Developing Clinical Nurse Specialist Practice Competencies

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Background: In 1998, the National Association of Clinical Nurse Specialist (NACNS) developed the first ever core competencies for clinical nurse specialist (CNS) practice. **Purpose:** This article describes the method used to develop, validate, and revise CNS core practice competencies. **Methods:** The stepwise method of identifying core CNS competencies included content analysis of CNS position/job descriptions, extensive literature review, development by role experts, first-tier corroboration, second-tier corroboration encompassing stakeholder review, final review/editing, approval by the board of directors, and dissemination. **Discussion:** The process used by professional organizations to develop competencies and standards varies; however, it should be transparent and consist of adequate review and validation for accuracy and applicability by members of the representative group for whom the standards and competencies apply. **Conclusions:** The stepwise method used by the National Association of Clinical Nurse Specialist generated valid CNS core competencies and may be instructive to professional organizations interested in developing competencies and standards.

KEY WORDS: clinical nurse specialist, National Association of Clinical Nurse Specialists, competency development, standard development, core competencies, practice competencies

Professional organizations develop standards to guide the members whose responsibility it is to do the work of the profession. The American Nurses Association (ANA)[1(p77)] states that "a professional nursing organization has a responsibility to its membership and the public it serves to develop standards of practice". The ANA *Scope and Standards of Practice* identify the standards of practice and professional performance

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for advanced practice registered nurses. These standards are written as core umbrella standards for all advanced practice registered nurses including certified nurse anesthetists, certified nurse midwives, clinical nurse specialists (CNSs), and nurse practitioners. As such the standards are necessarily very general in nature and are not role specific. When addressing role specific and/or specialty expectations of practice, the terms *standards* and *competencies* are often used interchangeably.[2–5] Standards for CNS practice, described as CNS core practice competencies, are used to guide the practice of individual CNSs and communicate the contributions of CNS practice to the health and welfare of the public. In addition, CNS core competencies communicate the expectations of CNS practice to healthcare organizations using CNSs. The purpose of this article is to describe the process used by the National Association of Clinical Nurse Specialists (NACNS) to develop and update core competencies of CNS practice and concomitant recommendations for CNS education.

BACKGROUND

Shortly after forming in 1995, NACNS began work on explicating core competencies for CNS practice regardless of specialty. No such core competencies had previously been described for CNSs. The need for core competencies to standardize role expectations was a concern voiced by the membership of the newly created NACNS and one that was echoed by nurse executives.

The assumptions underpinning the development of CNS core practice competencies were as follows: (1) that CNS practice and, therefore, the CNS role is unique among other advanced nursing roles; (2) within CNS practice, there are common competencies that define the unique practice of the CNS role regardless of specialty; and (3) CNS specialty practice builds on core competencies and represents an interpretation and integration of the core competencies into the knowledge and skills of the specialty.

Previous descriptions of CNS practice focused on functional components such as clinician, educator, consultant, researcher, and administrator, referred to as "sub-roles" that were more isolated than integrated. The subroles model[6] failed to provide a framework that captured the integrated nature of CNS practice. Anecdotal evidence from the NACNS membership suggested that variations in practice expectations were based, in part, on specialty, setting, geographic region, and employers. The lack of core practice competencies and an overarching practice framework were seen as contributing to CNS specialty competencies being developed in isolation with inconsistent expectations, fracturing the CNS community and regulatory arena.

Central to the process for developing professional standards and competencies is expert review of evidence and validation by members of the representative group for whom the standards and competencies apply. The NACNS reviewed process models and procedures used by ANA and other professional organizations. No one, universally accepted method was identified that could be used to create practice competencies. A review of processes showed that different organizations used different methods depending on the goal; however, central elements could be identified across described methods and included (1) initial development of competencies by experts in the role; (2) first-tier corroboration with role experts and revision; (3) second-tier corroboration with additional experts and stakeholders and revision; (4) broad review by members of the representative group and revision; (5) general release for public comment; and (6) final revisions with organizational board approval and publication.[1,7] The NACNS used these central elements of standards development as described in the literature as a guiding framework for developing CNS core practice competencies.

DEVELOPMENT AND VALIDATION OF CNS CORE COMPETENCIES

Initial Development by Experts

In 1996, the NACNS Board of Directors appointed an Expert Panel and charged it with developing core CNS competencies and linking the competencies with outcomes. Furthermore, the panel was expected to define the essential educational content for graduate programs preparing CNSs. The Expert Panel, representing practicing CNSs and CNS educators, began the work with a national call for CNS job descriptions. Members of NACNS and the American Association of Critical Care Nurses were contacted and asked to share CNS job descriptions.

Job descriptions are based on job analysis, the process of collecting and analyzing detailed information about a circumscribed performance area or job.[8] The job analysis process considers knowledge, aptitude, skills, and abilities of a person in a job; the educational and experiential requirements to perform the job; and job-associated performance expectations. Human resource professionals conduct job analysis and construct job descriptions using formal methods based on management science.[8] Thus, by beginning with employer-based job descriptions, the Expert Panel used data that represented the outcome of a systematic analysis of CNS knowledge, skills, and performance within healthcare systems and therefore could be considered congruent not only with the actual performance of CNSs but also with employer expectations. Furthermore, job descriptions list the tasks, duties, and responsibilities as observable actions and therefore would be consistent with the goal of competency identification.

More than 80 job descriptions representing all geographic regions in the United States except Alaska and Hawaii were received; 70 contained sufficient detail to be usable for analysis. Specialties represented by this purposive sample of 70 usable job descriptions included Critical Care, Diabetes, Gerontology, Medical-Surgical, Neurology, Neurosurgery, Oncology, Orthopedics, Pediatrics, Pediatric Oncology, Peri-Operative, Psychiatric/Mental Health Liaison, Rehabilitation, and Women's Health. After concluding that the sample was representative of specialties and geographic regions, the Expert Panel conducted a content analysis.[9–11] Findings of the content analysis revealed common tasks, duties, and competencies embedded in the job descriptions. Competencies were grouped according to similarities in focus. The result was the identification of 3 distinct foci or competency domains. Where tasks or duties were not written as competencies in job descriptions, the Expert Panel deductively identified the competencies required for each task using a consensus method.

The Expert Panel's next step was to extensively review published documents that described CNS practice for core tasks and competencies. This document data set included published literature indexed in Citations in Nursing and Allied Health Literature and other works describing CNS practice, such as proceedings of meetings, think tanks, and professional practice standards. Clinical nurse specialist practice competencies evident in published documents were again grouped according to similarities and were consistent with the 3 domains that emerged from the job description analysis. The findings of the job description content analysis, deductive task analysis, and an extensive review of published works provided the raw data that the Expert Panel used to develop a first draft of the CNS core competencies, outcomes, and educational recommendations.

The 3 broad domains of CNS competencies that emerged were identified as patient/client, nurses and nursing personnel, and organization/system. These 3 competency domains were named the CNS Spheres of Influence. The Spheres of Influence became the organizing framework to describe CNS practice. The Expert Panel concluded that this framework provided an evidence-based alternative to the traditional framework of subroles of expert practitioner, educator, researcher, consultant, and change agent.[12,13] Many of the identified competencies cut across the subroles, so continuing to divide CNS practice into distinct subroles was not supported by evidence.

First-Tier Corroboration: Internal Review

First-tier corroboration was accomplished by soliciting review and comment from NACNS members. A validation panel of more than 100 NACNS members representing practitioners and educators across a wide range of specialty areas provided feedback on the first draft of the CNS core competencies. The Expert Panel critically evaluated the feedback, revised content, and generated the second draft of the CNS core competencies, outcomes, and educational recommendations. On 2 occasions, during a 10-month period, the second draft was distributed to all NACNS members for review and critique. The revised second draft was then incorporated into a third draft and titled the *NACNS Statement on Clinical Nurse Specialist Competencies and Education* (*Statement*). Further refinement of the draft *Statement* occurred through review with attendees at 2 NACNS-sponsored national meetings. The Expert Panel evaluated feedback from the NACNS members, made additional revisions, and generated the fourth draft of the *Statement*.

Table 1. External Reviewers for the First Edition of the *Statement*

National Nursing Leaders

Tom Ahrens	Janet Heinrich
Linda Aiken	Frieda Holt
Carol Alverez	Susan Houston
Donna Arena	Dorothy Jones
Suzanne Blancett	Imogene King
Rebecca Blue	Joellyn Koerner
Donna Boland	Norma Lang
Debbie Boyle	Madeline Lenininger
Dorothy Brooten	Colleen Lucas
Peter Buerhas	Joann McCloskey
Gloria Bulechek	Pam Minarik
Joyce Clifford	Linda Morgante
Linda Cronenwett	Mary Beth Parr
Leah Curtin	Hildgard Peplau
Susan Dean-Baar	Suzanne Prevost
Dorothy Del Bueno	Joan Quinn
Joyce Fitzpatrick	Mariah Synder
Karen Forbe	Pat Sparacino
Mary Ann Fralic	Judith Spross
Anna Gawlinski	Margaret (Peg) Stafford
Leslie Kern	Sally Rafael
Hurdis Griffith	Margaretta Styles
Ann Gurka	Christine Talmadge
Ann Hamric	Gail Wolf
Rosanne Harrigan	Joyce Yasko
Janice Hawkins	

National Nursing Organizations

American Association of Colleges of Nursing
American Association of Nurse Executives
American Association of Critical Care Nurses
American Nurses Association
American Nurses Credentialing Center
American Association of Rehabilitation Nurses
National Association of Orthopedic Nurses
National Council of State Boards of Nursing
Oncology Nursing Society

Second-Tier Corroboration: External Review

After the revisions based on extensive internal review, second-tier corroboration was sought from external stakeholders, employers, and professional organizations. External reviewers were selected for their recognized expertise as CNSs or for their leadership in nursing practice, education or research. Reviewers included 51 nationally recognized nursing leaders and 9 national nursing organizations (Table 1) representing a variety of specialties and practice settings. The selected reviewers evaluated the core competencies, outcomes, and educational recommendations for relevance to current and evolving CNS practice. Feedback from external stakeholders was evaluated, revisions made, and the fifth draft of the *Statement* was completed.

The feedback received from both the leaders in nursing and national organizations was, for the most part, strongly affirming of the identified CNS core competencies. Exemplars of the feedback received are provided in Table 2. The Expert Panel carefully reviewed the fifth draft of the *Statement* for any needed substantive and editorial changes and submitted a sixth draft to the NACNS Board of Directors for approval. Upon receiving NACNS Board approval, the *Statement* was submitted for publication. The time period

Table 2. Selected Quotes From Reviewers About the First Edition of the *Statement* (Shared With Permission)

Reviewer	Comment
Gloria Bulechek, PhD, RN, FAAN Professor University of Iowa College of Nursing	"Description of [the] role and articulation with other policy statements is on target"
Leah Curtin, ScD, RN, FAAN Editor and Chief, *Nursing Management*	". . .that it is an excellent, well-thought-out definition/explanation of the CNS's role and the education/competencies needed to fulfill it adequately. As such it is an enormous contribution to the profession. . ."
Ann Hamric, PhD, RN Assistant Professor Louisiana State University Medical Center, School of Nursing New Orleans, Louisiana	". . .I think the competencies in the three spheres are very good, and help delineate CNS practice from that of other APNs. . ."
Frieda Holt, EdD, RN Pennsylvania State University School of Nursing University Park, Pennsylvania	"You have done a fantastic job-Thank you." "Excellent document that will have wide use and impact."
Mary Beth Parr, MSN, RN, CCRN Lecturer, School of Nursing San Diego State University San Diego, California	"The description of the non-disease and disease based illnesses are clear and help to focus the CNS on nursing practice instead of medical practice. This model is useful when comparing CNS's and NP's. . .the Statement identifies the competencies [the] CNS must possess and expected outcomes. I am very impressed!! This framework gives CNS's a unified base that can then be personalized based on the focus of their role i.e., population or disease or non-disease."
Catherine Dunnington, MS, RN Practicing CNS	"The document is a very sound, accurate portrayal of the CNS role from my 15 years of experience as a CNS. Thank you!"

Abbreviations: APNs, advanced practice nurses; CNS, clinical nurse specialist; NP, nurse practitioner.

from appointing the Expert Panel to begin the process to board approval of the final *Statement* took approximately 2 years.

Release and Publication

The first edition of the *Statement* was published in 1998. From 1998 until the publication of the second edition of the *Statement* in 2004, more than 8,000 copies were purchased for use by practicing CNSs, CNS students, graduate programs preparing CNSs, employers of CNSs, state boards of nursing, and professional nursing organizations. Feedback was ongoing and positive about the value of the core competencies.

SECOND EDITION OF THE *STATEMENT*

Selection of a Revision Process

To assure that competencies and standards reflect changes driven by the healthcare arena, professional organizations are responsible for continuous monitoring and timely updating. To that end, NACNS set a goal of examining the *Statement* every 5 years for the purpose of updating and enhancing as appropriate. In 2002, the NACNS Board of Directors appointed a *Statement* Revision Task Force (SRTF). Once again, the SRTF consisted of expert practicing CNSs and CNS educators representing diverse specialty practices, job settings, and geographic location. This second panel of experts reviewed the core competencies for relevancy to current CNS practice. In addition to core competencies, the outcomes of CNS practice were critiqued for relevancy and relationship to the core competencies. The educational recommendations were also evaluated for completeness and appropriateness.

The review process for updating standards and competencies involves broad input from stakeholders. Over the years, ANA has led the way in demonstrating successful methods for revising and updating standards. American Nurses Association's most recent revision of the 1998 *Nursing: Scope and Standards of Practice*, and subsequent release of the 2004 edition followed the process of internal review by the membership and external review by stakeholders with one significant addition.[1] Web technology was used to provide opportunity for expanded review and comment by both individuals and stakeholder groups. A detailed description of the ANA process can be found in the ANA's publication of scope and standards.[1]

Updated Literature Review

For the second edition of the *Statement*, a literature search was undertaken to find articles related to CNS role and practice that were published after 1995. Searchable databases included Medline and the Cumulated Index of Nursing and Allied Health Literature. Search terms included CNS, clinical specialist, advanced practice nurse, and advanced practice registered nurse. The reference section of each article was reviewed to identify additional articles. Articles in the *Clinical Nurse Specialist* journal were extensively reviewed. A variety of article types were included ranging from randomized controlled trials to expert opinion. Only articles related to CNS role and practice in the United States were included in the review. Initial revisions of the *Statement* were made to reflect emerging trends identified in the literature.

Internal Review

Consistent with the process used by ANA, internal review included NACNS member review of the SRTF revised draft during the 2003 NACNS annual conference. A discussion forum was conducted for faculty attending the 2003 CNS Education Summit. The NACNS Education Committee also provided input and critiques on multiple drafts of

the core competences, as well as educational recommendations to assure that they reflected current and evolving trends in CNS education specifically and master's education in general. All feedback was critically reviewed by the SRTF, and revisions were made.

External Review

When the second revised draft was completed, it was posted for electronic Web-based review. Members of NACNS, other interested stakeholders, and professional colleagues were invited to critique the draft revisions and to send feedback. External review was specifically requested from more than 30 national organizations (Table 3). Each professional nursing organization listed in Table 3 received an invitation to provide critique and feedback about the *Statement* with instructions for submitting comments. In addition, the revised draft was posted on the NACNS Web site with instructions for submitting comments. A second request for feedback was sent to the selected professional nursing organizations by the NACNS Executive Director to assure maximum response rate by the professional organizations with large numbers of CNS members.

Feedback was received from both individuals and organizations that addressed the core practice competencies, practice outcomes, and educational recommendations. The SRTF held multiple meetings, evaluated feedback, and made decisions about incorporating feedback into a third revision.

Revisions

Based on feedback from pediatric, community health, psychiatric-mental health, and other CNSs, the patient/client sphere was expanded to be more inclusive of families, groups, and communities. Other feedback led to modifying the nurses/nursing personnel sphere to be more reflective of professional practice; therefore, the sphere was renamed nurses and nursing practice sphere to demonstrate a focus on CNS competencies related to advancing nursing practice. Furthermore, NACNS members affirmed that clinical expertise and the competencies in the patient/client sphere were foundational to all other competencies, even though the competencies in all 3 spheres seemed to be weighted equally. This feedback led to the creation of a conceptual model that now reflects clinical expertise and clinical competencies in the patient/client sphere as central to all competencies.

Feedback from national organizations was also considered. One organization noted that each section began with a historical perspective that overlapped in content and that it was unclear as to whether the core competencies were describing entry-level competencies or expert competencies. As a result of this and similar feedback, the historical information was condensed, more content on critical thinking and decision making was added in several areas, a definition of expertise was added to the glossary, and further clarification was added to affirm that the competencies were intended as entry level and a rationale was provided.

External feedback also noted a need to make clear the difference between deliberative CNS practice within each sphere and expertise in specialty practice at the registered nurse level. The core competencies were again reviewed, and the outcomes of CNS practice section were strengthened to discriminate between registered nurse practice and deliberative CNS practice and to reflect potential measurement criteria for the CNS competencies. Throughout the revision process leading to the second edition of the *Statement*, the NACNS Board of Directors reviewed multiple drafts, challenged the SRTF to provide rationale for changes, and affirmed new recommendations.

Table 3. External Reviewers for the Second Edition of the *Statement*: Invited National Nursing Organizations

Academy of Medical Surgical Nurses
American Academy of Ambulatory Care Nursing
American Academy of Nursing
American Association of Colleges of Nursing
American Association of Critical Care Nurses
American Association of Legal Nurse Consultants
American Association of Nurse Anesthetists
American Association of Nurse Attorneys
American Organization of Nurse Executives
American Association of Occupational Health Nurses
American College of Nurse Practitioners
American Holistic Nurses Association
American Nephrology Nurses Association
American Nurses Association
American Psychiatric Nurses Association
American Society for Pain Management Nursing
American Society of Peri Anesthesia Nurses
Association for Professionals in Infection Control and Epidemiology
Association of Neonatal Nursing
Association of Pediatric Oncology Nurses
Association of periOperative Registered Nurses
Association of Rehabilitation Nurses
Association of Women's Health, Obstetric, and Neonatal Nurses
Dermatology Nurses Association
Developmental Disabilities Nurses Association
Emergency Nurses Association
Infusion Nurses Society
National Association of Neonatal Nurses
National Association of Orthopedic Nurses
National Association of School Nurses
National Black Nurses Association
National Council of State Boards of Nursing
National Gerontological Nursing Association
National League of Nursing
National Nursing Staff Development Organization
National Student Nurses Association
Sigma Theta Tau International
Society of Gastroenterology Nurses and Associates
Society of Otorhinolaryngology and Head-Neck Nurses
Society for Vascular Nursing
Society of Pediatric Nurses
Society of Urological Nurses and Associates

Release and Publication

The revised second edition of the *Statement* was approved by the NACNS Board of Directors and published in February 2004. It reflected the strengths of the original *Statement* but also highlighted new and evolving areas in healthcare, including the emphasis on evidence-based practice, concerns about patient safety, and a heightened emphasis on quality and clinical practice improvements. The second edition of the *Statement* also contains updated recommendations for CNS curricular content to help assure that graduates of CNS program are prepared with the entry-level core competencies.

APPLICATION AND ENDORSEMENT

The framework and competencies in the second edition of the *Statement* have been used as a model for organizing and evaluating CNS practice in healthcare settings,[14–17] a guide for specialty practice,[14,18–20] a framework for supporting cultural diversity,[21,22] and a curriculum guide.[23,24] Many of the CNS educators who attended the 2005 Educator's Summit reported using the *Statement* as a textbook for CNS students. In addition, content from the *Statement* has supported development of frameworks and competencies for specialty practice. For example, the American Association of Critical Care Nurses used the Spheres of Influence as an organizing framework along with other content from the NACNS *Statement* as 1 of 3 conceptual frameworks in their scope and standards document.[25] The American Association of Critical Care Nurses also used the 3 spheres of CNS influence to demonstrate the application of their Standards of Care and Standards of Professional Practice with case study examples in each of the 3 spheres.[25]

Further dissemination by NACNS of the CNS core competencies and the *Statement* has occurred at several national meetings, including peer reviewed presentations at the American Academy of Nursing,[26] the American Association of Colleges of Nursing,[27] and the Nursing Management Congress.[28] Participants at these meetings gave positive feedback about the usefulness of the *Statement*, the CNS core competencies, and recommendations for CNS education.

Professional nursing organizations were not asked by NACNS to endorse either the first or the second editions of the CNS core competencies or the *Statement*. Rather, organizations were asked to support development and revision by providing critique and feedback. After the release, however, NACNS received an unsolicited endorsement of the second edition from the American Organization of Nurse Executives—the major employers of CNSs, and by the National League for Nursing Accreditation Commission—1 of 2 organizations that accredit graduate programs preparing CNSs. Endorsement by the American Organization of Nurse Executive represented a measure of assurance that the CNS core competencies are indeed the competency expectations of Chief Nursing Executives and well suited for contemporary healthcare settings. Congruence between the CNS core competencies and the expectations of CNS employers also lends credence to the validity of job descriptions as a data source for determining role competencies. Endorsement by the National League for Nursing Accreditation Commission provided assurance that the curricular recommendations are consistent with the principles of graduate education.

DISCUSSION

The NACNS *Statement on CNS Practice and Education*, both the first and second editions, has been developed based on the best evidence available from a variety of internal and external stakeholders, literature, and expert opinion documents. It includes a description of core competencies regardless of specialty across 3 spheres of influence, outcomes that could be expected from the core competencies, and educational recommendations required to achieve the competencies.

The NACNS found that no one method exists for developing professional competencies. The Expert Panel and SRTF both adhered to the common elements found across processes used by many professional organizations; they followed a stepwise process to assure maximum input from diverse sources. The CNS core competencies were first crafted by experts in the role, including practicing CNSs and CNS educators. To ground their work, the initial Expert Panel conducted a content analysis of CNS job descriptions. This analysis allowed the Expert Panel to address diversity and variability in practice, educational preparation, and job expectations in creating a composite perspective that more fully described the role of the CNS across the United States. Capturing the depth and breadth of the CNS competencies that underpin the role was challenging. The CNS role has existed for 50 many years, has been implemented differently across multiple settings and specialties, and includes a wide range of experience among those currently in the role. The job descriptions that were reviewed represented a convenience sample obtained from members of NACNS and CNS members of American Association of Critical Care Nurses. This sample may have resulted in the first iteration of the CNS core competencies being more heavily weighted to reflect inpatient and acute care. In response to this bias, the revised competencies in the second edition expanded the definition of client to include families, groups, and communities.

The CNS, as an advanced practice nurse, was first described in the 1960s, and important work about the foundational principles of CNS practice and role development occurred in the 1960s and 1970s. It was difficult to locate copies of some of the early publications because they are not included in electronic databases. However, there is ample contemporary literature describing the professional role, competencies, and tasks. Literature describing the outcomes of CNS practice was used to develop outcomes of CNS core competencies, and an extensive bibliography of research and other scholarly works was included in the second edition of the *Statement*.

The 2-tier corroboration process to affirm or revise the *Statement* was very valuable. In the first-tier corroboration, NACNS members provided initial critique of the competencies. Validation by members of the representative group for whom the competencies apply is critical before moving to a more expanded review. The NACNS represents CNSs regardless of specialty; however, many NACNS members are also members of their specialty organizations, giving NACNS access to feedback about the validity of the competencies across wide variations in practice specialties. Thus, the second-tier review by CNS leaders and other nurse leaders provided an important perspective about how the competencies fit within a variety of CNS specialty areas. Critique by CNS educators was important in assuring that the

competencies built on baccalaureate level competencies were appropriate for graduate nursing education and could be achieved in the span of a master's curriculum.

The world of healthcare is changing rapidly under the influence of newer technology, the infusion of evidence-based practice, higher patient acuity, changes in reimbursement structures, demands for safety, and increased emphasis on patient outcomes. Continued validation of professional competencies and standards is mandatory. The NACNS established a goal of updating the CNS core competencies every 5 years. Using the process outlined in this article, the time needed to complete a review and revision for the second edition of the *Statement* was approximately 18 months—75% of the time needed to develop the initial competencies and draft the first edition. Technology such as the World Wide Web can be used to expand access to reviewers and shorten the time needed to obtain feedback; however, it can also greatly increase the volume and diversity of critique to be considered.

CONCLUSIONS

The process used by NACNS to develop the CNS core competencies described in this article was patterned after the processes used by other professional nursing organizations for the development of competences and standards. It proved to be an effective process for the creation of competencies where none existed before and for revising and updating the competencies in a timely manner. To help assure transparency of the process, it is important that professional organizations publish information about the methods used to create, validate, and assure the quality of competencies and standards. The resulting CNS core competencies and accompanying educational recommendations included in the *Statement* provide guidance for curriculum development and address a need for national standards for CNS education.

It is not likely that one competency development and validation method will ever be satisfactory for all situations; however, the process and methods used by NACNS was well suited to accomplish the goal of creating CNS core competencies. This review may be instructive to other professional organizations interested in developing competencies and standards.

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