

# Women's Health Nurse Practitioner: *Guidelines for Practice and Education*

8th Edition



*Women's Health Nurse Practitioner: Guidelines for Practice and Education*, 8th edition has been prepared by the National Association of Nurse Practitioners in Women's Health (NPWH) and is designed to provide accurate information in accordance with current standards as of the date of publication. However, these guidelines are not intended to be all inclusive in defining standards of practice for clinical or legal purposes. Other sources of information and guidance for advanced practice nursing are available. Innovations that demonstrably improve the quality of patient care are continually evolving and should be incorporated into WHNP education and practice. NPWH and its contributors provide the information contained in this publication "as is" and without any representations or warranties, express or implied, of any kind. NPWH and its contributors disclaim liability to any party for any damages, loss, or disruption arising out of use of this publication and disclaim responsibility for any errors, inaccuracies, or omissions in the publication and for results obtained arising out of use of the publication, no matter how caused (negligence, accident, contract, strict liability, breach of warranties).

### NATIONAL ASSOCIATION OF NURSE PRACTITIONERS IN WOMEN'S HEALTH



NPWH was founded in 1980. NPWH's mission is to ensure the provision of quality primary and specialty healthcare to women of all ages by women's health and women's health-focused nurse practitioners. Our mission includes protecting and promoting a woman's right to make her own choices regarding her health within the context of her personal, religious, cultural, and family beliefs.

NPWH strives to continuously improve access to and quality of healthcare for women. We accomplish this goal through excellence and innovation in continuing education and professional development; leadership in policy, practice, and research; and support and services for our members.

# TABLE OF CONTENTS

<b>Introduction</b> .....	<b>1</b>
Historical Perspective.....	1
WHNP Role Definition.....	2
Education for Entry into WHNP Practice.....	3
WHNP Certification .....	3
Inclusive Language .....	3
<b>WHNP Guidelines for Practice and Education</b> .....	<b>5</b>
WHNP Competencies.....	5
WHNP Program Curriculum .....	6
<b>WHNP Competencies and Related Curriculum Content</b> .....	<b>7</b>
Client-Centered Care Competencies .....	7
Primary Care Competencies (general health assessment, screening, diagnosis, management, evaluation of care).....	10
Women’s Gynecologic, Sexual, Reproductive, Menopause-Transition, and Post-Menopause Healthcare Competencies .....	13
Male Sexual and Reproductive Healthcare Competencies .....	19
Obstetric Care Competencies .....	22
Professional Role Competencies.....	28
<b>Appendix A: National APRN, NP, Women’s Healthcare Competency and Education Resources</b> .....	<b>31</b>
<b>Appendix B: NPWH WHNP Guidelines Task Force Team</b> .....	<b>32</b>

## INTRODUCTION

The 8th edition of *Women's Health Nurse Practitioner: Guidelines for Practice and Education* has been prepared by the National Association of Nurse Practitioners in Women's Health (NPWH). This document defines the role of the women's health nurse practitioner (WHNP), identifies WHNP entry-level practice competencies, and guides educators in the development of WHNP educational programs. *Women's Health Nurse Practitioner: Guidelines for Practice and Education* is an informative document for current, evidence-based guidance regarding the WHNP role and competencies for a variety of stakeholders in women's health, including directors/coordinators and faculty of WHNP educational programs, educational program accrediting bodies, state advanced practice registered nurse (APRN) regulating bodies, the WHNP certification body, WHNP program students and graduates, other healthcare provider (HCP) colleagues, employers, payers, and credentialing organizations.

From its inception in 1979, the guidelines have been completed and updated using a systematic process to reflect the evolution in the nurse practitioner (NP) role, NP educational standards, and the competencies needed to meet the healthcare needs of women. The process used to develop the 8th edition of this document included a series of deliberate steps to have it reflect current WHNP practice and align with other national-level documents regarding competencies and education for APRNs, NPs, and women's HCPs. Appendix A lists the documents reviewed and utilized in preparing the 8th edition of *Women's Health Nurse Practitioner: Guidelines for Practice and Education*.

A task force of 31 nationally certified WHNPs (Appendix B) representing a variety of women's healthcare practices and WHNP program directors and faculty members participated in the update and revision of the 8th edition of this document. The diversity of the task force members enabled the incorporation of insights and recommendations reflecting the depth and breadth of the WHNP role. This 8th edition of *Women's Health Nurse Practitioner: Guidelines for Practice and Education* was approved by the NPWH Board of Directors on March 24, 2020.

We gratefully acknowledge and heartily thank our colleagues at the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) for partnering with NPWH in previous editions of these guidelines.

## HISTORICAL PERSPECTIVE

More than four decades have elapsed since publication of the first education guidelines for WHNPs (known at that time as Obstetric-Gynecologic NPs or Ob-Gyn NPs). *The Obstetric-Gynecologic Nurse Practitioner: Role Definition, Role Description and Guidelines for Educational Development*, was published in 1979 by the Nurses Association of the American College of Obstetricians and Gynecologists (now AWHONN). This first edition defined the Ob-Gyn NP role and established national standards for education and practice. In performing the medical aspects of the role, the Ob-Gyn NP was to function with physician direction and collaboration within the framework of required medical protocols. The guidelines also recommended that NP programs be co-directed by a physician and an NP.

Over several years, each ensuing edition of the guidelines has evolved along with changes in the NP role, NP educational standards, and the competencies needed to meet the healthcare needs of women. Some highlights of this evolution within the guidelines include the following:

- 3rd edition (1990): The title of the guidelines became *The Obstetric-Gynecologic/Women's Health Nurse Practitioner: Role Definition, Competencies and Educational Guidelines* to correlate with the change of the women's health-focused NP title from Ob-Gyn NP to WHNP. It was established that WHNP programs should be directed by an NP who collaborated with a physician rather than being co-directed by a physician and NP.
- 4th edition (1996): The title of the guidelines became *Women's Health Nurse Practitioner: Guidelines for Practice and Education*. AWHONN and the National Association of Nurse Practitioners in Reproductive Health (now NPWH) began collaborating on publication of the guidelines. The move toward autonomous practice became evident with NPs defined as APRNs subject to the rules and regulations of the practice act of the states in which they were licensed and the NP role described as working within the healthcare team to meet clients' needs. The 4th edition included a recommendation that NP education preparation be moved from certificate to the graduate level and that the director of the NP program be an NP prepared at the master's level or higher.
- 6th edition (2008): All WHNP programs had become graduate-level and the National League for Nursing Accrediting Commission and the Commission on Collegiate Nursing Education began to include specific NP program guidelines in accrediting graduate programs. Primary care was an established component of the WHNP role. The guidelines supported autonomous, accountable practice by WHNPs within the healthcare system.
- 7th edition (2014): *Women's Health Nurse Practitioner: Guidelines for Practice and Education* continued to be published jointly by AWHONN and NPWH. Ongoing development of the NP role and evolving licensure, accreditation, certification, and education requirements called for a re-examination of currently accepted practice norms and a reaffirmation of the particular contribution of the WHNP to the healthcare team. Adoption by state boards of nursing of the APRN Consensus Model: Licensure, Accreditation, Certification and Education established women's health/gender-related as one population focus for APRNs.

## WHNP ROLE DEFINITION

The WHNP is an APRN prepared at the master's or doctoral level to provide holistic, client-centered primary care for women from puberty through the adult lifespan, with a focus on common and complex gynecologic, sexual, reproductive, menopause-transition, and post-menopause healthcare; uncomplicated and high-risk antepartum and postpartum care; and sexual and reproductive healthcare for men.

The WHNP provides care in outpatient, inpatient, community, and other settings. The WHNP provides care independently and collaboratively as a member of the healthcare team. The role of the WHNP includes providing consultation services to other HCPs regarding the unique healthcare needs of women. The WHNP provides leadership to improve women's healthcare and health outcomes in practice settings, healthcare systems, and communities.

The education, certification, and practice of the WHNP are congruent with the NP role and the women's health population focus. As a licensed HCP, the WHNP functions within the scope of practice rules and regulations established by and pursuant to the nurse practice act in the state(s) in which the WHNP is licensed and works.

## EDUCATION FOR ENTRY INTO WHNP PRACTICE

Education for entry into WHNP practice is achieved through both master's and Doctor of Nursing Practice (DNP) programs. This edition of the guidelines continues to promote the transformation of education, practice, and leadership of the WHNP as a full partner within a complex and evolving healthcare environment. NPWH supports a pragmatic approach for the continuing evolution to the DNP degree as entry level for the WHNP.

## WHNP CERTIFICATION

National certification provides evidence to clients, HCPs, and the community that the WHNP has the entry-level practice knowledge needed to perform the duties of the role with competence. The National Certification Corporation (NCC) is the recognized certifying body for WHNPs.

NCC carries no licensing authority. The ability to practice is regulated by state boards of nursing. Although certification is required by most states for APRN roles, NCC has no regulatory power to require states to recognize certification for this purpose. Some agencies require national certification as a prerequisite for employment, and some insurance programs require national certification for an NP to qualify for reimbursement. It is the position of NPWH that all graduates of WHNP programs should attain and maintain national certification as a WHNP. Practice and educational standards are reflected in the certification process, but the responsibility for development of such standards rests with professional nursing organizations and the nursing education community.

## INCLUSIVE LANGUAGE

NPWH recognizes that the use of gender identity-inclusive language in a document that has historically referred to the gynecologic, sexual, reproductive, and obstetric healthcare of women and the sexual and reproductive healthcare of men is both a challenge and a work in progress. Readers of this document should know that the intent of the guidelines is to distinguish competencies and curriculum for the WHNP. The WHNP provides gynecologic, sexual, reproductive, and obstetric healthcare that is inclusive of *all* gender identities.

# WHNP GUIDELINES FOR PRACTICE AND EDUCATION

## WHNP COMPETENCIES

A competency is an observable ability of an individual. It can be assessed and measured for level of achievement. Competencies integrate multiple components – knowledge, skills, values, and attitudes.

This document outlines entry-level competencies for the WHNP. Competencies specific to WHNP practice integrate and build upon graduate nursing, APRN, and NP core competencies established by the American Association of Colleges of Nursing (AACN) essentials of master's education in nursing (2011) and doctoral education for advanced nursing practice (2006) and by the National Organization of Nurse Practitioner Faculties (NONPF) (2017).

The population-focused competencies of the WHNP demonstrate the expanded depth and breadth of knowledge and skills necessary to provide primary care that meets the distinct needs of women from puberty through the adult lifespan. In addition, the WHNP program curriculum prepares the graduate with competencies that focus on both common and complex gynecologic, sexual, reproductive, menopause-transition, and post-menopause healthcare; uncomplicated and high-risk antepartum and postpartum care; and sexual and reproductive healthcare for men within a holistic and client-centered framework.

The WHNP integrates graduate nursing-level core knowledge to include scientific underpinnings for practice, analytic methods for evidence-based practice, principles of safety and quality, healthcare policy, ethics, and information systems/technology in the leadership role to improve healthcare and health outcomes for women at individual, organizational, systems, and population levels. The WHNP has competencies required to provide care independently and in collaboration with other team members. The WHNP is expected to continue to add to knowledge and develop new skills for competencies that reflect evidence-based practice, changes in healthcare delivery systems and models, and use of new technologies.

The WHNP competencies described in this document are organized into six sections. The competencies interconnect across the six sections:

- Client-Centered Care Competencies
- Primary Care Competencies (general health assessment, screening, diagnosis, management, evaluation of care)
- Women's Gynecologic, Sexual, Reproductive, Menopause-Transition, and Post-Menopause Healthcare Competencies
- Male Sexual and Reproductive Healthcare Competencies
- Obstetric Care Competencies
- Professional Role Competencies

## WHNP PROGRAM CURRICULUM

NP programs are based in nationally accredited schools of nursing and are organized using national standards and guidelines. Among the groups providing standards and guidelines are formally recognized accreditation bodies for schools of nursing, AACN, and NONPF. NP programs prepare graduates to meet educational eligibility requirements to sit for a national certification examination that corresponds with the role and population focus of the NP program.

The *National Task Force Criteria for Evaluation of NP Programs* (2016) requires that an NP program curriculum be congruent with nationally recognized core role and population-focused NP educational standards and competencies. NONPF provides curriculum guidelines to prepare the graduate with core NP role competencies. *Women's Health Nurse Practitioner: Guidelines for Practice and Education* provides curriculum guidelines to prepare the graduate with WHNP population-focused competencies. These curriculum guidelines should be incorporated into all master's and DNP-level NP programs that include the WHNP population focus.

NP programs across all population focuses incorporate core graduate nursing, APRN, and NP role curriculum content, which may precede or be interwoven into the WHNP program content. NP students across all population focuses are required to complete three separate courses in across-the-lifespan advanced pathophysiology, advanced health assessment, and advanced pharmacology.

The WHNP program curriculum builds on the graduate nursing, APRN core, and NP role curricula, extending the depth and breadth of knowledge and skills necessary to provide primary care that meets the distinct needs of women from puberty through the adult lifespan. In addition, the WHNP program curriculum prepares the graduate with entry-level competencies that focus on both common and complex gynecologic, sexual, reproductive, menopause-transition, and post-menopause healthcare; uncomplicated and high-risk antepartum and postpartum care; and sexual and reproductive healthcare for men within a holistic and client-centered framework.

The WHNP program curriculum must include at least 200 didactic hours of content and at least 600 hours of supervised clinical practice in accordance with NCC certification guidelines. The faculty of the WHNP program should be interprofessional and have expertise in women's healthcare. The faculty member who provides direct oversight for the educational component of the WHNP program must be nationally certified as a WHNP. If a program diverges from this particular criterion, it must provide documentation for the qualifications and experience of the individual chosen to direct this program. A certified WHNP must be involved in curriculum development and clinical oversight. To serve as both mentors and role models, members of the faculty who are NPs must be nationally certified, and faculty who teach clinical components of the program must maintain currency in practice.

Clinical preceptors must be qualified by education and experience in the area of primary care or specialty care of women appropriate to program outcomes and be competent in clinical instruction. Over the course of the program, the student should have a majority of clinical experiences with preceptors from the women's health population-focused area of practice. Use of WHNPs as preceptors is encouraged whenever possible. Certified nurse-midwives, physicians, and other certified NPs with current, extensive women's health experience may also serve as preceptors.

This document provides recommended curriculum content to support achievement of WHNP population-focused entry-level competencies. Curriculum content is organized to follow each of the six competency sections. Curriculum content is expected to be integrated across competencies.

# WHNP COMPETENCIES AND RELATED CURRICULUM CONTENT

## CLIENT-CENTERED CARE COMPETENCIES

Client-centered care is respectful of and responsive to each client's values, needs, and preferences. Collaboration between client and HCP facilitates informed, shared decision making so that plans of care are meaningful and valuable to the individual client.

The WHNP designs, provides, and evaluates client-centered care through demonstration of these competencies:

1. Provide a physically and emotionally safe, nonjudgmental, and confidential environment for care.
2. Establish a therapeutic relationship that respects the client's values, preferences, and expressed needs regarding all aspects of care.
3. Establish a collaborative relationship that recognizes the client as a full partner in shared decision-making regarding health behaviors and healthcare.
4. Assess for social/structural determinants that may affect health status, access to healthcare and other related services, and health outcomes.
5. Assess health literacy status.
6. Collaborate with health, social, and community service providers to address personal, cultural, financial, organizational, and other barriers that prevent full integration of client-centered care.
7. Provide care that incorporates cultural sensitivity/humility and promotes cultural safety.
8. Provide trauma-informed care with the knowledge that any client may have a history of physical, sexual, or psychological trauma that affects the client's experience in the healthcare setting.
9. Apply teaching/learning principles to include readiness to learn, preferred learning style, and evaluation of understanding using content-specific techniques.
10. Provide information and education materials appropriate to the language, culture, developmental stage, and health literacy of the client.
11. Provide the client with information about diagnoses, proposed treatments and procedures, and alternative treatments, with related benefits and risks to promote informed choice.
12. Integrate technology to provide health information and education, with attention to the client's language, culture, developmental stage, health literacy, and preferred learning style.
13. Collaborate with the client to develop a mutually acceptable plan of care that incorporates the client's values, preferences, and needs.

14. Use behavior change, motivational interviewing, self-efficacy, self-management, and other evidence-based theories/models to assist the client in making changes that benefit health.
15. Include family/significant other/caregiver in the plan of care, education/counseling, and anticipatory guidance when appropriate.
16. Advocate for the client's right to make decisions regarding health and reproductive choices within the context of the client's personal belief system.
17. Identify and seek to reduce explicit and implicit biases that affect care provided, particularly for clients who experience marginalization because of factors such as race/ethnicity, gender identity, sexual orientation, disability, poverty, and age.
18. Advocate for clinical, organizational, and local/state/federal policies and processes that address health disparities, social justice, and equity to improve health outcomes.
19. Collaborate with other health, social service, and community service providers for continuous quality improvement in providing unbiased, equitable, client-centered care.

## RELATED CURRICULUM CONTENT

- Ethical principles for client-centered care
- Social/structural determinants of health
- Health disparities/health equity
- Populations at risk for marginalization, including but not limited to racial/ethnic minorities, lesbian/gay/bisexual/queer persons, transgender/gender non-conforming persons, persons with disabilities, older adults, persons living in poverty, undocumented immigrants, and persons who are homeless
- Discrimination
- Social justice
- Reproductive justice framework
- Explicit and implicit biases in healthcare
- Cultural sensitivity/humility/safety
- Trauma-informed care
- Post-traumatic stress disorder
- Crisis management
- Health literacy
- Teaching/learning principles
- Behavior change theories/models
- Health information and education technology

## PRIMARY CARE COMPETENCIES

### (general health assessment, screening, diagnosis, management, evaluation of care)

The WHNP provides primary care for women from puberty through the adult lifespan that includes general health assessment, screening, diagnosis, management, and evaluation of care for uncomplicated nongynecologic health problems. The WHNP uses consultation, collaboration with, and/or referral to appropriate HCPs for women with complex nongynecologic health problems. The WHNP provides consultation for other HCPs concerning the impact of nongynecologic health conditions on gynecologic, sexual, reproductive, and menopausal health, and collaborates with the healthcare team in management of gynecologic, sexual, reproductive, and menopausal healthcare needs for women with complex nongynecologic health conditions.

The WHNP provides and evaluates client-centered primary care through demonstration of these competencies:

#### ASSESSMENT

1. Obtain/perform an age-appropriate comprehensive or problem-focused health history and physical examination.
2. Screen for psychosocial/genetic/lifestyle/environmental factors that may affect health status and health outcomes.
3. Screen for health risks and health promotion/disease prevention needs.
4. Order or perform health screening tests based on age and risk factors.
5. Screen for current or history of abuse and violence (e.g., intimate partner violence [IPV], sexual abuse/assault, trafficking, gender identity/sexual orientation-based abuse, elder abuse).
6. Identify deviations from normal findings in the history and physical examination.
7. Order or perform diagnostic tests based on findings from the history and physical examination.

#### DIAGNOSIS

1. Interpret screening and diagnostic test results.
2. Develop and analyze differential diagnoses.
3. Diagnose common, nongynecologic, primary care health conditions.
4. Identify/diagnose psychological factors and conditions that may affect health.
5. Identify clients at risk for being in or currently in a violent or abusive relationship.

#### MANAGEMENT

1. Develop a plan of care based on assessment findings and diagnoses.
2. Prescribe pharmacologic therapies and initiate nonpharmacologic therapies for common, uncomplicated, nongynecologic primary care health conditions.
3. Provide health promotion/disease prevention education, counseling, and anticipatory guidance.
4. Provide recommended vaccinations.

5. Guide clients at risk for being in or currently in a violent or abusive relationship in developing a safety plan and identifying community resources.
6. Refer for further diagnostic work-up and ongoing management of nongynecologic primary care conditions as needed.
7. Provide consultation for other HCPs concerning the impact of nongynecologic primary care health conditions on gynecologic, sexual, reproductive, and menopausal health.
8. Collaborate with the healthcare team in management of gynecologic, sexual, reproductive and menopausal healthcare needs for women with complex, nongynecologic, primary care health conditions.
9. Participate in care coordination for women with complex healthcare needs.
10. Evaluate outcomes of therapeutic interventions to direct ongoing plan of care.
11. Integrate information and communication technologies for assessment, diagnosis, management, and evaluation of outcomes.
12. Maintain comprehensive and accurate medical records.

## RELATED CURRICULUM CONTENT

- Advanced pathophysiology
- Advanced pharmacology
- Advanced health assessment and diagnostic reasoning
- Diagnostic tests/procedures and imaging studies
- Health record documentation
- Technology for health assessment, diagnosis, and disease management
- Psychosocial, sexual, and behavioral development from puberty through the adult lifespan
- Family dynamics
- Social/structural determinants and inequities that affect health
- Interviewing and communication skills
- Counseling techniques and crisis intervention
- Theories of health and wellness
- Health promotion/disease prevention – primary, secondary, tertiary
- Comprehensive and age-appropriate health risk assessment
- Age and risk-based health screening recommendations

- Age and risk-based immunization recommendations
- Healthy lifestyle assessment, counseling/education, referrals—for example, nutrition, physical fitness, weight management, stress management
- LGBQ and transgender/gender non-conforming individual healthcare needs
- Genomics and genetic risk factor assessment – basic principles of genetic testing, counseling, and referrals
- Advanced care planning
- Substance misuse/substance use disorders, including the use of alcohol, tobacco, marijuana, opioids, and/or other mood-altering drugs – risk factors, prevention, screening, diagnosis, and management
- Medication-assisted treatment for opioid use disorder
- Abuse and violence, including IPV, sexual abuse/assault, trafficking, gender identity/sexual orientation based-abuse, and elder abuse – risk factors, prevention, screening, diagnosis, and management
- Assessment, diagnosis, and basic management, including education/counseling, pharmacologic and nonpharmacologic interventions, or referral for common conditions related to these systems:
  - Head, eyes, ears, nose, and throat
  - Pulmonary
  - Integumentary
  - Musculoskeletal
  - Cardiovascular
  - Hematologic
  - Gastrointestinal
  - Genitourinary
  - Neurologic
  - Psychiatric/mental health
  - Endocrine and metabolic
  - Immunologic

## WOMEN'S GYNECOLOGIC, SEXUAL, REPRODUCTIVE, MENOPAUSE-TRANSITION, AND POST-MENOPAUSE HEALTHCARE COMPETENCIES

The WHNP provides both common and complex gynecologic, sexual, reproductive, menopause-transition, and post-menopause healthcare for women from puberty through the adult lifespan. The breadth and depth of a WHNP program curriculum in these areas prepares the WHNP with distinct competencies to provide advanced assessment, diagnosis, and management, with attention to the impact that an individual's gynecologic, sexual, reproductive, menopause-transition, and post-menopause health has on overall well-being and the potential impact that other health conditions can have on gynecologic, sexual, reproductive, menopause-transition, and post-menopause health. The WHNP provides both direct care and consultation to other HCPs regarding the unique healthcare needs of women. WHNPs provide this care in both outpatient and inpatient settings. The care provided is inclusive of all gender identities.

The WHNP provides and evaluates client-centered gynecologic, sexual, reproductive, menopause-transition, and post-menopause healthcare for women through demonstration of these competencies:

### ASSESSMENT

1. Obtain/perform an age-appropriate, comprehensive gynecologic, sexual, reproductive, and menopausal health history and physical examination.
2. Obtain/perform a problem-focused history and physical examination for both common and complex gynecologic, sexual, reproductive, and menopausal health conditions.
3. Screen for psychosocial/cultural/genetic/lifestyle/environmental factors that may affect gynecologic, sexual, reproductive, and menopausal health.
4. Screen for gynecologic, sexual, reproductive, and menopausal health risks and health promotion/disease prevention needs.
5. Screen for reproductive/sexual coercion, IPV, sexual abuse/assault, and trafficking.
6. Order or perform reproductive and gynecologic health screening tests based on age and risk factors.
7. Assess contraceptive and preconception health counseling/education needs.
8. Identify deviations from normal findings in the history and physical examination.
9. Order or perform diagnostic tests based on findings from the history and physical examination.
10. Perform gynecologic diagnostic procedures (e.g., endometrial biopsy, vulvar biopsy).

### DIAGNOSIS

1. Identify risk factors for gynecologic, sexual, reproductive, and menopausal health conditions.
2. Identify potential genetic risks to gynecologic, reproductive, and menopausal health.
3. Interpret screening and diagnostic test results.
4. Develop and analyze differential diagnoses.
5. Diagnose both common and complex gynecologic, sexual, reproductive, and menopausal health conditions.

6. Diagnose early pregnancy complications (e.g., ectopic pregnancy, incomplete or complete spontaneous abortion).
7. Identify and/or diagnose nongynecologic health conditions that may affect or be affected by gynecologic, sexual, reproductive, or menopausal health.
8. Identify and/or diagnose psychological factors and conditions that may affect or be affected by gynecologic, sexual, reproductive, or menopausal health.

### MANAGEMENT

1. Develop a plan of care based on assessment findings and diagnoses for both common and complex gynecologic, sexual, reproductive, and menopausal conditions.
2. Provide anticipatory guidance and other health education related to developmental milestones (e.g., adolescence, menarche, pregnancy, menopause).
3. Provide sexual and reproductive health promotion/disease prevention education and counseling.
4. Support individuals/couples in developing a reproductive life plan.
5. Provide preconception care/counseling.
6. Order or refer for preconception genetic testing and refer for genetic counseling based on assessment and individuals'/couples' desires.
7. Provide contraceptive education/counseling, initiation, and management.
8. Provide education on fertility awareness for conception or contraception.
9. Place and remove intrauterine contraceptives and contraceptive implants.
10. Fit diaphragms and cervical caps.
11. Provide nondirective pregnancy options counseling to include parenting, abortion, and adoption, with indicated referrals.
12. Provide medication abortion within state abortion and scope of practice regulations.
13. Provide management for inevitable or incomplete spontaneous abortion.
14. Provide follow-up care after early pregnancy loss.
15. Collaborate in and/or refer for infertility management.
16. Provide or refer for sexual assault examination, treatment, and counseling.
17. Provide pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) for individuals at high risk for HIV infection.
18. Provide management for perimenopausal/menopausal symptoms to include education, nonpharmacologic interventions, and pharmacologic interventions.
19. Perform Bartholin gland cyst incision and drainage with Word catheter placement.
20. Perform cervical polypectomy.
21. Fit vaginal pessaries.

22. Provide treatment (e.g., education/counseling, nonpharmacologic interventions, pharmacologic interventions, follow-up) for conditions/disorders including but not limited to:
  - a. Abnormal uterine bleeding
  - b. Benign breast disorders
  - c. Endometriosis
  - d. Menstrual disorders
  - e. Pelvic organ relaxation
  - f. Pelvic pain
  - g. Polycystic ovary syndrome
  - h. Sexual function alteration/sexual dysfunction
  - i. Sexually transmitted infections (STIs)
  - j. Urinary tract disorders (e.g., infection, incontinence, interstitial cystitis)
  - k. Vaginal infections
  - l. Vulvar conditions
23. Collaborate with other HCPs in management of nongynecologic conditions that may affect or be affected by gynecologic, sexual, reproductive, and menopausal health.
24. Collaborate with other HCPs in management of psychological factors and conditions that may affect or be affected by gynecologic, sexual, reproductive, and menopausal health.
25. Participate in care coordination for women with complex healthcare needs.
26. Evaluate outcomes of therapeutic interventions to direct ongoing plan of care.

## RELATED CURRICULUM CONTENT

- Social/structural determinants and inequities that affect women's health
- Advanced reproductive anatomy, physiology, and endocrinology
- Advanced menopause transition physiology, endocrinology, and body changes
- Advanced reproductive pathophysiology
- Genetics – for example, patterns of inheritance, chromosomal abnormalities, inherited breast and gynecologic cancer syndromes, genetic screening and testing, and ethics
- Complementary and alternative therapies in women's health
- Age- and risk-based reproductive and gynecologic health screening recommendations
- Sexual health and well-being across the lifespan

- Reproductive life planning
- Preconception care
- Contraception, including intrauterine device and subdermal implant placement and removal
- Unintended pregnancy
- Nondirective pregnancy options counseling
- Medication and surgical abortion
- Ectopic pregnancy
- Early pregnancy loss
- Infertility
- Fertility preservation for individuals undergoing medical or surgical treatment that could cause infertility
- Reproductive assistance options for individuals (e.g., single women, lesbians, transgender males) without a sperm-producing sex partner
- Menopause transition and postmenopausal healthcare
- Gynecologic, sexual, reproductive, and menopausal healthcare for women who have sex with women and/or who identify as lesbian or bisexual
- Gynecologic, sexual, reproductive, and menopausal healthcare for transgender and gender non-conforming individuals
- Gender-affirming hormonal and surgical therapies for transgender individuals
- Abuse and violence – for example, reproductive/sexual coercion, IPV, sexual abuse/assault, trafficking, and gender identity/sexual orientation-based abuse
- Trauma-informed gynecologic care
- Female genital cutting
- Breast augmentation/reduction
- Alterations in sexual function/sexual dysfunction
- PrEP and PEP for HIV infection prevention
- Healthcare for older women
- Healthcare for women with disabilities

- Health considerations for women caregivers
- Substance use disorders in women
- Nongynecologic conditions that may affect or be affected by gynecologic, sexual, reproductive, and menopausal health
- Psychological factors and conditions that may affect or be affected by gynecologic, sexual, reproductive, and menopausal health
- Diagnostic tests and imaging studies for gynecologic, reproductive, and urologic conditions
- Diagnostic procedures (e.g., endometrial biopsy, vulvar biopsy)
- Treatment procedures (e.g., cervical polypectomy, Bartholin gland cyst/abscess incision and drainage with Word catheter placement, vaginal pessary fitting)
- Nonobstetric inpatient care provided by WHNPs
- Introduction to nonobstetric WHNP specialty roles
- Emerging women's health issues – national and global
- Gynecologic, reproductive, and urologic system diseases/disorders including but not limited to:
  - Abnormal uterine bleeding
  - Benign gynecologic tumors/masses (e.g., Bartholin duct cyst, cervical/endometrial polyps, leiomyomata, ovarian cyst)
  - Benign breast disorders
  - Breast cancer
  - Cervical cancer screening abnormalities
  - Congenital and chromosomal abnormalities (e.g., Müllerian abnormalities, androgen insensitivity/resistance syndrome, Turner syndrome)
  - Fecal incontinence
  - Gynecologic cancers (e.g., vulvar, vaginal, cervical, endometrial, ovarian, and fallopian tube cancers, choriocarcinoma)
  - HIV infection/AIDS
  - Menstrual disorders
  - Pelvic floor disorders
  - Pelvic inflammatory disease
  - Pelvic pain – acute and chronic
  - Polycystic ovary syndrome

- Reproductive endocrine disorders
- STIs
- Urinary tract disorders (e.g., infection, incontinence, interstitial cystitis)
- Vaginal infections
- Vulvar disorders

## MALE SEXUAL AND REPRODUCTIVE HEALTHCARE COMPETENCIES

The WHNP provides sexual and reproductive healthcare for males from puberty through the adult lifespan. The WHNP program curriculum prepares the WHNP with distinct competencies to provide sexual and reproductive health promotion/disease prevention education and counseling and assessment, diagnosis, and management of common male sexual and reproductive health problems. The care provided is inclusive of all gender identities.

The WHNP provides and evaluates client-centered sexual and reproductive healthcare for men through demonstration of these competencies:

### ASSESSMENT

1. Obtain/perform an age-appropriate comprehensive sexual and reproductive health history and physical examination.
2. Obtain/perform a targeted health history and physical examination to identify health conditions that may affect sexual and reproductive health.
3. Screen for psychosocial/cultural/genetic/lifestyle/environmental factors that may affect sexual and reproductive health.
4. Screen for reproductive/sexual coercion, IPV, sexual abuse/assault, and trafficking.
5. Screen for sexual and reproductive health risks and health promotion/disease prevention needs.
6. Perform or order screening tests for STIs and HIV.
7. Identify deviations from normal findings in the history and physical examination.
8. Order or perform diagnostic tests based on findings from the history and physical examination.
9. Obtain a targeted health history, perform a targeted physical examination, and order initial diagnostic tests for a fertility/infertility evaluation.
10. Obtain a targeted health history, perform a targeted physical examination, and order initial diagnostic tests for an altered sexual function/sexual dysfunction evaluation.

### DIAGNOSIS

1. Identify risk factors for sexual and reproductive health conditions.
2. Identify potential genetic risks to reproductive health.
3. Interpret screening and diagnostic test results.
4. Develop and analyze differential diagnoses.
5. Diagnose sexual and reproductive health conditions.
6. Identify health conditions that may affect or be affected by sexual and reproductive health.
7. Identify psychological factors and conditions that may affect or be affected by sexual and reproductive health.

## MANAGEMENT

1. Develop a plan of care based on assessment findings and diagnoses for common male sexual and reproductive health problems.
2. Provide sexual and reproductive health promotion/disease prevention education and counseling.
3. Support individuals/couples in developing a reproductive life plan.
4. Provide preconception care/counseling.
5. Order or refer for preconception genetic testing and refer for genetic counseling based on assessment and individuals'/couples' desires.
6. Collaborate in and/or refer for fertility/infertility treatment.
7. Provide contraception education/counseling on contraceptive method choices and specific instructions on the chosen method.
8. Provide education on fertility awareness for conception or contraception.
9. Provide treatment for STIs.
10. Provide PrEP and PEP for individuals at high risk for HIV infection.
11. Provide or refer for altered sexual function/sexual dysfunction treatment.
12. Provide or refer for sexual assault examination, treatment, and counseling.
13. Evaluate outcomes of therapeutic interventions to direct the ongoing plan of care.

## RELATED CURRICULUM CONTENT

- Male reproductive anatomy, physiology, and endocrinology
- Male reproductive pathophysiology
- Social/structural determinants and inequities that affect men's sexual and reproductive health
- Male sexual/reproductive physical examination
- Diagnostic tests for sexual and reproductive health conditions
- Age- and risk-based sexual and reproductive health screening recommendations
- Sexual health and well-being across the lifespan
- Reproductive life planning
- Preconception care

- Contraception
- Infertility
- Fertility preservation for individuals undergoing medical or surgical treatment that could cause infertility
- Sexual and reproductive healthcare for men who have sex with men and/or who identify as gay or bisexual
- Sexual and reproductive healthcare for transgender and gender non-conforming individuals
- Gender-affirming hormonal and surgical therapies for transgender individuals
- Abuse and violence (e.g., reproductive/sexual coercion, IPV, sexual abuse/assault, trafficking)
- STIs
- PrEP and PEP for HIV infection prevention
- Alterations in sexual function/sexual dysfunction
- Health conditions that may affect or be affected by sexual and reproductive health
- Psychological factors and conditions that may affect or be affected by sexual and reproductive health
- Reproductive system cancers, including breast cancer
- Inherited cancer syndromes, genetic screening and testing

## OBSTETRIC CARE COMPETENCIES

The WHNP provides comprehensive antepartum and postpartum care. The breadth and depth of the WHNP program curriculum in these areas prepares the WHNP with distinct competencies to provide advanced assessment and diagnosis of antepartum and postpartum risk factors, complications, and urgent conditions. These distinct competencies prepare the WHNP to provide care for high-risk antepartum and postpartum patients. The WHNP provides and coordinates this care in both outpatient and inpatient settings independently and in collaboration with other members of the healthcare team.

The WHNP provides and evaluates client-centered antepartum and postpartum care through demonstration of these competencies:

### ANTEPARTUM CARE

#### ASSESSMENT

1. Obtain/perform a comprehensive initial antepartum visit health history and physical examination.
2. Obtain/perform an interval health history and physical examination at routine antepartum visits.
3. Review past obstetric history for complications that require specific monitoring or management in the current pregnancy.
4. Assess risks for inherited medical conditions and single-gene disorders.
5. Assess for psychosocial/cultural/lifestyle/environmental/genetic factors that may affect antepartum care, pregnancy, and pregnancy outcome.
6. Assess psychological responses of client, partner, and significant others during different stages of pregnancy.
7. Screen for substance misuse/substance use disorders, including the use of alcohol, tobacco, marijuana, opioids, and/or other mood-altering drugs, at initial and interval visits.
8. Screen for IPV at initial and interval visits.
9. Identify deviations from normal findings in the history and physical examination.
10. Assess immunization status.
11. Order routine gestational age-appropriate screening/testing.
12. Order other laboratory and diagnostic tests as indicated by the history and physical examination findings.
13. Obtain a history, perform a physical examination, and order laboratory and diagnostic tests to evaluate urgent condition including but not limited to vaginal bleeding, decreased fetal movement, pre-eclampsia, preterm labor, and preterm rupture of membranes.
14. Perform a basic obstetric ultrasound examination to confirm the presence of an intrauterine pregnancy, cardiac activity, fetal number, and placental location, and to estimate gestational age.
15. Perform non-stress tests and biophysical profiles.
16. Order fetal well-being evaluation tests such as specialized ultrasonography, a detailed anatomic survey, a Doppler flow study, additional biometric measurements, and fetal echocardiography as needed.

## DIAGNOSIS

1. Confirm pregnancy and gestational age.
2. Interpret maternal and fetal screening and diagnostic tests.
3. Identify health promotion/education needs.
4. Differentiate normal anatomic/physiologic/psychological changes and common discomforts of pregnancy from signs/symptoms of complications in pregnancy based on clinical and laboratory data.
5. Identify and/or diagnose health conditions that may affect or be affected by pregnancy.
6. Identify and/or diagnose psychological factors and conditions that may affect or be affected by pregnancy.
7. Identify clients with/or at risk for substance misuse/substance use disorder.
8. Identify clients at risk for being in or currently in a violent or abusive relationship.
9. Identify clients with high-risk status regarding pregnancy.
10. Diagnose urgent conditions and complications of pregnancy.

## MANAGEMENT

1. Develop a plan of care based on assessment findings.
2. Provide counseling and/or referrals to address psychosocial/cultural/lifestyle/environmental/genetic factors that may affect antepartum care, pregnancy, and pregnancy outcome.
3. Provide gestational age-appropriate anticipatory guidance, education, and counseling.
4. Provide support for the clients' psychological, emotional, and social needs during pregnancy.
5. Provide recommended vaccinations in pregnancy.
6. Provide education, nonpharmacologic interventions, and pharmacologic interventions to manage common discomforts in pregnancy.
7. Guide clients at risk for being in or currently in a violent or abusive relationship in developing a safety plan and identifying community resources.
8. Collaborate with appropriate specialists in the management of clients with substance use disorders.
9. Collaborate with the healthcare team in the management of pregnant individuals with complications and urgent conditions.
10. Collaborate with the healthcare team in the management of high-risk pregnancies.
11. Evaluate outcomes of therapeutic interventions to direct the ongoing plan of care.

## POSTPARTUM CARE

### ASSESSMENT

1. Obtain/perform a comprehensive postpartum history and physical examination.
2. Order routine screening tests and other diagnostic tests as needed.
3. Assess for medical conditions identified in pregnancy, ongoing chronic conditions, and birth trauma.
4. Assess for psychosocial/cultural/lifestyle/environmental factors that may affect postpartum transition and health.
5. Screen for postpartum mood disorders.
6. Assess adaptation to the parenting role and changes in family structure.
7. Screen for substance misuse/substance use disorders, including the use of alcohol, tobacco, marijuana, opioids, and/or other mood-altering drugs.
8. Screen for IPV.
9. Identify deviations from normal findings in the history and physical examination.
10. Assess lactation status.
11. Assess for contraception needs.
12. Assess immunization status.

### DIAGNOSIS

1. Interpret screening and diagnostic test results.
2. Identify health promotion/education needs.
3. Identify pre-gestational health conditions and gestational complications that need follow-up.
4. Differentiate normal postpartum anatomic/physiologic/psychological changes from signs/symptoms of postpartum complications based on clinical and laboratory data.
5. Identify deviations from normal psychological adaptation to the postpartum period.
6. Identify lactation concerns.
7. Identify clients with/or at risk for substance misuse/substance use disorder.
8. Identify clients at risk for being in or currently in a violent or abusive relationship.
9. Diagnose urgent postpartum conditions and other postpartum complications.

### MANAGEMENT

1. Develop a plan of care based on assessment findings.
2. Provide counseling and/or referrals to address psychosocial/cultural/lifestyle/environmental factors that may affect postpartum transition and health.
3. Provide support for clients' psychological, emotional, and social needs during postpartum.

4. Provide recommended vaccinations.
5. Provide education, nonpharmacologic, and pharmacologic interventions to manage common postpartum discomforts.
6. Provide education, support, and referrals as needed for successful postpartum transition, infant care, parenting, and lactation.
7. Provide contraception education/counseling, initiation, and management.
8. Guide clients at risk for being in or currently in a violent or abusive relationship in developing a safety plan and identifying community resources.
9. Provide support and referrals for individuals/couples who have experienced miscarriage, stillbirth, death of newborn, or a newborn with complications.
10. Collaborate with the healthcare team in the management of urgent postpartum conditions and other postpartum complications.
11. Evaluate outcomes of therapeutic interventions to direct the ongoing plan of care.
12. Facilitate transition to well-woman care.

## RELATED CURRICULUM CONTENT

- Embryology and fetal development
- Anatomy and physiology of pregnancy
- Psychosocial aspects of pregnancy
- Developmental tasks of pregnancy
- Genetics – for example, patterns of inheritance, chromosomal abnormalities, genetic screening and testing, and ethics
- Antepartum genetic screening and diagnosis
- Social/structural determinants and inequities that affect pregnancy experience and pregnancy outcomes
- Antepartum care
- Group pregnancy visit models
- Antepartum laboratory and diagnostic tests
- Antepartum immunizations
- Antepartum education and anticipatory guidance

- Antepartum nutrition
- Effects of pregnancy on pharmacokinetics
- Teratogenic and fetotoxic effects of drugs
- FDA drug labeling for pregnancy and lactation
- Principles of drug safety for pregnant women
- Over-the-counter medication and herbal agents during pregnancy
- Nondrug teratogens (e.g., environmental, occupational, alcohol)
- Prevention of alcohol-exposed pregnancies
- Substance use/substance use disorders during pregnancy, including use of tobacco, alcohol, marijuana, opioids, and/or other mood-altering drugs
- Medication-assisted therapy for opioid use disorders during pregnancy, postpartum, and in the transition to well-woman care
- Antepartum and postpartum needs of specific populations, including but not limited to adolescents, incarcerated individuals, homeless individuals, individuals with disabilities, and transgender individuals
- Trauma-informed antepartum and postpartum care
- Fetal well-being assessment
- Performance of basic ultrasound, non-stress tests, and biophysical profiles
- Pre-pregnancy physical and mental health conditions that can affect pregnancy and pregnancy outcome
- High-risk pregnancy
- Complications in pregnancy
- Urgent conditions in pregnancy
- Labor and birth processes
- Preparation for childbirth
- Benefits and risks of trial of labor after cesarean delivery and elective repeat cesarean delivery

- Anatomy and physiology of postpartum
- Anatomy and physiology of lactation
- Psychosocial aspects of postpartum transition
- Developmental tasks of postpartum transition
- Family dynamics and adaptations to change
- Postpartum care
- Lactation assessment and support
- Factors affecting passage of drugs into breast milk
- Lactation risk categories for drugs
- Principles of drug safety during lactation
- Over-the-counter and herbal agents during lactation
- Postpartum contraception
- Postpartum immunizations
- Postpartum mood disorders
- Complications of the postpartum period
- Urgent conditions in postpartum
- Pregnancy loss/termination and/or interruption
- Grief support
- Obstetric inpatient care provided by WHNPs
- Introduction to obstetric WHNP specialty roles
- Maternal and newborn morbidity and mortality trends and disparities

## PROFESSIONAL ROLE COMPETENCIES

The WHNP demonstrates the highest level of professionalism in providing direct client care and collaborating within an interdisciplinary team for client-centered, safe, quality, cost-effective healthcare. The WHNP uses knowledge built on core graduate nursing and APRN course curricula (e.g., scientific underpinnings for practice, analytic methods for evidence-based practice, principles of safety and quality, healthcare policy, ethics, information systems/technology) and integrates knowledge regarding application for women's healthcare in practice. The breadth and depth of women's health knowledge prepares the WHNP to lead and/or provide consultation in initiatives, advocacy activities, and policy making in a variety of venues to improve women's healthcare and health outcomes. The WHNP contributes to the advancement of the APRN and WHNP roles through active involvement in professional organizations and by serving as a preceptor, mentor, and role model.

The WHNP establishes a professional role as an APRN through demonstration of these competencies:

1. Act in accordance with ethical, professional, and legal standards.
2. Identify legislative, legal, and professional developments relevant to practice.
3. Utilize resources to maintain clinical competence and continue professional development.
4. Communicate effectively as a member of an interdisciplinary team.
5. Assume different roles (e.g., member, leader) within the interdisciplinary team to provide and improve client-centered care.
6. Provide consultation to other HCPs regarding women's healthcare.
7. Lead in the translation of evidence into practice for improved women's health outcomes.
8. Generate knowledge from clinical practice to improve women's health outcomes.
9. Model a culture of safety and accountability in the work environment.
10. Lead evidence-based quality improvement and client safety initiatives in the healthcare setting.
11. Integrate the use of informatics to reduce errors, manage knowledge and information, make decisions, and communicate.
12. Manage resources within healthcare systems to promote safe, efficient, cost-effective, client-centered care.
13. Advise on policies to promote integrated healthcare systems for comprehensive care of women.
14. Participate in legislative and policy-making activities that influence women's health.

15. Engage in community-based initiatives that affect the social/structural determinants of health.
16. Participate in the design, implementation, and evaluation of community health programs and services to improve women's health.
17. Participate in the design and implementation of innovative models of care delivery and coordination to promote effective, client-centered care.
18. Advocate for health equity and social justice that improve healthcare outcomes for women and families.
19. Participate in legislative, policymaking, and advocacy activities that influence reproductive and sexual health for men and women, inclusive of all gender identities.
20. Engage in the education of other APRNs and members of the interdisciplinary healthcare team regarding women's healthcare.
21. Participate actively in professional organizations that support women's health and the role of WHNPs.
22. Participate in scholarly activities to disseminate current knowledge in women's health.
23. Incorporate healthy strategies to manage stressors and demands of professional practice.

## RELATED CURRICULUM CONTENT

- Ethical issues
- Professional standards
- APRN legal and regulatory issues
- Interprofessional/interdisciplinary collaboration
- Effective healthcare team communication skills
- Consultation skills
- Evidence-based practice
- Continuous quality improvement
- Safety in the healthcare setting
- Healthcare systems (e.g., organization, financing, cost containment)

- Reimbursement systems and issues
- Community-based health initiatives
- Health policy and legislative issues that influence women's health
- Health policy and legislative issues that influence reproductive and sexual health for women and men, inclusive of all gender identities
- Advocacy skills
- Self-care for the HCP
- Professional leadership
  - Professional organizations – serving on committees, task forces, boards of directors; serving as officers
  - Advisory boards for community, state, and other groups
  - Presenting at conferences
  - Writing for publication in peer-reviewed journals
  - Serving as a peer reviewer for journals
  - Serving on committees for students during DNP projects and research
- Preceptor and mentor roles
- Specialization in the WHNP role
- Lifelong learning

## Appendix A

### NATIONAL APRN, NP, WOMEN'S HEALTHCARE COMPETENCY, AND EDUCATION RESOURCES

American Association of Colleges of Nursing. (2017). *Common advanced practice registered nurse doctoral level competencies*. Washington, DC: Author.

American Association of Colleges of Nursing. (2011). *The essentials of master's education in nursing*. Washington, DC: Author.

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American College of Obstetricians and Gynecologists. (2016). *Council on resident education in obstetrics and gynecology educational objectives: Core curriculum in obstetrics and gynecology* (11th ed.). Washington, DC: Author.

Advanced Practice Registered Nurse (APRN) Consensus Workgroup and National Council of State Boards of Nursing APRN Advisory Committee. (2008). *Consensus model for APRN regulation: Licensure, accreditation, certification and education*. Chicago, IL: National Council of State Boards of Nursing.

Greco, K. E., Tinley, S. & Seibert, D. (2012). *Essential genetic and genomic competencies for nurses with graduate degrees*. Silver Spring, MD: American Nurses Association and International Society of Nurses in Genetics.

Institute of Medicine. (2003). *Health professions education: A bridge to quality*. Washington, DC: The National Academies Press.

National Association of Nurse Practitioners in Women's Health and Association of Women's Health, Obstetric and Neonatal Nurses. (2014). *Women's health nurse practitioner: Guidelines for practice and education* (7th ed.). Washington, DC: Authors.

National Certification Corporation. (2020). *Women's health nurse practitioner candidate guide*. Chicago, IL: Author.

National Organization of Nurse Practitioner Faculties. (2017). *Nurse practitioner core competencies content*. Washington, DC: Author.

National Organization of Nurse Practitioner Faculties. (2013). *Population-focused nurse practitioner competencies*. Washington, DC: Author.

National Task Force on Quality Nurse Practitioner Education. (2016). *Criteria for evaluation of nurse practitioner programs* (5th ed). Washington, DC: American Association of Colleges of Nursing and National Organization of Nurse Practitioner Faculties.

## Appendix B

### NPWH WHNP GUIDELINES TASK FORCE TEAM

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