

POPULATION-FOCUSED NURSE PRACTITIONER COMPETENCIES

Family/Across the Lifespan

Neonatal

Pediatric Acute Care

Pediatric Primary Care

Psychiatric-Mental Health

Women's Health/Gender-Related

2013

Population-Focused Competencies Task Force

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POPULATION-FOCUSED NURSE PRACTITIONER COMPETENCIES: Family/Across the Lifespan, Neonatal, Acute Care Pediatric, Primary Care Pediatric, Psychiatric-Mental Health, & Women’s Health/Gender-Related

Introduction

Since the release of the 2008 *APRN Consensus Model: Licensure, Accreditation, Certification, and Education*, the nurse practitioner (NP) community has been undertaking efforts to ensure congruence with the model. Within education, NP programs have focused on changes to align educational tracks with the NP populations delineated in the model. National organizations have supported these efforts through collaborative work on the NP competencies that guide curriculum development. The first initiatives focused on the development of adult-gerontology competencies (2010 and 2012). In 2011, a multi-organizational task force embarked on the challenge to identify current competencies for the remaining NP population foci. This document presents the entry into practice competencies for the Family/Across the Lifespan, Neonatal, Pediatric Acute Care, Pediatric Primary Care, Psychiatric-Mental Health, and Women’s Health/Gender-Related nurse practitioners. These competencies explicate the unique characteristics and role of each population foci and are designed to augment the NP core competencies.

Background

The National Organization of Nurse Practitioner Faculties (NONPF) released the first set of core competencies for all nurse practitioners in 1990 and subsequently has revised them in 1995, 2000, 2002, 2006, 2011, and 2012. Recognizing the need to give NP programs further guidance in an area of focus, NONPF, in collaboration with the American Association of Colleges of Nursing (AACN), facilitated the development of the first sets of population-specific competencies. In 2002, a national panel completed the work to identify competencies in the NP primary care areas of Adult, Family, Gerontological, Pediatric, and Women’s Health. In 2003, work groups released the Acute Care Nurse Practitioner Competencies and the Psychiatric-Mental Health Nurse Practitioner Competencies. The development of these population-focused competencies involved a national, consensus process that remains in place today and was used with the 2012 population-focused competencies.

The *APRN Consensus Model* made a few changes to the population foci for NP educational tracks. Notably, the adult and gerontology foci were merged, and both the adult-gerontology and pediatric foci are distinguished as being primary care or acute care. In addition, the *Consensus Model* stipulates that the Psychiatric-Mental Health focus crosses the lifespan. Competencies specific to these newly defined population foci did not exist. In 2011 with funding from The John A. Hartford Foundation, AACN, in collaboration with NONPF, delineated the adult-gerontology competencies in primary care and acute care. Recognizing the need for competencies that align with each population foci in the Model, NONPF convened a national task force in 2011 to review previous work and delineate updated entry-level competencies for the remaining population foci.

The task force includes representatives of various organizations from nursing education and certification. The task force formed sub-groups to identify the competencies for each population focus and also convened periodically as a whole for discussion. The sub groups included representatives from the stakeholder organizations that corresponded with the focus area. The task force invited review of the competencies in an external validation process, and the final competencies reflect the feedback obtained in this step.

The APRN Core

The *APRN Consensus Model* stipulates that an APRN education program must include at a minimum three separate comprehensive graduate-level courses known as the APRN core. The APRN core consists of: advanced physiology/pathophysiology, including general principles that apply across the lifespan; advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents. In addition to the broad-based content described above, the work groups chose to suggest content within the population-focused competencies related to the three core courses as it pertained to the specific population. This was done to illustrate the differences in application of the broad-based core courses as it related to therapeutic management of the various populations.

The Relationship of the NP Core and Population-Focused Competencies

Each entry-level NP is expected to meet both the NP core competencies and the population-focused competencies in the area of educational preparation. Accordingly, NP educational programs use both NP core competencies and population-focused competencies to guide curriculum development.

At the time the task force began its work, NONPF had just released a new set of core competencies for NPs. This new set represented NONPF's endorsement of the transition of NP education to the doctoral level and an integration of previous Master's-level core competencies with the practice doctorate NP competencies released by NONPF in 2006. The NONPF Board had charged a task force to integrate the two documents with the goal of having one set of NP core competencies to guide educational programs preparing NPs to implement the full scope of practice as a licensed independent practitioner.

The new core competencies moved away from the previous 7 domains as a framework and instead used nine core competency areas that delineate the essential behaviors of all NPs. These are demonstrated upon graduation regardless of the population focus of the program. The competencies are necessary for NPs to meet the complex challenges of translating rapidly expanding knowledge into practice and function in a changing health care environment. The new, nine competency areas also provide the framework for the population-focused competencies.

Other Resource Material for NP Programs

During the development of the population-focused competencies, the task force recognized that other national documents are critical to NP curriculum development. The task force felt it very important to delineate the following as critical resources for refinement of specific skill sets necessary to provide evidence-based, patient-centered care across all settings:

- *The Future of Nursing: Leading Change, Advancing Health* (IOM, 2011)
- *Core Competencies for Interprofessional Collaborative Practice* (2011)
- *Quality and Safety Education for Nurses (QSEN) Graduate Competency KSAs* (2012)
- *Essential Genetic and Genomic Competencies for Nurses with Graduate Degrees* (2012)
- *The Essentials of Master's Education in Nursing* (AACN, 2011)
- *The Essentials of Doctoral Education for Advanced Practice Nursing* (AACN, 2006)
- *Oral Health Core Clinical Competencies for non-Dental Providers* (to be released 2013)

How to Use This Document

The following pages include five sets of population-focused competencies. Each set is presented in a table format to emphasize the relationship of the population-focused competencies with the NP core competencies. The expectation is that an educational program will prepare the student to meet *both* sets of competencies.

In the development of the competencies, the 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. The final column in each table presents the competency work group's ideas of relevant content. **This list is not intended to be required content, nor is the content list comprehensive for all that a program would cover with the core competencies. The content column reflects only suggestions for content from the specific perspective of this population focus. Content specific to the core might be highlighted here only because of particular relevance to the population focus.**

A Glossary of Terms appears after the competencies. Any population-specific terms have been added to this glossary. The task force hopes that this glossary will facilitate common understanding of key terms.

Each set of competencies includes a brief preamble to describe the population focus. The preamble is intentionally brief and not intended to be a full description of the NP. Definitions of the NP are found in the *APRN Consensus Model* (2008).

Future Work

To supplement the tables presented herein and give further guidance to NP educational programs, an addendum will soon be available to show the content supporting the core competencies that crosses all the population foci.

NONPF will maintain a commitment to reconvene organizational representatives for periodic re-evaluation and updating of the population-focused competencies.

Family / Across the Lifespan NP Competencies

These are entry-level competencies for the family nurse practitioners (FNP) and supplement the core competencies for all nurse practitioners.

The graduate of an FNP program is prepared to care for individuals and families across the lifespan. The FNP role includes preventative healthcare, as well as the assessment, diagnosis and treatment of acute and chronic illness and preventative health care for individuals and families. Family nurse practitioners demonstrate a commitment to family –centered care and understand the relevance of the family’s identified community in the delivery of family- centered care.

See the “Introduction” for how to use this document and to identify other critical resources to supplement these competencies.

Competency Area	NP Core Competencies	Family/Across the Lifespan NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
Scientific Foundation Competencies	<ol style="list-style-type: none"> 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. 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. 		
Leadership Competencies	<ol style="list-style-type: none"> 1. Assumes complex and advanced leadership roles to initiate and guide change. 	<ol style="list-style-type: none"> 1. Works with individuals of other professions to maintain a climate of mutual respect and shared values. 	Roles of the Family/Lifespan NP: health care provider, coordinator, consultant, educator, coach, advocate, administrator, researcher,

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	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 2. Engages diverse health care professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific patient care needs. 3. Engages in continuous professional and interprofessional development to enhance team performance. 4. Assumes leadership in interprofessional groups to facilitate the development, implementation and evaluation of care provided in complex systems. 	<p>and leader.</p> <p>Building and maintaining a therapeutic team to provide optimum therapy.</p> <p>Skills for interpretation and marketing strategies of the family/lifespan nurse practitioner role for the public, legislators, policy-makers, and other health care professions.</p> <p>Advocacy for the role of the advanced practice nurse in the health care system.</p> <p>Importance of participation in professional organizations.</p> <p>Acceptance and embracement of cultural diversity and individual differences that characterize patients, populations, and the health care team and embrace the cultural diversity and individual differences that characterize patients, populations, and the health care team.</p> <p>Recognition and respect for the unique cultures, values, roles/responsibilities and expertise of other health care team members.</p> <p>Importance of honesty and integrity in relationships with patients, families and other team members .</p> <p>Importance of knowledge and opinions to team members involved in patient care with confidence, clarity, and respect and work to</p>

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			ensure common understanding of information, treatment and care decisions.
Quality Competencies	<ol style="list-style-type: none"> 1. Uses best available evidence to continuously improve quality of clinical practice. 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. 		<p>Interpretation of professional strengths, role, and scope of ability for peers, patients, and colleagues.</p> <p>Accountability for practice.</p> <p>Highest standards of practice.</p> <p>Self-evaluation concerning practice.</p> <p>Use of self-evaluative information, including peer review, to improve care and practice.</p> <p>Professional development and the maintenance of professional competence and credentials.</p> <p>Monitoring of quality of own practice .</p> <p>Continuous quality improvement based on professional practice standards and relevant statutes and regulation.</p> <p>Research to improve quality care.</p>
Practice Inquiry Competencies	<ol style="list-style-type: none"> 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 		<p>Translation and application of research that is client or patient centered and contributes to positive change in the health of or the healthcare delivery.</p> <p>Use of an evidence-based approach to patient management that critically evaluates and applies research findings pertinent to patient care management and outcomes.</p>

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	<p>or in partnership with others.</p> <p>5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.</p> <p>6. Analyzes clinical guidelines for individualized application into practice.</p>		
Technology and Information Literacy Competencies	<ol style="list-style-type: none"> 1. Integrates appropriate technologies for knowledge management to improve health care. 2. Translates technical and scientific health information appropriate for various users' needs. <ol style="list-style-type: none"> 1.a Assesses the patient's and caregiver's educational needs to provide effective, personalized health care. 1.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. 		Use of available technology that enhances safety and monitors health status and outcomes.

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Policy Competencies	<ol style="list-style-type: none"> 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. 		<p>Strategies to influence legislation to promote health and improve care delivery models through collaborative and/or individual efforts.</p> <p>The relationship between community/public health issues and social problems (poverty, literacy, violence, etc.) as they impact the health care of patients.</p>
Health Delivery System Competencies	<ol style="list-style-type: none"> 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. 		<p>Relationship- building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient/population-centered care that is safe, timely, efficient, effective and equitable.</p> <p>Planning, development, and implementation of public and community health programs.</p> <p>Policies that reduce environmental health risks.</p> <p>Cost, safety, effectiveness, and alternatives when proposing changes in care and practice.</p> <p>Organizational decision making.</p> <p>Interpreting variations in outcomes.</p>

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	<ol style="list-style-type: none"> 5. Evaluates the impact of health care delivery on patients, 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. 		<p>Uses of data from information systems to improve practice.</p> <p>Business principles that affect long-term financial viability of a practice, the efficient use of resources, and quality of care.</p> <p>Relevant legal regulations for nurse practitioner practice, including reimbursement of services.</p> <p>Skills needed to assist individuals, their families, and caregivers to navigate transitions and negotiate care across healthcare delivery system(s).</p> <p>Process of design, implementation, and evaluation of evidence-based, age-appropriate professional standards and guidelines for care.</p>
Ethics Competencies	<ol style="list-style-type: none"> 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. 		<p>Ethical dilemmas specific to interprofessional patient/population-centered care situations.</p> <p>Ethics to meet the needs of patients.</p> <p>Ethical implications of scientific advances and practices accordingly.</p>
Independent Practice Competencies	<ol style="list-style-type: none"> 1. Functions as a licensed independent practitioner. 2. Demonstrates the highest level of accountability for professional practice. 3. Practices independently managing 	<ol style="list-style-type: none"> 1. Obtains and accurately documents a relevant health history for patients of all ages and in all phases of the individual and family life cycle using collateral information, as needed. 2. Performs and accurately documents appropriate comprehensive or symptom- 	<p>The influence of the family or psychosocial factors on patient illness.</p> <p>Conditions related to developmental delays and learning disabilities in all ages.</p>

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	<p>previously diagnosed and undiagnosed patients.</p> <p>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.</p> <p>3.b Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.</p> <p>3.c Employs screening and diagnostic strategies in the development of diagnoses.</p> <p>3.d Prescribes medications within scope of practice.</p> <p>3.e Manages the health/illness status of patients and families over time.</p> <p>4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.</p> <p>4.a Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.</p>	<p>focused physical examinations on patients of all ages (including developmental and behavioral screening, physical exam and mental health evaluations).</p> <p>3. Identifies health and psychosocial risk factors of patients of all ages and families in all stages of the family life cycle.</p> <p>4. Identifies and plans interventions to promote health with families at risk.</p> <p>5. Assesses the impact of an acute and/or chronic illness or common injuries on the family as a whole.</p> <p>6. Distinguishes between normal and abnormal change across the lifespan.</p> <p>7. Assesses decision-making ability and consults and refers, appropriately.</p> <p>8. Synthesizes data from a variety of sources to make clinical decisions regarding appropriate management, consultation, or referral.</p> <p>9. Plans diagnostic strategies and makes appropriate use of diagnostic tools for screening and prevention, with consideration of the costs, risks, and benefits to individuals.</p> <p>10. Formulates comprehensive differential diagnoses.</p> <p>11. Manages common acute and chronic physical and mental illnesses, including acute exacerbations and injuries across the lifespan to minimize the development of complications, and promote function and quality of living.</p>	<p>Women's and men's reproductive health, including, but not limited to, sexual health, pregnancy, and postpartum care.</p> <p>Problems of substance abuse and violence, e. mental health, f. cultural factors, g. genetics, h. dental health, i. families at risk, j. cultural health, k. spiritual, and l. sexual, M. academic functioning Family assessment.</p> <p>Functional assessment of family members (e.g., elderly, disabled).</p> <p>Signs and symptoms indicative of change in mental status, e.g. agitation, anxiety, depression, substance use, delirium, and dementia.</p> <p>Comprehensive assessment that includes the differentiation of normal age changes from acute and chronic medical and psychiatric/substance use disease processes, with attention to commonly occurring atypical presentations and co-occurring health problems including cognitive impairment.</p> <p>Assessment processes for persons with cognitive impairment and psychiatric/substance use disorders.</p> <p>Evidence-based screening tools for assessment of:</p> <ol style="list-style-type: none"> ADHD Anxiety disorders Mood disorders

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	<p>4.b Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.</p> <p>4.c Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.</p> <p>4.d Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.</p>	<p>12. Prescribes medications with knowledge of altered pharmacodynamics and pharmacokinetics with special populations, such as infants and children, pregnant and lactating women, and older adults.</p> <p>13. Prescribes therapeutic devices.</p> <p>14. Adapts interventions to meet the complex needs of individuals and families arising from aging, developmental/life transitions, co-morbidities, psychosocial, and financial issues.</p> <p>15. Assesses and promotes self-care in patients with disabilities.</p> <p>16. Plans and orders palliative care and end-of-life care, as appropriate.</p> <p>17. Performs primary care procedures.</p> <p>18. Uses knowledge of family theories and development stages to individualize care provided to individuals and families.</p> <p>19. Facilitates family decision-making about health.</p> <p>20. Analyzes the impact of aging and age-and disease-related changes in sensory/perceptual function, cognition, confidence with technology, and health literacy and numeracy on the ability and readiness to learn and tailor interventions accordingly.</p> <p>21. Demonstrates knowledge of the similarities and differences in roles of various health professionals providing mental health services, e.g., psychotherapists, psychologist, psychiatric social worker, psychiatrist, and</p>	<p>d. Developmental variations to include physical differences, behavior and function</p> <p>e. Autistic Spectrum disorders</p> <p>f. Substance disorders</p> <p>g. Suicidal ideation and self-injurious behavior</p> <p>Risks to health related to:</p> <p>a. Bullying and victimization</p> <p>b. Environmental factors</p> <p>c. Risk-taking behaviors</p> <p>Signs and symptoms of acute physical and mental illnesses, and atypical presentations across the life span.</p> <p>Resiliency and healthy coping.</p> <p>Pharmacologic assessment addressing polypharmacy; drug interactions and other adverse events; over-the-counter; complementary alternatives; and the ability to obtain, purchase, self-administer, and store medications safely and correctly.</p> <p>Epidemiology, environmental and community characteristics, cultural, and life stage development, including the presentation seen with increasing age, family, and behavioral risk factors.</p> <p>Assessment of families and individuals in the development of coping systems and lifestyle adaptations.</p>

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		<p>advanced practice psychiatric nurse.</p> <p>22. 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).</p> <p>23. Applies principles of self-efficacy/empowerment in promoting behavior change.</p> <p>24. Develops patient-appropriate educational materials that address the language and cultural beliefs of the patient.</p> <p>25. Monitors specialized care coordination to enhance effectiveness of outcomes for individuals and families</p>	<p>Referrals to other health care professionals and community resources for individuals and families, for example, coordination of care transitions within and between health care systems.</p> <p>Women's reproductive health, including sexual health, prenatal, and postpartum care and pre and post-menopausal care.</p> <p>Performance of common office procedures which may include, but are not limited to, suturing, lesion removal, incision and drainage, casting/splinting, microscopy, and gynecology procedures.</p> <p>Comprehensive plan of care:</p> <p>Assistive devices which may include but not limited to nebulizers, walkers, CPAP.</p> <p>Appropriate referral for physical therapy, occupational therapy, speech therapy, home health, hospice and nutritional therapy.</p> <p>Establishment of sustainable partnership with individuals and families</p> <p>Ethical issues related to balancing differing needs, age-related transitions, illness, or health among family members.</p> <p>Culturally appropriate communication skills adapted to the individual's cognitive, developmental, physical, mental and behavioral health status.</p>

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			<p>Discussion techniques for sensitive issues such as:</p> <ul style="list-style-type: none"> a. suicide prevention, self-injury b. sexually-related issues c. substance use/abuse d. risk-taking behavior e. driving safety f. independence g. finances h. violence, abuse, and mistreatment i. prognosis <p>Assessment of decisional capacity (including the balance between autonomy and safety), guardianship, financial management and durable and healthcare powers of attorney to the treatment of older adults.</p> <p>Intervention/crisis management and appropriate referrals to mental health care professionals and community agencies with resources</p> <p>Cognitive, sensory, and perceptual problems with special attention to temperature sensation, hearing and vision</p> <p>Relationship development with patients, families, and other caregivers to address sensitive issues, such as driving, independent living, potential for abuse, end-of-life issues, advanced directives, and finances.</p> <p>Education on preventive health care and end-</p>

Competency Area	NP Core Competencies	Family/Across the Lifespan NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
			<p>of-life choices.</p> <p>Resources for payment of services related to fixed income (retired), entitlements (Medicaid and Medicare), and available resources</p> <p>Provider communication skills which include validating and verifying findings, and the acknowledgement of patients strengths in meeting needs.</p> <p>Patient comfort and support.</p> <p>Importance of "being present" during communication with others.</p> <p>Self-reflection</p> <p>Evaluation of therapeutic interaction</p> <p>Termination of nurse practitioner patient relationship and issue related to transition to another health care provider.</p> <p>Patient and or caregiver support and resources.</p> <p>Respect for the inherent dignity of every human being, whatever their age, gender, religion, socioeconomic class, sexual orientation, and ethnicity.</p> <p>Rights of individuals to choose their care provider, participate in care, and refuse care.</p> <p>Influence of cultural variations on child health practices, including child rearing.</p> <p>Spiritual needs in the context of health and</p>

Competency Area	NP Core Competencies	Family/Across the Lifespan NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
			<p>illness experiences, including referral for pastoral services.</p> <p>Assessment of the influence of patient's spirituality on his/her health care behaviors and practices.</p> <p>Appropriate incorporation of spiritual beliefs into the plan of care.</p> <p>Collaboration with patients and families to discuss their wishes for end of life decision-making and care.</p> <p>Learning style assessment for the patients</p> <p>Patient education about self-management of acute/chronic illness with sensitivity to the patient's learning ability and cultural/ethnic background.</p> <p>How to adapt teaching-learning approaches based on physiological and psychological changes, age, developmental stage, readiness to learn, health literacy, the environment, and resources.</p>

Neonatal NP Competencies

These are entry-level competencies for the neonatal nurse practitioner (NNP) and supplement the core competencies for all nurse practitioners.

Neonatal nurse practitioners provide health care to neonates, infants, and children up to 2 years of age. Practice as a NNP requires specialized knowledge and skills if safe, high-quality care is to be delivered to patients. Competencies are identified by the professional organization, along with an established set of standards that protect the public, ensuring patients' access to safe, high-quality care. The National Association of Neonatal Nurse Practitioners (NANNP, 2010) had established competencies for the neonatal population focus that built upon the *Domains and Core Competencies of Nurse Practitioner Practice* developed by the National Organization of Nurse Practitioner Faculties (NONPF, 2006). The NNP competencies presented here build on that previous work and relate to the more recent *Nurse Practitioner Core Competencies* published by NONPF in 2012. The core competencies, which are demonstrated upon graduation regardless of population focus, are necessary for NPs to meet the complex challenges of translating rapidly expanding knowledge into practice and function in a changing health care environment.

See the "Introduction" for how to use this document and to identify other critical resources to supplement these competencies.

Competency Area	NP Core Competencies	Neonatal NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
Scientific Foundation Competencies	<ol style="list-style-type: none"> 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. 3. Translates research and other forms of knowledge to improve practice processes and outcomes. 		Advanced Neonatal Pathophysiology Advanced Neonatal Pharmacology Advanced Neonatal Assessment Research and Quality Improvement <ul style="list-style-type: none"> • Research process and methods • Information databases • Critical evaluation of research findings • Translational research • Research on vulnerable populations

Competency Area	NP Core Competencies	Neonatal NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
	4. Develops new practice approaches based on the integration of research, theory, and practice knowledge		<ul style="list-style-type: none"> • Funding for research • Research dissemination • Institutional review boards <ul style="list-style-type: none"> • Safety • Continuous Quality Improvement Professional Role <ul style="list-style-type: none"> • Nursing Theories • Evidence based practice
Leadership Competencies	<ol style="list-style-type: none"> 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 	Interprets the role of the neonatal nurse practitioner (NNP) to the infant's family, other healthcare professionals, and the community.	Professional Role <ul style="list-style-type: none"> • Professional leadership • Professional accountability • Evidence-based practice • Role theory • Advanced practice role • Role of the NNP • Scope of practice of the NNP • Standards of practice • Professional regulation and licensure • Credentialing and certification • Clinical decision making and problem solving • Professional scholarship Teaching and Education <ul style="list-style-type: none"> • Theories—motivational, change, education, communication • Program planning and evaluation • Instructional technology • Cultural sensitivity • Communication

Competency Area	NP Core Competencies	Neonatal NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
	<p>organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.</p>		<ul style="list-style-type: none"> • Communication theory • Collaboration • Conflict resolution • Assertiveness • Collaborative practice models • Informatics • Consultation
Quality Competencies	<ol style="list-style-type: none"> 1. Uses best available evidence to continuously improve quality of clinical practice. 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. 		Healthcare Policy and Advocacy <ul style="list-style-type: none"> • Economics of health care Research and Quality Improvement <ul style="list-style-type: none"> • Information databases • Critical evaluation of research findings • Translational research • Research dissemination • Institutional review boards <ul style="list-style-type: none"> • Safety • Continuous Quality Improvement • Finance and Value added care
Practice Inquiry Competencies	<ol style="list-style-type: none"> 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. 		Research and Quality Improvement <ul style="list-style-type: none"> • Research process and methods • Information databases • Critical evaluation of research findings • Translational research • Research on vulnerable populations • Research dissemination

Competency Area	NP Core Competencies	Neonatal NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
	4. Leads practice inquiry, individually or in partnership with others. 5. Disseminates evidence from inquiry to diverse audiences using multiple modalities. 6. Analyze clinical guidelines for individualized application into practice		<ul style="list-style-type: none"> • Institutional review boards • Safety • Continuous Quality Improvement
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. 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.		Communication <ul style="list-style-type: none"> • Communication theory • Collaboration • Conflict resolution • Assertiveness • Collaborative practice models • Informatics • Information data bases/technology • Consultation Professional Role <ul style="list-style-type: none"> • Information technology Teaching and Education <ul style="list-style-type: none"> • Theories—motivational, change, education, communication • Program planning and evaluation • Instructional technology • Cultural sensitivity

Competency Area	NP Core Competencies	Neonatal NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
Policy Competencies	<ol style="list-style-type: none"> 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. 		<p>Healthcare Policy and Advocacy</p> <ul style="list-style-type: none"> • Process of healthcare legislation • Maternal and child health legislation • Implications of healthcare policy • Economics of health care • Third-party reimbursement • Legislation and regulations concerning advanced practice • Advocacy <p>Ethical and Legal Issues</p> <ul style="list-style-type: none"> • Ethical decision making • Ethical issues—reproductive, prenatal, neonatal, and infancy • Ethical use of information • Patient advocacy • Resource allocation • Legal issues affecting patient care and professional practice • Cultural sensitivity <p>Global Health Care Communication</p> <ul style="list-style-type: none"> • Communication theory • Collaboration • Conflict resolution • Assertiveness • Collaborative practice models • Informatics • Consultation

<p>Health Delivery System Competencies</p>	<ol style="list-style-type: none"> 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, 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. 		<p>Management and Organization</p> <ul style="list-style-type: none"> • Organizational theory • Principles of management • Models of planned change • Collaborative practice • Healthcare system financing • Reimbursement systems • Standards of practice • Cost, quality, outcome measures • Resource management • Evaluation models • Peer review <p>Communication</p> <ul style="list-style-type: none"> • Communication theory • Collaboration • Conflict resolution • Assertiveness • Collaborative practice models • Informatics • Consultation <p>Healthcare Policy and Advocacy</p> <ul style="list-style-type: none"> • Process of healthcare legislation • Maternal and child health legislation • Implications of healthcare policy • Economics of health care • Third-party reimbursement • Legislation and regulations concerning advanced practice • Advocacy <p>Research and Quality Improvement</p> <ul style="list-style-type: none"> • Safety • Continuous Quality Improvement
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<p>Ethics Competencies</p>	<ol style="list-style-type: none"> 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. 	<p>Conforms to the national <i>Code of Ethics of the National Association of Neonatal Nurses</i>.</p>	<p>Ethical and Legal Issues</p> <ul style="list-style-type: none"> • Ethical decision making • Ethical issues—reproductive, prenatal, neonatal, and infancy • Ethical use of information • Patient advocacy • Bioethics committees • Clinical research • Resource allocation • Genetic counseling • Legal issues affecting patient care and professional practice • Informed consent • Cultural sensitivity
<p>Independent Practice Competencies</p>	<ol style="list-style-type: none"> 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. <ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. Obtains a thorough health history to include maternal medical, antepartum, intrapartum, and newborn history. 2. Performs a complete, systems-focused examination to include physical, behavioral, and developmental assessments. 3. Develops a comprehensive database that includes pertinent history, diagnostic tests, and physical assessment. 4. Demonstrates critical thinking and diagnostic reasoning skills in clinical decision-making. 5. Establishes priorities of care. 6. Initiates therapeutic interventions according to established standards of care. 7. Demonstrates competency in the technical skills considered essential for NNP practice according to the standards set forth by national, professional. 8. Intervenes according to established standards of care to resuscitate and stabilize 	<p>Advanced Neonatal Pathophysiology Advanced Neonatal Pharmacology Advanced Neonatal Assessment Perinatal Issues</p> <p>A. Perinatal physiology</p> <ul style="list-style-type: none"> • Maternal physiology (physiologic adaptation to pregnancy, pathologic changes or disease in pregnancy, effects of pre-existing disease) • Fetal physiology • Transitional changes • Neonatal physiology <p>B. Pharmacology</p> <ul style="list-style-type: none"> • Principles of pharmacology and pharmacotherapeutics, including those at the cellular response level • Principles of pharmacokinetics and pharmacodynamics of broad categories

	<p>abnormal findings.</p> <p>3.c Employs screening and diagnostic strategies in the development of diagnoses.</p> <p>3.d Prescribes medications within scope of practice.</p> <p>3.e Manages the health/illness status of patients and families over time.</p> <p>4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.</p> <p>4.a Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.</p> <p>4.b Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.</p> <p>4.c Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.</p> <p>4.d Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.</p>	<p>compromised newborns and infants.</p> <p>9. Implements developmentally appropriate care.</p> <p>10. Ensures that principles of pain management are applied to all aspects of neonatal care.</p> <p>11. Documents assessment, plan, interventions, and outcomes of care.</p> <p>12. Considers community and family resources and strengths, when planning patient care and follow up needs across the continuum of care.</p> <p>13. Communicates with family members and caregivers regarding the newborn and infant's healthcare status and needs.</p> <p>14. Applies principles of crisis management to assist family members in coping with their infant's illness.</p> <p>15. Participates in the learning needs of students and other healthcare professionals.</p> <p>16. Participates as a member of an interdisciplinary team through the development of collaborative and innovative practices.</p> <p>17. Identify strategies to deliver culturally sensitive, high quality care free of personal biases.</p>	<p>of drugs</p> <ul style="list-style-type: none"> • Common categories of drugs used in the newborn and infant • Effects of drugs during pregnancy and lactation <p>C. Genetics</p> <ul style="list-style-type: none"> • Principles of human genetics • Genetic testing and screening • Genetic abnormalities • Human Genome Project • Gene therapy • Genetic Counseling <p>General Assessment</p> <ul style="list-style-type: none"> • Perinatal history • Antepartum conditions • Prenatal diagnostic testing • Intrapartum conditions • Influence of altered environment on the newborn and infant • Gestational age assessment • Neonatal physical exam • Behavioral assessment • Developmental assessment • Pain assessment • Assessment of family adaptation, coping skills, and resources <p>Sociocultural Assessment</p> <p>A. Family assessment</p> <ul style="list-style-type: none"> • Family function <ul style="list-style-type: none"> 1. roles 2. interactions 3. effect of childbearing • Social, cultural, and spiritual variations • Support systems
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			<p>B. Families in crisis</p> <ul style="list-style-type: none">• Crisis theory• Principles of intervention• Crises of childbearing<ol style="list-style-type: none">1. sick or premature infant2. chronically ill or malformed infant3. death of an infant• Grief<ol style="list-style-type: none">1. stages2. factors influencing grieving process3. pathologic grief4. sibling reactions <p>C. Principles of family-centered care</p> <p>Clinical and Diagnostic Laboratory Assessments</p> <p>Clinical laboratory tests</p> <ul style="list-style-type: none">• Microbiologic• Biochemical• Hematologic• Serologic• Metabolic and endocrine• Immunologic• Routine newborn screening• Other <p>Diagnostic tests (types and techniques)</p> <ul style="list-style-type: none">• Ultrasound• Computed tomography (CT)• Magnetic resonance imaging (MRI), magnetic resonance angiogram (MRA), magnetic resonance spectroscopy (MRS)• X-ray• Electrocardiogram (EKG)• Electroencephalogram (EEG)
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			<ul style="list-style-type: none">• Echocardiogram• Cardiac catheterization <p>Selection of diagnostic tests</p> <ul style="list-style-type: none">• Indications• Reliability• Advantages and disadvantages• Cost-effectiveness• Interpretation of results• Performance of procedures for neonates, including, but not limited to:• Lumbar puncture• Umbilical vessel catheterization• Percutaneous arterial and venous catheters• Arterial puncture• Venipuncture• Capillary heel-stick blood sampling• Suprapubic bladder aspiration• Bladder catheterization• Endotracheal intubation• Laryngeal airway placement• Intraosseous (to be alike)• Assisted ventilation• Resuscitation and stabilization• Needle aspiration of pneumothorax• Chest-tube insertion and removal• Exchange transfusion <p>General Management</p> <p>A. Thermoregulation</p> <ul style="list-style-type: none">• Factors affecting heat loss and production• Mechanisms of heat loss and gain• Temperature assessment techniques• Hypothermia, hyperthermia
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			<ul style="list-style-type: none">• Management techniques to minimize heat loss or maintain body temperature <p>B. Resuscitation and stabilization</p> <ul style="list-style-type: none">• Assessment of risk factors• Physiology of asphyxia• Indications for intubation, ventilation, and cardiac compressions (see also section on neonatal procedures)• Resuscitation equipment• Pharmacotherapeutics• Stabilization• Neonatal transport• Neonatal Resuscitation Program (NRP) provider <p>C. Pain management</p> <ul style="list-style-type: none">• Physiology of pain• Pain management<ol style="list-style-type: none">1. Nonpharmacologic2. Pharmacologic <p>D. Palliative and end-of-life care</p> <ul style="list-style-type: none">• Ethical considerations• Pain management at end of life• Hospice care• Bereavement <p>Clinical Management</p> <p>A. Cardiovascular system</p> <ul style="list-style-type: none">• Embryology• Physiology• Fetal, transitional, neonatal circulation• Rhythm disturbances/EKG interpretation• Myocardial dysfunction• Shock, hypotension, hypertension
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			<ul style="list-style-type: none">• Congenital heart disease (pathophysiology, clinical presentation, differential diagnosis, medical management, pre- and postoperative management)• Cardiovascular radiology and echocardiogram interpretation• Cardiovascular pharmacology <p>B. Pulmonary system</p> <ul style="list-style-type: none">• Embryology• Physiology (oxygenation and ventilation, gas exchange, acid-base balance)• Asphyxia• Pulmonary diseases (pathophysiology, etiology, clinical presentation, differential diagnosis, treatment)• Pulmonary radiology• Respiratory therapy<ol style="list-style-type: none">1. Physiologic principles2. Physiologic monitoring3. Continuous distending pressure4. Ventilation strategies5. Extracorporeal membrane oxygenation (ECMO)• Respiratory pharmacology <p>C. Gastrointestinal (GI) system</p> <ul style="list-style-type: none">• Embryology• Anatomy and physiology of the GI tract<ol style="list-style-type: none">1. Structure and function2. Hormonal influence3. Motility4. Digestion and absorption• Digestive and absorptive disorders<ol style="list-style-type: none">1. Disorders of sucking and
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			<ul style="list-style-type: none">swallowing2. Motility3. Gastroesophageal (GE) reflux4. Malabsorption5. Diarrhea or short gut• Anomalies and obstruction• Necrotizing enterocolitis <p>D. Nutrition</p> <ul style="list-style-type: none">• Effects of maturational changes on management of nutritional requirements and feeding• Caloric and nutritional requirements• Feeding methods<ol style="list-style-type: none">1. Breast2. Bottle3. Gavage4. Gastrostomy5. Transpyloric6. Trophic• Breast milk versus formula<ol style="list-style-type: none">1. Composition2. Benefits3. Preterm infants• Parenteral nutrition<ol style="list-style-type: none">1. Composition2. Indications3. Benefits4. Complications5. Monitoring• Dietary supplementation for term and preterm infants• Dietary adjustments in special circumstances<ol style="list-style-type: none">1. Cholestasis2. Short gut syndrome3. Osteopenia
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			<p>4. Inborn errors of metabolism</p> <p>E. Renal and genitourinary</p> <ul style="list-style-type: none">• Embryology and anatomy• Renal physiology• Evaluation of renal function• Urinary tract infections• Congenital anomalies• Functional abnormalities of the renal system• Renal failure<ol style="list-style-type: none">1. Predisposing factors and etiologies2. Pathophysiology3. Management<ol style="list-style-type: none">a. Fluid and electrolytesb. Nutritional modificationc. Drug modificationd. Hemofiltratione. Dialysisf. Transplant <p>F. Fluid and electrolytes</p> <ul style="list-style-type: none">• Physiology<ol style="list-style-type: none">1. Electrolyte homeostasis2. Body composition in fetal and neonatal periods3. Transitional changes4. Insensible water loss5. Endocrine control, (mineralocorticoids, antidiuretic hormone (ADH), calcitonin/parathyroid hormone (PTH)6. Renal function, physiology• Calcium and phosphorus homeostasis• Principles of fluid therapy<ol style="list-style-type: none">1. Assessment of hydration
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			<ul style="list-style-type: none"> 2. Maintenance requirements 3. Factors affecting total fluid requirements • Disorders of fluids and electrolytes • Immune and nonimmune hydrops <p>G. Endocrine and metabolic system</p> <ul style="list-style-type: none"> • Neuroendocrine regulation • Carbohydrate metabolism • Infant of a diabetic mother • Adrenal disorders • Thyroid disorders • Inborn errors of metabolism • Newborn screening • Ambiguous genitalia, intersex disorders <p>H. Hematologic system and malignancies</p> <ul style="list-style-type: none"> • Development of the hematopoietic system • Anemia • Polycythemia and hyperviscosity • Bilirubin <ul style="list-style-type: none"> 1. Physiology of bilirubin production, metabolism, and excretion 2. Hyperbilirubinemia 3. Breast milk jaundice 4. Encephalopathy • Hepatic disorders • Coagulation and platelets <ul style="list-style-type: none"> 1. Physiology 2. Disorders of coagulation and platelets • Disorders of leukocytes • Blood transfusions and blood products • Malignancies, neoplasms <p>I. Immunologic system</p>
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			<ul style="list-style-type: none">• Development of the immune system• Function of the immune system<ul style="list-style-type: none">• Allo- and auto-immune disorders• Infectious diseases• Evaluation of the infant<ol style="list-style-type: none">1. History2. Physical examination3. Laboratory data4. Other diagnostic tests• Treatment<ol style="list-style-type: none">1. Antimicrobial2. Adjunctive therapy• Infection with specific microorganisms <p>J. Musculoskeletal system</p> <ul style="list-style-type: none">• Embryology• Congenital abnormalities• Birth injuries• Metabolic bone disease <p>K. Neurobehavioral system</p> <ul style="list-style-type: none">• Development of the nervous system<ol style="list-style-type: none">1. Embryology2. Anatomy3. Cerebral circulation4. Maturation• Birth injuries• Anomalies and defects of central nervous system (CNS) and spine• Ischemic brain injury• Seizures• Intracranial hemorrhage• Disorders of movement and tone• Growth and development• Developmentally supportive care• Developmental follow-up of infants
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			<p>L. Eyes, ears, nose, and throat</p> <ul style="list-style-type: none">• Embryology and anatomy• Abnormalities of the airway<ol style="list-style-type: none">1. Congenital2. Acquired• Auditory system<ol style="list-style-type: none">1. Physiology of hearing and speech2. Speech and language alterations3. Hearing screening methods <p>4. Abnormalities</p> <ul style="list-style-type: none">• Visual system<ol style="list-style-type: none">1. Physiology of vision and visual development2. Visual acuity3. Visual screening4. Pharmacotherapy5. Abnormalities6. Retinopathy of prematurity (ROP) <p>M. Integumentary system</p> <ul style="list-style-type: none">• Embryology• Anatomy and physiology• Terminology• Common variations• Skin disorders• Pharmacology <p>N. Intrauterine drug exposure</p> <ul style="list-style-type: none">• Screening for maternal substance use• Laboratory tests• Ethical considerations• Physiologic effects• Clinical management<ol style="list-style-type: none">1. Pharmacologic2. Nonpharmacologic
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			<p>Health Promotion and Disease Prevention</p> <p>A. Discharge planning</p> <ul style="list-style-type: none">• Discharge planning process<ul style="list-style-type: none">• Technologically dependent infants• Parent education<ol style="list-style-type: none">1. infant cue recognition2. emergency measures3. medical equipment4. disease-specific instructions5. well-child care (normal growth and development, nutrition, dental health)• Community resources• Home care and follow-up <p>B. Primary care up to 2 years</p> <ul style="list-style-type: none">• Physical assessment• Immunization• Hearing screening• Eye exams• Neurologic follow-up• Developmental screening• Safety issues
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Acute Care Pediatric Nurse Practitioner Competencies

These are entry-level competencies for the acute care pediatric nurse practitioner (ACPNP) and supplement the core competencies for all nurse practitioners.

The graduate of an ACPNP program is prepared to care for children with complex acute, critical and chronic illness across the entire pediatric age spectrum, from birth to young adulthood. Circumstances may exist in which a patient, by virtue of age, could fall outside the traditionally defined ACPNP population but by virtue of special need, the patient is best served by the ACPNP. The ACPNP implements the full scope of the role through assessment, diagnosis and management with interventions for patients and their families. The ACPNP implements the full scope of the role through assessment, diagnosis and management with interventions for patients and their families. The ACPNP provides care to patients who are characterized as “physiologically unstable, technologically dependent, and/or are highly vulnerable to complications” (AACN Scope and Standards, 2006, p 9), and a continuum of care ranging from disease prevention to critical care in order to “stabilize the patient’s condition, prevent complications, restore maximum health and/or provide palliative care” (AACN p. 10). Patients may be encountered across the continuum of care settings and require ongoing monitoring and intervention.

See the “Introduction” for how to use this document and to identify other critical resources to supplement these competencies.

Competency Area	NP Core Competencies	Acute Care Pediatric NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
Scientific Foundation Competencies	<ol style="list-style-type: none"> 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. 3. Translates research and other forms of knowledge to improve 	<ol style="list-style-type: none"> 1. Contributes to knowledge development for improved child and family-centered care. 2. Participates in child and family focused quality improvement, program evaluation, translation, and dissemination of evidence into practice. 3. Delivers of evidence-based practice for pediatric patients. 	The following curriculum considers advanced pathophysiology; advanced physical examination findings; and advanced pharmacology (kinetics, dynamics, genomics) that pertains to the unique aspects of the infant, child, and adolescent.

Competency Area	NP Core Competencies	Acute Care Pediatric NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
	<p>practice processes and outcomes.</p> <p>4. Develops new practice approaches based on the integration of research, theory, and practice knowledge</p>		<p>Scientific Foundations</p> <ul style="list-style-type: none"> • Clinical practice guidelines • Evidence based care • Translational research • Vulnerable and diverse populations and cultures
<p>Leadership Competencies</p>	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. Advances the knowledge of the interprofessional team to improve pediatric healthcare delivery and patient outcomes. 2. Participates actively in pediatric focused professional organizations that promote optimal health care for children and their families. 3. Advocates within health care agencies for unrestricted access to all health care providers that provide quality, cost effective care to children and families. 	<p>Professional Role</p> <ul style="list-style-type: none"> • Professional accountability • Role theory • Role of the ACPNP • Scope & standards of practice of the ACPNP • Professional regulation and licensure • Credentialing and certification • Clinical decision making and problem solving • Professional scholarship • Engagement in Professional organizations • Advocacy • Self-evaluation and peer review <p>Teaching and Education</p> <ul style="list-style-type: none"> • Theories - change, education, communication, family • Cultural sensitivity <p>Communication</p> <ul style="list-style-type: none"> • Communication theory • Collaboration • Conflict resolution • Collaborative practice models

Competency Area	NP Core Competencies	Acute Care Pediatric NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
	nursing and/or health outcomes of a population focus.		<ul style="list-style-type: none"> • Simulation with role-playing for learning skills such as history taking as well as for more complex communication techniques such as sharing bad news or potential poor outcomes with patients and families. Clinical practicum <ul style="list-style-type: none"> • Incorporation into interprofessional team member. • Quality improvement initiatives • Safety Continuous Quality Improvement Replication of clinical scenarios with a focus on team training for the purpose of learning leadership, followership, and team concepts.
Quality Competencies	<ol style="list-style-type: none"> 1. Uses best available evidence to continuously improve quality of clinical practice. 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. 	Articulates the importance of collaborating with local, state and national child organizations to foster best practices and child safety.	Healthcare Policy and Advocacy <ul style="list-style-type: none"> • Economics of health care • Safety (local, state, national) Quality Improvement Process in measuring outcomes

Competency Area	NP Core Competencies	Acute Care Pediatric NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
Practice Inquiry Competencies	<ol style="list-style-type: none"> 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 others. 5. Disseminates evidence from inquiry to diverse audiences using multiple modalities. 6. Analyze clinical guidelines for individualized application into practice 	Ensures pediatric assent and consent, and/or parental permission when conducting clinical inquiry.	<p>Aspects of conducting research with children.</p> <p>Application of research and EBP findings pertinent to pediatric patients and their families to improve outcomes.</p>
Technology and Information Literacy Competencies	<ol style="list-style-type: none"> 1. Integrates appropriate technologies for knowledge management to improve health care. 2. Translates technical and scientific health information appropriate for various users' needs. <ol style="list-style-type: none"> 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. 	<ol style="list-style-type: none"> 1. Considers developmental level of child and the family when translating health information to support positive health outcomes. 2. Uses pediatric focused simulation based learning to improve practice. 3. Evaluates information systems to assure the inclusion of data appropriate for pediatric patients. 	<p>Educational initiatives that translate health information to children and families.</p> <p>Integration of hospital information systems and evaluation appropriateness for pediatric patients.</p> <p>Distance linked services.</p> <p>Use of electronic information to enhance patient care and outcomes.</p> <p>Technology that enhances safety, such as with information databases.</p>

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	<ol style="list-style-type: none"> 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. 		
Policy Competencies	<ol style="list-style-type: none"> 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. 	<ol style="list-style-type: none"> 1. Demonstrates an understanding of pediatric and acute care advocacy/ legislation and policy statements. 2. Uses relevant policy specific to children to direct appropriate patient care. 3. Advocates for unrestricted financial and legislative access for children and families to quality, cost effective healthcare. 	Healthcare Policy and Advocacy <ul style="list-style-type: none"> • Process of healthcare legislation • Child and family health legislation • Implications of healthcare policy • Third-party reimbursement • Legislation and regulations concerning advanced practice • Resource allocation
Health Delivery System Competencies	<ol style="list-style-type: none"> 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, 	<ol style="list-style-type: none"> 1. Serves as an advocate for the needs of children and their families within the health care system including facilitating transitions across settings. 2. Applies knowledge of family, child development, healthy work environment standards, and organizational theories and 	Management and Organization <ul style="list-style-type: none"> • Organizational theory • Models of planned change • Healthcare system financing • Reimbursement systems • Resource management

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	<p>and partnering.</p> <ol style="list-style-type: none"> 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, 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. 	<p>systems to support safe, high quality, and cost effective care within health care delivery systems.</p>	<ul style="list-style-type: none"> • Informatics <p>Collaboration and planning for transition to adult health care.</p> <p>Integration of palliative and end-of-health care.</p>
Ethics Competencies	<ol style="list-style-type: none"> 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. 		Ethical and Legal Issues <ul style="list-style-type: none"> • Ethical decision making • Ethical use of information • Bioethics committees • Clinical research, including informed consent/assent • Clinical trials for therapeutic management • Legal issues affecting patient care and professional practice • Cultural sensitivity • Strategies for connecting the student to the

Competency Area	NP Core Competencies	Acute Care Pediatric NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
			local, national and international community.
Independent Practice Competencies	<ol style="list-style-type: none"> 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. <ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. Recognizes the importance of interprofessional team practice in providing safe, comprehensive clinical care. 2. Obtains relevant comprehensive problem focused health histories for children with complex acute, critical, and chronic conditions. 3. Applies advanced assessment skills to determine appropriate management in the care of children with single and/or multi system organ dysfunction. 4. Integrates knowledge of pathophysiology to anticipate and identify rapidly changing physiologic conditions and organ system failure in children. 5. Responds to children with complex acute, critical, and chronic problems to address rapidly changing conditions, including the recognition and management of emerging health crises, and organ dysfunction using both physiologically and technology derived data. 6. Prioritizes data recognizing the dynamic nature of a child with a complex acute, critical, and chronic condition. 7. Interprets age, developmental and situational appropriate screening and diagnostic studies essential in the diagnosis and management of the child with a complex acute, critical, or chronic health condition. 	<p>Consider the unique aspects of the infant, child, and adolescent as they pertain to:</p> <ul style="list-style-type: none"> • Advanced Pathophysiology • Advanced Physical Assessment • Advanced Pharmacology (kinetics, dynamics, genomics) <p>Genetics</p> <ul style="list-style-type: none"> • Principles of human genetics • Genetic testing and screening • Genetic abnormalities • Human Genome Project • Gene therapy • Genetic Counseling <p>Foundational concepts of the child & family</p> <ul style="list-style-type: none"> • Health and family assessment with emphasis on normal and abnormal growth and development • Behavioral assessment • Health promotion and disease prevention • Common acute and chronic conditions • Assessment of family adaptation, coping skills, and resources <p>Sociocultural Assessment</p> <ul style="list-style-type: none"> • Family assessment • Family function <ol style="list-style-type: none"> 1. roles 2. interactions

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	<p>recognizing cultural diversity and the patient or designee as a full partner in decision-making.</p> <p>4.a Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.</p> <p>4.b Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.</p> <p>4.c Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.</p> <p>4.d Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.</p>	<p>8. Develops appropriate differential diagnosis with an understanding of new or exacerbation of complex acute, critical, and chronic conditions.</p> <p>9. Provides ongoing monitoring of children with single or multi-system organ dysfunction.</p> <p>10. Seeks and integrates the perspectives of interprofessional team members in developing and implementing the plan of care.</p> <p>11. Performs specific diagnostic maneuvers and/or technical skills to monitor and sustain physiological function.</p> <p>12. Appropriately orders and performs interventions to monitor, sustain and restore stability in children with deteriorating conditions.</p> <p>13. Understands the complexity and interaction of prescribing pharmacologic and non-pharmacologic therapies required in the care of children with complex acute, critical, and chronic conditions.</p> <p>14. Prescribes medications and complex medical regimes monitoring for adverse outcomes specific to the child with high risk complex acute, critical, and chronic conditions.</p> <p>15. Manages the medically fragile technology dependent child who presents with complex acute, critical, and chronic illness and injury</p> <p>16. Stabilizes children in emergent and life threatening situations.</p> <p>17. Performs consultations in a variety of settings for children with complex acute,</p>	<ul style="list-style-type: none"> • Social, cultural, and spiritual variations • Support systems <p>Families in crisis</p> <ul style="list-style-type: none"> • Crisis theory • Principles of intervention • Grief <ul style="list-style-type: none"> 1. stages 2. factors influencing grieving process 3. pathologic grief 4. sibling reactions • Principles of family-centered care <p>Foundational concepts of the acutely ill child</p> <ul style="list-style-type: none"> • Responding to rapidly changing clinical conditions, including the recognition and management of emerging crises and organ dysfunction and failure. Complex monitoring and ongoing management of intensive therapies in a variety of settings, including but not limited to: <ul style="list-style-type: none"> • inpatient and outpatient hospital settings • specialty services • emergency departments • home care settings • Essential knowledge of unique challenges and management of the chronically ill child and their family. • Assessment of clinical laboratory and diagnostic imaging; including but not limited to:

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		<p>critical and chronic conditions based on knowledge and expertise.</p> <p>18. Initiates and facilitates the child's transition within and outside of the health care setting and across all levels of care including admission, transfer and discharge.</p>	<ul style="list-style-type: none"> • Microbiologic, biochemical, hematologic, and other relevant test. • Diagnostic imaging studies • Indications • Reliability • Advantages and disadvantages • Cost-effectiveness • Interpretation of results • Screening tests, such as: <ul style="list-style-type: none"> • Auditory, visual, and others as indicated. • Indication for and principles of procedures, including but not limited to: <ul style="list-style-type: none"> • Lumbar puncture • Percutaneous arterial and venous catheters • Arterial puncture • Endotracheal intubation • Laryngeal mask airway placement • Assisted ventilation • Intraosseous • Needle aspiration of pneumothorax • Chest-tube insertion and removal • Fluid and electrolytes: <ul style="list-style-type: none"> • Physiology <ol style="list-style-type: none"> 1. Electrolyte homeostasis 2. Body 3. Transitional changes 4. Insensible water loss 5. Endocrine control • Renal function, physiology

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			<ul style="list-style-type: none"> • Calcium and phosphorus homeostasis • Principles of fluid therapy <ol style="list-style-type: none"> 1. Assessment of hydration 2. Maintenance requirements 3. Factors affecting total fluid requirements • Disorders of fluids and electrolytes • Nutrition <ul style="list-style-type: none"> • Caloric and nutritional requirements • Feeding methods <ol style="list-style-type: none"> 1. Human milk 2. Bottle 3. Gavage 4. Gastrostomy 5. Transpyloric 6. Trophic • Human milk, common formulas, specialty formulas <ol style="list-style-type: none"> 1. Composition 2. Benefits 3. Indication/contraindications • Parenteral nutrition <ol style="list-style-type: none"> 1. Composition 2. Indications 3. Benefits 4. Complications 5. Monitoring • Dietary supplementation • Dietary adjustments in special circumstances • Discharge planning <ul style="list-style-type: none"> • Discharge planning process

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			<ul style="list-style-type: none"> • Technologically dependent children • Parent education • Community resources • Home care and follow-up <p>Assessment, diagnosis, and management of the following system specific problems:</p> <p>Cardiology:</p> <ul style="list-style-type: none"> • Arrhythmias • Cardiomyopathy • Cardiogenic Shock • Congenital heart lesions • Congestive heart failure • Postpericardiotomy syndrome • Pulmonary hypertension • Rheumatic fever • Syncope • Transplantation <p>Gastroenterology:</p> <ul style="list-style-type: none"> • Abdominal injuries • Appendicitis • Esophageal disorders • Foreign Body • Gastroenteritis • Gastrointestinal bleeding • Hepatitis • Hyperbilirubinemia in the neonate • Ingestions

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			<ul style="list-style-type: none"> • Inflammatory bowel disease • Intestinal obstructions • Hepatic insufficiency/failure • Pancreatitis • Superior mesenteric artery syndrome <p>Genito-urinary/ Nephrology:</p> <ul style="list-style-type: none"> • Dialysis • Female genitorurinary disorders (e.g. pelvic inflammatory disease, ovarian torsion) • Hematuria • Hypertension • Renal Insufficiency/failure • Male genitorurinary disorders (e.g. testicular torsion) • Nephrotic syndrome • Pylonephritis/nephritis • Renal tubular acidosis • Transplantation • Urosepsis <p>Infectious Diseases:</p> <ul style="list-style-type: none"> • Bacterial infections (e.g. apparent life-threatening events, bacteremia, epiglottitis, tracheitis) • Health care associated infections • Fever • Fungal infections • Multiple organ dysfunction syndrome • Opportunistic infections • Parapneumonic infections

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			<ul style="list-style-type: none"> • Resistant organisms • Septic shock • Systemic inflammatory response syndrome • Travel Associated Infection • Tuberculosis • Viral infections (e.g. CMV, EBV, H1N1, RSV) <p>Neurology:</p> <ul style="list-style-type: none"> • Arteriovenous malformation • Brain death • Cerebral palsy • Cerebral vascular accidents • Encephalopathy • Hydrocephalus • Hypotonia • Meningitis • Muscular dystrophies • Neuropathy • Spinal Cord Injury • Status Epilepticus • Submersion injuries • Traumatic Brain Injury <p>Pulmonary:</p> <ul style="list-style-type: none"> • Acute respiratory distress syndrome • Air leak syndromes • Airway obstructive/failure disorders • Bronchiolitis • Chronic lung disease • Congenital central hypoventilation

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			<ul style="list-style-type: none"> syndrome • Cystic fibrosis • Obstructive sleep apnea • Pertussis • Pneumonia • Pulmonary edema • Smoke inhalation • Status asthmaticus • Transplantation • Congenital central hypoventilation syndrome • Obstructive sleep apnea • Pulmonary edema • Smoke inhalation • Status asthmatic • Transplantation <p>Oncology:</p> <ul style="list-style-type: none"> • Blood cell tumors • Graft versus host disease • Long-term effects of cancer therapy • Solid tumors • Transplant • Tumor lysis syndrome <p>Endocrine and Metabolic</p> <ul style="list-style-type: none"> • Adrenal disorders • Cerebral salt wasting syndrome • Diabetes I & II • Diabetic ketoacidosis • Diabetes insipidus • Inborn errors of metabolism

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			<ul style="list-style-type: none"> • Metabolic syndromes • Syndrome of inappropriate antidiuretic hormone • Thyroid/parathyroid disorders <p>Hematology:</p> <ul style="list-style-type: none"> • Anemias (e.g. aplastic, sickle cell) • Coagulation disorders (e.g. disseminated intravascular coagulation, hemophilia, Henoch Schönlein purpura, heparin induced thrombocytopenia, idiopathic thrombocytopenia purpura) • Thrombotic disorders (e.g. deep vein thrombosis) <p>Inflammatory:</p> <ul style="list-style-type: none"> • Anaphylaxis • Immunodeficiencies • Juvenile Idiopathic Arthritis, • Systemic Lupus Erythematosus • Vasculitis <p>Otolaryngology:</p> <ul style="list-style-type: none"> • Laryngomalacia • Mastoiditis • Orbital/periorbital cellulitis • Retropharyngeal abscess • Vocal cord paralysis <p>Musculoskeletal:</p> <ul style="list-style-type: none"> • Compartment syndrome • Legg-Calvé-Perthes disease • Myositis • Osteomyelitis

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			<ul style="list-style-type: none"> • Rhabdomyolysis • Septic arthritis • Spinal fusion <p>Pain management:</p> <ul style="list-style-type: none"> • Physiology of pain • Pain management <ol style="list-style-type: none"> 1. Nonpharmacologic 2. Pharmacologic • Palliative and end-of-life care: • Ethical considerations • Pain management at end of life • Hospice care • Bereavement

Primary Care Pediatric Nurse Practitioner Competencies

The following are entry-level competencies for the primary care pediatric nurse practitioner. These pediatric population-focused competencies expand upon the core competencies set forth for all nurse practitioners. The role of the primary care pediatric nurse practitioner is to provide care to children from birth through young adult with an in-depth knowledge and experience in pediatric primary health care including well child care and prevention/management of common pediatric acute illnesses and chronic conditions. This care is provided to support optimal health of children within the context of their family, community, and environmental setting. Although primary care pediatric nurse practitioners practice primarily in private practices and ambulatory clinics, their scope of practice may also extend into the inpatient setting and is based upon the needs of the patient.

Upon entry into practice, the pediatric nurse practitioner should demonstrate competence in the categories as described. See the “Introduction” for how to use this document and to identify other critical resources to supplement these competencies.

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Scientific Foundation Competencies	<ol style="list-style-type: none"> 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. 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 	<ol style="list-style-type: none"> 1. Contributes to knowledge development for improved child and family centered care. 2. Participates in child and family focused quality improvement, program evaluation, translation and dissemination of evidence into practice. 3. Delivers evidence-based practice for pediatric patients. 	<p>Genetic disorders</p> <p>Genetic risks, human inheritance, molecular genetics, human genome, genetic variation, and pharmacogenetics</p>

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Leadership Competencies	<ol style="list-style-type: none"> 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. 	Advocates for unrestricted access to quality cost effective care within health care agencies for children and families.	Vulnerable children in nontraditional settings such as: <ul style="list-style-type: none"> • Incarcerated youth • Infants and children of incarcerated parents • Children in foster care • Homeless children • Children of migrant workers • International adoptees Global pediatric health issues
Quality Competencies	<ol style="list-style-type: none"> 1. Uses best available evidence to continuously improve quality of clinical practice. 2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care. 	Recognizes the importance of collaborating with local, state and national child organizations to foster best practices and child safety.	Child safety policies

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	<ol style="list-style-type: none"> 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. 		
Practice Inquiry Competencies	<ol style="list-style-type: none"> 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 others. 5. Disseminates evidence from inquiry to diverse audiences using multiple modalities. 6. Analyze clinical guidelines for individualized application into practice 	<ol style="list-style-type: none"> 1. Ensures pediatric assent and consent, and/or parental permission when conducting clinical inquiry. 2. Promotes research that is child-centered and contributes to positive change in the health of or the health care delivered to children. 	<p>Quality research for children.</p> <p>Product design and development with pediatric user/consumer in mind.</p> <p>Barriers to quality research in the pediatric population.</p>
Technology and Information Literacy	<ol style="list-style-type: none"> 1. Integrates appropriate technologies for knowledge management to improve health care. 	<ol style="list-style-type: none"> 1. Promotes development of information systems to assure inclusion of data appropriate to pediatric patients, including 	<p>Tailoring information to the child's developmental and cognitive level.</p>

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Competencies	<ol style="list-style-type: none"> 2. Translates technical and scientific health information appropriate for various users' needs. <ol style="list-style-type: none"> 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. 	<ol style="list-style-type: none"> developmental and physiologic norms. 2. Considers developmental level of child and the family when translating health information to support positive health outcomes. 3. Uses pediatric focused simulation based learning to improve practice. 	<p>Design and implementation of the electronic health/medical record for compatibility with health and illness of the child.</p> <p>Information systems to assure inclusion of data appropriate to pediatric clients, including developmental and physiologic norms.</p> <p>Advising and counseling families whose members may have a genetic disorder.</p> <p>Age appropriate concepts and the development of education tools for the pediatric patient and family.</p>
Policy Competencies	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. Advocates for local, state, and national policies to address the unique needs of children and families. 2. Uses relevant policy specific to children to direct appropriate patient care, and to advocate against financial and legislative restrictions that limit access or opportunity. 	<p>Child safety policies</p> <p>Poverty initiatives</p>

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	<p>policy across disciplines.</p> <p>6. Evaluates the impact of globalization on health care policy development.</p>		
Health Delivery System Competencies	<ol style="list-style-type: none"> 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, 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. 	<ol style="list-style-type: none"> 1. Optimizes outcomes for children and their families by facilitating access to other health care services (e.g. mental health) or to community and educational settings. 2. Facilitates parent-child shared management and transition to adult care as developmentally appropriate. 3. Applies knowledge of family, child development, healthy work environment standards and organizational theories and systems to support safe, high quality, and cost effective care within health care delivery systems. 4. Facilitates transitions across settings including health care, mental health, community and educational services to optimize outcomes. 	<p>Transitions and linkages across health and mental service, community, and educational settings to optimize outcomes</p> <p>Early intervention programs and committee special education.</p> <p>Advocacy for effective models of health care delivery for alternative families.</p> <p>Development of systems of care across health and mental services, social and educational institutions.</p> <p>Integration of mental health into primary care for children.</p> <p>Navigation and promotion of health care access for children and adolescents.</p> <p>Collaboration in planning for transition to adult health care.</p> <p>Collaboration in palliative and end of life care.</p>

Competency Area	NP Core Competencies	Primary Care Pediatric NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
Ethics Competencies	5. Integrates ethical principles in decision making. 6. Evaluates the ethical consequences of decisions. 7. 3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.		Knowledge of the unique challenge and process with ethical dilemmas concerning children and families. Long term outcomes of ethical decisions (chemo). Principles of legal and ethical decision making.
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.	1. Conducts age appropriate comprehensive advanced physical, mental and developmental assessment across pediatric life span. 2. Assesses growth, development and mental/behavioral health status across the pediatric life span. 3. Assesses for evidence of physical, emotional or verbal abuse, neglect and the effects of violence on the child and adolescent. 4. Analyzes the family system (i.e. family structure, cultural influences etc.) to identify contributing factors that might influence the health of the child/adolescent and/or family 5. Assesses patient's, family's or caregiver's knowledge and behavior regarding age-appropriate health indicators and health risks. 6. Performs age appropriate comprehensive and problem-focused physical exams. 7. Performs a systematic review of normal and abnormal findings resulting in a differential diagnoses encompassing anatomical, physiological, motor, cognitive,	Refer to resource list for most up to date guidelines: <ul style="list-style-type: none"> • Bright Futures • AAP well child visits • ACIP Immunization schedule Pediatric health risks and health indicators Genetic (3 generational), developmental, behavioral, psychosocial, cognitive screening and family history. Age-appropriate and condition specific screening tools, tests, laboratory test, and diagnostic procedures . Age appropriate anticipatory guidance. Etiology, natural history, developmental considerations, pathogenesis, and clinical manifestations of common disease processes in children. Principles of health education and counseling for growth and development, health promotion, health status, illnesses, illness management.

Competency Area	NP Core Competencies	Primary Care Pediatric NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
	<p>3.d Prescribes medications within scope of practice.</p> <p>3.e Manages the health/illness status of patients and families over time.</p> <p>4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.</p> <p>4.a Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.</p> <p>4.b Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.</p> <p>4.c Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.</p> <p>4.d Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.</p>	<p>developmental, psychological, and social behavior across the pediatric lifespan.</p> <p>8. Identifies nutritional conditions and behavioral feeding issues and implements appropriate educational, dietary or medical treatments/interventions.</p> <p>9. Interprets age-appropriate, developmental and condition-specific screening and diagnostic studies to diagnosis and manage the well, minor acute, or chronic conditions in the pediatric scope of practice.</p> <p>10. Promotes healthy nutritional and physical activity practices.</p> <p>11. Provides health maintenance and health promotion services across the pediatric lifespan.</p> <p>12. Activates child protection services, and recommends/incorporates other resources on behalf of children or families at risk.</p> <p>13. Partners with families to coordinate family centered community and health care services as needed for specialty care and family support.</p> <p>14. Incorporates health objectives and recommendations for accommodations, as appropriate, into educational plans (IEP)</p> <p>15. Assists the parent/child in coping with developmental behaviors and facilitates the child's developmental potential.</p> <p>16. Recognizes and integrates the perspectives of intradisciplinary collaboration in developing and implementing the plan of care.</p>	<p>Anticipatory guidance</p> <p>Breast feeding promotion and management.</p> <p>Nutritional programs, and nutritional intake considering food preferences and avoidance of food sensitivities.</p> <p>Coordination of care .with Early Intervention and special education</p> <p>Newborn screening and appropriate follow up.</p> <p>Exposure to and knowledgeable about the following procedes:</p> <ul style="list-style-type: none"> • Fluorescein staining • Removal of foreign body from eye-cotton tip applicator • Ear foreign body and cerumen removal-curette and irrigation method • Nasal foreign body removal • Nasal packing for epistaxis • Tooth evulsion- stabilization • Pulse oximetry • CPR • Nasogastric tube insertion • Urethral catheterization • Removal of vaginal foreign body • Skin scraping • Wound immigration and drainage • Wound closure- suture insertion; staple insertion; butterfly/steri-strip, tissue adhesive • Splinting

Competency Area	NP Core Competencies	Primary Care Pediatric NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
		17. Understands the complexity and interaction of nonpharmacologic and pharmacologic therapies required in the care of children.	<ul style="list-style-type: none"> • Reduction of radial head subluxation • Spirometry • Nebulizer treatment • Spacers devices • Incheck dial for assessing inhaler technique • Pelvic exams with collection of cultures • Diagnostic testing <ul style="list-style-type: none"> • Proper strep test • RSV collection of specimen • Influenza A/B collection

Psychiatric-Mental Health Nurse Practitioner Competencies

These are entry-level competencies for the psychiatric-mental health nurse practitioner (PMHNP) and supplement the core competencies for all nurse practitioners.

The PMHNP focuses on individuals across the lifespan (infancy through old age), families, and populations across the lifespan at risk for developing and/or having a diagnosis of psychiatric disorders or mental health problems. The PHMNP provides primary mental health care to patients seeking mental health services in a wide range of settings. Primary mental health care provided by the PMHNP involves relationship-based, continuous and comprehensive services, necessary for the promotion of optimal mental health, prevention, and treatment of psychiatric disorders and health maintenance. This includes assessment, diagnosis, and management of mental health and psychiatric disorders across the lifespan.

See the “Introduction” for how to use this document and to identify other critical resources to supplement these competencies.

Competency Area	NP Core Competencies	Psychiatric-Mental Health NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
Scientific Foundation Competencies	<ol style="list-style-type: none"> 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. 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, 		Neurobiology Advanced Pathophysiology, Advanced Pharmacotherapeutics, Advanced Health Assessment Psychotherapy theories Genomics Developmental neuroscience Interpersonal neurobiology Recovery and resiliency

Competency Area	NP Core Competencies	Psychiatric-Mental Health NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
	and practice knowledge		Trauma informed care Toxic stress Adverse Childhood Events Studies (ACES) Studies Allopathic stress Advanced Practice and Interprofessional psychiatric theoretical frameworks Theories of change in individuals, systems Stigma issues Role of the PMHNP in changing policies Aging Science Caregiver stress
Leadership Competencies	<ol style="list-style-type: none"> 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. 	<ol style="list-style-type: none"> 1. Participates in community and population-focused programs that promote mental health and prevent or reduce risk of mental health problems and psychiatric disorders. 2. Advocates for complex patient and family medicolegal rights and issues. 3. Collaborates with interprofessional colleagues about advocacy and policy issues at the local, state, and national related to reducing health disparities and improving clinical outcomes for populations with mental health problems and psychiatric disorders. 	Interprofessional practice competencies

Competency Area	NP Core Competencies	Psychiatric-Mental Health NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
	<ol style="list-style-type: none"> 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. 		
Quality Competencies	<ol style="list-style-type: none"> 1. Uses best available evidence to continuously improve quality of clinical practice. 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. 	Evaluates the appropriate uses of seclusion and restraints in care processes.	QSEN competencies Reflective Practice Self-awareness and self-care QI process in measuring outcomes of care

Competency Area	NP Core Competencies	Psychiatric-Mental Health NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
Practice Inquiry Competencies	<ol style="list-style-type: none"> 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 others. 5. Disseminates evidence from inquiry to diverse audiences using multiple modalities 6. Analyze clinical guidelines for individualized application into practice 		<p>Research knowledge of:</p> <ul style="list-style-type: none"> • Research utilization • Research process <p>Skill in use of EBP:</p> <ul style="list-style-type: none"> • Evaluating outcomes • Integrating results into practice
Technology and Information Literacy Competencies	<ol style="list-style-type: none"> 1. Integrates appropriate technologies for knowledge management to improve health care. 2. Translates technical and scientific health information appropriate for various users' needs. <ol style="list-style-type: none"> 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 		<p>Electronic medical records</p> <p>Electronic prescriptions</p> <p>Virtual patient care</p> <p>Distance linked services (Telemedicine/Telepsychiatry)</p> <p>Social networking</p> <p>Laws for technology</p> <p>Cultural and Linguistic literacy</p> <p>Data banks and quality assurance findings matched by evidence based best practices in Web-based, tele-, written, oral and electronic</p>

Competency Area	NP Core Competencies	Psychiatric-Mental Health NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
	<p>skills in complex decision making.</p> <p>4. Contributes to the design of clinical information systems that promote safe, quality and cost effective care.</p> <p>5. Uses technology systems that capture data on variables for the evaluation of nursing care.</p>		communications to enhance care.
Policy Competencies	<ol style="list-style-type: none"> 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. 	Employs opportunities to influence health policy to reduce the impact of stigma on services for prevention and treatment of mental health problems and psychiatric disorders.	<p>Healthcare/public policy knowledge of:</p> <ul style="list-style-type: none"> • Laws and regulations (e.g., Health Insurance Portability and Accountability Act [HIPAA], Center for Medicare and Medicaid Services [CMS], The Joint Commission, Accreditation Healthcare Organizations, documentation, coding/reimbursement, American with Disabilities Act, mental health parity), • Principles of advocacy to influence socially responsible policy, including consumer focused care . • Laws, procedures for seclusion and restraint for hospitals/psychiatric units, long term care (LTC is inclusive of nursing homes)
Health Delivery System Competencies	<ol style="list-style-type: none"> 1. Applies knowledge of organizational practices and complex systems to improve health care delivery. 2. Effects health care change using 		<p>Interprofessional practice competencies</p> <p>Scope of practice knowledge of:</p> <ul style="list-style-type: none"> • Scope and Standards of Practice • Legal/ethical issues

Competency Area	NP Core Competencies	Psychiatric-Mental Health NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
	<p>broad based skills including negotiating, consensus-building, and partnering.</p> <ol style="list-style-type: none"> 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, 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. 		<ul style="list-style-type: none"> • Regulatory agencies <p>Coordination of services knowledge of available resources (e.g., consultation resources, evidence based practice, community resources, government funded studies/grants, school resources)</p> <p>Models of integrative care skill in:</p> <ul style="list-style-type: none"> • Obtaining and utilizing appropriate collateral information • Providing and utilizing consultations and referrals • Communicating with other health care providers
Ethics Competencies	<ol style="list-style-type: none"> 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. 		<p>Boundaries, duty to report, duty to warn, confidentiality, reporting abuse, seeks consultation, knowing scope of practice, knowing personal limits, safety</p> <p>State mental health laws</p> <p>State laws related to involuntary hospitalization and commitment</p> <p>Influence on policy by monitoring of policy and</p>

Competency Area	NP Core Competencies	Psychiatric-Mental Health NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
			active communication to appropriate parties to affect policy for optimal healthcare.
Independent Practice Competencies	<ol style="list-style-type: none"> 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. <ol style="list-style-type: none"> 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. 	<ol style="list-style-type: none"> 1. Develops an age-appropriate treatment plan for mental health problems and psychiatric disorders based on biopsychosocial theories, evidence-based standards of care, and practice guidelines. 2. Includes differential diagnosis for mental health problems and psychiatric disorders. 3. Assess impact of acute and chronic medical problems on psychiatric treatment. 4. Conducts individual and group psychotherapy. 5. Applies supportive, psychodynamic principles, cognitive-behavioral and other evidence based psychotherapy/-ies to both brief and long term individual practice. 6. Applies recovery oriented principles and trauma focused care to individuals. 7. Demonstrates best practices of family approaches to care. 8. Plans care to minimize the development of complications and promote function and quality of life. 9. Treats acute and chronic psychiatric disorders and mental health problems. 10. Safely prescribes pharmacologic agents for patients with mental health problems and psychiatric disorders. 11. Ensures patient safety through the appropriate prescription and management of 	<p>Age Specific Psychiatric Disorders for:</p> <ul style="list-style-type: none"> • Aging adult (65 years and older) • Adult (18-64 years) • Adolescent (13-17 years) • Pre-Adolescent (10-12 years) • Child (3-9 years) • Infant (Prebirth-2 years) <p>Evaluation:</p> <ul style="list-style-type: none"> • History and Physical Exam • Psychiatric Evaluation • Mental Status Exam Concepts related to screening instruments (e.g., specificity and sensitivity, reliability and validity) <p>Type of screening instruments (e.g., depression screening, Mini Mental Status Exam (MMSE), alcohol screening, ADHD screening, anxiety screening, drug screening, serum screening)</p> <p>Clinical guidelines</p> <p>Screening tools</p> <p>Clinical evaluation tools</p> <p>Medical co-morbidities and differentials</p> <p>Theoretical foundations of individual, group and family approaches</p>

Competency Area	NP Core Competencies	Psychiatric-Mental Health NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
	<p>4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.</p> <p>4.a Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.</p> <p>4.b Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.</p> <p>4.c Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.</p> <p>4.d Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.</p>	<p>pharmacologic and non-pharmacologic interventions.</p> <p>12. Explain the risks and benefits of treatment to the patient and their family.</p> <p>13. Identifies the role of PMHNP in risk-mitigation strategies in the areas of opiate use and substance abuse clients.</p> <p>14. Seeks consultation when appropriate to enhance one's own practice.</p> <p>15. Uses self-reflective practice to improve care.</p> <p>16. Provides consultation to health care providers and others to enhance quality and cost-effective services.</p> <p>17. Guides the patient in evaluating the appropriate use of complementary and alternative therapies.</p> <p>18. Uses individualized outcome measure to evaluate psychiatric care.</p> <p>19. Manages psychiatric emergencies across all settings.</p> <p>20. Refers patient appropriately.</p> <p>21. Facilitates the transition of patients across levels of care.</p> <p>22. Uses outcomes to evaluate care.</p> <p>23. Attends to the patient-nurse practitioner relationship as a vehicle for therapeutic change.</p> <p>24. Maintains a therapeutic relationship over time with individuals, groups, and families to promote positive clinical outcomes.</p> <p>25. Therapeutically concludes the nurse-patient relationship transitioning the patient to other levels of care, when appropriate.</p>	<p>Theoretical foundations of trauma-focused care and recovery models of care</p> <p>Gender differences and equality</p> <p>Foster care, caregiver stress</p> <p>Simulation of crisis intervention, risk assessment, other pertinent areas</p> <p>Epidemiology/risk analysis knowledge of:</p> <ul style="list-style-type: none"> • Prevalence of disorders or behaviors in diverse populations across the life span • Contributing risk factors and potential barriers to health promotion and disease prevention (e.g., socioeconomic, biological, environmental, community specific variables) <p>Epidemiology/risk analysis skill in:</p> <ul style="list-style-type: none"> • Risk assessment (e.g., violence, abuse, neglect, suicide, psychopathology) <p>Health Promotion and Disease Prevention</p> <p>Health behavior knowledge of:</p> <ul style="list-style-type: none"> • Health behavior guidelines (e.g., gender-based recommendations, exercise, lifestyle, familial factors that predisposes one to disease, cultural and societal influences/stigmas) <p>Health behavior skills in:</p> <ul style="list-style-type: none"> • Selecting and implementing appropriate health behavior guidelines to specific situations based on individual patient

Competency Area	NP Core Competencies	Psychiatric-Mental Health NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
		<p>26. Demonstrates ability to address sexual/physical abuse, substance abuse, sexuality, and spiritual conflict across the lifespan.</p> <p>27. Applies therapeutic relationship strategies based on theories and research evidence to reduce emotional distress, facilitate cognitive and behavioral change, and foster personal growth</p> <p>28. Apply principles of self-efficacy/ empowerment and other self-management theories in promoting relationship development and behavior change.</p> <p>29. Identifies and maintains professional boundaries to preserve the integrity of the therapeutic process.</p> <p>30. Teaches patients, families and groups about treatment options with respect to developmental, physiological, cognitive, cultural ability and readiness.</p> <p>31. Provides psychoeducation to individuals, families, and groups regarding mental health problems and psychiatric disorders.</p> <p>32. Modifies treatment approaches based on the ability and readiness to learn.</p> <p>33. Considers motivation and readiness to improve self-care and healthy behavior when teaching individuals, families and groups of patients.</p> <p>34. Demonstrates knowledge of appropriate use of seclusion and restraints.</p> <p>35. Documents appropriate use of seclusion and restraints.</p>	<p>variances</p> <p>Growth and development across the lifespan knowledge of:</p> <ul style="list-style-type: none"> • Growth and development theories and concepts (including spiritual, cultural, cognitive, emotional, psychosexual, physical abilities) • Variances <p>Growth and development across the lifespan skill in:</p> <ul style="list-style-type: none"> • Developmental assessment <p>Screening instruments (including invasive and noninvasive screenings) skill in:</p> <ul style="list-style-type: none"> • Selecting and implementing appropriate screening instrument(s), interpreting results, and making recommendations and referrals <p>Prevention activities knowledge of:</p> <ul style="list-style-type: none"> • Primary, Secondary and Tertiary Prevention activities (e.g., health promotion, immunizations, anticipatory guidance, parenting skills, lifestyle modifications, psychosocial rehabilitation activities, in-home family treatments, risk reduction, pharmacology, CAM, self-care) • Access to care to underserved populations <p>Prevention activities skill in:</p> <ul style="list-style-type: none"> • Guidance, teaching, coaching, collaborating (with patient, family, and community)

Competency Area	NP Core Competencies	Psychiatric-Mental Health NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
			<ul style="list-style-type: none"> • Assessing readiness and capacity (e.g., change, learning, health literacy) • Implementing early intervention activities <p>Assessment of Acute and Chronic Illness</p> <p>Anatomy, physiology, development and pathophysiology across the lifespan knowledge of:</p> <ul style="list-style-type: none"> • Normal anatomy and physiology (including genetics, normal aging) • Pathophysiology <p>Comprehensive psychiatric evaluation knowledge of:</p> <ul style="list-style-type: none"> • Psychopathology (including DSM V signs and symptoms and neurobiology) <p>Comprehensive psychiatric evaluation skills in:</p> <ul style="list-style-type: none"> • Recognizing clinical signs and symptoms of psychiatric illness • Differentiating between pathophysiological and psychopathological conditions • Performing and interpreting a comprehensive and/or interval history and physical examination (including laboratory and diagnostic studies) • Performing and interpreting a mental status examination • Performing and interpreting a psychosocial assessment and family psychiatric history • Performing and interpreting a functional assessment (activities of daily living, occupational, social, leisure, educational,

Competency Area	NP Core Competencies	Psychiatric-Mental Health NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
			<p>coping skills)</p> <p>Diagnostic reasoning knowledge of:</p> <ul style="list-style-type: none"> • Diagnostic reasoning process • Diagnostic criteria (e.g., DSM V current International Classification of Disease) <p>Diagnostic reasoning skill in:</p> <ul style="list-style-type: none"> • Developing and prioritizing a differential diagnoses list • Formulating diagnoses according to DSM V based on assessment data • Differentiating between normal/abnormal age related physiological and psychological symptoms/changes <p>The Nurse Practitioner and Patient Relationship</p> <p>Therapeutic communication knowledge of:</p> <ul style="list-style-type: none"> • Therapeutic communication principles, techniques and ethics (e.g., boundaries, phases of the therapeutic relationship, conflict of interest, self-awareness, negotiation and collaboration) • Principles of family dynamics and social support systems • Cultural competency (e.g., language, ethnicity, race, religious, spiritual, biopsychosocial, urban/rural, homeless, migrant, Gay-Bisexual-Lesbian-Transgender/Transexual orientation, corrections/forensic, uninsured and underinsured, health disparities)

Competency Area	NP Core Competencies	Psychiatric-Mental Health NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
			<p>Therapeutic communication skill in:</p> <ul style="list-style-type: none"> • Initiating a therapeutic relationship with patient and family/support system (e.g., developing therapeutic alliances, assessing literacy, health literacy, spiritual needs, and barriers to communication) • Maintaining a therapeutic relationship with patient and family/support system (e.g., encouraging adherence and clinical engagement, maintaining therapeutic boundaries) • Terminating a therapeutic relationship with patient and family/support system (e.g., evaluating the effectiveness of a therapeutic relationship, appropriate closure and transitioning) <p>Legal/business/ethical issues knowledge of:</p> <ul style="list-style-type: none"> • Ethical principles and issues (e.g., termination, risk/benefit of disclosure, professional boundaries, patient autonomy, advocacy, consent/assent to treatment, consumer focused care) • Legal principles and issues (e.g., conflict of interest, patient rights and responsibilities, Health Information Portability and Accountability Act [HIPAA], professional obligations, duty to warn) • Business principles and issues (e.g., financial agreements, contracts for services)

Competency Area	NP Core Competencies	Psychiatric-Mental Health NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
			<p>Clinical Management</p> <p>Pharmacotherapeutic knowledge of:</p> <ul style="list-style-type: none"> • Current pharmacological concepts (e.g., pharmacodynamics, pharmacokinetics, interactions, Complementary/Alternative medicines [CAM]) • Standards of practice and clinical guidelines, evidenced-based practice • Safety and continuous quality improvement <p>Pharmacotherapeutic skills in:</p> <ul style="list-style-type: none"> • Selecting appropriate medication plan (e.g., risk/benefit, patient preference, developmental considerations, financial, the process of informed consent, symptom management) • Evaluating patient response and modify plan as necessary • Documenting (e.g., adverse reaction, patient response, changes to plan of care) <p>Psychotherapy, psychoeducation, complementary/alternative medicine knowledge of:</p> <ul style="list-style-type: none"> • Theories of treatment modalities (models and practices) • Standards of practice and clinical guidelines, evidenced-based practice • Safety and continuous quality improvement

Competency Area	NP Core Competencies	Psychiatric-Mental Health NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
			<p>Psychotherapy, psychoeducation, complementary/alternative medicine skill in:</p> <ul style="list-style-type: none"> • Selecting appropriate therapeutic plan (e.g., risk/benefit, patient preferences, developmental considerations, financial, the process of informed consent) • Implementing appropriate therapeutic plan • Evaluating patient response and modify plan as necessary • Documenting (e.g., adverse reaction, patient response, changes to plan of care) <p>Crisis management (e.g., chemical and physical restraints, seclusion, reporting abuse and neglect, involuntary hospitalization, safety assessment, duty to warn, end of life, institutionalization, residential treatment, foster care, military service) knowledge of:</p> <ul style="list-style-type: none"> • Theories and concepts associated with crisis management (e.g., intervention risk vs. benefit, level of risk, safety, lethality assessment, stress adaptation, crisis theories, disaster response) • Standards of practice and clinical guidelines, evidenced-based practice • Safety, continuous quality improvement, and patient rights <p>Crisis management skill in:</p> <ul style="list-style-type: none"> • Selecting appropriate intervention (e.g., risk/benefit, patient preference, developmental considerations, the

Competency Area	NP Core Competencies	Psychiatric-Mental Health NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
			<p>process of informed consent, least restrictive environment/invasive treatment)</p> <ul style="list-style-type: none"> • Implementing appropriate intervention • Evaluating patient response and modify plan as necessary • Documenting (e.g., adverse reaction, patient response, changes to plan of care) • Seclusion & restraint <p>Neurobiology and genetics of mental illnesses</p> <p>Theories and application of behavior change</p>

Women’s Health/Gender-Related NP Competencies

These are entry level competencies for the women’s health/gender-related nurse practitioner and supplement the core competencies for all nurse practitioners.

The women’s health nurse practitioner provides primary care to women across the life cycle with emphasis on conditions unique to women from menarche through the remainder of their life cycle within the context of socio-cultural environments – interpersonal, family, and community. In providing care, the women’s health nurse practitioner considers the inter-relationship of gender, social class, culture, ethnicity, sexual orientation, economic status, and socio-political power differentials.

See the “Introduction” for how to use this document and to identify other critical resources that supplement these competencies.

Competency Area	NP Core Competencies	Women’s Health / Gender-Related NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
Scientific Foundation Competencies	<ol style="list-style-type: none"> 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. 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 	<ol style="list-style-type: none"> 1. Integrates research, theory, and evidence-based practice knowledge to develop clinical approaches that address women’s responses to physical and mental health and illness across the lifespan. 2. Integrates best evidence into practice incorporating client values and clinical judgment 	<p>Hormonal therapy (contraception, HRT, infertility/fertility treatments)</p> <p>In-depth knowledge of reproductive endocrinology</p> <p>Advanced assessment of female breast and genitourinary systems</p> <p>Genomics</p> <p>Advanced practice and interprofessional role development</p> <p>Gender discrimination</p> <p>Sexual Assault</p> <p>Gender-unique disease presentations</p>

Competency Area	NP Core Competencies	Women's Health / Gender-Related NP Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
Leadership Competencies	<ol style="list-style-type: none"> 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. 		
Quality Competencies	<ol style="list-style-type: none"> 1. Uses best available evidence to continuously improve quality of clinical practice. 2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care. 3. Evaluates how organizational structure, care processes, financing, 		

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	<p>marketing and policy decisions impact the quality of health care.</p> <p>4. Applies skills in peer review to promote a culture of excellence.</p> <p>5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality.</p>		
Practice Inquiry Competencies	<ol style="list-style-type: none"> 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 others. 5. Disseminates evidence from inquiry to diverse audiences using multiple modalities. 6. Analyzes clinical guidelines for individualized application into practice 	<ol style="list-style-type: none"> 1. Evaluates gender-specific interventions and outcomes. 2. Integrates of gender-specific evidence into practice 	<p>Review of literature to distinguish unique aspects of gender-specific health for application of appropriate findings to patient care.</p>

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Technology and Information Literacy Competencies	<ol style="list-style-type: none"> 1. Integrates appropriate technologies for knowledge management to improve health care. 2. Translates technical and scientific health information appropriate for various users' needs. <ol style="list-style-type: none"> 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. 	<p>Uses health information and technology tools in providing care for women across the lifespan to communicate, manage knowledge, improve access, mitigate error, and to support clinical decision making locally and globally.</p>	<p>Use of electronic datasets to evaluate practice and improve quality, cost, and efficiency</p> <p>Distance-linked services</p> <ul style="list-style-type: none"> • Telewomen's health • Social networking <p>Technology laws affecting women and families</p> <p>Use of electronic communications to enhance care processes</p> <ul style="list-style-type: none"> • Use of simulation to enhance clinical skills in the care of women • gynecologic urologic teaching associates (GOTA) • task trainers (e.g., IUD insertion, Leopold maneuvers) • standardized patient encounters focusing on issues more prevalent in women such as, but not limited to, domestic violence and prenatal counseling
Policy Competencies	<ol style="list-style-type: none"> 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. 	<p>Advocates for health care policies and research that support accessible, equitable, affordable, safe and effective health care for women both locally and globally.</p>	<p>Principles of advocacy to influence socially responsible policy for women and their families.</p> <p>Promotion of gender-specific health concerns such as, but not limited to:</p> <ul style="list-style-type: none"> • undernourishment with body dysmorphism • obesity epidemic • female genital cutting

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	5. Analyzes the implications of health policy across disciplines. 6. Evaluates the impact of globalization on health care policy development.		
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, 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.	Demonstrates knowledge of legal/ethical issues and regulatory agencies relevant to gender-specific issues	Consent forms such as, but not limited to: <ul style="list-style-type: none"> • minors • tubul ligation • IUD insertion Variation of policies specific to women among state and federal regulatory agencies
Ethics Competencies	1. Integrates ethical principles in decision making. 2. Evaluates the ethical consequences	1. Recognizes the unique ethical dilemmas in women's health care. 2. Recognize the global ethical challenges in	Activities that raise awareness of issues that influence women's health such as, but not limited to:

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	<p>of decisions.</p> <p>3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.</p>	<p>women's health care.</p> <p>3. Develops ethically sound solutions to complex global issues related to women.</p>	<ul style="list-style-type: none"> • ageism • racism, • sexism, • religious beliefs • cultural variations • health belief systems • violence against women • homophobia • gender roles • poverty
<p>Independent Practice Competencies</p>	<ol style="list-style-type: none"> 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. <ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. Provides culturally appropriate reproductive and primary care for women of all ages. 2. Approaches gender-specific developmental events, such as menarche, pregnancy, menopause and senescence, as normative transitions not disease states. 3. Recognizes unique health care needs of marginalized women, including victims of violence and transgendered female clients. 4. Recognizes disease manifestations unique to women. 5. Manages disease manifestations unique to women. 6. Provides infertility and sexually transmitted disease services to sexual partners of female patients. 7. Supports a woman's right to make her own decisions regarding her health and 	<p>Age-appropriate care</p> <ul style="list-style-type: none"> • women across the lifespan • gynecologic • obstetric <p>Normal vs. abnormal</p> <ul style="list-style-type: none"> • development of the female • obstetrics • gynecology • age-related changes <p>Male conditions related to reproductive and urologic systems</p> <p>Selection and implementation of appropriate clinical guidelines and standards</p> <p>Using clinical decision support tools</p> <p>Epidemiology/risk analysis, including knowledge of:</p> <ul style="list-style-type: none"> • Prevalence of gynecologic and obstetric disorders in diverse populations across the

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	<p>development of diagnoses.</p> <p>3.d Prescribes medications within scope of practice.</p> <p>3.e Manages the health/illness status of patients and families over time.</p> <p>4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.</p> <p>4.a Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.</p> <p>4.b Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.</p> <p>4.c Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.</p> <p>4.d Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.</p>	<p>reproductive choices within the context of her belief system.</p> <p>8. Assesses genetic, social, environmental, physical, and mental health risks through collection of family, social, environmental, and health data.</p> <p>9. Provides counseling, management, and/or referral based on identified healthcare risk factors.</p>	<p>life span</p> <ul style="list-style-type: none"> • Contributing risk factors and potential barriers to health promotion and disease prevention (e.g., socioeconomic, biological, environmental, community-specific variables) <p>Gender-based recommendations, exercise, lifestyle, familial factors that predisposes one to disease, cultural, and societal influences/stigmas.</p> <p>Growth and development theories and concepts (spiritual, cultural, cognitive, emotional, psychosexual, physical abilities) & variances</p> <p>Principles of family dynamics and social support systems.</p> <p>Cultural differences impacting health such as, but not limited to:</p> <ul style="list-style-type: none"> • language • ethnicity • race • religious • spiritual • biopsychosocial • urban/rural • homeless • migrant • lesbian-gay-bisexual-transgender/transsexual (LGBT) orientation

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			<ul style="list-style-type: none"> • corrections/forensic • uninsured and underinsured • health disparities • health literacy <p>Complementary/alternative medicine therapies used across the lifespan in women's health</p> <p>Crisis management</p> <ul style="list-style-type: none"> • sexual assault • violence (such as, but not limited to, intimate partner and elder abuse) • divorce • caregiver burden <p>Female genital health, including, but not limited to:</p> <ul style="list-style-type: none"> • vulvodynia • vulvar vestibulitis • chronic pelvic pain • vulvovaginal dermatologic conditions <p>Common urological disorders in women, including, not limited to:</p> <ul style="list-style-type: none"> • urinary Incontinence • urinary frequency • interstitial cystitis <p>Skill in the procedures such as, but not limited to:</p> <ul style="list-style-type: none"> • IUD insertion • punch biopsies • endometrial biopsies • basic ultrasound

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			<ul style="list-style-type: none"> • pessary use Prenatal and postpartum management, including, but not limited to: <ul style="list-style-type: none"> • supervision of high-risk pregnancy • breastfeeding • contraception counseling

Glossary of Terms

Care processes: Actions or changes that occur during the delivery of health care.

Clinical investigative skills: Those skills needed to conduct inquiry of practice questions/therapies, evaluate discovered evidence, and then translate it into practice.

Cultural diversity: Common beliefs, values, practices and behaviors shared by multiple subgroups or individuals.

Culture of excellence: The environment developed through the internalization of core values and a shared commitment in which the highest standards of personal integrity, professionalism, and clinical expertise are upheld.

Developmental neuroscience: The study of the differentiation and organization of neurons into an integrated, functioning nervous system.

Evidence-based practice: The "conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. Individual clinical expertise is integrated with the best available external evidence from systematic research." (Modified from Sackett, 1996).

Globalization: The interrelated influence of actions, resources, cultures, and economies across nations.

Health policy: The set of decisions pertaining to health whether made at local, state, national, and global levels that influences health resource allocation.

Independent practice: Recognizes independent licensure of nurse practitioners who provide autonomous care and promote implementation of the full scope of practice.

Independently: Having the educational preparation and authority to make clinical decisions without the need or requirement for supervision by others.

Information literacy: The use of digital technology, communications tools, and/or networks to access, manage, integrate, evaluate, create, and effectively communicate information.

Interpersonal neurobiology: The study of developmental neuroscience with the study of human experience, particularly to understand how the brain gives rise to mental processes and is directly shaped by interpersonal experiences (Siegel 1999).

Interprofessional education: When two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.

Interprofessional practice: Occurs when multiple health workers from different professional backgrounds work together with patients, families, and communities to deliver the highest quality of care.

Knowledge management: Strategies that identify, create, represent, distribute, and enable the efficient use of all types of information.

Licensed independent practitioner: An individual with a recognized scientific knowledge base that is permitted by law to provide care and services without direction or supervision.

Quality care: The degree to which health services to individuals and populations increase the desired health outcomes consistent with professional knowledge and standards. Quality care also means avoiding underuse, overuse, and misuse of health care services.

Patient centered care: Care based on a partnership between the patient and health care provider that is focused on the patient's values, preferences, and needs.

Peer review: Evaluation of the processes and/or outcomes of care by professionals with similar knowledge, skills and abilities.