, cost effective programs or protocols of care	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Recognizes opportunities for staff development of programs and process changes to improve cost-effectiveness <p>Proficient</p> <ul style="list-style-type: none"> • Mentors nurse colleagues in developing programs or process changes that are innovative and cost effective <p>Expert</p> <ul style="list-style-type: none"> • Assists staff in analyzing cost savings based 	Patient, Nurse, System	Clinical Judgment

	on data collected		
A.16. Evaluates nursing practice that considers Safety, Timeliness, Effectiveness, Efficiency, Efficacy and Patient-centered care.	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> Recognizes nursing practice/performance improvement opportunities with consideration of safety, timeliness, effectiveness, efficacy, and patient-centered care at the unit level Aligns nursing practice with evidence-based information to achieve nurse-sensitive outcomes for the unit population Participates in unit-based planning for data collection and quality monitoring Develops and implements audits at the unit level <p>Proficient</p> <ul style="list-style-type: none"> Evaluates nursing practice and care processes for safety, timeliness, effectiveness, efficiency, efficacy, and patient-centeredness <p>Expert</p> <ul style="list-style-type: none"> Evaluates performance improvement outcomes in the delivery of care at the organization or system level with consideration of safety, timeliness, effectiveness, efficiency, efficacy, and patient-centeredness 	Patient, Nurse, System	Clinical Judgment
A.17. Determines when evidence based guidelines, policies, procedures and plans of care need to be tailored to the individual.	<p>Novice/Advanced Beginner, Proficient, and Expert</p> <ul style="list-style-type: none"> Recognizes when evidence-based guidelines, policies, or procedures fail to meet the needs of the individual neonate/infant and family Tailors the plan of care as indicated Communicates to the healthcare team the rationale for any deviations from the 	Patient, Nurse, System	Clinical Judgment, Systems Thinking, Caring Practice

	established guidelines, policies, or procedures		
A.18. Differentiates between outcomes that require care process modification at the individual patient level and those that require modification at the system level.	Novice/Advanced Beginner, Proficient, and Expert See National CNS Behavioral Statement A.18.	Patient, Nurse, System	Clinical Judgment, Systems Thinking, Caring Practice
A.19. Leads development of evidence-based plans for meeting individual, family, community, and population needs.	See Neonatal CNS Behavioral Statements for A.7–A.11, above.	Patient, Nurse, System	Clinical Judgment, Systems Thinking, Caring Practice
A.20. Provides leadership for collaborative, evidence-based revision of diagnoses and plans.	See Neonatal CNS Behavioral Statements for A.7–A.11, above.	Patient, Nurse, System	Clinical Judgment, Systems Thinking, Caring Practice
B. Consultation Competency: Interactions between professionals focused on neonates/infants/families or on the staff or system in which the consultant is recognized as having specialized expertise and assists the consultee with problem solving			
National CNS Behavioral Statement	Neonatal CNS Behavioral Statement	Sphere of Influence	Nurse Characteristics
B.1. Provides consultation to staff nurses, medical staff and interdisciplinary colleagues.	Novice/Advanced Beginner <ul style="list-style-type: none"> Assesses the needs, preferences, and strengths of the neonate/infant and family and recommends a healthcare plan in order to optimize health outcomes Seeks applicable nursing, medical staff, and interdisciplinary input regarding the healthcare plan Proficient <ul style="list-style-type: none"> Consults with the healthcare team within the facility or system and consistently integrates the needs, preferences, and strengths of the neonate/infant and family into the healthcare plan in order to optimize health outcomes 	Patient, Nurse, System	Clinical Judgment

	<p>Expert</p> <ul style="list-style-type: none"> • Consults with the healthcare team outside the facility or system (i.e., at local, community, state, national, or international levels) and consistently integrates the needs, preferences, and strengths of the neonate/infant and family into the healthcare plan in order to optimize health outcomes 		
B.2. Initiates consultation to obtain resources as necessary to facilitate progress toward achieving identified outcomes.	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Identifies gaps in care requiring additional resources to achieve identified outcomes <p>Proficient</p> <ul style="list-style-type: none"> • Consistently identifies resources as necessary to facilitate progress in achieving identified outcomes across the continuum of care <p>Expert</p> <ul style="list-style-type: none"> • Identifies resources as necessary at a state, national, or international level to facilitate progress in achieving identified outcomes across the continuum of care 	Patient	Clinical Judgment
B.3. Communicates consultation findings to appropriate parties consistent with professional and institutional standards.	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Communicates consultation findings to the family and members of the healthcare team and completes the necessary documentation <p>Proficient</p> <ul style="list-style-type: none"> • Creates or improves systems within the facility or system for effective communication and documentation with the family and members of the healthcare team 	Patient	Collaboration

	<p>Expert</p> <ul style="list-style-type: none"> Creates or improves systems outside the facility or system for effective documentation and communication with the family and members of the healthcare team 		
B.4. Analyzes data from consultations to implement practice improvements.	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> Applies data collected from consultations to plan or revise care for the individual patient or family <p>Proficient</p> <ul style="list-style-type: none"> Collects and analyzes data obtained from consultations to identify trends, gaps in practice, and emerging practice issues Implements practice improvements based on the above findings <p>Expert</p> <ul style="list-style-type: none"> Collects and analyzes data obtained from consultations and differentiates opportunities for performance improvement, evidence-based practice, or research 	Nurse, System	Facilitation of Learning
C. Systems Leadership Competency: The ability to manage change and empower others to influence clinical practice and political processes both within and across systems			
National CNS Behavioral Statement	Neonatal CNS Behavioral Statement	Sphere of Influence	Nurse Characteristics
C.1. Facilitates the provision of clinically competent care by staff/team through education, role modeling, teambuilding, and quality monitoring.	<p>C.1.a. Advocates for systems investment in effective initial and ongoing staff education and development</p> <p>C.1.b. Leads and models consensus-building regarding care of the neonate/infant and family within and across systems</p>	System	Collaboration, Clinical Judgment, Systems Thinking

	<p>C.1.c. Designs and leads implementation of metrics regarding quality processes and outcomes</p> <p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> Operates primarily at the unit level <p>Proficient</p> <ul style="list-style-type: none"> Expands practice to include the service line <p>Expert</p> <ul style="list-style-type: none"> Expands practice to participate in or lead facility-wide related projects May expand practice to include participation, advocacy, and leadership in external groups, including professional, community, and regulatory bodies Expands practice to mentor other RNs in these activities 		
<p>C.2. Performs system level assessments to identify variables that influence nursing practice and outcomes, including but not limited to</p> <p>C.2.a. Population variables (age distribution, health status, income distribution, culture)</p> <p>C.2.b. Environment (schools, community support services, housing availability, employment opportunities)</p> <p>C.2.c. System of healthcare delivery</p> <p>C.2.d. Regulatory requirements</p> <p>C.2.e. Internal and external political influences/stability</p>	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> Identifies population variables at the unit level. Identifies unit environment variables that influence nursing practice Develops constructive relationships across disciplines and departments <p>Proficient</p> <ul style="list-style-type: none"> Assesses practices and environments of neonatal care throughout the facility (e.g., in the perinatal ward, the pediatric ward, the neonatal and pediatric intensive care units, and the cardiac surgery intensive care unit) Evaluates the influence of facility practices on the delivery of high-quality family-centered, culturally appropriate, ethical care Communicates findings on local, state, and federal regulations regarding general and 	System	Systems Thinking

<p>C.2.f. Healthcare financing C.2.g. Recurring practices that enhance or compromise patient or systems outcomes</p>	<p>neonatal care to the facility's administration</p> <p>Expert</p> <ul style="list-style-type: none"> Assesses current societal environments, healthcare regulations, financing, and systems of delivery regarding needs of neonates/infants and their families Mentors other RNs in these activities 		
<p>C.3. Determines nursing practice and system interventions that will promote patient, family, and community safety.</p>	<p>C.3. Recommends nursing practice and system interventions that will promote patient, family, and community safety</p> <p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> Evaluates unit-level culture and practices for safety implications Designs and implements safety systems within the home unit Includes staff in the development of safety programs <p>Proficient</p> <ul style="list-style-type: none"> Evaluates safety practices related to neonatal care throughout the institution Designs and implements safety systems across the institution Includes family members in the development of safety programs <p>Expert</p> <ul style="list-style-type: none"> Evaluates facility-level culture Identifies and facilitates necessary culture changes at the facility level Demonstrates leadership in safety and development of a safety culture via local, national, and international lectures and publications 	<p>System</p>	<p>Systems Thinking</p>

	<ul style="list-style-type: none"> • Participates in and leads improvements in patient safety systems at the community, professional, or regulatory levels • Mentors other RNs in these activities 		
<p>C.4. Uses effective strategies for changing clinician and team behavior to encourage adoption of evidence-based practices and innovations in care delivery.</p>	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Identifies the need for evidence-based practice changes • Provides summaries of the evidence basis for proposed practice change <p>Proficient Using effective change strategies:</p> <ul style="list-style-type: none"> • Identifies barriers to change and facilitates overcoming of barriers • Assists staff and family members in exploring and understanding evidence for existing practices and proposed practice changes • Develops or leads evidence-based performance improvement projects <ul style="list-style-type: none"> ○ Includes outcome and process metrics of success ○ Implements programs at the unit- and service-line level ○ Analyzes the results of program implementation ○ Modifies program implementation based on postimplementation observations ○ Applies facility-specific and other recognized performance improvement models <p>Expert</p> <ul style="list-style-type: none"> • Promotes evidence-based practice change within professional, community, and 	<p>System</p>	<p>Systems Thinking</p>

	<p>regulatory levels</p> <ul style="list-style-type: none"> • Mentors other RNs in these activities 		
C.5. Provides leadership in maintaining a supportive and healthy work environment.	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Provides unit leadership members with evidence regarding the impact of personnel practices on safe patient care and workforce maintenance • Provides evidence-based information on work-related self-care to staff <p>Proficient and Expert</p> <ul style="list-style-type: none"> • Promotes system-wide policies and protocols that address cultural, ethnic, spiritual, and intergenerational/age differences among patients, healthcare providers, and caregivers • Promotes system-wide policies and protocols that address cultural, ethnic, spiritual, and intergenerational or age differences among patients, healthcare providers, and caregivers at professional, community, and regulatory levels 	System	Systems Thinking
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.	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Provides clinical expertise to collaborative, consensus-based work teams to develop clinical programs related to patient and family care <p>Proficient</p> <ul style="list-style-type: none"> • Leads collaborative, consensus-based work teams to develop clinical programs related to patient and family care. Leadership includes defining the problem, developing patient outcome and process metrics, leading literature review, developing consensus, and designing implementation plans. 	System	Collaboration

	<p>Expert</p> <ul style="list-style-type: none"> • Applies above skills to spread successful practices across populations, as applicable, within facilities and communities • Mentors other RNs in these activities 		
C.7. Develops age-specific clinical standards, policies, and procedures	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Leads unit-level groups to develop standards, policies, and procedures related to care of the neonate/infant and family <p>Proficient</p> <ul style="list-style-type: none"> • Collaborates across the facility to develop standards, policies, and procedures that include the needs of the neonate/infant regardless of location of care delivery <p>Expert</p> <ul style="list-style-type: none"> • Applies above skills within professional, community, and regulatory levels to develop consensus-based practice guidelines and standards • Mentors other RNs in these activities 	System	Collaboration, Response to Diversity
C.8. Uses leadership, team building, negotiation, and conflict resolution skills to build partnerships within and across systems, including communities.	<p>C.8. Uses leadership, team building, negotiation, and conflict resolutions skills in the following areas:</p> <p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Builds partnerships with unit-based staff and leadership <p>Proficient</p> <ul style="list-style-type: none"> • Builds partnerships between disciplines across the service lines providing care for the neonatal population <p>Expert</p> <ul style="list-style-type: none"> • Builds partnerships across the facility and within communities to serve neonates/infants 	System	Collaboration

	<p>and their families</p> <ul style="list-style-type: none"> • Mentors other RNs in these activities 		
<p>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.</p>	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Identifies general transition resources needed by neonates/infants and families upon discharge <p>Proficient</p> <ul style="list-style-type: none"> • Collaborates with other disciplines, agencies, and families to develop transition and referral processes <p>Expert</p> <ul style="list-style-type: none"> • Identifies and corrects deficits in transition needs for neonates/infants and families at local and broader community levels • Provides input to legislative and regulatory bodies regarding needs of neonates/infants and their families 	System	Collaboration
<p>C.10. Considers fiscal and budgetary implications in decision making regarding practice and system modifications.</p> <p>C.10.a. Evaluates use of products and services for appropriateness and cost/benefit in meeting care needs.</p> <p>C.10.b. Conducts cost/benefit analysis of new clinical technologies.</p> <p>C.10.c. Evaluates impact of introduction or withdrawal of products, services, and technologies.</p>	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Evaluates use of products and services for appropriateness and cost/benefit in meeting care needs • Communicates the above findings to staff members in collaboration with unit management <p>Proficient</p> <ul style="list-style-type: none"> • Conducts cost-benefit analysis of new clinical technologies • Evaluates impact of introduction or withdrawal of products, services, and technologies <p>Expert</p> <ul style="list-style-type: none"> • Communicates fiscal and budgetary implications of technology and practice 	System	Systems Thinking

	<p>development and implementation to professional, local, and regulatory bodies</p> <ul style="list-style-type: none"> Promotes technologies and practices that are clinically sound and fiscally responsible by working with developers 		
<p>C.11. Leads system change to improve health outcomes through evidence-based practice.</p> <p>C.11.a. Specifies expected clinical and system level outcomes.</p> <p>C.11.b. Designs programs to improve clinical and system level processes and outcomes.</p> <p>C.11.c. Facilitates the adoption of practice change.</p>	See National CNS Behavioral Statement C.4.	System	Systems Thinking
<p>C.12. Evaluates impact of CNS and other nursing practice on systems of care using nurse-sensitive outcomes</p>	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> Identifies nurse-sensitive outcomes related to the neonate/infant and family Collaborates to establish appropriate metrics for these outcomes Collaborates to develop data sources for these metrics Collects baseline data for these outcomes Identifies evidence-based practices that have a positive impact on nurse-sensitive outcomes of interest <p>Proficient</p> <ul style="list-style-type: none"> Evaluates current efficacy of nursing practice using baseline data Identifies opportunities for improvement Applies the facility-preferred or another established performance improvement model to selected nurse-sensitive outcomes 	Nurse, System	Systems Thinking, Collaboration, Facilitation of Learning

	<p>Expert</p> <ul style="list-style-type: none"> Evaluates potential efficacy of unit-based nurse-sensitive initiatives for applicability to other areas Leads the spread of initiatives to these other areas Mentors RNs from other areas in developing nurse-sensitive performance improvement projects 		
C.13. Disseminates outcomes of system-level change internally and externally.	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> Disseminates baseline outcomes data to unit-based teams and staff Disseminates outcomes of system-level change to unit-based teams and staff <p>Proficient</p> <ul style="list-style-type: none"> Disseminates outcomes of performance improvement initiatives at unit and systems levels via system-normed reports Presents outcomes via poster or podium presentations at internal, local, regional, and national events <p>Expert</p> <ul style="list-style-type: none"> Publishes processes and results of performance improvement projects Mentors other RNs in publishing the processes and results of performance improvement projects 	Nurse, System	Systems Thinking, Collaboration, Facilitation of Learning
D. Collaboration Competency: Working collaboratively at an advanced level to optimize clinical outcomes by committing to authentic engagement and constructive problem-solving focused on the neonate, infant, family, and system			
National CNS Behavioral Statement	Neonatal CNS Behavioral Statement	Sphere of Influence	Nurse Characteristics
D.1. Assesses the quality and effectiveness of interdisciplinary,	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> Participates on an interdisciplinary team 	Nurse, System	Collaboration

<p>intra-agency, and inter-agency communication and collaboration.</p>	<ul style="list-style-type: none"> • Engages participation from other team members (patients, families, physicians, and coworkers) • Conducts literature searches for clarification of information • Applies an interdisciplinary approach to the care of neonates/infants and families <p>Proficient</p> <ul style="list-style-type: none"> • Communicates evidence-based recommendations in an interdisciplinary approach to care • Assists in establishing interdisciplinary plans of care • Consults on and provides recommendations for neonatal care in other areas of the institution • Collaborates with multidisciplinary experts to identify appropriate healthcare outcomes for neonates/infants and families <p>Expert</p> <ul style="list-style-type: none"> • Coordinates or leads interdisciplinary teams to develop and revise plans of care and discharge education and processes, incorporating the cultural values and beliefs of the patient's family • Evaluates patient care outcomes using accepted criteria and identifies gaps in care that require interventions • Collaborates with multidisciplinary experts to provide formal and informal interprofessional education for healthcare providers to improve the outcomes for neonates/infants and families 		
<p>D.2. Establishes collaborative</p>	<p>D.2. Promotes (1) the unique contributions of all</p>	<p>Nurse, System</p>	<p>Collaboration</p>

<p>relationships within and across departments that promote patient safety, culturally competent care, and clinical excellence.</p>	<p>providers within and across departments, and (2) patient safety, culturally competent care, and clinical excellence by establishing collaborative relationships with medical staff and other members of the healthcare team</p> <p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Uses appropriate terminology, format, and technology to communicate effectively with team members and discipline experts in problem solving and decision making • Communicates the components of the CNS role to colleagues to increase understanding of the role's impact on quality initiatives • Participates in interdisciplinary projects <p>Proficient</p> <ul style="list-style-type: none"> • Engages experts within and across departments or disciplines to include in care projects and decision making • Establishes collaborative relationships within and across organizational departments that promote the use of CNS competencies • Engages interdisciplinary perspectives in problem-solving projects <p>Expert</p> <ul style="list-style-type: none"> • Provides leadership on collaborative committees that promote patient safety, culturally competent care, and clinical excellence • Provides leadership in collaborative efforts to identify how individuals' and systems' issues affect the health and outcomes of neonates/infants and families 		
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	<ul style="list-style-type: none"> • Mentors staff members to further their professional growth and promote clinical excellence • Provides leadership to interdisciplinary endeavors and projects • Identifies and tracks project outcome measures and impact on patient care 		
D.3. Provides leadership for establishing, improving, and sustaining collaborative relationships to meet clinical needs.	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Participates in collaborative efforts to identify cost-saving strategies that optimize patient outcomes <p>Proficient</p> <ul style="list-style-type: none"> • Seeks team members' unique perspectives when formulating plans and projects • Develops innovative approaches to improve the effectiveness of team planning <p>Expert</p> <ul style="list-style-type: none"> • Leads interprofessional teams in the analysis of programs and organizational issues to create change in healthcare delivery systems 	Nurse, System	Collaboration
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.	See Neonatal CNS Behavioral Statement D.2., above.	Nurse, System	Collaboration
D.5. Facilitates intra-agency and inter-agency communication.	<p>D.5. Facilitates collaborative communication between agencies, systems, and the community to improve the health of neonates/infants and families</p> <p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Promotes awareness of evidence-based 	Nurse, System	Collaboration

	<p>initiatives and healthcare policies that improve the care and discharge of neonates/infants and families</p> <ul style="list-style-type: none"> Engages and participates constructively with agencies Participates in collaborative efforts to improve intra-agency and inter-agency communication <p>Proficient</p> <ul style="list-style-type: none"> Provides educational offerings to staff to clarify roles and function of support agencies <p>Expert</p> <ul style="list-style-type: none"> Engages in healthcare policy activities and events that promote the health and wellbeing of neonates/infants and families Participates on advocacy committees and organizations Leads interprofessional teams in the analysis of programs and organizational issues that improve the healthcare delivery system for neonates/infants and families Leads healthcare reform initiatives and events to improve the financial planning, regulation, and implementation of healthcare policies 		
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E. Coaching and Teaching Competency: Skillful guidance and teaching to advance the care of neonates, infants, families, and the profession of nursing

National CNS Behavioral Statement	Neonatal CNS Behavioral Statement	Sphere of Influence	Nurse Characteristics
E.1. Coaches patients and families to help them navigate the healthcare system.	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> Coaches and advocates for neonates/infants and families based on their culture, religious beliefs, and health issues Assists families in navigating the healthcare 	Patient/Family, Nurse, System	Facilitation of Learning, Systems Thinking

	<p>system to obtain the appropriate resources for their needs and problems</p> <p>Proficient</p> <ul style="list-style-type: none"> Assists and advises families on how to address issues <p>Expert</p> <ul style="list-style-type: none"> Coaches and advocates for neonates/infants and families at the healthcare system level 		
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.	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> Assesses the educational needs of the neonate's/infant's family members based on their knowledge of health issues, developmental level, health literacy level, learning needs, readiness to learn, and culture and beliefs Develops an education plan based on the family assessment <p>Proficient</p> <ul style="list-style-type: none"> Develops health education materials related to specific neonatal/perinatal topics to assist families with understanding issues based on family members' knowledge of the health issues, developmental level, health literacy level, learning needs, readiness to learn, and culture and beliefs <p>Expert</p> <ul style="list-style-type: none"> Develops system-wide educational approaches to the learning needs of the population served, based on common health issues, developmental level, culture, and beliefs 	Patient/Family, Nurse	Facilitation of Learning, Systems Thinking
E.3. Provides education to individuals, families, groups, and communities to promote	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> Assesses neonate's/infant's family to determine the family members' education 	Patient	Facilitation of Learning, Response to Diversity

<p>knowledge, understanding, and optimal functioning across the wellness-illness continuum.</p>	<p>needs regarding the neonate's/infant's disease processes</p> <ul style="list-style-type: none"> • Recognizes the family's learning needs throughout the continuum • Intervenes when the neonate's/infant's needs are complicated and the family's needs for education exceed those that can be met by the standard teaching content • Provides educational resources to the neonate's/infant's family or provides a referral to obtain information if resources are unavailable <p>Proficient</p> <ul style="list-style-type: none"> • Provides individualized discharge education in cases of complicated neonates/infants or where the family's need for education cannot be met by the standard teaching content • Designs discharge education materials for the neonate's/infant's family that are developmentally and culturally appropriate <p>Expert</p> <ul style="list-style-type: none"> • Designs education programs and materials for use by families • Provides education for family groups within the hospital or community setting 		
<p>E.4. Participates in pre-professional, graduate, and continuing education of nurses and other healthcare providers. E.4.a. Completes a needs assessment as appropriate to guide interventions with staff. E.4.b. Promotes professional</p>	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Implements education needs assessment with unit-based staff • Develops and provides education for staff <p>Proficient</p> <ul style="list-style-type: none"> • Develops and implements continuing education activities • Assists the team with collection of data needed 	<p>Nurse</p>	<p>Facilitation of Learning, Response to Diversity</p>

<p>development of staff nurses and continuing education activities. E.4.c. Implements staff development and continuing education activities. E.4.d. Mentors nurses to translate research into practice.</p>	<p>for specific research projects (see F. Research and Quality Competency)</p> <ul style="list-style-type: none"> • Translates research into practice <p>Expert</p> <ul style="list-style-type: none"> • Evaluates existing staff education programs • Develops and supervises evidence-based education programs (e.g., on orientation, transport, developmental care) • Leads research projects (see F. Research and Quality Competency) 		
<p>E.5. Contributes to the advancement of the profession as a whole by disseminating outcomes of CNS practice through presentations and publications.</p>	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Develops poster presentation or dashboard for unit to share outcomes of CNS practice, with guidance of CNS mentor, as needed • Shares poster presentation or dashboard at the institution's nursing professional development or quality forums <p>Proficient</p> <ul style="list-style-type: none"> • Submits abstract for poster presentation at local or national nursing conference • Presents poster at local or national nursing conference • Prepares abstract for podium presentation at local or national nursing conference • Delivers podium presentation at local or national nursing conference • Submits manuscript for publication in nursing journal, with guidance of CNS mentor, as needed <p>Expert</p> <ul style="list-style-type: none"> • Mentors CNS colleagues in the preparation of poster, podium, and manuscripts • Submits abstract for poster or podium 	<p>Nurse</p>	<p>Facilitation of Learning</p>

	<p>presentation focusing on the role of the CNS in achieving outcomes for local, national, or international conferences</p> <ul style="list-style-type: none"> • Delivers poster or podium presentation focusing on the role of the CNS in achieving outcomes at local, national, or international conferences • Submits manuscript focusing on the role of the CNS in achieving outcomes to nursing journals 		
E.6. Mentors staff nurses, graduate students, and others to acquire new knowledge and skills and develop their careers.	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Mentors staff RNs and other neonatal providers to acquire new knowledge and skills in their bedside care • Provides career guidance to staff RNs in their career development via clinical advancement and/or graduate education <p>Proficient</p> <ul style="list-style-type: none"> • Mentors graduate students and novice CNSs in the role of the neonatal CNS • Provides career guidance to graduate students and novice CNSs <p>Expert</p> <ul style="list-style-type: none"> • Mentors CNS colleagues in the attainment of expert practice as a CNS 	Nurse	Facilitation of Learning
E.7. Mentors health professionals in applying the principles of evidence-based care.	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Identifies and implements evidence-based care on projects with the neonatal interdisciplinary team • Mentors novice members of the neonatal interdisciplinary team on the implementation of evidence-based care 	Nurse, System	Facilitation of Learning

	<p>Proficient</p> <ul style="list-style-type: none"> • Leads neonatal projects that identify and implement evidence-based care • Mentors the neonatal interdisciplinary team on individual projects that implement evidence-based care • Mentors the novice interdisciplinary team, nursing and interdisciplinary, working on projects outside of the NICU (unit, facility, healthcare system) in the application of evidence-based care <p>Expert</p> <ul style="list-style-type: none"> • Leads neonatal nursing and interdisciplinary projects at the system or national level • Mentors members of the system- or national-level nursing or interdisciplinary team in applying the principles of evidence-based care in their daily practice 		
<p>E.8. Uses coaching and advanced communication skills to facilitate the development of effective clinical teams.</p>	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Identifies communication strengths and weaknesses by using self-reflection and the observation of others • Models appropriate communication techniques in all interactions <p>Proficient</p> <ul style="list-style-type: none"> • Teaches appropriate communication techniques to staff • Addresses communication issues directly via observation and teaching <p>Expert</p> <ul style="list-style-type: none"> • Develops and implements programs to improve team communication through the use of crucial conversation tools 	<p>Nurse, System</p>	<p>Advocacy, Moral Agency</p>

	<ul style="list-style-type: none"> Spreads programmed communication concepts to the wider community via workshops, posters, and presentations 		
E.9. Provides leadership in conflict management and negotiation to address problems in the healthcare system.	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> Engages in conflict-resolution activities, supported by more experienced leaders <p>Proficient</p> <ul style="list-style-type: none"> Leads or assists with conflict resolution at the staff and family level Leads teams in developing consensus for resolving issues at the unit level <p>Expert</p> <ul style="list-style-type: none"> Leads or assists with conflict resolution for direct peers and other leaders Leads broader-based teams in developing consensus for issues involving interdisciplinary or interdepartmental conflict Teaches concepts of conflict resolution to internal teams and to the wider community via workshops, posters, and presentations 	Patient, Nurse, System	Collaboration
F. Research and Quality Competency: The work of thorough and systematic inquiry, which includes the search for, interpretation of, and use of evidence in clinical practice and performance improvement, as well as active participation in the conduct of research as it relates to the population of neonates/infants and their families			
National CNS Behavioral Statement	Neonatal CNS Behavioral Statement	Sphere of Influence	Nurse Characteristics
F.I. Interpretation, Translation, and Use of Evidence			
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	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> Recognizes opportunities for improving clinical practice at the unit level Identifies research and best practice findings to improve clinical practice at the unit level 	Nurse, Organization/System	Clinical Inquiry, Systems Thinking, Facilitation of Learning

<p>management of patient, families, communities, and groups.</p> <p>F.I.3. Applies principles of evidence-based practice and quality improvement to all patient care.</p> <p>F.I.4. Assesses system barriers and facilitators to adoption of evidence-based practices.</p> <p>F.I.5. Designs programs for effective implementation of research findings and other evidence in clinical practice.</p> <p>F.I.6. Cultivates a climate of clinical inquiry across spheres of influence.</p> <p>F.I.6.a. Evaluates the need for improvement or redesign of care delivery processes to improve safety, efficiency, reliability, and quality.</p> <p>F.I.6.b. Disseminates expert knowledge.</p>	<ul style="list-style-type: none"> • Prioritizes evidence-based practice changes to address safety and quality concerns at the unit level • Identifies barriers to the implementation of evidence-based practice at the unit level • Develops and conducts evidence-based project at the unit level <p>Proficient</p> <ul style="list-style-type: none"> • Facilitates the incorporation of evidence-based practices specific to the neonatal/infant population into clinical practice and policies across the organization • Develops strategies to overcome barriers to implementation of evidence-based practice at the unit level • Uses principles of translational science to develop, implement, and evaluate programs, policies, and procedures for the evidence-based interdisciplinary practice at the unit level • Mentors nurse colleagues in developing an evidence-based practice at the unit level <p>Expert</p> <ul style="list-style-type: none"> • Mentors nurse colleagues in developing an evidence-based practice at the organization or system level • Uses principles of translational science to develop, implement, and evaluate programs, policies, and procedures for the evidence-based interdisciplinary practice at the organization, system, or community level 		
<p>F.II. Evaluation of Clinical Practice</p>			

<p>F.II.1. Fosters an interdisciplinary approach to quality improvement, evidence-based practice, research, and translation of research into practice.</p> <p>F.II.2. Participates in establishing quality improvement agenda for unit, department, program, system, or population.</p> <p>F.II.3. Provides leadership in planning data collection and quality monitoring.</p> <p>F.II.4. Uses quality monitoring data to assess the quality and effectiveness of clinical programs in meeting outcomes.</p> <p>F.II.5. Develops quality improvement initiatives based on assessments.</p> <p>F.II.6. Provides leadership in the design, implementation, and evaluation of process improvement initiatives.</p> <p>F.II.7. Provides leadership in the system-wide implementation of quality improvements and innovations.</p>	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Recognizes performance improvement opportunities at the unit level • Aligns nursing practice with evidence-based information to achieve nurse-sensitive outcomes for the unit population • Participates in unit-based planning for data collection and quality monitoring • Develops and implements audits at the unit level <p>Proficient</p> <ul style="list-style-type: none"> • Aligns nursing practice with evidence-based information to achieve nurse-sensitive outcomes for the neonatal/infant population throughout the organization • Provides leadership in addressing gaps between knowledge, evidence, and practice and initiates performance improvement endeavors in practice at the unit level • Prioritizes performance improvement endeavors at the unit level • Develops and implements audits at the unit and organization level • Evaluation of the implementation of performance improvement activities at the unit level <p>Expert</p> <ul style="list-style-type: none"> • Selects gender, cultural, ethnic, and developmentally appropriate measures for analyzing performance improvement initiatives • Evaluates innovative performance improvement approaches to the delivery of 	<p>Nurse, Organization/System</p>	<p>Clinical Inquiry, Systems Thinking, Facilitation of Learning</p>
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	<p>care at the organization or system levels</p> <ul style="list-style-type: none"> • Provides leadership in addressing gaps between knowledge, evidence, and practice and initiates performance improvement projects at the organization or system level 		
F.III. Conduct of Research			
<p>F.III.1. Participates in conduct of or implementation of research which may include one of more of the following:</p> <p>F.III.1.a. Identification of questions for clinical inquiry</p> <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>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Advocates across interdisciplinary teams to promote evidence-based practice, research, and translation of research into best practices • Identifies clinical questions suitable for clinical inquiry • Conducts literature review for topics pertinent to clinical practice <p>Proficient</p> <ul style="list-style-type: none"> • Participates on a research team studying issues pertaining to the health of neonates/infants and families • Participates in recruitment and data collection for interdisciplinary team research • Applies ethical principles in safeguarding the confidentiality, dignity, and safety of all research participants, including the vulnerable and those with impaired decision-making capacity • Participates in dissemination of findings <p>Expert</p> <ul style="list-style-type: none"> • Conducts research pertaining to the health of neonates/infants and families • Advocates the use of developmentally appropriate data collection tools and consent forms for neonates/infants and their families • Evaluates research proposals for appropriate 	<p>Nurse, Organization/System</p>	<p>Clinical Judgment, Collaboration, Response to Diversity</p>

	<p>methods, ethical practices, and informed consent and provides feedback to research team</p> <ul style="list-style-type: none"> Analyzes data to substantiate nursing and healthcare practice outcomes Disseminates findings at the local, national, and international level Participates in institutional review board activities Assists colleagues in the design and implementation of research studies 		
<p>G. Ethical Decision-Making, Moral Agency, and Advocacy Competency: Identifying, articulating, and taking action on ethical concerns at the level of the neonate/infant, the family, the healthcare provider, the system, the community, and public policy</p>			
<p>National CNS Behavioral Statement</p>	<p>Neonatal CNS Behavioral Statement</p>	<p>Sphere of Influence</p>	<p>Nurse Characteristics</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>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> Performs self-assessment to identify own personal values and beliefs that influence the provision of care as an expert clinician Seeks feedback from other CNSs, advanced practice registered nurses (APRNs), and other healthcare providers within the unit <p>Proficient</p> <ul style="list-style-type: none"> Performs assessment of the unit values and beliefs that influence the provision of care in the unit Seeks feedback from other CNSs, APRNs, and other healthcare providers within the hospital <p>Expert</p> <ul style="list-style-type: none"> Performs assessment of the hospital system and community values and beliefs and how it influences the provision of care within the 	<p>Nurse</p>	<p>Clinical Inquiry</p>

	<p>system and community</p> <ul style="list-style-type: none"> Seeks feedback from other CNSs, APRNs, and other healthcare providers in the system and community 		
G.2. Fosters professional accountability in self or others.	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> Models professional accountability to others <p>Proficient</p> <ul style="list-style-type: none"> Promotes professional accountability in others <p>Expert</p> <ul style="list-style-type: none"> Mentors staff in role modeling and promoting professional accountability in others within and outside the institution 	Nurse, System	Advocacy, Moral Agency
<p>G.3. Facilitates resolution of ethical conflicts.</p> <p>G.3.a. Identifies ethical implications of complex care situations.</p> <p>G.3.b. Considers the impact of scientific advances, cost, clinical effectiveness, patient and family values and preferences and other external influences.</p> <p>G.3.c. Applies ethical principles to resolving concerns across the three spheres of influence.</p>	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> Identifies ethical dilemmas unique to neonatal care at the unit level Identifies the need to involve the institutional ethics team in finding resolutions to the dilemmas using ethical principles Analyzes the medical advances, cost, clinical effectiveness, impact on the patient and family, and the family's values <p>Proficient</p> <ul style="list-style-type: none"> Identifies ethical dilemmas unique to neonatal care at the system level Participates with the institutional ethics team in identifying resolutions to dilemmas using ethical principles Analyzes the cost of the medical advances, clinical effectiveness, impact on the patient and family, patient and family values, and the system values in reaching a resolution <p>Expert</p> <ul style="list-style-type: none"> Identifies ethical dilemmas unique to 	Patient, Nurse, System	Response to Diversity

	<p>neonatal/infant care at the community, state, or national level</p> <ul style="list-style-type: none"> Analyzes medical advances; costs; clinical effectiveness; and impact on the neonate/infant, family, and society and their values 		
G.4. Promotes a practice climate conducive to providing ethical care.	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> Encourages discussion of ethical issues, dilemmas, and principles at the unit level <p>Proficient</p> <ul style="list-style-type: none"> Discusses and presents ethical dilemmas at the unit level, incorporating ethical principles Creates a process to help staff to identify and deal with ethical dilemmas they face <p>Expert</p> <ul style="list-style-type: none"> Participates in system-level ethical decision making involving neonates/infants and their families and in the development of policies and procedures 	Nurse, System	Moral Agency
G.5. Facilitates interdisciplinary teams to address ethical concerns, risk or considerations, benefits, and outcomes of patient care.	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> Facilitates interdisciplinary teams to address ethical concerns, risk, benefits, and outcomes at the unit level <p>Proficient</p> <ul style="list-style-type: none"> Facilitates interdisciplinary teams to address ethical concerns, risk, benefits, and outcomes at the system level <p>Expert</p> <ul style="list-style-type: none"> Facilitates interdisciplinary teams to address ethical concerns, risk, benefits, and outcomes at the community, state, or national level 	Nurse, System	Advocacy, Collaboration

	<ul style="list-style-type: none"> Initiates conversations about populations of neonates/infants and families with extraordinary needs or costs, emphasizing ethical principles regarding the quality of life and the allocation of resources 		
G.6. Facilitates patient and family understanding of the risks, benefits, and outcomes of proposed healthcare regimen to promote informed decision making.	<p>Novice/Advanced Beginner and Proficient</p> <ul style="list-style-type: none"> Facilitates the discussion with families of neonates/infants regarding a proposed healthcare regimen for their child, to assist parents to make informed decisions, ensuring that families have full access to and understanding of all information related to the current situation of their child <p>Expert</p> <ul style="list-style-type: none"> Mentors others in participating in discussions with families of neonates/infants regarding proposed healthcare regimen for their child to assist parents to make informed decisions, ensuring that families have full access to and understanding of all information related to the current situation of their child 	Patient	Facilitation of Learning
G.7. Advocates for equitable patient care by: G.7.a. Participating in organizational, local, state, national, or international level of policy-making activities for issues related to their expertise. G.7.b. Evaluating the impact of legislative and regulatory policies as they apply to nursing practice	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> Participates in unit policy-making committees regarding the equitable treatment of neonates/infants and their families Evaluates hospital policies for their impact on neonatal nursing care practice and neonatal/infant care <p>Proficient</p> <ul style="list-style-type: none"> Participates in hospital policy-making committees regarding the equitable treatment 	Patient, System	Advocacy, Moral Agency

<p>and patient or population outcomes.</p>	<p>of neonates/infants and their families</p> <ul style="list-style-type: none"> Evaluates local and state policies for their impact on neonatal nursing care practice and neonatal/infant care <p>Expert</p> <ul style="list-style-type: none"> Participates in local, state, and national policy-making groups regarding the equitable treatment of neonates/infants and their families Evaluates local, state, and national legislation for its impact on neonatal nursing care practice and neonatal/infant care 		
<p>G.8. Promotes the role and scope of practice of the CNS to legislators, regulators, other healthcare providers, and the public.</p> <p>G.8.a. Communicates information that promotes nursing, the role of 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>	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> Promotes the role of the CNS to unit leadership, healthcare providers, and families within the neonatal unit <p>Proficient</p> <ul style="list-style-type: none"> Promotes the role of the CNS to the hospital leadership, healthcare providers, and the public within the hospital system <p>Expert</p> <ul style="list-style-type: none"> Promotes the role of the CNS to legislators, regulators, healthcare providers, and the public through the use of the media, advanced technologies, and community networks Advocates for positive legislative response to issues affecting nursing practice and the CNS/APRN role 	<p>Nurse, System</p>	<p>Advocacy, Facilitation of Learning</p>
<p>H. Patient Relationship and Family Care Competency: The development, promotion, and implementation of strategies to facilitate relationships that optimize outcomes in the family-centered care environment</p>			
<p>National CNS Behavioral Statement</p>	<p>Neonatal CNS Behavioral Statement</p>	<p>Sphere of Influence</p>	<p>Nurse Characteristics</p>

None	<p>H.1. Communicates with family members and caregivers regarding the neonate's/infant's healthcare status and needs of the neonate/infant and family</p> <p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Verbalizes effective communication strategies to include appropriate methods, behaviors, and positive interventions • Evaluates and recommends strategies for using interventions and resources to improve communication that will provide optimal outcomes related to the health and needs of the neonate/infant and family • Seeks applicable input from nursing, medical staff, interdisciplinary teams, and support systems necessary for communicating the healthcare status of the neonate/infant and patient's family <p>Proficient</p> <ul style="list-style-type: none"> • Develops, implements, and evaluates interventions and communication behaviors that address the health and needs of the neonate/infant and family and maximize the potential to produce the desired outcomes <p>Expert</p> <ul style="list-style-type: none"> • Provides consultation with the healthcare team outside the facility or system (i.e., at community, state, national, or international levels) and consistently integrates and communicates the needs, preferences, and strengths of the neonate/infant and family into the healthcare plan in order to optimize health outcomes and strengthen the patient/family 	Patient, Nurse, System	Clinical Judgment
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	<p>relationship</p> <ul style="list-style-type: none"> Leads the creation of a liaison group for family-centered care and advocates for, participates in, or facilitates such a liaison group 		
None	<p>H.2. Facilitates ethical decision making in collaboration with family members and other healthcare professionals</p> <p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> Identifies the family’s methods of communication and decision making Identifies gaps in communication between family members and healthcare professionals Assesses interactions of family members, including variations in social, cultural, and spiritual beliefs that may affect decision making Verbalizes awareness of legal issues affecting neonate/infant care and professional practice regarding ethical decision making Recognizes ethical conflicts and dilemmas and distinguishes ethical decisions to be made Applies ethical principles across the spheres of influence <p>Proficient</p> <ul style="list-style-type: none"> Identifies resources necessary to facilitate progress in achieving identified outcomes related to ethical decision making Participates in the family relationship to 	Patient, Nurse, System	Clinical Judgment Collaboration

	<p>promote informed decision making regarding ethical concerns</p> <ul style="list-style-type: none"> • Participates in the implementation and evaluation of interventions to facilitate ethical decision making <p>Expert</p> <ul style="list-style-type: none"> • Facilitates interdisciplinary teams to coordinate ethical decision making • Identifies resources as necessary at a state, national, or international level to facilitate progress in establishing ethical decision-making processes • Facilitates the resolution of conflicts with ethical decision making • Advocates for ethical decision making in patient care by participating in policy-making on issues related to neonates/infants and ethical concerns at the organizational, local, state, national, or international level • Evaluates the impact of legislative and regulatory policies as they apply to nursing practice and the neonate/infant and family • Leads the development of interventions to facilitate and address ethical decision making 		
None	<p>H.3. Applies principles of crisis management to assist family members in coping with their neonate's/infant's illness</p> <p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Facilitates the incorporation of strategies for evidence-based practice specific to the neonatal population into crisis management 	Patient, Nurse, System	Collaboration

	<ul style="list-style-type: none"> • Applies knowledge of and utilization of available resources to assist with crisis management <p>Proficient</p> <ul style="list-style-type: none"> • Uses principles of crisis management to implement and evaluate programs and develop policies and procedures related to evidence-based practice at the unit level • Guides and mentors the novice/advanced beginner in achieving success in crisis management <p>Expert</p> <ul style="list-style-type: none"> • Mentors nursing colleagues to develop crisis management programs, policies, and procedures and evaluate programs for evidence-based interdisciplinary practice at the organization, system, and community levels • Identifies potential systemic changes to improve programs involving crisis management 		
None	<p>H.4. Provides a family-centered care environment</p> <p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Conducts ongoing assessment of the neonatal intensive care unit (NICU) environment, evaluating specifically its family-centeredness and its impact on the care of the patient • Determines nursing practice and interventions that will promote a family-centered care environment • Develops a plan to assist in establishing a 	Patient, Nurse, System	Systems Thinking, Response to Diversity

	<p>family-centered care environment</p> <ul style="list-style-type: none"> • Promotes policies that further family-centered care <p>Proficient</p> <ul style="list-style-type: none"> • Synthesizes assessment data, advanced knowledge, and experience, using critical and clinical judgment to provide a family-centered care environment in the NICU • Uses strategies of change to encourage the adoption of family-centered care in the NICU • Implements system-level changes that will promote family-centered care • Assists staff with development of a family-centered care environment and protocols for care of the neonate/infant and family <p>Expert</p> <ul style="list-style-type: none"> • Leads interventions to implement family-centered care, which include interdisciplinary team meetings, consultations, and evidence-based practices • Provides leadership in promoting collaboration to implement family-centered care • Leads system changes to promote family-centered care • Implements practice improvements through applicable methods listed above • Facilitates development of a family liaison group to support family-centered care 		
None	H.5. Respects the inherent worth and dignity of the neonate/infant and family	Patient, Nurse, System	Clinical Judgment, Collaboration, Caring Practice

	<p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Identifies ethical and legal issues related to worth and dignity that can affect patient care and professional practice • Distinguishes differences in abnormal and normal behaviors related to dignity of life and death and demonstrates awareness of palliative care options • Identifies and communicates family functions and interactions that can affect social, cultural, and spiritual variations • Identifies patient and family support systems <p>Proficient</p> <ul style="list-style-type: none"> • Develops, implements, and evaluates interventions that support the inherent worth and dignity of the neonate/infant and family • Resolves conflicts in patient relationships and differences of opinion • Implements practice improvements related to the above concerns <p>Expert</p> <ul style="list-style-type: none"> • Designs evidence-based interventions that address methods to support the inherent worth and dignity of the neonate/infant and family • Provides leadership for the collaborative, evidence-based revision of plans of care related to worth and dignity in order to improve patient outcomes • Implements practice improvements through applicable methods listed above 		
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None	<p>H.6. Maintains professional boundaries</p> <p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Interprets the role of the CNS to the patient, family, healthcare team, and community • Develops and preserves a therapeutic relationship and connection with the neonate's/infant's family and other professionals in order to facilitate optimal care and patient outcomes • Advocates for the neonate/infant and family in the NICU • Models behaviors that maintain professional boundaries (e.g., in social media, social life) and assists families in acknowledging and respecting professional boundaries • Maintains balance between personal and professional life, using appropriate conduct in social media • Fosters professional accountability to self and others • Balances the needs of the neonate/infant and family preferences while making choices and decisions related to professional accountability <p>Proficient and Expert</p> <ul style="list-style-type: none"> • Integrates research to promote evidence-based practice 	Patient, System	Clinical Judgment, Collaboration
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I. Culturally Sensitive Care Competency: Sensitivity in recognizing and appreciating cultural differences (including those related to spiritual beliefs, gender, race, ethnicity, lifestyle, socioeconomic status, age, and values) and incorporating that understanding into the provision of care

National CNS Behavioral Statement	Neonatal CNS Behavioral Statement	Sphere of Influence	Nurse Characteristics
None	<p>I.1. Prevents personal biases from interfering with the delivery of high-quality care</p> <p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Takes leadership in demonstrating and embracing the value of diversity in caring for neonates/infants and their families as well as working with other healthcare professionals at the unit level <p>Proficient</p> <ul style="list-style-type: none"> • Takes leadership in demonstrating and embracing the value of diversity in caring for neonates/infants and their families as well as working with other healthcare professionals at the system level <p>Expert</p> <ul style="list-style-type: none"> • Takes leadership in demonstrating and embracing the value of diversity in caring for neonates/infants and their families as well as working with other healthcare professionals at the community level 	Nurse, Patient, Family, System	Response to Diversity
None	<p>I.2. Conducts comprehensive assessments of unit and systems cultures in relationship to the care provided</p> <p>Novice/Advanced Beginner</p>	Nurse, Patient, Family, System	Response to Diversity, Caring Practice

	<ul style="list-style-type: none"> • Performs a self-assessment of cultural values and the impact of those values on the care of the neonate/infant and family <p>Proficient</p> <ul style="list-style-type: none"> • Performs a unit assessment of cultural values and the impact of those values on the care of the neonate/infant and family <p>Expert</p> <ul style="list-style-type: none"> • Performs a system assessment of cultural values and the impact of those values on the care of the neonate/infant and family 		
None	<p>I.3. Identifies potential conflicts of cultural values in the care of the neonate/infant and family</p> <p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Recognizes at the unit level the cultural dynamics of individuals from varying cultures and their effect on the care of the neonate/infant and family <p>Proficient</p> <ul style="list-style-type: none"> • Recognizes at the system level the cultural dynamics of individuals and groups from varying cultures and their effect on the care of the neonate/infant and family <p>Expert</p> <ul style="list-style-type: none"> • Recognizes at the community, state, and national level the cultural dynamics of individuals, groups, and systems from varying cultures and their effect on the care of the neonate/infant and family 	Nurse, Patient, Family, System	Response to Diversity

None	<p>I.4. Respects the various cultures of families and applies relevant cultural considerations in planning optimal family-centered care</p> <p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> • Recognizes cultural diversity and seeks input for adapting care on the basis of the family’s culture • Provides care on the basis of the family’s belief system and learns the culture of the healthcare environment <p>Proficient</p> <ul style="list-style-type: none"> • Inquires about cultural differences and considers their impact on care; accommodates personal and professional differences in the plan of care; helps the family understand the culture of the healthcare system <p>Expert</p> <ul style="list-style-type: none"> • Responds to, anticipates, and integrates cultural differences into neonate/infant and family care • Appreciates and incorporates differences, including alternative therapies, into care • Tailors healthcare culture, to the extent possible, to meet the needs of the neonate/infant and family • Develops educational products to train staff on adapting care for neonates/infants and families of different cultures 	Nurse, Patient, Family, System	Response to Diversity, Caring Practice
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None	<p>I.5. Develops culturally sensitive neonatal-specific structures from synthesized data of different cultures</p> <p>Novice/Advanced Beginner</p> <ul style="list-style-type: none"> Develops culturally sensitive practices that address cultural, ethnic, spiritual, and intergenerational or age differences among families and healthcare providers <p>Proficient</p> <ul style="list-style-type: none"> Promotes systemwide policies and protocols that address cultural, ethnic, spiritual, and intergenerational or age differences among families and healthcare providers <p>Expert</p> <ul style="list-style-type: none"> Designs educational programs that enhance the knowledge of families regarding cultural, ethnic, spiritual, and intergenerational or age differences 	Nurse, Patient, Family System	Response to Diversity, Caring Practices
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