Nurse Practitioner Core Competencies Content

A delineation of suggested content specific to the NP core competencies

2014

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NP Core Competencies Content Work Group

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* The updates made to the 2014 Nurse Practitioner Core Competencies Content publication updates the competencies to align with the 2016 Adult-Gerontology Acute Care And Primary Care NP Competencies.

Nurse Practitioner Core Competencies
with Suggested Curriculum Content

In the development of the nurse practitioner (NP) population-focused competencies, a task force had extensive discussions of competencies vs. content.   The task force concluded that it would be beneficial to programs if some content could be included as exemplars of how to support curriculum development for addressing a competency. Within the 2013 edition of the NP population-focused competencies, the final column in each population's competency table presents the respective competency work group's ideas of relevant content.

In 2014, NONPF convened a work group to identify the suggested curriculum content for the NP Core Competencies. This work group consisted of members of the task force that prepared the 2011 edition of the NP Core Competencies, as well as additional representation from the NONPF Board and Curricular Leadership Committee.   A sub-group of the NONPF Curricular Leadership Committee completed a review of the draft content, and the work group incorporated the review feedback into the final document presented herein. Please see the cover page for a list of work group members and an acknowledgment of the reviewers.

In 2016 the Adult-Gerontology Acute Care And Primary Care NP Competencies document was completed. This document was updated in May 2017 to align with the 2016 Adult-Gerontology Acute Care And Primary Care NP Competencies.

The table that follows includes the NP Core Competencies and a list of suggested curriculum content. NONPF does not intend for the requirement of all of this content, nor is the content list comprehensive for all that a program would cover with population-focused competencies. The content column reflects only suggestions for content relative to the core competencies. This document should be used in combination with the population-focused competencies.

Competency Area	NP Core Competencies	Curriculum Content to Support Competencies *Neither required nor comprehensive, this list reflects only suggested content specific to the core competencies*
Scientific Foundation Competencies	1. Critically analyzes data and evidence for improving advanced nursing practice. 2. Integrates knowledge from the humanities and sciences within the context of nursing science.	Comparison of patient data sets with evidence-based standards to improve care

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	3. Translates research and other forms of knowledge to improve practice processes and outcomes. 4. Develops new practice approaches based on the integration of research, theory, and practice knowledge.	Scientific foundations to practice, including, but not limited to, knowledge of advanced pathophysiology, pharmacology, physiology, genetics, and communication skills Science from other disciplines relevant to health care Theories/conceptual frameworks/principles for practice: - Translational research that guides practice - Critical evaluation of research findings - Mid-range nursing theories and concepts to guide nursing practice - Evidence-based care - Physiologic - Communication - Developmental - Genetic - Behavior change - Population health Critical thinking development: - Evidence appraisal - Formulating a practice problem - Use of science-based theories and concepts to assess, enhance, and ameliorate health care delivery phenomena - Use of PICO questions to initiate research and quality improvement projects Qualitative and quantitative research and quality improvement methods Ethical and legal protection of human subjects

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		Inquiry processes and practices related to health literacy, vulnerable populations, and culture Monitoring of health outcomes
Leadership Competencies	1. Assumes complex and advanced leadership roles to initiate and guide change. 2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care. 3. Demonstrates leadership that uses critical and reflective thinking. 4. Advocates for improved access, quality and cost effective health care. 5. Advances practice through the development and implementation of innovations incorporating principles of change. 6. Communicates practice knowledge effectively, both orally and in writing. 7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.	Content related to: • Crisis management and leadership • Stress management (for staff and patient/family) • Teams and teamwork, including team leadership, building effective teams, and nurturing team Leadership, change, and management theories with application to practice Political processes, political decision making processes, and health care advocacy Problem solving: • Influencing and negotiation • Conflict management • Strategic thinking • Managing change Business development: • High reliability organization principles • Building and maintaining effective teams • Project management concepts • Principles of effective decision making • Principles of change management • Civility • Principles of innovation Communications: • Scholarly writing, manuscript, and abstract preparation • Structuring and presenting persuasive arguments

| Competency Area | NP Core Competencies | Curriculum Content to Support Competencies
Neither required nor comprehensive, this list reflects only suggested content specific to the core competencies |
|---|---|---|
| | | Peer review:

• Publications
• Presentations
• Research
• Practice.

Leadership development:

• Skills to influence decision-making bodies at the system, state, or national level
• Interprofessional leadership
• Assuming leadership positions in professional, political, or regulatory organizations
• Structure and functions of editorial/board roles
• Ethical and critical decision making, effective working relationships, and a systems-perspective

Concepts of strategic planning process

Leadership styles

How to lead change in practice, manage practice changes

• Monitoring implementation and fidelity
• Adaptation of change to patients, providers and organizational needs and resources
• Interim feedback on achievements and efficiencies
• Interpretation of data and articulating evidence

Self-reflection of leadership style e.g., personal leadership strengths and weaknesses; working with diverse skills sets and diverse teams |
| **Quality Competencies** | 1. Uses best available evidence to continuously improve quality of clinical practice. | Quality Safety Education in Nursing (QSEN) principles and content

Evaluation of outcomes of care such as quality improvement projects with an evaluation component |

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	2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care. 3. Evaluates how organizational structure, care processes, financing, marketing, and policy decisions impact the quality of health care. 4. Applies skills in peer review to promote a culture of excellence. 5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality	Reflective practice Culture of safety Quality improvement processes and practices Knowledge of quality improvement methods such as: • Plan-Do-Study Act • Six Sigma Cost benefit analysis Peer review process • Reviewer • Reviewee Collaborative team processes and practices Leadership skills for leading change for quality clinical practice Methods and measures of quality assurance during transitions of care Laws and rules to enhance quality such as • Meaningful use • Federal, state, and local quality data sources and indicators
Practice Inquiry Competencies	1. Provides leadership in the translation of new knowledge into practice. 2. Generates knowledge from clinical practice to improve practice and patient outcomes. 3. Applies clinical investigative skills to improve health outcomes. 4. Leads practice inquiry, individually or in partnership with	Leadership for role in practice improvement Clinical investigation strategies: • Identifying clinical practice problems • Appraising evidence for application to practice (e.g., design, methods, tools, analysis) • Literature search methods, including, but not limited to, the PICO Model to define a clinical questions and search for the best clinical evidence

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	others. 5. Disseminates evidence from inquiry to diverse audiences using multiple modalities. 6. Analyzes clinical guidelines for individualized application into practice	Use of electronic databases, such as electronic health records: • Assessing clinical practice • Reviewing patient technology • Exploring behaviors and risk factors • Using data to support evidence based changes in clinical management • Template development Patient management, including, but not limited to, discerning gaps in care and barriers to care needing resolution during patient encounters Project development and management: • Synthesis and translation/extrapolation of research to selected populations • Frameworks to guide projects • Quality improvement methods • Assessment of resources needed and available for projects • Competing priorities of patients, payers, providers, and suppliers • Data-based, needs assessment for project • Processes used in conducting projects based on current and best evidence, including evaluation of the application of evidence or inquiry to the population of concern • Evaluation of outcomes (for health status of patient and population as well as system outcomes) • Evaluation of why expected results were or were not attained and lessons learned • Making recommendations for further work • Addressing issues of sustainability of project findings

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		Dissemination of work and findings: • Abstract and manuscript writing to support the dissemination of project/research outcomes • Discussion of clinically meaningful results that may or may not be statistically significant • Presentation skill development with modification for different audiences Integration of findings: • Results, methods, and tools, as appropriate, into care delivery • Identification of best practices • Opportunities for multidisciplinary team/inter-professional collaboration for patient care • Development and use of clinical guidelines • Use of clinical judgment to improve practice • Application of evidence to validate or change policy Evaluation of alternative care delivery models and treatments, including costs, cost benefits, and return on investment Institutional review board policies and processes Interprofessional research and scholarship exemplars and opportunities
Technology and Information Literacy Competencies	1. Integrates appropriate technologies for knowledge management to improve health care. 2. Translates technical and scientific health information appropriate for various users' needs.	Technology available in clinical practice: • Electronic resources that identify current evidenced-based care • Electronic resources that enhance patient safety • Technological care delivery systems • Telehealth • Information databases used by health care systems • Electronic communication with other professionals and patients • Encrypted and unencrypted technology

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	2.a Assesses the patient's and caregiver's educational needs to provide effective, personalized health care. 2.b Coaches the patient and caregiver for positive behavioral change. 3. Demonstrates information literacy skills in complex decision making. 4. Contributes to the design of clinical information systems that promote safe, quality and cost effective care. 5. Uses technology systems that capture data on variables for the evaluation of nursing care.	• Electronic resources to support differential diagnosis, algorithmic thinking, and medical record review • Templates for documentation in nursing care • Use of electronic datasets to evaluate practice and improve quality, cost, and efficiency of care Technology available to support education: • Standardized patient encounters • Electronic/computer based learning modules based on characteristics such as cultural literacy, educational level, and home assessment • Coaching/teaching resources adapted to population, health literacy, and age of patient learning styles, • Age-appropriate concepts and development of educational tools • Use of applications for references at point of care Using telehealth to provide care for the adult population, considering benefits, methods, differences, and regulatory issues. IT resources such as: • Informatics competencies from Technology Informatics Guiding Education Reform (TIGER) initiative • American Medical Informatics Association (AMIA) Use of electronic communication methods, including social media, with healthcare professionals, patients, families, and caregivers Compliance issues related to patient privacy with use of technology Population-appropriate clinical indicators for incorporation into information systems, such as electronic health records Use of technologies to monitor and evaluate clinical problems, e.g. • Blood pressure • Vital signs • Glucose • Weight

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Policy Competencies	1. Demonstrates an understanding of the interdependence of policy and practice. 2. Advocates for ethical policies that promote access, equity, quality, and cost. 3. Analyzes ethical, legal, and social factors influencing policy development. 4. Contributes in the development of health policy. 5. Analyzes the implications of health policy across disciplines. 6. Evaluates the impact of globalization on health care policy development. 7. Advocates for policies for safe and healthy practice environments.	Policy analysis process: • Political environment • Political feasibility • Economic feasibility • Implementation strategy and planning • Outcomes evaluation at local, state, national, and international levels • Specific NP role for influencing health care agenda and patient advocacy Health policy and health care reform: • Federal budget • National health priorities • Methods for appropriation of funding • Vulnerable populations and needs • The relationship between the USPSTF guidelines and Affordable Care Act implementation Legislative and regulatory processes: • Origin of laws • Regulatory process • How to influence/impact passage of laws and their translation into regulation • Health care financing and third party reimbursement Population health model and its impact on policy planning Introduction of global issues: • Infections • Travel • Immigration • Disasters/terrorism • Access to health care

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		Ethical issues in health care planning: • Fairness • Equity and health disparities • Access and resource allocation • Health behavior • Social determinants of health Comparative health systems Proactive and responsive use of media Barriers to NP practice Legislative process and resources, e.g., Congress.gov Policy theories Examples of policy making at multiple levels and individual and collective contributions to shape policy
Health Delivery System Competencies	1. Applies knowledge of organizational practices and complex systems to improve health care delivery. 2. Effects health care change using broad based skills including negotiating, consensus-building, and partnering. 3. Minimizes risk to patients and providers at the individual and systems level. 4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders. 5. Evaluates the impact of health care delivery on patients,	Organizational practices: • Organizational structure, tables of organization • Organizational decision making • Organizational theory • Principles of management Interprofessional collaborative partnerships Informatics/information systems: • Interpreting variations in outcomes • Use of data to improve practice • Use of collateral information • Organizational delivery subsystems, (e.g. electronic prescription writing-pharmacy software)

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	providers, other stakeholders, and the environment. 6. Analyzes organizational structure, functions and resources to improve the delivery of care. 7. Collaborates in planning for transitions across the continuum of care.	Needs assessment of populations served: • Socioeconomic and cultural factors • Unique population needs • System resources to meet population needs (e.g. use interpreters to facilitate communication) • Community resources/system outreach to community • Diversity among providers Financial issues: • Financial business principles • Health care system financing • Reimbursement systems • Resource management • Billing and coding principles Interprofessional/team competencies: • Communication (theory) • Collaboration • Conflict resolution • Consultations/referrals • Team building • Values and ethics • Roles and responsibilities Safety and quality: • Cost-effective care • Legal/ethical issues • Research and quality improvement • Continuous quality improvement • Quality and Safety Education in Nursing Transitional care:

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		• Navigating transitions across health care settings • Coordination of services Planning, delivering and/or evaluating models of care: • Models of planned change • Process and evaluation design implementation • Evaluation models • Process of proposing changes in practice Legislative and regulatory issues: • Relevant and current issues (e.g., Accountable Care Act implementation) • Process of health care legislation • Scope and standards of practice • Cultural competence • Theories of vulnerability • Social determinants of health Policy and advocacy: • Reducing environmental health risks • Implications of health policy • Variations in policy

Ethics Competencies	1. Integrates ethical principles in decision making.
	
	2. Evaluates the ethical consequences of decisions.
	
	3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.
		Ethics in decision making:
		• Ethical considerations in decision making in clinical practice
		• Applications of ethical principles in policy making and in care delivery
		• Sources of information to facilitate ethical decision making
		   - theories of ethical decision making
		   - ethics committee
		   - genetic counseling
		   - clinical research
		   - legal statutes
		   - cultural sensitivity
		   - scope of practice

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		Evaluation of ethical decisions: • Methods of evaluating outcomes (long-term and short-term) • Debriefing and assessment of outcomes • Ethical frameworks. Population-specific complex ethical issues occurring in clinical practice System-specific resources to implement ethical decisions (e.g. hospice care, palliative care) Spiritual resources for patients and families (e.g., on site and media based)

Independent Practice Competencies	1. Functions as a licensed independent practitioner.
	
	2. Demonstrates the highest level of accountability for professional practice.
	
	3. Practices independently managing previously diagnosed and undiagnosed patients.
	   3.a Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end-of-life care.
	   3.b Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.
	   3.c Employs screening and diagnostic strategies in the development of diagnoses.
	   3.d Prescribes medications within scope of practice.
	   3.e Manages the health/illness status of patients and families over time.
	
	4. Provides patient-centered care recognizing cultural
		Clinical decision making based on evidence and patient/provider partnership
		
		Current and emerging professional standards
		
		Novice to expert continuum of clinical practice
		
		Political, policy and regulatory issues regarding licensure, national certification, and scope of practice.
		
		Leadership approaches for employment contract negotiation, networking, and advancing professional standards and roles
		
		Application of select sciences to practice:
		
		• Pharmacology
		• Physiology
		• Pathophysiology
		
		Specific areas of assessment, including but not limited to:
		
		• Physical
		• Psychosocial
		• Developmental
		• Family
		• Psychiatric mental health

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	diversity and the patient or designee as a full partner in decision-making. 4.a Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration. 4.b Creates a climate of patient- centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect. 4.c Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care. duplicate. 4.d Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care. 4e. Develops strategies to prevent one's own personal biases from interfering with delivery of quality care. 4f. Addresses cultural, spiritual, and ethnic influences that potentially create conflict among individuals, families, staff and caregivers. 5. Educates professional and lay caregivers to provide culturally and spiritually sensitive, appropriate care 6. Collaborates with both professional and other caregivers to achieve optimal care outcomes. 7. Coordinates transitional care services in and across care settings. 8. Participates in the development, use, and evaluation of professional standards and evidence-based care.	• Oral health Screenings Diagnostics (tests, labs) Specific procedures Health promotion, prevention, and disease management Pharmacology and complementary alternative therapies Provider-patient relationship: • Role of culture in patient-centered care • Contracting a management plan with patient and/or family • Culture of trust in interpersonal relationship w/patient and/or families Business of practice: • Legal, business, and ethical issues • How to set up, finance and evaluate a practice , • Writing a business plan Cultural issues Concepts of life-long learning

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