Scope and Standards of Medical-Surgical Clinical Nurse Specialist Practice

2nd Edition
Acknowledgments

The Scope and Standards of Medical-Surgical Clinical Nurse Specialist Practice, 2nd edition, was revised by the Clinical Practice Committee of the Academy of Medical-Surgical Nurses (AMSN) whose members practice as clinical nurse specialists (CNS) and registered nurses in a variety of medical-surgical settings and geographic locations. The document was reviewed by medical-surgical CNSs throughout the country. The standards were then approved by the AMSN Board of Directors.

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THE MEDICAL-SURGICAL CLINICAL NURSE SPECIALIST

Definition and Introduction

The Medical-Surgical Clinical Nurse Specialist (CNS) is the clinical expert in evidence-based nursing practice in adult health care. The CNS practices autonomously and integrates knowledge of disease and nursing care into the assessment, diagnosis, planning, implementation, and ongoing evaluation of clients, for the protection, promotion, and optimization of health and well-being of individuals. The CNS works in a variety of settings, such as (but not limited to) hospitals, ambulatory care clinics, and academic institutions.

The Medical-Surgical CNS provides leadership to advance the practice of nursing, achieve quality outcomes, and provide cost-effective care. The CNS provides leadership and collaboration within multidisciplinary groups, and designs and implements innovative solutions to address care issues and system problems. In some jurisdictions, the CNS (as a direct care provider) may have prescriptive authority.

The Medical-Surgical CNS has many roles, and functions as client advocate, consultant, change agent, staff mentor, educator, nurse leader, and researcher in various settings. The CNS provides direct care to clients and populations. These services may include client and staff assistance throughout the health care continuum including preventative care, health preservation, maintenance of chronic illness and disability, or palliative care during end of life. The CNS leads and participates in professional nursing practice, health organizations, and health system activities and change.

The Medical-Surgical CNS is a licensed registered nurse (RN) with a minimum of a graduate-level nursing degree that includes education and preparation for the CNS role. He or she may also be prepared in a post-master’s certificate program that is recognized by a national nursing accrediting body as preparation for practice as a CNS.

- This document defines the scope and standards of the Medical-Surgical Clinical Nurse Specialist. The CNS in medical-surgical nursing practice will adhere to the Scope and Standards of Medical-Surgical Nursing Practice, 5th Edition (Academy of Medical-Surgical Nurses [AMSN], 2012) in addition to this supplemental Scope and Standards of Medical-Surgical Clinical Nurse Specialist Practice and the Scope and Standards of Practice Nursing (American Nurses Association [ANA], 2010a).
- The client in this document refers to the recipient of nursing actions. The client can include the family or a group when appropriate. The client can be a community with a focus on personal and environmental health and health risks of populations. A detailed description of the client is defined in the Scope and Standards of Medical-Surgical Nursing Practice (AMSN, 2012).
- In this document the Medical-Surgical CNS will be identified as the CNS.
Standards of Care

The standards of care for the CNS build on Nursing: Scope and Standards of Practice (ANA, 2010a), the Statement on Clinical Nurse Specialist Practice and Education (National Association of Clinical Nurse Specialists, 2004), and the Scope and Standards for Acute and Critical Care Nursing Practice (American Association of Critical Care Nurses, 2008). The nursing process is used as a framework, including assessment, diagnosis, outcome identification, planning, implementation, and evaluation. The standards also incorporate competencies specific to CNS practice. The focus of CNS practice is to integrate care across a continuum and throughout the three spheres of influence based on identified client needs.

**STANDARD I. ASSESSMENT**

**Rationale**
CNSs collect data through interaction within the three spheres of influence: the client, nursing and nursing practice, and organizations and systems.

**Competency (behavioral/evaluation) Criteria**
1. Conduct comprehensive, holistic assessments using evidence-based techniques and tools.
2. Elicit comprehensive histories and perform physical exams based on client’s presenting signs and symptoms.
3. Obtain data (including both non-disease and disease-related factors) necessary to formulate differential diagnoses.
4. Assess impact of multiple variables (e.g., among the individual client, community, hospital, and social systems) that affect health and illness.
5. Identify potential risks to client safety, autonomy, and quality of care based on assessments.
6. Perform system-level assessments to identify variables that influence client outcomes and nursing practice.

**STANDARD II. DIAGNOSIS**

**Rationale**
CNSs analyze assessment data to determine needs across the three spheres of influence: the client, nursing and nursing practice, and organizations and systems.

**Competency (behavioral/evaluation) Criteria**
1. Synthesize data from relevant sources to formulate differential diagnosis for clinical problems.
2. Make decisions and recommendations based on data that range from simple to complex.
3. Analyze and evaluate benefits and costs of care for programs, organizations, and society.
4. Collaborate with clients, families, and other disciplines to prioritize diagnosis.
5. Identify gaps in translation of evidence into practice.
STANDARD III. OUTCOME IDENTIFICATION

Rationale
CNSs formulate goals and expected outcomes in each of the three spheres of influence: the client, nursing and nursing practice, and organizations and systems.

Competency (behavioral/evaluation) Criteria
1. Identify expected outcomes that incorporate scientific evidence and translational research and are achievable through implementation of evidence-based practices.
2. Collaborate with clients and other health care providers to identify expected outcomes that are consistent with the client’s present and potential capabilities, as well as his or her values, culture, and environment.
3. Establish incremental indicators of progress in achieving expected outcomes.
4. Identify expected outcomes for nurses and systems.
5. Identify and prioritize clinical and systems’ problems using education, evidence, expertise, and experiential knowledge.
6. Identify and analyze factors that enhance or hinder the achievement of desired outcomes.

STANDARD IV. PLANNING

Rationale
CNSs develop and facilitate a plan that prescribes interventions to attain expected outcomes within the three spheres of influence: the client, nursing and nursing practice, and organizations and systems.

Competency (behavioral/evaluation) Criteria
1. Design evidence-based strategies to meet the multifaceted needs of clients (e.g., safety, cost, quality).
2. Develop age- and population-specific clinical standards, algorithms, policies, procedures, protocols, and guidelines.
3. Design or select health information and client education appropriate to developmental level, health literacy level, learning needs, readiness to learn, preferred learning style, and cultural values and beliefs.
4. Develop, implement, and modify plans of care or projects within all three spheres.

STANDARD V. IMPLEMENTATION

Rationale
CNSs effectively implement interventions within the three spheres of influence: the client, nursing and nursing practice, and organizations and systems.

Competency (behavioral/evaluation) Criteria
1. Prescribe, order, and/or implement pharmacologic and non-pharmacologic interventions, treatments, and procedures as identified in the plan of care within the framework of state licensure, credentials, and privileges.
2. Facilitate implementation of an integrated plan of care collaboratively with clients and the health care team.
4. Lead system change to promote health outcomes, system efficiency, and a healthy work environment through evidence-based practice.
5. Initiate appropriate referrals and perform consultations.
6. Implement evidence-based algorithms, clinical guidelines, protocols, and pathways for populations.
7. Facilitate learning among clients, staff, other disciplines, and organizational leaders.

**STANDARD VI. EVALUATION**

**Rationale**
CNSs evaluate and communicate progress toward attainment of expected outcomes within the three spheres of influence: the client, nursing and nursing practice, and organizations and systems.

**Competency (behavioral/evaluation) Criteria**
1. Base the evaluation process on advanced knowledge, expertise, quality indicators, benchmarking, and research.
2. Evaluate all three spheres to ensure care is safe, timely, effective, efficient, equitable, and client centered.
3. Revise the diagnoses, expected outcomes, and interventions based on information gained in the evaluation process.
4. Formally and informally evaluate the clinical practice of other health care team members (e.g., nursing staff, medical staff, other health care providers).
5. Evaluate evidence for impact on nursing practice and client care.
Scope and Standards of Practice

Clinical nurse specialists (CNSs) adhere to individual state regulations that guide RN and CNS practice. CNSs care for the client as stated in the *AMSN Scope and Standards of Medical-Surgical Nursing Practice* (2012). Additionally, CNSs focus on the health of the adult population, issues in nursing practice, and the organizations and systems of health care. The influence of CNSs may be assessed at the client, nursing personnel, and systems levels.

**The Client**

Clinical expertise in adult health client care is the foundation of CNS practice. CNSs use evidence, knowledge, and skill to assess, diagnose, plan, treat, evaluate, and improve outcomes across the health care continuum. For example, the focus of client practice may be related to symptoms and functional problems, in the context of medical conditions/therapeutics, that are amenable to nursing therapeutics.

**Nurses and Nursing Practice**

CNSs advance nursing practice and improve client outcomes by evaluating and improving practice standards and by ensuring that nursing practice is evidence based. They provide evidence-based care to clients and families, and support them across the continuum of care and care settings. CNSs conduct clinical inquiries to identify the need to change practice. They influence nursing practice through role modeling, mentorship, consultation, research, and educational activities for nursing personnel. CNSs are nurse leaders and develop and participate in nursing research that generates evidence-based policies, procedures, protocols, and best practice guidelines.

**Organizations and Systems**

CNSs influence changes within the health care system that lead to improvements in the quality of care. CNSs influence care of clients in health settings from admission to discharge and influence care beyond the health care facility setting. CNSs deliver care that is cost effective. This also applies to follow-up after discharge, which reduces recidivism. They work with interdisciplinary teams to develop client care programs that address the health needs of clients and groups.

CNSs articulate the value of nursing care at the organizational and decision-making levels, and advocate for professional nursing. The system supports CNSs by providing mechanisms for them to collect and analyze data that will document the impact of nursing practice on outcomes and cost effectiveness. CNSs interact with health care agencies, government and regulatory agencies, and health care insurers to assure that policies are established and resources are allocated appropriately. CNSs may be involved in state and national legislative efforts that enhance professional nursing and client care.
Scope of Professional Performance

STANDARD I. QUALITY OF CARE

Rationale
CNSs engage in the systematic development, provision, and evaluation of the quality of care. They encourage staff participation in quality improvement processes associated with achieving and enhancing quality care.

Competency (behavioral/evaluation) Criteria
1. Use quality, satisfaction, and cost data to modify client care, nursing practice, and systems.
2. Design and implement quality improvement initiatives.
3. Identify opportunities for generating and using research.
4. Promote and facilitate the awareness of public and professional policy issues that affect nursing practice.
5. Role model professional nursing practice and encourage and support staff in professional achievements (e.g., AMSN’s Nurse Mentoring Program).
6. Maintain national certification in adult health nursing.

STANDARD II. PERFORMANCE APPRAISAL

Rationale
CNSs are accountable to the client, the profession, the organization, and the public for providing competent advanced medical-surgical nursing practice. They engage in a formal process of seeking feedback of their practice from clients, nurses, the profession, and employer.

Competency (behavioral/evaluation) Criteria
1. Share evidence that improves care.
2. Measure client satisfaction, cost, nurse-sensitive indicators, clinical outcomes, nurse satisfaction, and retention.
3. Prevent client complications and recidivism.
4. Participate regularly in scholarly professional activities.
5. Participate in self-appraisal activity (which may include peer review evaluations) on a regular basis.

STANDARD III. EDUCATION

Rationale
CNSs actively seek new knowledge to maintain and enhance clinical expertise. They incorporate current evidence into clinical practice to improve delivery of care to clients.

Competency (behavioral/evaluation) Criteria
1. Participate regularly in educational activities to enhance knowledge, enhance role performance, and stay current with professional issues and concerns.
2. Validate knowledge base through specialty certification.
3. Acquire knowledge and skills appropriate for practice by contributing to educational programs/activities, conferences, workshops, independent learning activities, and interdisciplinary professional meetings.
4. Use theories and principles of education to support the education of clients, families, pre-professional, graduate, and continuing education of nurses and other health care providers.
5. Incorporate the educational needs of clients and/or families into the plan of care.
6. Collaborate with nursing leadership to identify educational needs of staff, and clinical activities to facilitate the professional growth of staff.
7. Mentor staff to develop expertise in peer, client, family, and community teaching.
8. Collaborate with others to provide educational offerings based on assessed need.
9. Participate in the evaluation of educational activities.

**STANDARD IV: ETHICS**

**Rationale**
CNSs demonstrate expertise in ethical decision making and help guide staff through ethical dilemmas. Their practice is guided by the *Code for Ethics for Nurses with Interpretive Statements* (ANA, 2010b). CNSs foster autonomy and truth telling and advocate for clients and nurses.

**Competency (behavioral/evaluation) Criteria**
1. Mentor staff nurses in the delivery of safe and equitable care.
2. Participate in learning and teaching that addresses ethical risks, benefits, and outcomes.
3. Establish methods to address ethical concerns relevant to clients and assure methods are available to staff.
4. Engage in client safety systems development.
5. Address end-of-life issues with client and family satisfaction as the outcome.
6. Engage in community projects and education that address ethical issues, such as end-of-life care and advance directives.
7. Ensure the ethical treatment of research participants.

**STANDARD V: COLLABORATION**

**Rationale**
Collaboration is an essential competency of the CNS role. CNSs collaborate with clients, nursing staff, interdisciplinary team members, health care organizations, the community, and insurers to plan, implement, and evaluate health care services. They facilitate coordination and communication among health care providers to better meet the needs of clients.

**Competency (behavioral/evaluation) Criteria**
1. Partner with clients and families to plan, implement, and evaluate client care.
2. Collaborate with nursing staff to identify innovative solutions to clinical and system problems.
3. Solve complex client care issues utilizing effective communication with the interdisciplinary health care team.
4. Advance client care standards by partnering with interdisciplinary health care team members in research and educational activities, and the implementation of new technologies that enhance client care.
5. Promote client safety goals through collaboration and communication.
6. Mentor and nurture nursing staff to achieve new professional goals.
STANDARD VI: RESEARCH

Rationale
CNSs contribute to nursing knowledge by conducting and synthesizing research that discovers, examines, and evaluates knowledge, theories, and creative approaches to improve client care, the nursing profession, or the health care system (NACNS, 2004). They help incorporate research and evidence into nursing practice.

Competency (behavioral/evaluation) Criteria
1. Lead and participate in activities that facilitate the dissemination of research findings, such as presentations, publications, consultation, and journal clubs (NACNS, 2004).
2. Develop innovative interventions and cost-effective outcomes.
3. Select and apply measurement instruments to evaluate interventions at the individual, group, and system levels (NACNS, 2004).
4. Use measurement instruments that are critiqued for validity, reliability, and clinical applicability.
5. Incorporate research into practice and assist the nursing staff and the institution in evaluating and rating evidence, applying evidence to practice, designing innovations, critiquing research studies, and analyzing sources of evidence-based guidelines (NACNS, 2004).

STANDARD VII: PROFESSIONAL PRACTICE

Rationale
CNSs participate in activities that support or enhance their professional development to achieve the general accountabilities and essential functions of the role.

Competency (behavioral/evaluation) Criteria
1. Contribute to the advancement of the profession as a whole by disseminating outcomes of CNS practice through presentations and publications.
2. Participate in local and national specialty nursing organizations.
3. Use leadership, team building, negotiation, and conflict resolution skills to build partnerships within and across systems, including communities and organizations.
4. Use theories and principles of education to support the education of pre-professional, graduate, and continuing education of nurses and other health care providers.
5. Identify opportunities for professional education and development.

STANDARD VIII: COLLEGIALITY

Rationale
CNSs interact and contribute to the professional development of colleagues, other health care professionals, and leaders of organizations and health systems. To enhance professional growth of health care providers, they share knowledge of evidence, research, and clinical information by teaching and publishing throughout the professional spectrum.

Competency (behavioral/evaluation) Criteria
1. Assist health care professionals and systems in identifying their educational needs related to clinical care, role performance, health outcomes, and professional development.
2. Provide peers, other health care professionals, and systems staff with constructive feedback regarding practice with the goal of facilitating improved outcomes and professional development.
3. Contribute to learning experiences for all professionals within their spheres of influence.
4. Interact with colleagues at the local, national, governmental, and regulatory levels to enhance professional practice.
5. Mentor and nurture staff and colleagues to help them achieve new professional goals.
6. Advocate for and educate others on the role and value of the CNS.

**STANDARD IV: RESOURCE UTILIZATION**

**Rationale**
CNSs develop and implement cost-effective, innovative strategies in care delivery to maximize quality and resources.

**Competency (behavioral/evaluation) Criteria**
1. Evaluate factors related to safety, efficacy, availability, and cost when choosing between two or more practice options that result in the same expected client outcomes (ANA, 2010a).
2. Collaborate with the client and health care team to identify and secure appropriate services to address health care needs (ANA, 2010a).
3. Assign tasks or delegate care based on the needs of the client and the knowledge and skill of the provider selected (ANA, 2010a).

**STANDARD X. LEADERSHIP**

**Rationale**
CNSs are leaders, mentors, and role models for nursing staff, helping them achieve higher levels of professional development. They work to influence decision making and legislative bodies to improve client care.

**Competency (behavioral/evaluation) Criteria**
1. Provide direction and leadership to increase staff participation in professional development, improve client outcomes, and enhance the effectiveness of health care.
2. By working with staff and encouraging their involvement, initiate and revise protocols or guidelines to reflect evidence-based practice, to reflect accepted changes in care management, or to address emerging problems.
3. Through formal and informal teaching and mentoring, disseminate information about nursing practice and care that affects change in practice and improves health outcomes.
References


Additional Readings


Activities of Daily Living
Self-care activities – such as eating, personal hygiene, dressing, recreational activities, and socialization – that are performed daily by healthy individuals as part of independent living. During periods of illness, individuals may not be able to perform some or all of these self-care activities.

Assistive Health Care Personnel
Supportive health care personnel, such as nursing assistants and licensed practical/vocational nurses. These individuals are trained to function in an assistive role and help the registered professional nurse provide client care as delegated by and under the supervision of the registered professional nurse.

Assessment
A systematic, dynamic process by which the nurse, through interaction with the client, significant others, and health care providers, collects and analyzes data about the client. Data may include the following dimensions: physical, psychological, sociocultural, spiritual, cognitive, functional abilities, developmental, economic, and lifestyle.

Advanced Practice Nurse
A nurse practitioner and/or clinical nurse specialist who holds a master’s degree in nursing, has advanced clinical experience, and demonstrates depth and breadth of knowledge, competence, and skill in the practice of medical-surgical nursing.

Certification
The formal recognition of the specialized knowledge, skills, and experience demonstrated by the achievement of standards identified by a nursing specialty to promote optimal health outcomes.

Client
Recipient of nursing actions. When the client is an adult, the focus is on the health state, problems, or needs of a single person. When the client is a family or group, the focus is on the reciprocal effects of an individual’s health state on other members of the unit, or the health state of the unit as a whole. When the client is a community, the focus is on personal and environmental health and health risks of population groups. Nursing actions toward clients may be directed to disease or injury prevention, health promotion, health restoration, or health maintenance.

Collaboration
The process whereby health care providers such as nurses, physicians, social workers, pharmacists, psychologists, nutritionists, dieticians, and various therapists, plan and practice together as colleagues, working independently within the boundaries of their scopes of practice with shared values and acknowledgment and respect for each other’s contributions in caring for individuals, their families/significant others, and their communities.

Diagnosis
A clinical judgment about the client’s response to actual or potential health conditions or needs. Diagnoses provide the basis for determining a plan of care to achieve expected outcomes.
Evidence-Based Practice
The practice of health care in which the practitioner systematically finds, appraises, and uses the most current and valid research findings as the basis for clinical decisions. The term is sometimes used to denote evidence-based medicine specifically but can also include other specialties, such as evidence-based nursing, pharmacy, and dentistry.

Evaluation
The process of determining both the client’s progress toward the attainment of expected outcomes and the effectiveness of nursing care.

Guidelines
Describe a process of client care management which has the potential of improving the quality of clinical and consumer decision making. Guidelines are systematically developed statements based on available scientific evidence and expert opinion. Guidelines are specific to a clinical condition and assist health care providers in clinical decision making by describing recommended courses of action for specific client conditions.

Health
The positive state of optimal functioning in relation to one’s capabilities and lifestyle, not merely the absence of disease or infirmity.

Health Care Providers
Individuals with special expertise who provide health care services or assistance to clients. They may include nurses, physicians, psychologists, social workers, nutritionists, pharmacists, dietitians, and various therapists. Providers also may include service organizations, vendors, and payers.

Implementation
May include any or all of these activities: intervening, delegating, coordinating. The client, significant others, or health care providers may be designated to implement interventions within a plan of care.

Interventions
Nursing activities that promote and foster health, assess dysfunction, assist clients to regain or improve their coping abilities, and prevent further disabilities (e.g., delivering case management services, maintaining a therapeutic environment, tracking and assisting with self-care activities, administering and monitoring treatment regimens and their effects, and providing health education).

Interdisciplinary Health Care Plan
A comprehensive, coordinated, individualized plan for each client that addresses the desired outcomes for the client for each service provided.

Leadership
A combination of personality traits, administrative skills, and talents which enable a nurse to excel to inspire others and work together in pursuit of a shared goal while maintaining a balance between legal concerns, ethical demands, and client care.

Measurement Criteria
Relevant, measurable indicators of the standards of clinical nursing practice.
Nurse Practice Act
State statutes that define the legal limits of practice for registered nurses.

Nursing
The diagnosis and treatment of human responses to actual or potential health problems.

Nursing Interventions
Any direct treatment that a nurse performs on behalf of the client. Nursing interventions include nurse-initiated treatments and physician-initiated treatments.

Nursing Process
A systematic and interactive problem-solving approach that includes individualized client assessment, diagnosis, outcomes identification, planning, implementation/intervention, and evaluation.

Outcomes
Measurable, expected client-focused goals.

Plan of Care
Comprehensive outline of care to be delivered to attain expected outcomes.

Professional Code
Statement of ethical guidelines for nursing behavior that serves as a framework for decision making.

Registered Nurse
An individual educationally prepared in nursing and licensed by the state board of nursing to practice nursing in that state. Registered nurses may qualify for specialty practice at two levels – basic and advanced. These levels are differentiated by educational preparation, professional experience, type of practice, and certification.

Scope of Practice
A range of nursing functions that are differentiated according to the level of practice, the role of the nurse, and the work setting. The parameters are determined by each state’s nurse practice act, professional code of ethics, and nursing practice standards, as well as each individual's personal competency to perform particular activities or functions.

Standard
Authoritative statement enunciated and promulgated by the profession by which the quality of practice, service, or education can be judged.

Standards of Nursing Practice
Authoritative statements that describe a level of care or performance common to the profession of nursing by which the quality of nursing practice can be judged. Standards of clinical nursing practice include both standards of care and standards of professional performance.

Standards of Care
Authoritative statements that describe a competent level of clinical nursing practice demonstrated through assessment, diagnosis, outcome identification, planning, implementation, and evaluation.
Standards of Professional Performance
Authoritative statements that describe a competent level of behavior in the professional role, including activities related to quality of care, performance appraisal, education, collegiality, ethics, collaboration, research, and resource utilization.