

ACUTE CARE NURSE PRACTITIONER COMPETENCIES

2004

*National Panel
for Acute Care Nurse Practitioner
Competencies*

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**Developed by the National Panel for
Acute Care Nurse Practitioner Competencies**

**National Organization of Nurse Practitioner Faculties
Washington, DC**

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Electronic and printed copies of the document may also be available from many of the organizations represented on the National Panel and organizations endorsing the competencies,

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ENDORSEMENTS

The organizations listed below endorse the Acute Care Nurse Practitioner Competencies. Endorsement is defined as *a philosophical agreement with the intent and content* of the competencies found on pages 13.

American Academy of Nurse Practitioners

American Association of Colleges of Nursing

American Association of Critical Care Nurses

American College of Nurse Practitioners

American Nurses Association

American Nurses Credentialing Center

American Organization of Nurse Executives

Association of Faculties of Pediatric Nurse Practitioners

Commission on Collegiate Nursing Education

National Association of Pediatric Nurse Practitioners

National Council of State Boards of Nursing

National League for Nursing Accrediting Commission

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PROJECT OVERVIEW

The Acute Care Nurse Practitioner (ACNP) Competencies reflect the work of a multi-organizational National Panel. In collaboration with nursing colleagues, the National Organization of Nurse Practitioner Faculties (NONPF) facilitated the work of the National Panel through two distinct phases that encompassed development and external validation of the competencies. The process used for this project models that used for developing the *Nurse Practitioner Primary Care Competencies in Specialty Areas: Adult, Family, Gerontological, Pediatric, and Women's Health*.

The National Panel includes representatives of ten national nursing organizations whose foci include advanced practice nursing education, acute care nurse practitioner practice, and certification for the ACNP. A sub-group of the NONPF Acute Care Special Interest Group (SIG) participated as NONPF representatives.

The National Panel convened for the first time in August 2003 in Washington DC, at the American Association of College of Nursing. During this meeting, the panel reviewed draft work developed by the NONPF Acute Care SIG and began revision and work on the competencies. The National Panel confirmed that the ACNP competencies would build on the core competencies for all nurse practitioners, and the panel agreed to using the same framework as that used for the primary care competencies in specialty areas.

After the first meeting, the panel met by conference call and via e-mail to discuss further the competencies. As part of the process of formulating the ACNP competencies, a survey was conducted to all program directors of ACNP programs (N=63) in order to assess the extent of educational training of ACNPs specific to skills and procedures. The results of this survey validated that a wide variety of skills and procedures are performed by ACNPs and helped to inform the national panel as it continued work on the competencies. By late fall 2003, the panel reached consensus on the draft competencies and completed phase one of the project. NONPF then solicited nominations from national nursing organizations and employers for individuals to serve on the external validation panel. Phase two, the validation process, was under way by late winter 2004.

The Validation Panel included 54 individuals identified as having expertise relative to ACNP practice who had not served on the National Panel. In addition, the individuals were identified as having experience in one or more of the following areas related to issues surrounding the NP role or scope of practice:

- delivery of acute care health care;
- education of acute care nurse practitioners;
- credentialing of nurse practitioners;
- regulation of advanced practice nursing;
- accreditation of graduate nursing education programs; or
- employment of acute care nurse practitioners.

Using the same tool applied for the primary care competencies project, the Validation Panel reviewed systematically each ACNP competency for *relevancy* (is the competency necessary?) and *specificity* (is the competency stated specifically and clearly? If not, provide suggested revisions). The Validation Panel also provided comment on the *comprehensiveness* of the competencies (is there any aspect of ACNP knowledge, skill, or personal attributes missing?).

The validation process demonstrated overwhelming consensus with the competencies and provided valuable feedback for additional refinement. The process yielded no deletions of entire competencies; however, based on the feedback from the Validation Panel, over 40% underwent revision to enhance their specificity and several competencies were added. The National Panel reviewed the validation results and revised the competencies accordingly to produce a final set of 63 competencies.

At completion of the validation phase and consensus by the National Panel on the final competencies, NONPF distributed the ACNP competencies for endorsement by national nursing organizations linked to the project during the two project phases. As of December 9, 17 national nursing organizations have endorsed the competencies. The endorsement process remains fluid so that additional endorsers can be added to the electronic posting of the competencies.

The ACNP competencies will be available to all endorsing organizations for electronic posting on Web sites. The intent is for widespread dissemination of the competencies to promote global recognition of these quality indicators for acute care nurse practitioner entry into practice.

ACUTE CARE NURSE PRACTITIONER COMPETENCIES

Introduction

This document describes *entry-level* competencies for graduates of master's and post-master's programs preparing acute care nurse practitioners. The competencies are intended to be used in conjunction with and build upon the core competencies identified for all nurse practitioners. These competencies emphasize the unique philosophy of practice for the acute care nurse practitioner specialty and the needs of the populations served. As a nurse practitioner gains experience his or her practice may include more advanced and additional skills and knowledge not included in these entry-level competencies. In addition, as the acute care practitioner gains experience, the settings or role in which he or she practices may differ from those described for the entry-level practitioner.

The acute care nurse practitioner is educationally prepared to provide advanced nursing care to patients with complex acute, critical and chronic health conditions, including the delivery of acute care services, as delineated in the competencies. Some educational programs may prepare acute care nurse practitioners to provide services to a specific patient population (e.g., adult, child) and additional, age-specific competencies may be necessary. The competencies in this document apply to *all* acute care nurse practitioners.

This set of competencies includes a section entitled "Diagnosis of Health Status," which is not found in the core competencies. This section is included to be consistent with other NP specialty competencies as in the *Nurse Practitioner Primary Care Competencies in Specialty Areas: Adult, Family, Gerontological, Pediatrics, and Women's Health*. The section was created in the drafting of the primary care competencies to emphasize that nurse practitioners are engaged in the diagnostic process, including critical thinking involved in differential diagnosis and the integration and interpretation of various forms of data.

The document also includes competencies focused on ordering, performing, interpreting, and supervising interventions and diagnostic strategies to promote stability during acute and critical illness. By virtue of the practice setting and patient acuity levels, the acute care nurse practitioner performs diagnostic and therapeutic interventions to manage acute and critical health problems.

These competencies, in addition to the core competencies for all nurse practitioner practice, reflect the current knowledge base and scope of practice for acute care nurse practitioners. As scientific knowledge expands and the health care system and practice change in response to societal needs, nurse practitioner competencies will also evolve. The periodic review and updating of these competencies will ensure their currency and reflection of these changes.

ACUTE CARE NURSE PRACTITIONER ENTRY-LEVEL COMPETENCIES IN GRADUATE NURSING EDUCATION

INTRODUCTION

These entry-level, acute care nurse practitioner (ACNP) competencies supplement the core competencies for all nurse practitioners. The role of the ACNP is to provide advanced nursing care across the continuum of health care services to meet the specialized physiologic and psychologic needs of patients with complex acute, critical, and chronic health conditions. This care is continuous and comprehensive. The population in acute care practice includes acutely and critically ill patients experiencing episodic illness, exacerbation of chronic illness, or terminal illness. Based on educational preparation, ACNPs practice with a focus on a variety of specialty based populations including neonatal, pediatric, and adult. The ACNP practices in any setting in which patient care requirements include complex monitoring and therapies, high-intensity nursing intervention, or continuous nursing vigilance within the range of high-acuity care. While most ACNPs practice in acute care and hospital based settings including sub-acute care, emergency care, and intensive care settings, the continuum of acute care services spans the geographic settings of home, ambulatory care, urgent care, and rehabilitative care.

In addition to managing patient care, the ACNP utilizes invasive interventions and procedures to promote physiologic stability. ACNPs perform a wide variety of skills and procedures, and the skill set of an ACNP is often dependent on the specific patient population and specialty-based area of practice.

Restorative care is the focus of the ACNP, and short-term goals include patient stabilization, minimization of complications, and promotion of physical and psychological well-being. The long-term goal is to restore maximal health potential while evaluating risk factors in achieving this outcome.

I. HEALTH PROMOTION, HEALTH PROTECTION, DISEASE PREVENTION, AND TREATMENT

I.A Assessment of Health Status

1. Assesses the complex acute, critical, and chronically-ill patient for urgent and emergent conditions, using both physiologically and technologically derived data, to evaluate for physiologic instability and potential life-threatening conditions.
2. Obtains and documents a health history for complex acute, critical, and chronically-ill patients.
3. Performs and documents complete, system-focused, or symptom-specific physical examinations on complex acute, critical, and chronically-ill patients.
4. Assesses the need for and performs additional screening, based on initial assessment findings.

5. Performs evaluations for substance use, violence, neglect and abuse, barriers to learning, and pain.
6. Distinguishes between normal and abnormal developmental and age-related physiologic and behavioral changes in complex acute, critical, and chronic illness.
7. Assesses for multiple interactive and synergistic effects of pharmacological agents, including over-the-counter (OTC) preparations and alternative and complementary therapies, in patients with complex acute, critical, and chronic illness.
8. Assesses the impact of an acute, critical and/or chronic illness or injury on the individual's:
 - a. Health status (physical and mental)
 - b. Functional status, including activity and mobility
 - c. Growth and development
 - d. Nutritional status
 - e. Sleep and rest patterns
 - f. Quality of life
 - g. Family, social, and educational relationships
9. Provides for the promotion of health and protection from disease by assessing for risks associated with care of complex acute, critical, and chronically-ill patients, such as:
 - a. Physiologic risk, including, but not limited to, immobility, impaired nutrition and immunocompetence, fluid and electrolyte imbalance, invasive interventions, therapeutic modalities, and diagnostic tests.
 - b. Psychological risk, including, but not limited to, impaired sleep and communication, and crisis related to threat to life, self-image, finances, medication side-effects, home and educational environment, and altered family dynamics.
 - c. Health care system risks associated with care of complex patients, including, but not limited to, multiple caregivers, continuity of care, coordination of the plan of care, polypharmacy, communication with family or between multiple care providers.
10. Prioritizes data collection, according to the patient's immediate condition or needs, as a continuous process in acknowledgement of the dynamic nature of complex acute, critical, and chronic illness.
11. Assesses the needs of families and caregivers of complex acute, critical, and chronically-ill patients.

I.B. Diagnosis of Health Status

1. Diagnoses acute and chronic conditions that may result in rapid physiologic deterioration or life-threatening instability.
2. Manages diagnostic tests through ordering, interpretation, performance, and supervision in the assessment of complex acute, critical, and chronically-ill patients.
3. Utilizes specialty-based technical skills in the performance of diagnostic procedures to confirm or rule-out health problems.
4. Synthesizes data from a variety of sources to make clinical judgments and decisions about appropriate recommendations and treatments.
5. Prioritizes health problems during complex acute, critical, and chronic illness
6. Formulates differential diagnoses by priority considering multiple potential mechanisms causing complex acute, critical, and chronic illness states.
7. Diagnoses complications of complex acute, critical, and chronic illness considering multi-system health problems.
8. Diagnoses common mental health and substance use or addictive disorder/disease, such as anxiety, depression, and alcohol and drug use, in the presence of complex acute, critical, and chronic illness.
9. Reformulates diagnoses by priority based on new or additional assessment data and the dynamic nature of complex acute, critical, and chronic illness.

I.C Plan of Care and Implementation of Treatment

1. Formulates a plan of care to address complex acute, critical, and chronic health care needs.
 - a. Integrates knowledge of rapidly changing pathophysiology of acute and critical illness in the planning of care and implementation of treatment.
 - b. Prescribes appropriate pharmacologic and nonpharmacologic treatment modalities
 - c. Utilizes evidence-based practice in planning and implementing care.
2. Implements interventions to support the patient with a rapidly deteriorating physiologic condition, including the application of basic and advanced life support and other invasive interventions or procedures to regain physiologic stability.

3. Manages, through ordering, performance, interpretation, or supervision:
 - a. Interventions that utilize technological devices to monitor and sustain physiological function;
 - b. Diagnostic strategies and therapies to monitor and sustain physiological function and ensure patient safety, including, but not limited to, EKG interpretation, x-ray interpretation, respiratory support, hemodynamic monitoring, and nutritional support.
4. Performs therapeutic interventions to stabilize acute and critical health problems, such as suturing, wound debridement, line and tube insertion, and lumbar puncture.
5. Analyzes the indications, contraindications, risk of complications, and cost-benefits of therapeutic interventions.
6. Manages the plan of care through evaluation, modification, and documentation according to the patient's response to therapy, changes in condition, and to therapeutic interventions to optimize patient outcomes.
7. Manages the patient's response to life support strategies.
8. Manages pain and sedation for patients with complex acute, critical, and chronic illness.
 - a. Prescribes pharmacologic and nonpharmacologic interventions.
 - b. Monitors patient's response to sedation.
 - c. Evaluates patient's response to therapy and changes the plan of care accordingly.
9. Implements palliative and end of life care in collaboration with the family, patient (when possible), and other members of the multidisciplinary health care team.
10. Initiates appropriate referrals and performs consultations.
11. Assures that the plan of care is individualized, recognizing the dynamic nature of the patient's condition, reflecting the patient's and family's needs, and considering cost and quality benefits.
12. Coordinates inter- and intra-disciplinary teams to develop or revise plans of care focused on patient and/or family concerns.
13. Incorporates health promotion, health protection and injury prevention measures into the plan of care within the context of the complex acute, critical, and chronic illness.
14. Facilitates the patient's transition between and within health care settings, such as admitting, transferring, and discharging patients.

II. NURSE PRACTITIONER-PATIENT RELATIONSHIP

1. Applies ethical principles in caring for complex acute, critical, and chronic patients.
2. Communicates effectively with the patient and the family experiencing complex acute, critical, and chronic illness.
3. Facilitates patient and family decision making regarding complex acute, critical, and chronic illness treatment decisions, end of life care, and organ donation.
4. Applies principles of crisis management in assisting the patient and family experiencing complex acute, critical, and chronic illness.
5. Functions as patient advocate for those unable to do so for themselves due to acute, critical, and chronic illness or injury or developmental level.

III. TEACHING-COACHING FUNCTION

1. Develops with the patient, family, and caregiver(s) educational interventions appropriate to the complex acute, critical, and chronically-ill patient's needs, values, and cognitive level.
2. Demonstrates effective communication skills in addressing sensitive topics with patients and families such as life-threatening illness, organ transplantation, death, anxiety, substance use, palliative care and other related problems.
3. Provides anticipatory guidance that is age and developmentally appropriate within the context of complex acute, critical, chronic illness.
4. Incorporates the integration of self-care activities for complex acute, critical, and chronically ill patients.
5. Reinforces positive health behaviors among complex acute, critical, and chronically ill patients.
6. Teaches patients and families to advocate for themselves in complex acute health care environments.
7. Demonstrates leadership of the health care team through teaching, coaching, and supporting to advance the plan of care for complex acute, critical, and chronically ill patients.

IV. PROFESSIONAL ROLE

1. Participates in formal and informal education provided to other health care professionals to promote positive outcomes during complex acute, critical, and chronic illness.
2. Integrates research to promote evidence-based practice for patients with complex acute, critical, and chronic illness.
3. Contributes to research that promotes positive outcomes during complex acute, critical, and chronic illness.
4. Participates in professional organizations that influence the health of acute, critical, and chronically-ill patients and support the role of the ACNP.
5. Interprets the ACNP role to other health care providers and to the public.
6. Integrates the ACNP role into systems, processes, and decision making to function fully within the health care team.
7. Serves as a knowledge resource in the design and development of complex acute, critical, and chronic health services.
8. Integrates knowledge of stress management principles when faced with complex acute or traumatic situations.

V. MANAGING AND NEGOTIATING HEALTH CARE DELIVERY SYSTEMS

1. Works collaboratively with a variety of health professionals to promote stabilization and restoration of health in complex acute, critical, and chronic illness.
2. Promotes collaboration among members of the multidisciplinary health care team to facilitate optimal care for complex acute, critical, and chronic patients.
3. Utilizes principles of case management when overseeing and directing health care services for complex acute, critical, and chronic illness.
4. Maintains current knowledge regarding state and federal regulations impacting ACNP practice.
5. Promotes efficient use of resources and provision of quality care to achieve optimal cost-effective outcomes.

VI. MONITORING AND ENSURING THE QUALITY OF HEALTH CARE PRACTICE

1. Utilizes internal resources (e.g. ethics committee, risk management, legal department) and external resources (e.g. professional organizations, government officials, community agencies) to facilitate the resolution of patient advocacy, moral, and ethical issues.
2. Promotes an environment for ethical decision-making and patient advocacy.
3. Promotes valuing of lifelong learning and evidence-based practice while continually acquiring knowledge and skills needed to address questions arising in practice to improve patient care.
4. Contributes to the knowledge base of the healthcare community through research, presentations, publications, and involvement in professional organizations.

VII. CULTURAL COMPETENCE

Utilizes research and knowledge of cultural diversity in caring for patients from various cultures.

NATIONAL ORGANIZATION OF NURSE PRACTITIONER FACULTIES

DOMAINS AND CORE COMPETENCIES OF NURSE PRACTITIONER PRACTICE* --2002--

Introduction

The core competencies of nurse practitioner practice are essential behaviors of all nurse practitioners that should be demonstrated upon graduation regardless of the specialty focus of program. The domains and competencies of nurse practitioner practice constitute a conceptual framework for nurse practitioner practice and the foundation for specialty competencies.

In 1990, the National Organization of Nurse Practitioner Faculties (NONPF) released the first set of domains and competencies. NONPF subsequently updated and revised them in 1995 and 2000. The core competencies presented here additionally include revisions and recommendations made by the National Panel for the primary care NP competencies, as well as selected competencies found in *Curriculum Guidelines & Regulatory Criteria for Family Nurse Practitioners Seeking Prescriptive Authority to Manage Pharmacotherapeutics in Primary Care, Summary Report 1998*, published by the US Department of Health & Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing. The NONPF Board of Directors approved this version of the core competencies.

Domains and Core Competencies

All nurse practitioners should be able to demonstrate these core competencies at graduation. Each set of specialty competencies builds upon this set of core competencies. Throughout the competencies, patient is defined as the individual, family, group, and/or community.

DOMAIN 1. MANAGEMENT OF PATIENT HEALTH/ILLNESS STATUS

COMPETENCIES

The nurse practitioner demonstrates competence in the domain of management of patient health/illness status when s/he performs the following behaviors in the following areas.

A. Health Promotion/Health Protection and Disease Prevention

1. Differentiates between normal, variations of normal, and abnormal findings.
2. Provides health promotion and disease prevention services to patients who are healthy or have acute and chronic conditions, based on age, developmental stage, family history, and ethnicity.

3. Provides anticipatory guidance and counseling to promote health, reduce risk factors, and prevent disease and disability, based on age, developmental stage, family history, and ethnicity.
4. Develops or uses a follow up system within the practice to ensure that patients receive appropriate services.
5. Recognizes environmental health problems affecting patients and provides health protection interventions that promote healthy environments for individuals, families, and communities.

B. Management of Patient Illness

1. Analyzes and interprets history, including presenting symptoms, physical findings, and diagnostic information to develop appropriate differential diagnoses.
2. Diagnoses and manages acute and chronic conditions while attending to the patient's response to the illness experience.
3. Prioritizes health problems and intervenes appropriately including initiation of effective emergency care.
4. Employs appropriate diagnostic and therapeutic interventions and regimens with attention to safety, cost, invasiveness, simplicity, acceptability, adherence, and efficacy.
5. Formulates an action plan based on scientific rationale, evidence-based standards of care, and practice guidelines.
6. Provides guidance and counseling regarding management of the health/illness condition.
7. Initiates appropriate and timely consultation and/or referral when the problem exceeds the nurse practitioner's scope of practice and/or expertise.
8. Assesses and intervenes to assist the patient in complex, urgent, or emergency situations.
 - a. Assesses rapidly the patient's unstable and complex health care problems through synthesis and prioritization of historical and immediately derived data.
 - b. Diagnoses unstable and complex health care problems utilizing collaboration and consultation with the multidisciplinary health care team as indicated by setting, specialty, and individual knowledge and experience, such as patient and family risk for violence, abuse, and addictive behaviors.

- c. Plans and implements diagnostic strategies and therapeutic interventions to help patients with unstable and complex health care problems regain stability and restore health in collaboration with the patient and multidisciplinary health care team.
- d. Rapidly and continuously evaluates the patient's changing condition and response to therapeutic interventions, and modifies the plan of care for optimal patient outcomes.

Appropriate to Both Subdomains

1. Demonstrates critical thinking and diagnostic reasoning skills in clinical decision making.
2. Obtains a comprehensive and problem-focused health history from the patient.
3. Performs a comprehensive and problem-focused physical examination.
4. Analyzes the data collected to determine health status.
5. Formulates a problem list.
6. Assesses, diagnoses, monitors, coordinates, and manages the health/illness status of patients over time and supports the patient through the dying process.
7. Demonstrates knowledge of the pathophysiology of acute and chronic diseases or conditions commonly seen in practice.
8. Communicates the patient's health status using appropriate terminology, format, and technology.
9. Applies principles of epidemiology and demography in clinical practice by recognizing populations at risk, patterns of disease, and effectiveness of prevention and intervention.
10. Uses community/public health assessment information in evaluating patient needs, initiating referrals, coordinating care, and program planning.
11. Applies theories to guide practice.
12. Applies/conducts research studies pertinent to area of practice.
13. Prescribes medications based on efficacy, safety, and cost as legally authorized and counsels concerning drug regimens, drug side effects, and interactions with food supplements and other drugs.

14. Integrates knowledge of pharmacokinetic processes of absorption, distribution, metabolism, and excretion, and factors that alter pharmacokinetics in drug dosage and route selection.
15. Selects/prescribes correct dosages, routes, and frequencies of medications based on relevant individual patient characteristics, e.g., illness, age, culture, gender, and illness.
16. Detects and minimizes adverse drug reactions with knowledge of pharmacokinetics and dynamics with special attention to vulnerable populations such as infants, children, pregnant and lactating women, and older adults.
17. Evaluates and counsels the patient on the use of complementary/alternative therapies for safety and potential interactions.
18. Integrates appropriate nonpharmacologic treatment modalities into a plan of management.
19. Orders, may perform, and interprets common screening and diagnostic tests.
20. Evaluates results of interventions using accepted outcome criteria, revises the plan accordingly, and consults/refers when needed.
21. Collaborates with other health professionals and agencies as appropriate.
22. Schedules follow-up visits to appropriately monitor patients and evaluate health/illness care.

DOMAIN 2. THE NURSE PRACTITIONER-PATIENT RELATIONSHIP

COMPETENCIES

The nurse practitioner demonstrates competence in the domain of the nurse practitioner-patient relationship when s/he:

1. Creates a climate of mutual trust and establishes partnerships with patients.
2. Validates and verifies findings with patients.
3. Creates a relationship with patients that acknowledges their strengths and assists patients in addressing their needs.
4. Communicates a sense of "being present" with the patient and provides comfort and emotional support.
5. Evaluates the impact of life transitions on the health/illness status of patients and the impact of health and illness on patients (individuals, families, and communities).

6. Applies principles of self-efficacy/empowerment in promoting behavior change.
7. Preserves the patient's control over decision making, assesses the patient's commitment to the jointly determined, mutually acceptable plan of care, and fosters patient's personal responsibility for health.
8. Maintains confidentiality while communicating data, plans, and results in a manner that preserves the dignity and privacy of the patient and provides a legal record of care.
9. Monitors and reflects on own emotional response to interaction with patients and uses this knowledge to further therapeutic interaction.
10. Considers the patient's needs when termination of the nurse practitioner-patient relationship is necessary and provides for a safe transition to another care provider.
11. Evaluates the patient's and/or caregiver's support systems.
12. Assists the patient and/or caregiver to access the resources necessary for care.

DOMAIN 3. THE TEACHING-COACHING FUNCTION

COMPETENCIES

The nurse practitioner demonstrates competence in the domain of the teaching-coaching function when s/he:

Timing

1. Assesses the patient's on-going and changing needs for teaching based on a) needs for anticipatory guidance associated with growth and developmental stage, b) care management that requires specific information or skills, and c) patient's understanding of his/her health condition.
2. Assesses patient's motivation for learning and maintenance of health related activities using principles of change and stages of behavior change.
3. Creates an environment in which effective learning can take place.

Eliciting

1. Elicits information about the patient's interpretation of health conditions as a part of the routine health assessment.
2. Elicits information about the patient's perceived barriers and supports to learning when preparing for patient's education.

3. Elicits from the patient the characteristics of his/her learning style from which to plan and implement the teaching.
4. Elicits information about cultural influences that may affect the patient's learning experience.

Assisting

1. Incorporates psycho-social principles into teaching that reflect a sensitivity to the effort and emotions associated with learning about how to care for one's health conditions.
2. Assists patients in learning specific information or skills by designing a learning plan that is comprised of sequential, cumulative steps and that acknowledges relapse and the need for practice, reinforcement, support, and re-teaching when necessary.
3. Assists patients to use community resources when needed.
4. Educates patients about self-management of acute/chronic illness with sensitivity to the patient's learning ability and cultural/ethnic background.

Providing

1. Communicates health advice, instruction and counseling appropriately using evidence-based rationale.

Negotiating

1. Negotiates a mutually acceptable plan of care based on continual assessment of the patient's readiness and motivation, resetting of goals, and optimal outcomes.
2. Monitors the patient's behaviors and specific outcomes as a useful guide to evaluating the effectiveness and need to change or maintain teaching strategies, such as weight-loss, smoking cessation, and alcohol consumption.

Coaching

1. Coaches the patient throughout the teaching processes by reminding, supporting, encouraging, and the use of empathy.

DOMAIN 4. PROFESSIONAL ROLE

COMPETENCIES

The nurse practitioner demonstrates competence in the domain of professional role when s/he:

Develops and Implements Role

1. Uses scientific theories and research to implement the nurse practitioner role.
2. Functions in a variety of role dimensions: health care provider, coordinator, consultant, educator, coach, advocate, administrator, researcher, and leader.
3. Interprets and markets the nurse practitioner role to the public, legislators, policy-makers, and other health care professions.
4. Advocates for the role of the advanced practice nurse in the health care system.

Directs Care

1. Prioritizes, coordinates, and meets multiple needs and requests of culturally diverse patients.
2. Uses sound judgment in assessing conflicting priorities and needs.
3. Builds and maintains a therapeutic team to provide optimum therapy.
4. Obtains specialist and referral care for patients while remaining the primary care provider.
5. Advocates for the patient to ensure health needs are met.
6. Consults with other health care providers and private/public agencies.
7. Incorporates current technology appropriately in care delivery.
8. Uses information systems to support decision-making and to improve care.

Provides Leadership

1. Recognizes the importance of participating in professional organizations.
2. Evaluates implications of contemporary health policy on health care providers and consumers.
3. Participates in legislative and policy-making activities that influence advanced nursing practice and the health of communities.

4. Advocates for access to quality, cost-effective health care.
5. Evaluates the relationship between community/public health issues and social problems (poverty, literacy, violence, etc.) as they impact the health care of patients.

DOMAIN 5. MANAGING AND NEGOTIATING HEALTH CARE DELIVERY SYSTEMS

COMPETENCIES

The nurse practitioner demonstrates competence in the domain of managing and negotiating health care delivery systems when s/he:

Managing

1. Demonstrates knowledge about the role of the nurse practitioner in case management.
2. Provides care for individuals, families, and communities within integrated health care services.
3. Considers access, cost, efficacy, and quality when making care decisions
4. Maintains current knowledge of the organization and financing of the health care system as it affects delivery of care.
5. Participates in organizational decision making, interprets variations in outcomes, and uses data from information systems to improve practice.
6. Manages organizational functions and resources within the scope of responsibilities as defined in a position description.
7. Uses business and management strategies for the provision of quality care and efficient use of resources.
8. Demonstrates knowledge of business principles that affect long-term financial viability of a practice, the efficient use of resources, and quality of care.
9. Demonstrates knowledge of relevant legal regulations for nurse practitioner practice including reimbursement of services.

Negotiating

1. Collaboratively assesses, plans, implements, and evaluates primary care with other health care professionals using approaches that recognize each one's expertise to meet the comprehensive needs of patients.
2. Participates as a key member of an interdisciplinary team through the development of collaborative and innovative practices.

3. Participates in the planning, development, and implementation of public and community health programs.
4. Participates in legislative and policy-making activities that influence health services/practice.
5. Advocates for policies that reduce environmental health risks.
6. Advocates for policies that are culturally sensitive.
7. Advocates for increasing access to health care for all.

DOMAIN 6. MONITORING AND ENSURING THE QUALITY OF HEALTH CARE PRACTICE

COMPETENCIES

The nurse practitioner demonstrates competence in the domain of monitoring and ensuring quality health care practice when s/he:

Ensuring Quality

1. Interprets own professional strengths, role, and scope of ability to peers, patients, and colleagues.
2. Incorporates professional/legal standards into practice
3. Acts ethically to meet the needs of patients.
4. Assumes accountability for practice and strives to attain the highest standards of practice.
5. Engages in self-evaluation concerning practice and uses evaluative information, including peer review, to improve care and practice.
6. Collaborates and/or consults with members of the health care team about variations in health outcomes.
7. Uses an evidence-based approach to patient management that critically evaluates and applies research findings pertinent to patient care management and outcomes.
8. Evaluates the patient's response to the health care provided and the effectiveness of the care.
9. Uses the outcomes of care to revise care delivery strategies and improve the quality of care.

10. Accepts personal responsibility for professional development and the maintenance of professional competence and credentials.
11. Considers ethical implications of scientific advances and practices accordingly.

Monitoring Quality

1. Monitors quality of own practice and participates in continuous quality improvement based on professional practice standards and relevant statutes and regulation.
2. Evaluates patient follow-up and outcomes including consultation and referral.
3. Monitors research in order to improve quality care.

DOMAIN 7. CULTURAL COMPETENCE

Competencies

The nurse practitioner demonstrates cultural competence when s/he:

1. Shows respect for the inherent dignity of every human being, whatever their age, gender, religion, socioeconomic class, sexual orientation, and ethnicity.
2. Accepts the rights of individuals to choose their care provider, participate in care, and refuse care.
3. Acknowledges personal biases and prevents these from interfering with the delivery of quality care to persons of differing beliefs and lifestyles.
4. Recognizes cultural issues and interacts with patients from other cultures in culturally sensitive ways.
5. Incorporates cultural preferences, health beliefs and behaviors, and traditional practices into the management plan.
6. Develops patient-appropriate educational materials that address the language and cultural beliefs of the patient.
7. Accesses culturally appropriate resources to deliver care to patients from other cultures
8. Assists patients to access quality care within a dominant culture.
9. Develops and applies a process for assessing differing beliefs and preferences and takes this diversity into account when planning and delivering care.

Spiritual Competencies

1. Respects the inherent worth and dignity of each person and the right to express spiritual beliefs as part of his/her humanity.
2. Assists patients and families to meet their spiritual needs in the context of health and illness experiences, including referral for pastoral services.
3. Assesses the influence of patient's spirituality on his/her health care behaviors and practices.
4. Incorporates patient's spiritual beliefs in the plan of care appropriately.
5. Provides appropriate information and opportunity for patients and families to discuss their wishes for end of life decision-making and care.
6. Respects wishes of patients and families regarding expression of spiritual beliefs.

Specific competencies reflect the role of the nurse practitioner in relation to genetics screening, counseling, prevention, and treatment of genetic disease. We wish to highlight this role in light of the recent scientific advancements and the role of nurse practitioners in incorporating this new knowledge to benefit patients. The National Coalition for Health Professional Education in Genetics (NCHPEG) has developed core competencies in genetics essential for all health care professionals. Please refer to the NCHPEG Web site for further information and the competencies: <http://www.nchpeg.org>. NONPF reviewed these competencies in fall 2000.

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