



## NURSE PRACTITIONER CORE COMPETENCIES April 2011

### Task Force Members

Anne C. Thomas, PhD, ANP-BC, GNP - Chair  
M. Katherine Crabtree, DNSc, FAAN, APRN-BC  
Kathleen R. Delaney, PhD, PMH-NP  
Mary Anne Dumas, PhD, RN, FNP-BC, FAANP

Ruth Kleinpell, PhD, RN, FAAN, FCCM  
M. Cynthia Logsdon, PhD, WHNP-BC, FAAN  
Julie Marfell, DNP, FNP-BC, FAANP  
Donna G. Nativio, PhD, CRNP, FAAN

**Note: Terms in bold are defined within the glossary found at the end of the competencies.**

### Preamble

In August 2008, NONPF endorsed the evolution of the Doctorate of Nursing Practice (DNP) as the entry level for nurse practitioner (NP) practice (NONPF, 2008a). Nurse practitioner education, which is based upon the NONPF competencies, recognizes that the student's ability to show successful achievement of the NONPF competencies for NP education is of greater value than the number of clinical hours the student has performed (NONPF, 2008b).

The Nurse Practitioner Core Competencies (NP Core Competencies) integrate and build upon existing Master's and DNP core competencies and are guidelines for educational programs preparing NPs to implement the full scope of practice as a **licensed independent practitioner**. The competencies are essential behaviors of all NPs. These competencies are demonstrated upon graduation regardless of the population focus of the program and are necessary for NPs to meet the complex challenges of translating rapidly expanding knowledge into practice and function in a changing health care environment.

Nurse Practitioner graduates have knowledge, skills, and abilities that are essential to independent clinical practice. The NP Core Competencies are acquired through mentored patient care experiences with emphasis on **independent** and **interprofessional** practice; analytic skills for evaluating and providing **evidence-based, patient centered care** across settings; and advanced knowledge of the health care delivery system. Doctorally-prepared NPs apply knowledge of scientific foundations in practice for quality care. They are able to apply skills in technology and **information literacy**, and engage in practice inquiry to improve health outcomes, policy, and healthcare delivery. Areas of increased knowledge, skills, and expertise include advanced communication skills, collaboration, complex decision making, leadership, and the business of health care. The competencies elaborated here build upon previous work that identified knowledge and skills essential to DNP competencies (AACN 1996; AACN, 2006; NONPF & National Panel, 2006) and are consistent with the recommendations of the Institute of Medicine's report, *The Future of Nursing* (IOM, 2011).

At completion of the NP program, the NP graduate possesses the nine (9) core competencies regardless of population focus.

## **Nurse Practitioner Core Competencies**

### **Scientific Foundation Competencies**

1. Critically analyzes data and evidence for improving advanced nursing practice.
  2. Integrates knowledge from the humanities and sciences within the context of nursing science.
  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**

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.
- 

### **Quality Competencies**

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.
- 

### **Practice Inquiry Competencies**

1. Provides leadership in the translation of new knowledge into practice.
2. Generates knowledge from clinical practice to improve practice and patient outcomes.
3. Applies clinical investigative skills to improve health outcomes.

4. Leads practice inquiry, individually or in partnership with others.
  5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.
- 
- 

### **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.
    - 2a). Assesses the patient's and caregiver's educational needs to provide effective, personalized health care.
    - 2b). 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.
- 
- 

### **Policy Competencies**

1. Demonstrates an understanding of the interdependence of policy and practice.
  2. Advocates for ethical policies that promote access, equity, quality, and cost.
  3. Analyzes ethical, legal, and social factors influencing policy development.
  4. Contributes in the development of health policy.
  5. Analyzes the implications of health policy across disciplines.
  6. Evaluates the impact of globalization on health care policy development.
- 
- 

### **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.

---

---

### **Ethics Competencies**

1. Integrates ethical principles in decision making.
2. Evaluates the ethical consequences of decisions.
3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.

---

---

### **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.
  - 3a). 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.
  - 3b). Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.
  - 3c). Employs screening and diagnostic strategies in the development of diagnoses.
  - 3d). Prescribes medications within scope of practice.
  - 3e). Manages the health/illness status of patients and families over time.
4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.
  - 4a). Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.
  - 4b). Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.
  - 4c). Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.
  - 4d). Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.

## 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.

**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.

**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.

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

**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.

## REFERENCES

- Agency for Healthcare Research and Quality. *Guide to Health Care Quality*. Retrieved on July 1, 2010 from <http://www.ahrq.gov/consumer/guidetoq/>
- American Association of Colleges of Nursing. (1996). *The Essentials of Master's Education for Advanced Practice Nursing*. Retrieved on July 1, 2010 from <http://www.aacn.nche.edu/Education/pdf/MasEssentials96.pdf>
- American Association of Colleges of Nursing. (2006). *The Essentials of Doctoral Education for Advanced Nursing Practice*. Retrieved on July 1, 2010 from <http://www.aacn.nche.edu/dnp/pdf/essentials.pdf>
- Gibson, C. (2004). Information literacy develops globally: The role of the national forum on information literacy. *Knowledge Quest*, 32(4), 16-18.
- Information Literacy Summit 2006: American Competitiveness in the Internet Age. Retrieved on July 15, 2010 from <http://www.infolit.org/reports.html.interprofessional>
- Institute of Medicine. (2011). *The Future of Nursing: Leading change, advancing health*. Washington, DC: The National Academies Press.
- Institute of Medicine. (2001). *Crossing the Quality Chasm: A new health system for the 21st century*. Washington, DC: Institute of Medicine.
- NONPF. (2006). *Domains and Core Competencies of Nurse Practitioner Practice*. Washington, D.C.: NONPF.
- NONPF & National Panel for NP Practice Doctorate Competencies. (2006). *Practice Doctorate Nurse Practitioner Entry Level Competencies*. Retrieved on October 19, 2010, from <http://www.nonpf.org/associations/10789/files/DNP%20NP%20competenciesApril2006.pdf>
- NONPF (2008 a). Eligibility for NP Certification for Nurse Practitioner Students In Doctor of Nursing Practice Programs. In: *Clinical Education Issues in Preparing Nurse Practitioner Students for Independent Practice: An ongoing series of papers*. (2010). Retrieved on October 19, 2010, from <http://www.nonpf.org/associations/10789/files/ClinicalEducationIssuesPPRFinalApril2010.pdf>
- NONPF (2008 b). Clinical Hours for Nurse Practitioner Preparation in Doctor of Nursing Practice Programs. In: *Clinical Education Issues in Preparing Nurse Practitioner Students for Independent Practice: An ongoing series of papers*. (2010). Retrieved on October 19, 2010, from <http://www.nonpf.org/associations/10789/files/ClinicalEducationIssuesPPRFinalApril2010.pdf>
- Sackett, D. L., Rosenberg, W. C., Gray, J.A.M., & Haynes, R. B. (1996). Evidence Based Medicine: What it is and What It Isn't. *British Medical Journal*, 312: 71-72.
- World Health Organization. (2010). Framework for action on Interprofessional Education and Collaborative Practice. Retrieved on October 19, 2010 from [http://www.who.int/hrh/resources/framework\\_action/en/index.html](http://www.who.int/hrh/resources/framework_action/en/index.html)