

## STATEMENT ON THE OVERLAP OF GRADUATE CLINICAL HOURS FOR STUDENTS IN COMBINED NURSE PRACTITIONER/CLINICAL NURSE SPECIALIST PROGRAMS

This document is meant to serve as a resource for faculty in developing programs intended to educate students in a combined Clinical Nurse Specialist (CNS) and Nurse Practitioner (NP) graduate education program to be prepared to sit for either a Clinical Nurse Specialist or a Nurse Practitioner national certification, or for both certification examinations.

The content of this document is based on these nationally accepted documents:

- a. 2008 *Consensus Model for APRN Regulation*, a nationally-recognized agreement that identifies standards for the education, practice, certification, and licensure of CNPs and CNSs and other advanced practice registered nurses (APRNs)
- b. the national core and population-focused competencies for clinical nurse specialists and nurse practitioners,
- c. the criteria for the evaluation of clinical nurse specialist and nurse practitioner education programs.

### **Definition of a combined CNS/NP program**

According to the 4<sup>th</sup> edition of the Criteria for the Evaluation of Nurse Practitioner Programs (2012) ***Combined Nurse Practitioner/Clinical Nurse Specialist Program*** – graduate educational programs in which, by curricular design, graduates are prepared with the core role competencies for both the NP and the CNS roles. Graduates may be eligible to sit for one NP national certification examination and one CNS national certification examination, (e.g. adult-gerontology acute care NP and adult-gerontology CNS).

According to the Criteria for the Evaluation of Clinical Nurse Specialist Master's, Practice Doctorate, and Post-Graduate Certificate Education Programs, December 2011 - *A combined CNS/nurse practitioner program must include clinical experiences in both the CNS and NP roles and population/focus area and must prepare students to be eligible for certification as a CNS. A minimum of 500 clinical (clock) hours must be spent in post-graduate programs preparing for the CNS role and population/focus area of practice.*

### **Education**

In developing the curriculum for students seeking to become a CNS and an NP, faculties are expected to develop didactic and clinical experiences to meet the national outcomes for each role and population. Although the didactic content for CNS and NP students may overlap or be the same in many areas, in order to fulfill national competencies, the clinical component is expected to provide the student with experiences specific for each role and population.

It is also important to note that as defined within the Consensus Model, the CNS is educated across the health continuum from wellness through acute care. The clinical nurse specialist graduate is expected to have a minimum of 500 clinical hours in the role and population focus, across the continuum from wellness through acute care. Clinical Nurse Specialist care includes health promotion, disease prevention, health education,

and counseling as well as the diagnosis and management of acute and chronic diseases. Certified nurse practitioners are prepared to practice as primary care CNPs and/or acute care CNPs, which have separate national consensus-based competencies and separate certification processes.

Regardless of the role or population focus, in structuring graduate educational programs, it is useful to consider the following:

The definition of an advanced practice registered nurse (APRN) is a nurse:

1. who has completed an accredited graduate-level education program preparing him/her for one of the four recognized APRN roles;
2. who has passed a national certification examination that measures APRN, role and population-focused competencies and who maintains continued competence as evidenced by recertification in the role and population through the national certification program;
3. who has acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients, as well as a component of indirect care; however, the defining factor for all APRNs is that a significant component of the education and practice focuses on direct care of individuals;
4. whose practice builds on the competencies of registered nurses (RNs) by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy;
5. who is educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions;
6. who has clinical experience of sufficient depth and breadth to reflect the intended license; and
7. who has obtained a license to practice as an APRN in one of the four APRN roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), or certified nurse practitioner (CNP).

By definition, all APRNs are independent practitioners with significant accountability for both diagnosing and prescribing competencies which span all roles and population foci. Therefore, it is reasonable to assume that in combined role programs with the same population focus, the hours spent in clinical experiences devoted to these competencies which are common to all APRN roles could certainly overlap.

**In developing these programs, faculty must have a clear vision of the clinical experiences that support the specific role and population. These experiences should be documented in clinical logs and labeled as CNS or NP, or both.**

It is reasonable to expect that in the future, CNP and CNS programs may move away from counting clinical hours to a competency-based method of documenting clinical experiences. **Until that time, we would strongly recommend that faculty document overlapping CNP and CNS clinical hours in a format similar to the gap analysis and provide this documentation in an enduring format to the graduate for their future use as they move forward in their career and seek interstate licensure.**

The following national resources are available to assist in the development of a combined CNS/NP program.

The CNS graduate is expected to meet the [Clinical Nurse Specialist Core Competencies](#) and the population focus competencies. In addition, the CNS graduate program is expected to meet the requirements of the [Criteria for the Evaluation of Clinical Nurse Specialist Master's, Practice Doctorate, and Post-Graduate Certificate Education Programs](#).

- ❖ Excerpt from the *Criteria for the Evaluation of Clinical Nurse Specialist Master's, Practice Doctorate, and Post-Graduate Certificate Educational Programs* (2011)  
<http://www.nacns.org/docs/CNSEducationCriteria.pdf>  
4-2. The CNS program requires a minimum of 500 supervised clinical (clock) hours for master's and post-graduate preparation. A minimum of 1,000 supervised clinical (clock) hours are required for post-baccalaureate practice doctorate preparation.

**Elaboration**

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

**Documentation (Required):**

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

The NP graduate is expected to meet the [Nurse Practitioner Core Competencies](#) and the population focus competencies. In addition, the NP graduate program is expected to meet the requirements of the [Criteria for the Evaluation of Nurse Practitioner Programs](#)

- ❖ Excerpt from the 4<sup>th</sup> Edition *Criteria for the Evaluation of Nurse Practitioner Programs* (2012)  
<http://www.nonpf.com/associations/10789/files/NTFEvalCriteria2012Final.pdf>  
III.E The NP program/track has a minimum of 500 supervised direct patient care clinical hours overall. Clinical hours must be distributed in a way that represents the population needs served by the graduate.

**Elaboration**

Combined nurse practitioner/clinical nurse specialist programs include content in both the CNS and NP roles and population-focused areas of practice and must prepare students to be eligible for certification in a NP population-focused area. Content and clinical experiences in both the CNS and NP areas of practice must be addressed and clinical experiences in both role areas must be completed. There is an expectation that a minimum of 500 direct patient care clinical hours is needed specifically to address NP competencies in the preparation of the NP role and population-focused area of practice.

**Required Evidence of Meeting Criterion:**

- Documentation of the process used to verify student learning experiences and clinical hours.
- An overview of the curriculum.
- An overview of the number of required clinical/preceptor hours. For dual NP and combined programs, demonstration of areas of overlap among clinical hours. (See Sample Form E.)

- A description of types of clinical experiences, including patient populations, types of practices, or settings each student is expected to receive.

**Core Competencies Comparison Table**

Clinical Nurse Specialist Core Competencies	Nurse Practitioner Core Competencies
Direct Care	Scientific Foundation
Consultation	Leadership
Systems Leadership	Quality
Collaboration	Practice Inquiry
Coaching	Technology and Information Literacy
Research	Policy
Ethical Decision-Making, Moral Agency and Advocacy	Health Delivery System
	Ethics
	Independent Practice

**Certification Requirements**

The graduate from a combined CNS/NP program will need to provide evidence of the didactic and unique clinical hours for the CNS role and population and the NP role and population.

**Reference List**

- Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education, July 2008
- Clinical Nurse Specialist Core Competencies, 2010
- Adult-Gerontology CNS Competencies, March 2010
- Criteria for the Evaluation of Clinical Nurse Specialist Master’s, Practice Doctorate, and Post-Graduate Certificate Education Programs, December 2011
- Nurse Practitioner Core Competencies, Amended 2012
- Nurse Practitioner Population Competencies, 2013
- Criteria for the Evaluation of NP Programs, 4<sup>th</sup> Edition, August 2012
- American Association of Critical-Care Nurses Certification Corporation, <http://www.certcorp.org>
- American Nurses Credentialing Center, <http://www.nursecredentialing.org/>