

2009 Role Delineation Study: Clinical Nurse Specialist in Adult Health Nursing

National Survey Results



NOVEMBER 2010

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About this Report

This report pertaining to the practice of clinical nurse specialists in adult health nursing is based on the results of a 2009 national study of practice of clinical nurse specialists in adult health, gerontological, and pediatric nursing.

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Acknowledgements

The American Nurses Credentialing Center (ANCC) wishes to thank a number of content experts who served on the 2009 ANCC Clinical Nurse Specialist: Adult Health, Gerontological, and Pediatric Nursing Role Delineation Study panels for sustaining this effort and producing a role delineation study of such high caliber. Without their numerous hours of input and feedback, the study would not be possible.

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We also would like to thank the ANCC staff who also spent numerous hours working to make this study possible:

- Christine DePascale, MS (Project Manager)
- David Paulson, PhD, CAE
- Chie Ohba, PhD
- Cheray Jones
- James Free

Finally, we would like to thank the ANCC-certified clinical nurse specialists who supported this study by donating their time to complete the survey questionnaire.

The contributions that all of these people made to the study were essential to its success.

Background

The American Nurses Credentialing Center (ANCC), which was incorporated in 1991 as a subsidiary of the American Nurses Association, is the largest nursing credentialing organization in the United States. Its vision is to be a galvanizing force for quality healthcare through credentialing excellence. Currently, ANCC offers 25 examinations at various levels including diploma and associate degree, baccalaureate, and advanced practice for nurse practitioners, clinical nurse specialists, and other disciplines. Approximately 10,000 – 12,000 candidates take an ANCC certification examination each year. As of Dec 2008, 2,864 individuals held ANCC certification as a clinical nurse specialist in adult health nursing.

In addition to certification, ANCC provides services such as the Magnet and Pathways to Excellence recognition programs for hospitals and other facilities that demonstrate excellence in nursing services, accreditation of continuing education programs, education and consultation services, and outreach to nursing organizations around the globe.

Role Delineation Study Overview

Role delineation or job analysis studies are typically carried out at the national level with the goal of describing current practice within a particular role or specialty. ANCC has a current goal for each of its examinations to conduct approximately every three years a role delineation study of the specialty to capture changes in work activities and the knowledge and skill areas required to perform those activities. The findings from each study are used to update the content of its respective certification examinations.

The American Nurses Credentialing Center conducted a 2009 role delineation study related to clinical nurse specialist practice in adult health, gerontological, and pediatric nursing. This study involved two sets of processes or activities that ran more or less concurrently: a national web-based survey and a linking activity. The national survey was designed to collect information on the work activities clinical nurse specialists actually perform in practice, while the linking activity identifies the major knowledge and skill areas required to perform the work activities listed in the survey. The results of both of these processes were used in the updating of the test content outlines for each examination contained within the study.

Updated Test Content Outline for Clinical Nurse Specialist in Adult Health Nursing

The test content outline for the Clinical Nurse Specialist in Adult Health Nursing examination was updated using the results of this role delineation study. Examination forms produced based on this updated test content outline are scheduled to go into effect April 5, 2011. A copy of the test content outline is available on the American Nurses Credentialing Center website.

Role of the Content Expert Panels

Throughout the study, ANCC invited professionals in practice and educators who teach courses relevant to clinical nurse specialists to serve on content expert panels for this study. They developed the work activities and demographic items for the survey, linked knowledge and skill areas to the work activities list, and finalized the test content outlines for the respective certification examinations. All of the content experts serving on the panels were certified by ANCC in the clinical nurse specialist population they represented and were invited to serve on the panels based upon expertise in their specialties.

Survey Methodology

The purpose of the development and administration of the national survey was to collect information on the work activities clinical nurse specialists actually perform in practice. Since the survey instrument that was used for the purposes of this study would be used across three clinical nurse specialist populations (adult health, gerontological, and pediatric), representatives from each of these three population-based role delineation study panels were asked to serve as members of a nine (9) member initial study workgroup that acted as a sort of steering committee for the panels. Three members serving on this panel represented clinical nurse specialist in adult health nursing. These nine members of the workgroup met for three days on March 18-20, 2009 to draft a single pilot version of the survey and to construct the initial map of knowledge and skill areas relevant to the work activities included in the survey.

Survey Chronology

The survey development and administration timeline was as follows:

March - April 2009

- The initial study workgroup along with staff from ANCC drafted the survey
- The survey was pilot tested and revised.

May - June 2009

- The final survey was administered to the national sample on the web.

July - August 2009

- The survey results were analyzed, and activity weights were determined.
- Each population-based panel met to review the survey results and activity weights.

Survey Development and Measures

The panel members at the March 2009 meeting reviewed the work activities which had been used in the ANCC's 2003 Role Delineation Survey of Clinical Nurse Specialist. During the meeting, they discussed any additions, deletions, and changes they would make to update the 2003 work activity list to reflect current practice within the three specialties. In reviewing and updating the task list for the current study, the panel referred to the Nursing: Scope and Standards of Practice; Gerontological Nursing: Scope and Standards of Practice; Pediatric Nursing: Scope and Standards of Practice; the NACNS Statement of Clinical Nurse Specialist Practice; and the Clinical Nurse Specialist Core Competencies developed by the National CNS competency task force. These deliberations resulted in a new list of 98 work activities to be used in the 2009 survey. The complete text of the work activities list is presented in **Appendix A**. The workgroup also identified and finalized a set of demographic items for inclusion in the survey. (See **Appendix B**)

During the same meeting, the workgroup reviewed and approved three scales that respondents would use to rate the work activities listed in the survey—Frequency (the frequency with which a work activity is performed), Performance Expectation (how soon on the job the

performance of an activity is expected), and Consequence (the consequence of performing an activity incorrectly). The performance expectation scale was specifically designed to distinguish entry-level skills. These three questions and the instructions for answering them are presented in Table 2.

Table 2. Survey Questions for Rating Work Activity Statements

<p>Please respond to each activity with three separate responses, one response in each category. When considering a response for one category, do not consider the other categories. For example: When considering the consequences of incorrect performance of an activity, do not worry about whether you perform or are expected to perform the activity; the possibility exists that an activity has severe consequences, even if you never perform it.</p> <p>Performance Expectation: When is a newly certified clinical nurse specialist within your specialty first expected to perform this activity?</p> <ul style="list-style-type: none">-- Within the first 6 months of working within the role.-- After the first 6 months of working within the role.-- Never expected to perform this activity within the role. <p>Frequency: How often does a newly certified clinical nurse specialist within your specialty perform this activity (consider within a one year period)?</p> <ul style="list-style-type: none">-- Frequently-- Often-- Occasionally-- Seldom-- Never <p>Consequences: Does incorrect performance of this activity cause:</p> <ul style="list-style-type: none">-- Little or no harm (i.e., negative consequences)?-- Moderate harm (i.e., negative consequences)?-- Severe harm (i.e., negative consequences)?

The study design included combining each respondent's responses to each of the three rating scales in a hierarchical manner into one overall ranking of criticality. To select a procedure for combining the three scales, the initial study workgroup discussed the importance of each scale to the performance of the work activity. The workgroup determined that the performance expectation scale should be regarded as more critical than the other two scales for representing entry-level practice. The consequence scale was then regarded as more critical than the frequency scale. Therefore the panel agreed to combine the scales so that a particular value on the performance expectation scale would outweigh or outrank all values on the consequence and frequency scales. This hierarchical scheme emphasized the work activities that are required of new clinical nurse specialists immediately on the job and have the greatest impact on public health or safety. Thus this scheme was selected as the organizing mechanism for combining the responses from the three survey scales into an overall measure of criticality.

Sample Selection

On May 18, 2009, there were a total of 2,883 actively certified ANCC clinical nurse specialist in adult health nursing. A random sample of 1,500 clinical nurse specialists in adult health nursing stratified by region was selected from the ANCC certification database. Table 1 presents the numbers of ANCC certified clinical nurse specialists in adult health nursing that were selected from each region.

Table 1. Number of Surveys Mailed Out per Geographic Region

Geographic Region	Clinical Nurse Specialist in Adult Health Nursing	
	Number certified (percent of total pop.)	Number selected (percent of total pop.)
Northeast – NY, CT, MA, NJ, ME, PA, NH, VT, RI	495 (17%)	243 (16%)
South – TN, MS, TX, FL, LA, AL, GA, AR, OK, VA, MD, SC, DC, NC, WV, DE, KY	921 (32%)	460 (31%)
Midwest – IA, NE, KS, OH, MO, MN, SD, ND, MI, IL, IN, WI	1,214 (42%)	674 (45%)
West – WA, AZ, CA, OR, CO, AK, ID, MN, UT, HI, NV, WY, MT	236 (8%)	118 (8%)
Other – AE, AP, APO	7 (<1%)	5 (<1%)
Total	2,883 (100%)	1,500 (100%)

Data Collection

Pilot Testing. Using the same procedures intended for administering the national data collection, the survey was piloted in March - April 2009. Twenty (20) ANCC certified clinical nurse specialists in adult health nursing randomly selected from across the nation were included in the sample of 50 ANCC certified clinical nurse specialists invited to take the pilot survey. Overall, 13 (26 percent) of the 50 clinical nurse specialists invited to take the pilot survey responded; seven (7) respondents were clinical nurse specialist in adult health nursing. The respondents of the pilot test in general indicated that the work activities were appropriate and reflective of the job of the clinical nurse specialist.

National Survey. Beginning in May and June 2009, the 1,500 clinical nurse specialists in adult health nursing selected to take the national web-based survey were sent two notifications via the United States Postal Service: an alert letter, and a follow-up reminder. The alert letter explained the purpose and importance of the study, the eligibility criteria of the study, and stated how to access the survey via the internet. The letter indicated that the participant's responses would be kept confidential.

The letter also notified that respondents completing the survey receive a 5 hour reduction of their continuing education requirement for their recertification.

The follow-up reminder letter was sent approximately two-weeks after the alert letter. It thanked recipients if they had already submitted their completed survey and encouraged them to do so if they had not already.

Data Analysis

The three rating scales were combined into a single measure of overall criticality using a hierarchical method. As agreed by the initial study workgroup, the three rating scales were combined into a single measure in such a manner that a particular value on the performance expectation scale would outweigh or outrank all values on the consequence and frequency scales, and that a particular value on the consequence scale would outweigh or outrank all values on the frequency scale.

Table 3 displays how the values of the overall criticality rating were constructed according to all the possible survey response patterns that might be given to rate an individual work activity by its performance expectation, consequence, and frequency. For example, if a respondent indicated that a particular work activity was expected to be performed within the first six months of assuming the role of a clinical nurse specialist working within the population, could cause severe harm to the patient if it was performed incorrectly, and is performed occasionally, the overall criticality rating for that response pattern would be 29. A score of 22 suggests that a work activity is generally expected to be performed within the first six months of assuming the role of a clinical nurse specialist and have moderate consequences if incorrectly performed. Therefore, work activities with scores of 22 or higher on the overall criticality variable may be considered as highly critical. When a work activity was rated as *never expected* on the performance expectation scale, it would receive an overall criticality score of 1 as the bottom row in Table 3 indicates.

Table 3. Construction of the Overall Criticality Variable

Performance Expectation	Survey Response Options		Overall Criticality Score
	Consequence	Frequency	
Within first 6 months	Severe	Frequently	31
		Often	30
		Occasionally	29
		Seldom	28
		Never	27
	Moderate	Frequently	26
		Often	25
		Occasionally	24
		Seldom	23
		Never	22
	Little or no	Frequently	21
		Often	20
		Occasionally	19
		Seldom	18
		Never	17
After first 6 months	Severe	Frequently	16
		Often	15
		Occasionally	14
		Seldom	13
		Never	12
	Moderate	Frequently	11
		Often	10
		Occasionally	9
		Seldom	8
		Never	7
	Little or no	Frequently	6
		Often	5
		Occasionally	4
		Seldom	3
		Never	2
Never expected	All options	All options	1

Survey Results

The total sample size of the national survey included 1,500 ANCC certified clinical nurse specialist in adult health nursing. A total of 458 valid clinical nurse specialists in adult health nursing surveys were returned for an overall response rate of 32 percent. Two hundred forty four of these respondents indicated that they worked solely within the clinical nurse specialist role.

Table 4 shows the percent of surveys returned in each geographic region compared to the number of ANCC certified clinical nurse specialists in adult health nursing within the region.

Table 4. Number of Surveys Returned per Geographic Region for Clinical Nurse Specialist in Adult Health Nursing

Geographic Region	Clinical Nurse Specialist in Adult Health Nursing	
	Number Selected (percent of total pop.)	Number Return (percent of total pop.)
Northeast – NY, CT, MA, NJ, ME, PA, NH, VT, RI	243 (16%)	64 (14%)
South – TN, MS, TX, FL, LA, AL, GA, AR, OK, VA, MD, SC, DC, NC, WV, DE, KY	460 (31%)	135 (29%)
Midwest – IA, NE, KS, OH, MO, MN, SD, ND, MI, IL, IN, WI	674 (45%)	221 (48%)
West – WA, AZ, CA, OR, CO, AK, ID, NM, UT, HI, NV, WY, MT	118 (8%)	37 (8%)
Other – AE, AP, APO	5 (<1%)	1 (<1%)
Total	1,500 (100%)	458 (100%)

Demographic Information

Appendix B details the clinical nurse specialist in adult health nursing survey respondents' responses to the survey's demographic. The demographic data is reported for two groups: 1) all ANCC-certified clinical nurse specialists in adult health nursing and 2) those respondents who reported practicing solely in a clinical nurse specialist role. Only responses from those who indicated practicing solely in a CNS role was used in the data analysis of the tasks statements for the clinical nurse specialist in adult health nursing group.

Demographic Background

Approximately 97 percent of the respondents were female and more than 92 percent reported to be white. Approximately 76 percent of the overall sample fell into the age group of 45-64 years of age.

Approximately 85 percent of clinical nurse specialists in adult health nursing indicated that they held a Masters in Nursing as one of their highest degrees. Approximately five percent of the respondents held a Doctorate of Nursing Research (PhD) and two percent indicated they held a Doctorate of Nursing Practice (DNP).

The average number of years of experience the clinical nurse specialists in adult health nursing respondents had an RN was 26 years. The respondents also reported on average 12 years of experience as a clinical nurse specialist.

Practice Settings

Approximately 42 percent of the clinical nurse specialist in adult health nursing respondents indicated that they practiced in cities with populations between 50,000 and 249,999. Metropolitan areas with a population between 250,000 – 999,999 had the second highest percent of respondents (26 percent). Only one percent of the respondents indicated working in a rural (population less than 2,500) practice location.

In terms of practice setting, the highest percentage of clinical nurse specialists in adult health nursing respondents indicated they practiced in an inpatient hospital setting (54 percent); hospital outpatient setting came in as the second highest at 18 percent.

Clinical nurse specialists in adult health nursing also reported on average 36 percent of their time was spent providing direct patient care with approximately 70 percent of this time was spent caring for patient with acute and/or chronic conditions. The clinical nurse specialists also indicated that approximately 52 percent of their time was spent in caring for adults (ages 18 to 65 years) and 44 percent with aging adults (ages over 65 years.)

Finally, overall 45 percent of the clinical nurse specialists in adult health nursing respondents indicated that they have privileges to prescribe medication in their current practice. Fifty seven (57) percent indicated that they are required to have a physician collaborator or supervisor in their practice setting, and 16 percent reported having privileges to admit/discharge clients from a facility.

Practice Descriptions

Descriptive statistics (means, standard deviations, and medians) for the three ratings of all 98 work activities—performance expectation, consequence, and frequency—and mean overall criticality are listed in **Appendix C**. The scales were highly reliable. Cronbach’s coefficient alpha estimates for the performance expectation, consequence, and frequency scales when applied to all the data were 0.9430, 0.9767, and 0.9574, respectively. (Cronbach’s coefficient alpha, a measure of internal stability, ranges in value between 0 and 1.)

In **Appendix D**, the mean overall criticality statistics are presented in rank order of criticality. As indicated in Table 5, 32 work activity statements were rated by the clinical nurse specialist in adult health nursing respondents as highly critical (with a mean overall criticality rank of 22 or above). The highest ranked task received a median overall ranking of 26.

Table 5. Number of Work Activities falling within Each Mean Overall Criticality Range Category as Rated by Clinical Nurse Specialists in Adult Health Nursing

	Mean Overall Criticality Score						Total number above 22
	27 and above	Between 22 and 26	Between 17 and 21	Between 12 and 16	Between 7 and 11.5	6 and below	
Number of Work Activities	0	32	16	6	36	8	32

Table 6 and 7 displays the 20 highest-ranking and the 20 lowest-ranking work activities by median overall criticality.

Table 6. Top 20 Work Activities Ranked by Median Overall Criticality for Clinical Nurse Specialists in Adult Health Nursing

Work Activity Number and Name	Median Overall Criticality
72 Integrate ethical principles into nursing practice	26
2 Establish a therapeutic nurse-patient/client-family relationship	26
27 Document patient/client and family information in accordance with regulatory requirements	26
55 Model expert and compassionate nursing practice	26
9 Perform a problem-focused assessment and examination	26
1 Provide culturally, linguistically, and age appropriate services to patient/client and family	26
83 Promote compliance with regulatory (local, state, federal), accrediting, and professional standards	26
70 Promote the role of the clinical nurse specialist	26
56 Nurture staff behaviors that influence professional growth and confidence	26
11 Perform an assessment of pain and management strategies appropriate to the patient/client, presentation, and setting	25
33 Assess patient/client/family's unique learning needs taking into consideration such variables as developmental level, functional abilities, cultural background, cognitive ability, education level, strengths for and barriers to learning, learning style	25
6 Perform a comprehensive developmentally-appropriate adult assessment	25
4 Foster patient/client/family's self-care abilities	25
24 Evaluate the plan of care based on patient/client and family response	25
25 Modify the plan of care based on patient/client and family response	25
14 Prioritize health problems/needs in collaboration with patient/client and family	25
23 Implement an individualized evidence based plan of care	25
34 Provide patient/client and family education based on identified complex learning needs	25
36 Collaborate with the patient/client, family and interdisciplinary team to develop plan of care to achieve desired outcomes	25
5 Advocate for the patient/client and family using evidence-based practice/research	25

Table 7. Bottom 20 Work Activities Ranked by Median Overall Criticality for Clinical Nurse Specialist in Adult Health Nursing

Work Activity Number and Name	Median Overall Criticality
67 Disseminate research findings through presentations/publications	9
94 Lead accreditation, recognition and credentialing initiatives (e.g., Magnet, The Joint Commission, CARF)	9
84 Design population specific programs/innovative models of practice across the continuum of care	9
43 Serve as content expert for patient/client and family advocacy groups	9
47 Serve as a resource in the development of staffing models to assure quality care and desired outcomes	9
42 Serve as content expert related to health policy	9
53 Precept graduate nursing students	9

Work Activity Number and Name	Median Overall Criticality
44 Serve as a content expert in the development of population specific electronic medical records	9
89 Evaluate the effectiveness of staffing models using nurse-sensitive indicators	8
31 Perform advanced clinical procedures (e.g., complex wound management, bone marrow aspiration, chest tube insertion)	8
41 Serve as content expert regarding legal issues	8
93 Lead activities to prepare for local, state, and national emergencies (e.g., natural disasters and acts of terrorism)	8
69 Facilitate research related to the efficacy of the role of the CNS	5
64 Lead/facilitate a research committee	5
17 Prescribe medications	4
66 Conduct independent research	4
98 Design/develop nursing informatics systems	3
68 Procure research funding sources	3
21 Prescribe admission and discharges	1
8 Perform a comprehensive developmentally-appropriate pediatric assessment using pediatric specific assessment instruments	1

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Appendix A Work Activities Statements

Work Activity No. and Statement

- 1 Provide culturally, linguistically, and age appropriate services to patient/client and family
- 2 Establish a therapeutic nurse-patient/client-family relationship
- 3 Facilitate patient/client and family decision making
- 4 Foster patient/client/family's self-care abilities
- 5 Advocate for the patient/client and family using evidence-based practice/research
- 6 Perform a comprehensive developmentally-appropriate adult assessment
- 7 Perform a comprehensive geriatric assessment using standardized geriatric assessment instruments
- 8 Perform a comprehensive developmentally-appropriate pediatric assessment using pediatric specific assessment instruments
- 9 Perform a problem-focused assessment and examination
- 10 Perform a comprehensive population specific medication/complementary therapies assessment
- 11 Perform an assessment of pain and management strategies appropriate to the patient/client, presentation, and setting
- 12 Formulate nursing diagnoses
- 13 Formulate medical diagnoses
- 14 Prioritize health problems/needs in collaboration with patient/client and family
- 15 Prioritize nursing diagnoses
- 16 Prioritize differential diagnoses
- 17 Prescribe medications
- 18 Prescribe treatments
- 19 Prescribe durable medical equipment (DME)
- 20 Prescribe diagnostic and laboratory tests
- 21 Prescribe admission and discharges
- 22 Facilitate patient/client and family health and wellness promotion and disease prevention
- 23 Implement an individualized evidence based plan of care
- 24 Evaluate the plan of care based on patient/client and family response
- 25 Modify the plan of care based on patient/client and family response
- 26 Refer patient/client and family to other health care professional and community resources
- 27 Document patient/client and family information in accordance with regulatory requirements
- 28 Assist patient/client and family with end-of-life decision making/palliative care
- 29 Provide case management/coordination of care
- 30 Evaluate the impact of health care delivery options (e.g., insured versus non-insured) on the plan of care and treatment choices
- 31 Perform advanced clinical procedures (e.g., complex wound management, bone marrow aspiration, chest tube insertion)
- 32 Facilitate integrated care for the patient/client and family across the continuum
- 33 Assess patient/client/family's unique learning needs taking into consideration such variables as developmental level, functional abilities, cultural background, cognitive ability, education level, strengths for and barriers to learning, learning style
- 34 Provide patient/client and family education based on identified complex learning needs
- 35 Provide anticipatory guidance, teaching and counseling appropriate to patient/client and family needs
- 36 Collaborate with the patient/client, family and interdisciplinary team to develop plan

Work Activity No. and Statement

- of care to achieve desired outcomes
- 37 Provide consultation services in complex patient/client and family issues
 - 38 Provide consultation services in performance improvement/quality initiatives
 - 39 Provide consultation services in system evaluation/program development
 - 40 Serve as content expert for professional practice
 - 41 Serve as content expert regarding legal issues
 - 42 Serve as content expert related to health policy
 - 43 Serve as content expert for patient/client and family advocacy groups
 - 44 Serve as a content expert in the development of population specific electronic medical records
 - 45 Serve as a content expert for nursing orientation and internship programs (e.g., incorporation of population specific guidelines)
 - 46 Contributes to the development of population specific interdisciplinary standards of practice and guidelines for care (e.g., pathways, care maps, benchmarks)
 - 47 Serve as a resource in the development of staffing models to assure quality care and desired outcomes
 - 48 Facilitate access of information through use of computer-based/web-based systems (e.g., nursing informatics)
 - 49 Recommend practice, product and service modifications based on fiscal and budgetary implications
 - 50 Establish collaborative relationships within and across departments, organization, networks, and/or agencies
 - 51 Coach patient/client and family to navigate the healthcare system
 - 52 Precept undergraduate nursing students
 - 53 Precept graduate nursing students
 - 54 Serve as a mentor/role model to colleagues and others
 - 55 Model expert and compassionate nursing practice
 - 56 Nurture staff behaviors that influence professional growth and confidence
 - 57 Provide direct supervision, feedback and evaluation
 - 58 Develop specialty-specific educational programs
 - 59 Develop strategies to improve population-specific knowledge and clinical competencies of health care providers
 - 60 Evaluate outcomes of educational interventions
 - 61 Foster a culture of scientific/clinical inquiry
 - 62 Promote scholarly inquiry (e.g., journal club, research grand rounds, research article review)
 - 63 Incorporate evidence-based practice into clinical setting (e.g., clinical decision-making, policies and procedures/protocols, standards, guidelines)
 - 64 Lead/facilitate a research committee
 - 65 Collaborate with other members of the health team in conducting research
 - 66 Conduct independent research
 - 67 Disseminate research findings through presentations/publications
 - 68 Procure research funding sources
 - 69 Facilitate research related to the efficacy of the role of the CNS
 - 70 Promote the role of the clinical nurse specialist
 - 71 Promote the efficacy of the role of the CNS
 - 72 Integrate ethical principles into nursing practice
 - 73 Promote membership in professional organizations
 - 74 Disseminate clinical expertise through formal and informal methods (e.g., presentations, publications)
 - 75 Engage mechanisms to resolve patient/client and family related ethical dilemmas

Work Activity No. and Statement

- 76 Conduct formal self evaluation including peer review
- 77 Participate in professional organizations
- 78 Lead organizational change and development
- 79 Compare patient/client health outcomes with established benchmarks
- 80 Contribute to the development of outcome measures
- 81 Develop strategies to improve health-related knowledge and skills of communities/networks utilizing principles of health literacy
- 82 Conduct programmatic outcomes evaluation
- 83 Promote compliance with regulatory (local, state, federal), accrediting, and professional standards
- 84 Design population specific programs/innovative models of practice across the continuum of care
- 85 Implement population specific programs/innovative models of practice across the continuum of care
- 86 Evaluate population specific programs/innovative models of practice across the continuum of care
- 87 Facilitate ongoing quality improvement initiative
- 88 Participate in implementation, development, and monitoring of risk management protocols
- 89 Evaluate the effectiveness of staffing models using nurse-sensitive indicators
- 90 Provide leadership in promoting a healthy work environment (e.g., team development, conflict resolution, respect and accountability)
- 91 Manage resources including human, financial, and information
- 92 Participate in the recruitment and retention processes of health care personnel
- 93 Lead activities to prepare for local, state, and national emergencies (e.g., natural disasters and acts of terrorism)
- 94 Lead accreditation, recognition and credentialing initiatives (e.g., Magnet, The Joint Commission, CARF)
- 95 Evaluate nursing practice that considers timeliness and efficiency.
- 96 Performs system level assessment of the internal and external political influences on patient outcomes (e.g., National Patient Safety Goals, CMS Never Events)
- 97 Develop strategies to improve health-related knowledge and skills of Patient/family/significant others utilizing principles of health literacy
- 98 Design/develop nursing informatics systems

Appendix B Demographic Data Summary

This appendix presents the responses to the survey's demographic questions which included inquiry on the clinical nurse specialist in adult health nursing background and practice setting. The demographic data is reported for two groups: 1) all ANCC-certified clinical nurse specialists in adult health nursing and 2) those respondents who reported practicing solely in a clinical nurse specialist role. Only responses from those who indicated practicing solely in a CNS role was used in the data analysis of the tasks statements for the clinical nurse specialist in adult health nursing group.

1. Primary place of work

	Recruitment Pool		All Respondents ANCC-certified as CNS in Adult Health Nursing		Respondents Practicing CNS Role Only	
	Count	Percent	Count	Percent	Count	Percent
Northeast	243	16%	64	14%	29	12%
South	460	31%	135	29%	63	26%
Midwest	674	45%	221	48%	138	56%
West	118	8%	37	8%	14	6%
Other	5	0%	1	0%		
Total	1500	100%	458	100.00%	244	100.00%

2. What is your gender?

	All Respondents ANCC-certified as CNS in Adult Health Nursing		Respondents Practicing CNS Role Only	
	COUNT	PERCENT	COUNT	PERCENT
Male	11	2.57%	7	3.10%
Female	417	97.43%	219	96.90%
Total	428	100.00%	226	100.00%
(Not Answered)	30		18	

3. What is your racial/ethnic background? – Optional

	All Respondents ANCC-certified as CNS in Adult Health Nursing		Respondents Practicing CNS Role Only	
	COUNT	PERCENT	COUNT	PERCENT
White/Caucasian	389	91.53%	203	91.44%
American Indian/Alaska Native	2	0.47%	0	0.00%
Asian/Pacific Islander	9	2.12%	6	2.70%
Black/African-American	15	3.53%	7	3.15%
Hispanic	8	1.88%	5	2.25%
Other	2	0.47%	1	0.45%
Total	425	100.00%	222	100.00%
(Not Answered)	31		20	

4. What is your age?

	All Respondents ANCC-certified as CNS in Adult Health Nursing		Respondents Practicing CNS Role Only	
	COUNT	PERCENT	COUNT	PERCENT
25 - 34 years old	30	6.94%	20	8.85%
35 - 44 years old	66	15.28%	38	16.81%
45 - 54 years old	184	42.59%	92	40.71%
55 - 64 years old	143	33.10%	73	32.30%
65 and older	9	2.08%	3	1.33%
Total	432	100.00%	226	100.00%
(Not Answered)	26		18	

5. Indicate the highest educational level you have completed.

	All Respondents ANCC-certified as CNS in Adult Health Nursing		Respondents Practicing CNS Role Only	
	COUNT	PERCENT	COUNT	PERCENT
Master's in Nursing	387	84.50%	206	84.43%
Master's in field other than Nursing	12	2.62%	5	2.05%
Doctorate in Nursing Practice (DNP)	7	1.53%	4	1.64%
Doctorate in Nursing Research (PhD)	21	4.59%	12	4.92%
Doctorate in Nursing Science (DNS)	2	0.44%	1	0.41%
Doctorate in field other than Nursing	10	2.18%	3	1.23%
Other	22	4.80%	7	2.87%
(Not Answered)	27		18	

*The percentage is computed using 458 for All CNS in Adult Health respondents and 244 for Solely CNS Role respondents.

6a. Are you certified as a Clinical Nurse Specialist in Adult Health Nursing?

	All Respondents ANCC-certified as CNS in Adult Health Nursing		Respondents Practicing CNS Role Only	
	COUNT	PERCENT	COUNT	PERCENT
Yes	456	99.56%	243	99.59%
No	2	0.44%	1	0.41%
Total	458	100.00%	244	100.00%

6b. If Yes, how many years?

	All Respondents ANCC-certified as CNS in Adult Health Nursing		Respondents Practicing CNS Role Only	
	COUNT	PERCENT	COUNT	PERCENT
0 to 9	256	57.92%	151	63.71%
10 to 19	140	31.67%	70	29.54%
20 to 29	46	10.41%	16	6.75%
Total	442	100.00%	237	100.00%
(NOT ANSWERED)	14		6	
	All Respondents ANCC-certified as CNS in Adult Health Nursing		Respondents Practicing CNS Role Only	
Mean		9.14%		8.22%
Median		8		8

7. Are you certified in another specialty?

	All Respondents ANCC-certified as CNS in Adult Health Nursing		Respondents Practicing CNS Role Only	
	COUNT	PERCENT	COUNT	PERCENT
Yes	205	44.76%	99	40.57%
No	253	55.24%	145	59.43%
Total	458	100.00%	244	100.00%

8a. Are you functioning in a dual/blended role?

	All Respondents ANCC-certified as CNS in Adult Health Nursing		Respondents Practicing CNS Role Only	
	COUNT	PERCENT	COUNT	PERCENT
Yes	214	46.72%	0	0.00%
No	244	53.28%	244	100.00%
Total	458	100.00%	244	100.00%

8b. If Yes, what is your other role?

	All Respondents ANCC-certified as CNS in Adult Health Nursing	
	COUNT	PERCENT
Educator	71	33.49%
Manager/Administrator	34	16.04%
NP	65	30.66%
Researcher	7	3.30%
Other	35	16.51%
Total	212	100.00%
(NOT ANSWERED)	2	

9a. How many years have you been a registered nurse in the United States?

	All Respondents ANCC-certified as CNS in Adult Health Nursing		Respondents Practicing CNS Role Only	
	COUNT	PERCENT	COUNT	PERCENT
0 - 9 years	28	6.48%	17	7.52%
10 - 19 years	82	18.98%	47	20.80%
20 - 29 years	130	30.09%	62	27.43%
30 - 39 years	167	38.66%	90	39.82%
40 - 49 years	22	5.09%	9	3.98%
Over 50 years	3	0.69%	1	0.44%
Total	432	100.00%	226	100.00%
(Not Answered)	26		18	
	All Respondents ANCC-certified as CNS in Adult Health Nursing		Respondents Practicing CNS Role Only	
Mean	26.27%		25.60%	
Median	28		28	

9b. How many years have you been practicing as a Clinical Nurse Specialist?

	All Respondents ANCC-certified as CNS in Adult Health Nursing		Respondents Practicing CNS Role Only	
	COUNT	PERCENT	COUNT	PERCENT
0 - 9 years	197	46.35%	114	51.12%
10 - 19 years	140	32.94%	73	32.74%
20 - 29 years	73	17.18%	32	14.35%
30 - 39 years	14	3.29%	3	1.35%
Over 40 years	1	0.24%	1	0.45%
Total	425	100.00%	223	100.00%
(Not Answered)	33		21	
	All Respondents ANCC- certified as CNS in Adult Health Nursing		Respondents Practicing CNS Role Only	
Mean	11.76%		10.87%	
Median	10		9	

10. What is the population size of your primary practice setting? (Mark only one)

	All Respondents ANCC-certified as CNS in Adult Health Nursing		Respondents Practicing CNS Role Only	
	COUNT	PERCENT	COUNT	PERCENT
Rural (population less than 2,500)	5	1.16%	2	0.89%
Town (population between 2,500 - 49,999)	61	14.15%	30	13.33%
City (population between 50,000 - 249,999)	179	41.53%	97	43.11%
Metropolitan (population between 250,000 - 999,999)	112	25.99%	66	29.33%
Greater Metropolitan (population greater than 999,999)	71	16.47%	30	13.33%
National	3	0.70%	0	0.00%
Total	431	100.00%	225	100.00%
(Not Answered)	27		19	

11. Which of the following best describes your current primary employment setting? (You may mark more than one)

	All Respondents ANCC-certified as CNS in Adult Health Nursing		Respondents Practicing CNS Role Only	
	COUNT	PERCENT	COUNT	PERCENT
1. Community/Public Health (city/county/state/federal agency)	9	1.97%	3	1.23%
2. Home Health Care	7	1.53%	3	1.23%
3. Hospice/Palliative Care	7	1.53%	5	2.05%
4. Hospital, inpatient	248	54.15%	139	56.97%
5. Outpatient	84	18.34%	49	20.08%
6. Managed care (HMO, PPO, IPA)	2	0.44%	0	0.00%
7. Medical school	3	0.66%	1	0.41%
8. Not-for-Profit clinic	13	2.84%	3	1.23%
9. Skilled Nurse/Subacute/Long-term care	12	2.62%	8	3.28%
10. Owned practice (group)	23	5.02%	12	4.92%
11. Owned practice (solo)	5	1.09%	1	0.41%
12. Occupational health	2	0.44%	0	0.00%
13. Private medical practice	30	6.55%	13	5.33%
14. Rural health clinic	4	0.87%	1	0.41%
15. School or college health	16	3.49%	6	2.46%
16. VA/Armed forces	26	5.68%	9	3.69%
17. Other	36	7.86%	15	6.15%
(NOT ANSWERED)	29		20	

*The percentage is computed using 458 for All Adult CNS respondents and 244 for Solely CNS Role respondents.

12. Approximately what percentage of your work time (during the average week) is spent in each of the following areas?

All Respondents ANCC-certified as CNS in Adult Health Nursing

	Direct Care		Research/ Evidence-based Practice		Consultation/ Collaboration		Education/Coaching		Quality Improvement and Risk Assessment (Systems leadership)		Other	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Less than 20%	215	49.77%	384	88.89%	323	74.77%	276	63.89%	371	85.88%	418	96.76%
21% to 40%	53	12.27%	34	7.87%	77	17.82%	96	22.22%	45	10.42%	9	2.08%
41% to 60%	45	10.42%	9	2.08%	21	4.86%	31	7.18%	13	3.01%	3	0.69%
61% to 80%	64	14.81%	5	1.16%	7	1.62%	20	4.63%	0	0.00%	2	0.46%
81% to 100%	55	12.73%	0	0.00%	4	0.93%	9	2.08%	3	0.69%	0	0.00%
Valid Responses	432	100.00%	432	100.00%	432	100.00%	432	100.00%	432	100.00%	432	100.00%
(NOT ANSWERED)	26		26		26		26		26		26	
Mean percent spent with each age group	36.36%		10.60%		17.16%		22.34%		10.94%		2.78%	

(See the next page for Respondents Practicing CNS Role Only)

Respondents Practicing CNS Role Only

	Direct Care		Research/ Evidence-based Practice		Consultation/ Collaboration		Education/Coaching		Quality Improvement and Risk Assessment (Systems leadership)		Other	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Less than 20%	112	48.91%	199	86.90%	161	70.31%	152	66.38%	192	83.84%	224	97.82%
21% to 40%	30	13.10%	20	8.73%	50	21.83%	56	24.45%	26	11.35%	4	1.75%
41% to 60%	19	8.30%	8	3.49%	11	4.80%	14	6.11%	10	4.37%	1	0.44%
61% to 80%	37	16.16%	2	0.87%	5	2.18%	3	1.31%	0	0.00%	0	0.00%
81% to 100%	31	13.54%	0	0.00%	2	0.87%	4	1.75%	1	0.44%	0	0.00%
Valid Responses	229	100.00%	229	100.00%	229	100.00%	229	100.00%	229	100.00%	229	100.00%
(NOT ANSWERED)	15		15		15		15		15		15	
	Direct Care		Research/ Evidence-based Practice		Consultation/ Collaboration		Education/Coaching		Quality Improvement and Risk Assessment (Systems leadership)		Other	
Mean percent spent with each age group	37.14%		11.04%		17.83%		19.78%		11.14%		2.10%	

13. Estimate the percentage of time that you provide healthcare for patient/client in each of the age groups listed below.

All Respondents ANCC-certified as CNS in Adult Health Nursing

	Infant (birth to 2 years)		Child (3 to 12 years)		Adolescent (13 to 17 years)		Adult (18 to 65 years)		Older Adult (over 65 years)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Less than 20%	431	99.77%	429	99.31%	426	98.61%	24	5.56%	71	16.44%
21% to 40%	0	0.00%	3	0.69%	6	1.39%	114	26.39%	115	26.62%
41% to 60%	1	0.23%	0	0.00%	0	0.00%	184	42.59%	189	43.75%
61% to 80%	0	0.00%	0	0.00%	0	0.00%	76	17.59%	48	11.11%
81% to 100%	0	0.00%	0	0.00%	0	0.00%	34	7.87%	9	2.08%
Valid Responses	432	100.00%	432	100.00%	432	100.00%	432	100.00%	432	100.00%
(NOT ANSWERED)	26		26		26		26		26	
	Infant (birth to 2 years)		Child (3 to 12 years)		Adolescent (13 to 17 years)		Adult (18 to 65 years)		Older Adult (over 65 years)	
Mean percent spent with each age group	0.71%		1.00%		2.12%		52.33%		43.85%	

(See the next page for Respondents Practicing CNS Role Only)

Respondents Practicing CNS Role Only

	Infant (birth to 2 years)		Child (3 to 12 years)		Adolescent (13 to 17 years)		Adult (18 to 65 years)		Older Adult (over 65 years)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Less than 20%	225	99.56%	226	100.00%	225	99.56%	14	6.19%	29	12.83%
21% to 40%	0	0.00%	0	0.00%	1	0.44%	64	28.32%	53	23.45%
41% to 60%	1	0.44%	0	0.00%	0	0.00%	100	44.25%	108	47.79%
61% to 80%	0	0.00%	0	0.00%	0	0.00%	33	14.60%	29	12.83%
81% to 100%	0	0.00%	0	0.00%	0	0.00%	15	6.64%	7	3.10%
Valid Responses	226	100.00%	226	100.00%	226	100.00%	226	100.00%	226	100.00%
(NOT ANSWERED)	18		18		18		18		18	
	Infant (birth to 2 years)		Child (3 to 12 years)		Adolescent (13 to 17 years)		Adult (18 to 65 years)		Older Adult (over 65 years)	
Mean percent spent with each age group	0.65%		0.68%		1.35%		50.36%		46.95%	

14. What is your primary client base? (You may choose more than one)

	All Respondents ANCC-certified as CNS in Adult Health Nursing		Respondents Practicing CNS Role Only	
	COUNT	PERCENT	COUNT	PERCENT
Well patients/clients	48	10.48%	24	9.84%
Patients/Clients with acute conditions	320	69.87%	169	69.26%
Patients/Clients with chronic conditions	315	68.78%	159	65.16%
Terminally ill patients/clients	104	22.71%	57	23.36%
Patients/Clients with behavioral/emotional/psychiatric disorders	40	8.73%	20	8.20%
Other	23	5.02%	10	4.10%
(Not Answered)	27		19	

*The percentage is computed using 458 for All Adult CNS respondents and 244 for Solely CNS Role respondents.

15. Do you have prescriptive authority?

	All Respondents ANCC-certified as CNS in Adult Health Nursing		Respondents Practicing CNS Role Only	
	COUNT	PERCENT	COUNT	PERCENT
YES	194	45.22%	89	39.56%
NO	235	54.78%	136	60.44%
TOTAL	429	100.00%	225	100.00%
(NOT ANSWERED)	29		19	

16. Are you required to have a physician collaborator/supervisor for your practice?

	All Respondents ANCC-certified as CNS in Adult Health Nursing		Respondents Practicing CNS Role Only	
	COUNT	PERCENT	COUNT	PERCENT
YES	243	56.51%	127	56.44%
NO	187	43.49%	98	43.56%
TOTAL	430	100.00%	225	100.00%
(NOT ANSWERED)	28		19	

17. Does your state protect the title Clinical Nurse Specialist? (e.g., requires minimum education, certification examinations, and/or licensure)

	All Respondents ANCC-certified as CNS in Adult Health Nursing		Respondents Practicing CNS Role Only	
	COUNT	PERCENT	COUNT	PERCENT
YES	375	87.01%	197	87.17%
NO	56	12.99%	29	12.83%
TOTAL	431	100.00%	226	100.00%
(NOT ANSWERED)	27		18	

18. Do you have staff privileges to admit/discharge clients from a facility?

	All Respondents ANCC-certified as CNS in Adult Health Nursing		Respondents Practicing CNS Role Only	
	COUNT	PERCENT	COUNT	PERCENT
YES	68	15.78%	29	12.83%
NO	363	84.22%	197	87.17%
TOTAL	431	100.00%	226	100.00%
(NOT ANSWERED)	27		18	

19. Are your services billed for reimbursement?

	All Respondents ANCC-certified as CNS in Adult Health Nursing		Respondents Practicing CNS Role Only	
	COUNT	PERCENT	COUNT	PERCENT
YES	144	33.57%	71	31.56%
NO	285	66.43%	154	68.44%
TOTAL	429	100.00%	225	100.00%
(NOT ANSWERED)	29		19	

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Appendix C

Work Activities Descriptive Statistics

	N	Performance Expectation			Consequence			Frequency			Overall Rank	
		Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev
1 Provide culturally, linguistically, and age appropriate services to patient/client and family	393	1.9	0.36	2	0.92	0.62	1	3.49	0.84	4	23.74	6.07
2 Establish a therapeutic nurse-patient/client-family relationship	392	1.95	0.22	2	1.08	0.64	1	3.63	0.7	4	25.36	4.94
3 Facilitate patient/client and family decision making	392	1.8	0.44	2	0.91	0.59	1	3.16	0.92	3	21.89	7.3
4 Foster patient/client/family's self-care abilities	392	1.87	0.37	2	0.89	0.63	1	3.15	0.93	3	22.85	6.6
5 Advocate for the patient/client and family using evidence-based practice/research	392	1.76	0.44	2	1.06	0.63	1	3.43	0.72	4	22.22	7.91
6 Perform a comprehensive developmentally-appropriate adult assessment	392	1.75	0.53	2	1.19	0.68	1	3.05	1.13	3	22.87	8.54
7 Perform a comprehensive geriatric assessment using standardized geriatric assessment instruments	392	1.23	0.84	1	0.89	0.73	1	1.97	1.45	2	15	11.16
8 Perform a comprehensive developmentally-appropriate pediatric assessment using pediatric specific assessment instruments	392	0.49	0.79	0	0.67	0.81	0	0.8	1.35	0	6.53	9.74
9 Perform a problem-focused assessment and examination	392	1.86	0.39	2	1.2	0.61	1	3.26	0.88	3	24.28	6.71
10 Perform a comprehensive population specific medication/complementary therapies assessment	392	1.45	0.68	2	1.06	0.73	1	2.56	1.29	3	17.8	10.67
11 Perform an assessment of pain and management strategies appropriate to the patient/client, presentation, and setting	392	1.81	0.44	2	1.18	0.62	1	3.11	0.98	3	23.53	7.53
12 Formulate nursing diagnoses	392	1.76	0.63	2	0.69	0.67	1	2.9	1.28	3	21.19	8.32
13 Formulate medical diagnoses	392	1.03	0.89	1	1.01	0.8	1	1.84	1.58	2	13.44	11.79

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = little or none, 1 = moderate, 2 = severe; Frequency response options: 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

		N	Performance Expectation			Consequence			Frequency			Overall Rank	
			Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev
14	Prioritize health problems/needs in collaboration with patient/client and family	392	1.81	0.43	2	1	0.58	1	3.19	0.92	3	22.6	7.1
15	Prioritize nursing diagnoses	392	1.72	0.66	2	0.7	0.64	1	2.78	1.32	3	20.67	8.51
16	Prioritize differential diagnoses	392	1.38	0.75	2	1	0.7	1	2.51	1.38	3	17.01	10.42
17	Prescribe medications	392	0.82	0.88	1	1.26	0.91	2	1.52	1.63	1	11.97	12.38
18	Prescribe treatments	392	1.3	0.82	2	1.25	0.75	1	2.21	1.45	3	17.31	11.44
19	Prescribe durable medical equipment (DME)	392	1.15	0.88	1	0.78	0.7	1	1.76	1.43	2	13.67	10.89
20	Prescribe diagnostic and laboratory tests	392	1.1	0.91	1	0.98	0.77	1	1.83	1.59	2	14.13	11.8
21	Prescribe admission and discharges	392	0.67	0.82	0	0.88	0.83	1	1.1	1.44	0	8.53	10.32
22	Facilitate patient/client and family health and wellness promotion and disease prevention	392	1.79	0.45	2	0.83	0.59	1	3.07	0.97	3	21.33	7.53
23	Implement an individualized evidence based plan of care	392	1.81	0.46	2	0.97	0.61	1	3.2	0.93	3	22.49	7.44
24	Evaluate the plan of care based on patient/client and family response	392	1.84	0.42	2	0.93	0.62	1	3.24	0.91	3	22.84	6.98
25	Modify the plan of care based on patient/client and family response	392	1.85	0.4	2	0.92	0.6	1	3.17	0.88	3	22.71	6.88
26	Refer patient/client and family to other health care professional and community resources	392	1.71	0.54	2	0.84	0.62	1	2.76	1.01	3	20.11	8.38
27	Document patient/client and family information in accordance with regulatory requirements	392	1.89	0.38	2	1.23	0.7	1	3.41	0.92	4	25.07	6.68
28	Assist patient/client and family with end-of-life decision making/palliative care	392	1.46	0.67	2	0.99	0.67	1	2.13	1.14	2	17.3	9.47

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = little or none, 1 = moderate, 2 = severe; Frequency response options: 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

		N	Performance Expectation			Consequence			Frequency			Overall Rank	
			Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev
29	Provide case management/coordination of care	392	1.51	0.69	2	0.86	0.6	1	2.55	1.25	3	17.92	9.57
30	Evaluate the impact of health care delivery options (e.g., insured versus non-insured) on the plan of care and treatment choices	392	1.33	0.74	1	0.82	0.66	1	2.24	1.32	3	15.38	10.38
31	Perform advanced clinical procedures (e.g., complex wound management, bone marrow aspiration, chest tube insertion)	392	0.69	0.75	1	1.29	0.85	2	1.16	1.3	1	9.29	9.78
32	Facilitate integrated care for the patient/client and family across the continuum	392	1.6	0.61	2	0.85	0.6	1	2.84	1.09	3	18.84	8.81
33	Assess patient/client/family's unique learning needs taking into consideration such variables as developmental level, functional abilities, cultural background, cognitive ability, education level, strengths for and barriers to learning, learning style	392	1.84	0.38	2	1.03	0.61	1	3.37	0.83	4	23.16	6.9
34	Provide patient/client and family education based on identified complex learning needs	392	1.8	0.42	2	1.01	0.57	1	3.26	0.82	3	22.44	6.98
35	Provide anticipatory guidance, teaching and counseling appropriate to patient/client and family needs	392	1.74	0.46	2	0.89	0.6	1	3.09	0.9	3	20.86	7.86
36	Collaborate with the patient/client, family and interdisciplinary team to develop plan of care to achieve desired outcomes	392	1.79	0.44	2	1.01	0.56	1	3.2	0.85	3	22.37	7.27
37	Provide consultation services in complex patient/client and family issues	392	1.47	0.58	2	1.03	0.59	1	2.73	1	3	17.47	9.02
38	Provide consultation services in performance improvement/quality initiatives	392	1.47	0.57	2	0.81	0.59	1	2.73	0.97	3	16.31	9.11
39	Provide consultation services in system evaluation/program development	392	1.38	0.59	1	0.73	0.6	1	2.58	0.98	3	14.63	8.88

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = little or none, 1 = moderate, 2 = severe; Frequency response options: 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

	N	Performance Expectation			Consequence			Frequency			Overall Rank	
		Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev
40	392	1.37	0.55	1	0.97	0.65	1	2.8	1.06	3	15.6	9.29
41	392	0.87	0.63	1	0.91	0.8	1	1.3	1.11	1	9.11	8.03
42	392	1.05	0.63	1	0.76	0.67	1	1.63	1.15	2	10.3	8.37
43	392	1.09	0.66	1	0.65	0.61	1	1.63	1.15	2	10.55	8.87
44	392	1	0.63	1	0.66	0.65	1	1.65	1.14	2	9.56	8.07
45	392	1.29	0.63	1	0.84	0.67	1	2.33	1.2	2	14.18	9.67
46	392	1.33	0.59	1	0.89	0.62	1	2.43	1.07	3	14.72	9
47	392	1.03	0.69	1	0.7	0.66	1	1.69	1.25	2	10.4	8.85
48	392	1.29	0.69	1	0.58	0.61	1	2.08	1.24	2	13.2	9.64
49	392	1.19	0.62	1	0.71	0.59	1	2.04	1.11	2	11.88	8.66

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = little or none, 1 = moderate, 2 = severe; Frequency response options: 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

	N	Performance Expectation			Consequence			Frequency			Overall Rank	
		Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev
50 Establish collaborative relationships within and across departments, organization, networks, and/or agencies	391	1.67	0.5	2	0.92	0.65	1	3.18	0.87	3	19.99	8.69
51 Coach patient/client and family to navigate the healthcare system	391	1.68	0.55	2	0.81	0.61	1	2.76	1.11	3	19.64	8.48
52 Precept undergraduate nursing students	391	1.12	0.69	1	0.64	0.67	1	1.77	1.15	2	11.11	8.99
53 Precept graduate nursing students	391	1.06	0.44	1	0.73	0.65	1	2.11	0.95	2	9.61	6.51
54 Serve as a mentor/role model to colleagues and others	391	1.58	0.51	2	0.97	0.69	1	3.33	0.86	4	19.05	9.06
55 Model expert and compassionate nursing practice	391	1.88	0.34	2	1.17	0.7	1	3.74	0.61	4	24.92	6.46
56 Nurture staff behaviors that influence professional growth and confidence	391	1.77	0.45	2	1.04	0.69	1	3.57	0.74	4	22.53	7.92
57 Provide direct supervision, feedback and evaluation	391	1.28	0.69	1	0.91	0.66	1	2.49	1.3	3	14.85	10.04
58 Develop specialty-specific educational programs	391	1.39	0.57	1	0.88	0.59	1	2.55	0.97	3	15.37	9.31
59 Develop strategies to improve population-specific knowledge and clinical competencies of health care providers	391	1.31	0.59	1	0.87	0.61	1	2.43	1.02	3	14.3	9.11
60 Evaluate outcomes of educational interventions	389	1.49	0.58	2	0.82	0.62	1	2.72	1.03	3	16.76	9.24
61 Foster a culture of scientific/clinical inquiry	389	1.55	0.53	2	0.82	0.64	1	3.05	0.98	3	17.7	9.42
62 Promote scholarly inquiry (e.g., journal club, research grand rounds, research article review)	388	1.39	0.59	1	0.63	0.63	1	2.57	1.08	3	14.33	9.35

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = little or none, 1 = moderate, 2 = severe; Frequency response options: 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

		N	Performance Expectation			Consequence			Frequency			Overall Rank	
			Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev
63	Incorporate evidence-based practice into clinical setting (e.g., clinical decision-making, policies and procedures/protocols, standards, guidelines)	388	1.73	0.46	2	1.14	0.63	1	3.39	0.78	4	22.09	8.23
64	Lead/facilitate a research committee	388	0.86	0.53	1	0.55	0.61	0	1.56	1.13	2	7.11	6.45
65	Collaborate with other members of the health team in conducting research	388	1.21	0.62	1	0.63	0.62	1	1.98	1.07	2	11.75	8.8
66	Conduct independent research	388	0.78	0.54	1	0.6	0.66	0	1.26	1.02	1	6.51	5.98
67	Disseminate research findings through presentations/publications	387	1.13	0.59	1	0.65	0.62	1	1.93	1.09	2	10.74	8.43
68	Procure research funding sources	388	0.67	0.56	1	0.39	0.57	0	0.95	0.94	1	4.86	5.24
69	Facilitate research related to the efficacy of the role of the CNS	388	0.88	0.62	1	0.58	0.64	1	1.37	1.1	1	7.79	7.65
70	Promote the role of the clinical nurse specialist	386	1.81	0.45	2	0.95	0.73	1	3.45	0.93	4	22.68	7.88
71	Promote the efficacy of the role of the CNS	386	1.72	0.5	2	0.95	0.71	1	3.43	0.89	4	21.28	8.6
72	Integrate ethical principles into nursing practice	386	1.92	0.29	2	1.37	0.68	1	3.73	0.61	4	26.43	6.1
73	Promote membership in professional organizations	386	1.74	0.55	2	0.54	0.59	0	3.02	1.12	3	19.59	8.07
74	Disseminate clinical expertise through formal and informal methods (e.g., presentations, publications)	386	1.48	0.55	2	0.77	0.6	1	2.74	0.93	3	16.12	9.3
75	Engage mechanisms to resolve patient/client and family related ethical dilemmas	386	1.54	0.55	2	1.07	0.66	1	2.38	0.97	2	18.17	9.19

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = little or none, 1 = moderate, 2 = severe; Frequency response options: 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

	N	Performance Expectation			Consequence			Frequency			Overall Rank	
		Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev
76 Conduct formal self evaluation including peer review	386	1.43	0.55	1	0.84	0.63	1	2.63	0.98	3	15.65	9.13
77 Participate in professional organizations	386	1.72	0.53	2	0.61	0.62	1	2.97	1.07	3	19.34	8.36
78 Lead organizational change and development	374	1.12	0.52	1	0.87	0.66	1	2.27	1.03	2	11.52	7.92
79 Compare patient/client health outcomes with established benchmarks	374	1.51	0.55	2	0.93	0.59	1	2.82	0.96	3	17.52	8.98
80 Contribute to the development of outcome measures	374	1.45	0.57	1	0.89	0.59	1	2.65	0.97	3	16.36	9.05
81 Develop strategies to improve health-related knowledge and skills of communities/networks utilizing principles of health literacy	371	1.17	0.63	1	0.68	0.6	1	1.88	1.12	2	11.5	8.82
82 Conduct programmatic outcomes evaluation	371	1.14	0.57	1	0.7	0.6	1	2.09	1.1	2	11.05	8.25
83 Promote compliance with regulatory (local, state, federal), accrediting, and professional standards	371	1.75	0.48	2	1.37	0.68	1	3.34	0.97	4	23.7	8.76
84 Design population specific programs/innovative models of practice across the continuum of care	371	1.12	0.54	1	0.78	0.59	1	2.05	1.06	2	10.56	7.36
85 Implement population specific programs/innovative models of practice across the continuum of care	371	1.19	0.56	1	0.78	0.57	1	2.13	1.03	2	11.94	8.28
86 Evaluate population specific programs/innovative models of practice across the continuum of care	371	1.19	0.57	1	0.74	0.59	1	2.1	1.02	2	11.74	8.05
87 Facilitate ongoing quality improvement initiative	371	1.6	0.57	2	0.98	0.62	1	2.96	1	3	19.36	9.21
88 Participate in implementation, development, and monitoring of risk management protocols	370	1.29	0.66	1	0.95	0.68	1	2.29	1.19	2	14.85	9.88

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = little or none, 1 = moderate, 2 = severe; Frequency response options: 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

89	Evaluate the effectiveness of staffing models using nurse-sensitive indicators	371	0.92	0.72	1	0.65	0.64	1	1.48	1.25	2	9.4	8.81
90	Provide leadership in promoting a healthy work environment (e.g., team development, conflict resolution, respect and accountability)	371	1.52	0.59	2	0.99	0.69	1	2.87	1.12	3	18.22	9.76
91	Manage resources including human, financial, and information	371	1.12	0.77	1	0.81	0.7	1	1.98	1.4	2	12.76	10.63
92	Participate in the recruitment and retention processes of health care personnel	371	1.12	0.75	1	0.67	0.69	1	1.78	1.29	2	11.99	9.95
93	Lead activities to prepare for local, state, and national emergencies (e.g., natural disasters and acts of terrorism)	371	0.86	0.7	1	0.79	0.74	1	1.22	1.09	1	8.99	8.65
94	Lead accreditation, recognition and credentialing initiatives (e.g., Magnet, The Joint Commission, CARF)	371	0.99	0.61	1	0.91	0.72	1	1.86	1.18	2	10.62	8.16
95	Evaluate nursing practice that considers timeliness and efficiency.	372	1.38	0.66	1	0.8	0.6	1	2.35	1.19	3	15.33	9.71
96	Performs system level assessment of the internal and external political influences on patient outcomes (e.g., National Patient Safety Goals, CMS Never Events)	372	1.17	0.7	1	0.96	0.7	1	2.08	1.3	2	13.55	9.87
97	Develop strategies to improve health-related knowledge and skills of Patient/family/significant others utilizing principles of health literacy	372	1.37	0.65	1	0.77	0.62	1	2.16	1.11	2	14.88	9.68
98	Design/develop nursing informatics systems	372	0.64	0.62	1	0.51	0.63	0	0.99	1.06	1	5.8	6.44

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Appendix D
Work Activities Overall Criticality – Rank Order

Work Activity No. and Statement	Overall Criticality			
	N	Mean	Std Dev	Median
72 Integrate ethical principles into nursing practice	386	26.43	6.1	26
2 Establish a therapeutic nurse-patient/client-family relationship	392	25.36	4.94	26
27 Document patient/client and family information in accordance with regulatory requirements	392	25.07	6.68	26
55 Model expert and compassionate nursing practice	391	24.92	6.46	26
9 Perform a problem-focused assessment and examination	392	24.28	6.71	26
1 Provide culturally, linguistically, and age appropriate services to patient/client and family	393	23.74	6.07	26
83 Promote compliance with regulatory (local, state, federal), accrediting, and professional standards	371	23.7	8.76	26
70 Promote the role of the clinical nurse specialist	386	22.68	7.88	26
56 Nurture staff behaviors that influence professional growth and confidence	391	22.53	7.92	26
11 Perform an assessment of pain and management strategies appropriate to the patient/client, presentation, and setting	392	23.53	7.53	25
33 Assess patient/client/family's unique learning needs taking into consideration such variables as developmental level, functional abilities, cultural background, cognitive ability, education level, strengths for and barriers to learning, learning style	392	23.16	6.9	25
6 Perform a comprehensive developmentally-appropriate adult assessment	392	22.87	8.54	25
4 Foster patient/client/family's self-care abilities	392	22.85	6.6	25
24 Evaluate the plan of care based on patient/client and family response	392	22.84	6.98	25
25 Modify the plan of care based on patient/client and family response	392	22.71	6.88	25
14 Prioritize health problems/needs in collaboration with patient/client and family	392	22.6	7.1	25
23 Implement an individualized evidence based plan of care	392	22.49	7.44	25
34 Provide patient/client and family education based on identified complex learning needs	392	22.44	6.98	25
36 Collaborate with the patient/client, family and interdisciplinary team to develop plan of care to achieve desired outcomes	392	22.37	7.27	25
5 Advocate for the patient/client and family using evidence-based practice/research	392	22.22	7.91	25
63 Incorporate evidence-based practice into clinical setting (e.g., clinical decision-making, policies and procedures/protocols, standards, guidelines)	388	22.09	8.23	25
3 Facilitate patient/client and family decision making	392	21.89	7.3	25
22 Facilitate patient/client and family health and wellness promotion and disease prevention	392	21.33	7.53	25
71 Promote the efficacy of the role of the CNS	386	21.28	8.6	25

Appendix D– Work Activities Mean Overall Criticality – Rank Order
2009 Role Delineation Study: Clinical Nurse Specialist in Adult Health Nursing -- National Survey
Results

D-2

Work Activity No. and Statement	Overall Criticality			
	N	Mean	Std Dev	Median
35 Provide anticipatory guidance, teaching and counseling appropriate to patient/client and family needs	392	20.86	7.86	25
50 Establish collaborative relationships within and across departments, organization, networks, and/or agencies	390	19.99	8.69	25
12 Formulate nursing diagnoses	392	21.19	8.32	24.5
15 Prioritize nursing diagnoses	392	20.67	8.51	24
26 Refer patient/client and family to other health care professional and community resources	392	20.11	8.38	24
51 Coach patient/client and family to navigate the healthcare system	391	19.64	8.48	24
87 Facilitate ongoing quality improvement initiative	371	19.36	9.21	24
18 Prescribe treatments	392	17.31	11.44	23
73 Promote membership in professional organizations	386	19.59	8.07	21
77 Participate in professional organizations	386	19.34	8.36	21
54 Serve as a mentor/role model to colleagues and others	391	19.05	9.06	21
32 Facilitate integrated care for the patient/client and family across the continuum	392	18.84	8.81	21
75 Engage mechanisms to resolve patient/client and family related ethical dilemmas	386	18.17	9.19	21
29 Provide case management/coordination of care	392	17.92	9.57	21
10 Perform a comprehensive population specific medication/complementary therapies assessment	392	17.8	10.67	21
90 Provide leadership in promoting a healthy work environment (e.g., team development, conflict resolution, respect and accountability)	370	18.22	9.76	20
61 Foster a culture of scientific/clinical inquiry	389	17.7	9.42	20
79 Compare patient/client health outcomes with established benchmarks	374	17.52	8.98	20
28 Assist patient/client and family with end-of-life decision making/palliative care	392	17.3	9.47	19.5
37 Provide consultation services in complex patient/client and family issues	392	17.47	9.02	19
16 Prioritize differential diagnoses	392	17.01	10.42	19
60 Evaluate outcomes of educational interventions	389	16.76	9.24	19
74 Disseminate clinical expertise through formal and informal methods (e.g., presentations, publications)	386	16.12	9.3	19
38 Provide consultation services in performance improvement/quality initiatives	392	16.31	9.11	18.5
30 Evaluate the impact of health care delivery options (e.g., insured versus non-insured) on the plan of care and treatment choices	392	15.38	10.38	16
80 Contribute to the development of outcome measures	374	16.36	9.05	15.5
95 Evaluate nursing practice that considers timeliness and efficiency.	371	15.33	9.71	15

Work Activity No. and Statement	Overall Criticality			
	N	Mean	Std Dev	Median
7 Perform a comprehensive geriatric assessment using standardized geriatric assessment instruments	392	15	11.16	15
20 Prescribe diagnostic and laboratory tests	392	14.13	11.8	14
19 Prescribe durable medical equipment (DME)	392	13.67	10.89	13.5
76 Conduct formal self evaluation including peer review	386	15.65	9.13	11
40 Serve as content expert for professional practice	392	15.6	9.29	11
97 Develop strategies to improve health-related knowledge and skills of Patient/family/significant others utilizing principles of health literacy	371	14.88	9.68	11
57 Provide direct supervision, feedback and evaluation	391	14.85	10.04	11
62 Promote scholarly inquiry (e.g., journal club, research grand rounds, research article review)	388	14.33	9.35	10.5
13 Formulate medical diagnoses	392	13.44	11.79	10.5
58 Develop specialty-specific educational programs	391	15.37	9.31	10
88 Participate in implementation, development, and monitoring of risk management protocols	370	14.85	9.88	10
46 Contributes to the development of population specific interdisciplinary standards of practice and guidelines for care (e.g., pathways, care maps, benchmarks)	392	14.72	9	10
39 Provide consultation services in system evaluation/program development	392	14.63	8.88	10
59 Develop strategies to improve population-specific knowledge and clinical competencies of health care providers	391	14.3	9.11	10
45 Serve as a content expert for nursing orientation and internship programs (e.g., incorporation of population specific guidelines)	392	14.18	9.67	10
96 Performs system level assessment of the internal and external political influences on patient outcomes (e.g., National Patient Safety Goals, CMS Never Events)	371	13.55	9.87	10
48 Facilitate access of information through use of computer-based/web-based systems (e.g., nursing informatics)	392	13.2	9.64	10
91 Manage resources including human, financial, and information	370	12.76	10.63	10
92 Participate in the recruitment and retention processes of health care personnel	370	11.99	9.95	9
85 Implement population specific programs/innovative models of practice across the continuum of care	371	11.94	8.28	9
49 Recommend practice, product and service modifications based on fiscal and budgetary implications	392	11.88	8.66	9
65 Collaborate with other members of the health team in conducting research	388	11.75	8.8	9
86 Evaluate population specific programs/innovative models of practice across the continuum of care	371	11.74	8.05	9
78 Lead organizational change and development	374	11.52	7.92	9

Work Activity No. and Statement	Overall Criticality			
	N	Mean	Std Dev	Median
81 Develop strategies to improve health-related knowledge and skills of communities/networks utilizing principles of health literacy	371	11.5	8.82	9
52 Precept undergraduate nursing students	391	11.11	8.99	9
82 Conduct programmatic outcomes evaluation	371	11.05	8.25	9
67 Disseminate research findings through presentations/publications	387	10.74	8.43	9
94 Lead accreditation, recognition and credentialing initiatives (e.g., Magnet, The Joint Commission, CARF)	370	10.62	8.16	9
84 Design population specific programs/innovative models of practice across the continuum of care	362	10.56	7.36	9
43 Serve as content expert for patient/client and family advocacy groups	392	10.55	8.87	9
47 Serve as a resource in the development of staffing models to assure quality care and desired outcomes	392	10.4	8.85	9
42 Serve as content expert related to health policy	392	10.3	8.37	9
53 Precept graduate nursing students	391	9.61	6.51	9
44 Serve as a content expert in the development of population specific electronic medical records	392	9.56	8.07	9
89 Evaluate the effectiveness of staffing models using nurse-sensitive indicators	370	9.4	8.81	8
31 Perform advanced clinical procedures (e.g., complex wound management, bone marrow aspiration, chest tube insertion)	392	9.29	9.78	8
41 Serve as content expert regarding legal issues	392	9.11	8.03	8
93 Lead activities to prepare for local, state, and national emergencies (e.g., natural disasters and acts of terrorism)	370	8.99	8.65	8
69 Facilitate research related to the efficacy of the role of the CNS	388	7.79	7.65	5
64 Lead/facilitate a research committee	388	7.11	6.45	5
17 Prescribe medications	392	11.97	12.38	4
66 Conduct independent research	388	6.51	5.98	4
98 Design/develop nursing informatics systems	372	5.8	6.44	3
68 Procure research funding sources	388	4.86	5.24	3
21 Prescribe admission and discharges	392	8.53	10.32	1
8 Perform a comprehensive developmentally-appropriate pediatric assessment using pediatric specific assessment instruments	392	6.53	9.74	1

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