



**PSYCHIATRIC-MENTAL
HEALTH**

NURSE PRACTITIONER

COMPETENCIES

2003

***National Panel for
Psychiatric-Mental Health NP Competencies***

PSYCHIATRIC-MENTAL HEALTH NURSE PRACTITIONER COMPETENCIES

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**Developed by the National Panel for
Psychiatric-Mental Health NP Competencies**

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

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American Academy of Nurse Practitioners

American Association of Colleges of Nursing

American College of Nurse Practitioners

American Nurses Association

American Nurses Credentialing Center

American Organization of Nurse Executives

American Psychiatric Nurses Association

Commission on Collegiate Nursing Education

International Nurses Society on Addictions

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PROJECT OVERVIEW

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

The National Panel includes representatives of six national nursing organizations whose foci include advanced practice nursing education, psychiatric-mental health practice, and certification for the PMHNP. A sub-group of the NONPF Psychiatric-Mental Health Special Interest Group participated as NONPF representatives.

The National Panel convened for the first time in September 2002 at New York University Division of Nursing. During this meeting, the panel reviewed the existing body of work and began drafting the competencies. The National Panel confirmed that the PMHNP competencies would build on the core competencies for all nurse practitioners, and the panel agreed to using the same framework as that used for the primary care competencies in specialty areas.

After the first meeting, the panel met by conference call and via e-mail to discuss further the competencies. By late fall 2002, the panel reached consensus on the draft competencies and completed phase one of the project. NONPF then solicited nominations from national nursing organizations and employers for individuals to serve on the external validation panel. Phase two, the validation process, was under way by late winter 2003.

The Validation Panel included 21 individuals identified as having expertise relative to advanced practice psychiatric-mental health nursing who had not served on the National Panel. In addition, the individuals were identified as having experience in one or more of the following areas related to issues surrounding the NP role or scope of practice:

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

A joint task force of the International Society of Psychiatric-Mental Health Nurses and the American Psychiatric Nurses Association focusing on educational standards for PMHNPs provided feedback as well. Additionally, the project facilitators sought feedback collectively from the NONPF Psychiatric Mental Health SIG during the April 2003 NONPF annual meeting.

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

The validation process demonstrated overwhelming consensus with the competencies and provided valuable feedback for additional refinement. Over 96% of the competencies remained after the validation process; however, based on the feedback from the Validation Panel, over 53% underwent revision to enhance their specificity and several competencies were added. The National Panel reviewed the validation results and revised the competencies accordingly to produce a final set of 68 competencies.

At completion of the validation phase and consensus by the National Panel on the final competencies, NONPF distributed the PMHNP competencies for endorsement by national nursing organizations linked to the project during the two project phases. As of September 2003, eleven national nursing organizations have endorsed the competencies. The endorsement process remains fluid so that additional endorsers can be added to the electronic posting of the competencies.

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

PSYCHIATRIC-MENTAL HEALTH NURSE PRACTITIONER COMPETENCIES

Introduction

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

The psychiatric-mental health nurse practitioner is educationally prepared to provide the full range of psychiatric services, including the delivery of primary mental health care services, as delineated in the competencies. Some educational programs may prepare psychiatric-mental health nurse practitioners to provide services to a specific patient population (e.g., adult, child) and additional, age-specific competencies may be necessary. The competencies in this document apply to *all* psychiatric mental health nurse practitioners.

Throughout the document, the competencies include the terms "mental health problems" and "psychiatric disorders." Psychiatric disorders are those commonly agreed upon diagnoses based on DSM-IV-TR and ICD-9 taxonomies. Mental health problems include symptoms and issues which do not fully meet the criteria for a psychiatric disorder but may compromise functioning and impact mental health. Because substance-related disorders are one of the DSM-IV-TR Axis I diagnoses, they have been included as a psychiatric disorder for this document.

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

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

PSYCHIATRIC-MENTAL HEALTH NURSE PRACTITIONER COMPETENCIES

These are entry-level competencies for the psychiatric-mental health nurse practitioner and supplement the core competencies for all nurse practitioners. The psychiatric-mental health nurse practitioner is an advanced practice registered nurse who focuses clinical practice on individuals, families, or populations across the life span at risk for developing and/or having a diagnosis of psychiatric disorders or mental health problems. The psychiatric-mental health nurse practitioner is a specialist who provides primary mental health care to patients seeking mental health services in a wide range of settings. Primary mental health care provided by the psychiatric-mental health nurse practitioner involves the continuous and comprehensive services necessary for the promotion of optimal mental health, prevention and treatment of psychiatric disorders and health maintenance. This includes the assessment, diagnosis, and management of mental health problems and psychiatric disorders.

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

The psychiatric-mental health nurse practitioner is a provider of direct mental health care services. Within this role, the psychiatric-mental health nurse practitioner synthesizes theoretical, scientific, and clinical knowledge for the assessment and management of both health and illness states. These competencies incorporate the health promotion, health protection, disease prevention, and treatment focus of psychiatric-mental health nurse practitioner practice.

I.A ASSESSMENT

These competencies describe the role of the psychiatric-mental health nurse practitioner in assessing all aspects of the patient's health status, including health promotion, health protection, and disease prevention. The psychiatric-mental health nurse practitioner employs evidence-based clinical practice guidelines to guide screening activities, identifies health promotion needs, and provides anticipatory guidance and counseling addressing environmental, lifestyle, and developmental issues.

1. Obtains and accurately documents a relevant health history, with an emphasis on mental health history, for patients relevant to specialty and age.
 - a. Performs a comprehensive physical and mental health assessment
 - b. Performs a comprehensive psychiatric evaluation, that includes evaluation of mental status, current and past history of violence, suicidal or self-harm behavior, substance use, level of functioning, health behaviors, trauma, sexual behaviors, and social and developmental history
2. Analyzes the relationship between normal physiology and specific system alterations associated with mental health problems, psychiatric disorders, and treatment.

3. Identifies and analyzes factors that affect mental health such as:
 - a. genetics
 - b. family
 - c. environment
 - d. trauma
 - e. psychodynamics
 - f. culture & ethnicity
 - g. spiritual beliefs and practices
 - h. physiological processes
 - i. coping skills
 - j. cognition
 - k. developmental stage
 - l. socioeconomic status
 - m. gender
 - n. substance use
4. Collects data from multiple sources using assessment techniques that are appropriate to the patient's language, culture, and developmental stage, including, but not limited to, screening evaluations, psychiatric rating scales, genograms, and other standardized instruments.
5. Conducts a comprehensive multigenerational family assessment.
6. Assesses the impact of acute and/or chronic physical illness, psychiatric disorders, and stressors on the family system.
7. Performs a comprehensive assessment of mental health needs of a community.
8. Performs and accurately documents appropriate systems and symptom-focused physical examinations, with emphasis on the mental status exam and neurological exam.
9. Involves patients, significant others, and interdisciplinary team members in data collection and analysis.
10. Synthesizes, prioritizes, and documents relevant data in a retrievable form.
11. Demonstrates effective clinical interviewing skills that facilitate development of a therapeutic relationship
12. Assesses the interface among the individual, family, community, and social systems and their relationship to mental health functioning.

I.B. DIAGNOSIS OF HEALTH STATUS

The psychiatric-mental health nurse practitioner is engaged in the diagnosis of mental health, psychiatric disorders, and related health status. This diagnostic process includes critical thinking, differential diagnosis, and the integration and interpretation of various forms of data. These competencies describe this role of the psychiatric-mental health nurse practitioner.

1. Orders and interprets findings of relevant diagnostic and laboratory tests.
2. Identifies both typical and atypical presentations of psychiatric disorders and related health problems.
3. Differentiates psychiatric presentations of medical conditions from psychiatric disorders and arranges appropriate evaluation and follow-up.
4. Develops a differential diagnosis derived from the collection and synthesis of assessment data
5. Diagnoses psychiatric disorders.
6. Differentiates between exacerbation and reoccurrence of a chronic psychiatric disorder and signs and symptoms of a new mental health problem or a new medical or psychiatric disorder.
7. Diagnoses commonly occurring complications of mental health problems and psychiatric disorders, including physical health problems.
8. Evaluates the health impact of multiple life stressors and situational crises within the context of the family cycle.
9. Applies standardized taxonomy systems to the diagnosis of mental health problems and psychiatric disorders.
10. Evaluates potential abuse, neglect, and risk of danger to self and others, such as suicide, homicide, and other self-injurious behaviors, and assists patients and families in securing the least restrictive environment for ensuring safety.

I.C PLAN OF CARE AND IMPLEMENTATION OF TREATMENT

The objectives of planning and implementing therapeutic interventions are to assist the patient to achieve an optimal state of health. These competencies describe the psychiatric-mental health nurse practitioner's role in collaborating with the patient to maximize the patient's potential and minimize complications.

1. Develops a treatment plan for mental health problems and psychiatric disorders based on biopsychosocial theories, evidence-based standards of care, and practice guidelines.
2. Conducts individual, group, and/or family psychotherapy.
3. Treats acute and chronic psychiatric disorders and mental health problems.

4. Plans care to minimize the development of complications and promote function and quality of life using treatment modalities such as, but not limited to, psychotherapy and psychopharmacology.
5. Prescribes psychotropic and related medications based on clinical indicators of a patient's status, including results of diagnostic and lab tests as appropriate, to treat symptoms of psychiatric disorders and improve functional health status.
6. Educates and assists the patient in evaluating the appropriate use of complementary and alternative therapies.
7. Evaluates the impact of the course of psychiatric disorders and mental health problems on quality of life and functional status.
8. Manages psychiatric emergencies by determining the level of risk and initiating and coordinating effective emergency care.
9. Recognizes and accurately interprets the patient's implicit communication by listening to verbal cues and observing non-verbal behaviors.
10. Participates in community and population-focused programs that promote mental health and prevent or reduce risk of psychiatric disorders.
11. Advocates for the patient's and family's rights regarding involuntary treatment and other medicolegal issues.
12. Coordinates the transition of patients and families among mental health care settings, general health care settings, and community agencies to provide continuity of care and support for the patient, family, and other health care providers.
13. Identifies, measures, and monitors clinical and related behavioral outcomes to determine the effectiveness and appropriateness of the plan of care.
14. Makes appropriate referrals to other health care professionals and community resources for individuals and families.
15. Applies ethical and legal principles to the treatment of patients with mental health problems and psychiatric disorders.
16. Provides anticipatory guidance to individuals and families to promote mental health and to prevent or reduce the risk of psychiatric disorders.
17. Orders age appropriate tests and other procedures that provide data that contribute to the treatment plan.
18. Prescribes pharmacologic agents for patients with mental health problems and psychiatric disorders based on individual characteristics, such as culture, ethnicity, gender, religious beliefs, age, and physical health problems.

19. Ensures patient safety through the appropriate prescription and management of pharmacologic and non-pharmacologic interventions.

II. NURSE PRACTITIONER –PATIENT RELATIONSHIP

Competencies in this area demonstrate the personal, collegial, and collaborative approach that enhances the psychiatric-mental health nurse practitioner's effectiveness of patient care. The competencies speak to the critical importance of interpersonal transactions as they relate to therapeutic patient outcomes.

1. Manages the phases of the nurse practitioner -patient relationship.
 - a. Utilizes interventions to promote mutual trust in therapeutic relationships.
 - b. Maintains a therapeutic relationship over time with individuals, groups, and families to influence negotiated outcomes.
 - c. Concludes therapeutically the nurse-patient relationship and transitions the patient to other levels of care, when appropriate.
2. Applies therapeutic communication strategies based on theories and research evidence to reduce emotional distress, facilitate cognitive and behavioral change, and foster personal growth
3. Monitors own emotional reaction and behavioral responses to others and uses this self-awareness to enhance the therapeutic relationship.
4. Uses the therapeutic relationship to promote positive clinical outcomes.
5. Identifies and maintains professional boundaries to preserve the integrity of the therapeutic process.
6. Analyzes the impact of duty to report and other advocacy actions on the therapeutic relationship.

III. TEACHING-COACHING FUNCTION

These competencies describe the psychiatric-mental health nurse practitioner's ability to impart knowledge and associated skills to patients. The coaching function involves the skills of interpreting and individualizing therapies through the activities such as advocacy, modeling, and tutoring.

1. Teaches patients and significant others about intended effects and potential adverse effects of treatment options.
2. Provides psychoeducation to individuals, families, and groups to promote knowledge, understanding, and effective management of mental health problems and psychiatric disorders.

3. Demonstrates sensitivity in addressing topics such as, but not limited to, sexuality, substance abuse, violence, and risk-taking behaviors.
4. Analyzes the impact of psychiatric signs and symptoms on the ability and readiness to learn and tailors approaches accordingly.
5. Considers readiness to improve self-care and healthy behavior when teaching patients with mental health problems and psychiatric disorders.

IV. PROFESSIONAL ROLE

These competencies describe the varied role of the psychiatric-mental health nurse practitioner, specifically related to advancing the profession and enhancing direct care and management. The psychiatric-mental health nurse practitioner demonstrates a commitment to the implementation, preservation, and evolution of the psychiatric-mental health nurse practitioner role. As well, the psychiatric-mental health nurse practitioner implements critical thinking and builds collaborative, interdisciplinary relationships to provide optimal care to the patient.

1. Collaborates as a member of the interdisciplinary mental health and other health care team(s).
2. Provides consultation to health care providers and others to enhance quality and cost-effective services for patients and to effect change in organizational systems.
3. Coordinates referral and ongoing access to primary and other health care services for patients.
4. Participates in professional and community organizations that influence the health of patients with mental health problems and psychiatric disorders and supports the role of the psychiatric-mental health nurse practitioner.
5. Engages in and collaborates with others in the conduct of research to discover, examine, and test knowledge, theories, and evidence-based approaches to practice.
6. Advocates for the advanced practice psychiatric-mental health nurse's role to other health care providers; community, state, and federal agencies; and the public.
7. Upholds ethical and legal standards related to the provision of mental health care.
8. Recognizes the importance of lifelong learning to be knowledgeable of relevant research and advances in clinical practice.

V. MANAGING AND NEGOTIATING HEALTH CARE DELIVERY SYSTEMS

These competencies describe the psychiatric-mental health nurse practitioner's role in handling situations successfully to achieve improved health outcomes for patients, communities, and systems through overseeing and directing the delivery of psychiatric services within an integrated system of care.

1. Utilizes ethical principles to create a system of advocacy for access and parity for mental health problems, psychiatric disorders, and addiction services.
2. Influences health policy to reduce the impact of stigma on services for prevention and treatment of mental health problems and psychiatric disorders

VI. MONITORING AND ENSURING THE QUALITY OF HEALTH CARE PRACTICE

These competencies describe the psychiatric-mental health nurse practitioner's role in ensuring quality of care through consultation, collaboration, continuing education, certification, and evaluation. The monitoring function of the role is also addressed relative to monitoring one's own practice as well as engaging in interdisciplinary peer review and systems review.

1. Seeks consultation when appropriate to enhance one's own practice.
2. Monitors relevant research to improve quality care.

VII. CULTURAL COMPETENCE

These competencies describe the psychiatric-mental health nurse practitioner's role in providing culturally-competent care, delivering patient care with respect to cultural and spiritual beliefs, and making health care resources available to patients from diverse cultures.

1. Recognizes the variability of the presentation of psychiatric signs and symptoms in different cultures.
2. Acknowledges the influence of culture, ethnicity, and spirituality on the patient's perceptions of his or her psychiatric signs and symptoms.
3. Respects and integrates cultural, ethnic, and spiritual influences in designing a treatment plan for patients with mental health problems and psychiatric disorders.
4. Evaluates the impact of therapeutic interventions on the patient's cultural, ethnic, & spiritual identity and the impact of practices on outcomes of care

NATIONAL ORGANIZATION OF NURSE PRACTITIONER FACULTIES

DOMAINS AND CORE COMPETENCIES OF NURSE PRACTITIONER PRACTICE

--2002--

Introduction

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

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

Domains and Core Competencies

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

DOMAIN 1. MANAGEMENT OF PATIENT HEALTH/ILLNESS STATUS

COMPETENCIES

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

A. Health Promotion/Health Protection and Disease Prevention

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

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

B. Management of Patient Illness

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

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

Appropriate to Both Subdomains

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

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

DOMAIN 2. THE NURSE PRACTITIONER-PATIENT RELATIONSHIP

COMPETENCIES

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

1. Creates a climate of mutual trust and establishes partnerships with patients.
2. Validates and verifies findings with patients.
3. Creates a relationship with patients that acknowledges their strengths and assists patients in addressing their needs.
4. Communicates a sense of “being present” with the patient and provides comfort and emotional support.
5. Evaluates the impact of life transitions on the health/illness status of patients and the impact of health and illness on patients (individuals, families, and communities).
6. Applies principles of self-efficacy/empowerment in promoting behavior change.
7. Preserves the patient’s control over decision making, assesses the patient’s commitment to the jointly determined, mutually acceptable plan of care, and fosters patient’s personal responsibility for health.

8. Maintains confidentiality while communicating data, plans, and results in a manner that preserves the dignity and privacy of the patient and provides a legal record of care.
9. Monitors and reflects on own emotional response to interaction with patients and uses this knowledge to further therapeutic interaction.
10. Considers the patient's needs when termination of the nurse practitioner-patient relationship is necessary and provides for a safe transition to another care provider.
11. Evaluates patient's and/or caregiver's support systems.
12. Assists the patient and/or caregiver to access the resources necessary for care.

DOMAIN 3. THE TEACHING-COACHING FUNCTION

COMPETENCIES

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

Timing

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

Eliciting

1. Elicits information about the patient's interpretation of health conditions as a part of the routine health assessment.
2. Elicits information about the patient's perceived barriers and supports to learning when preparing for patient's education.
3. Elicits from the patient the characteristics of his/her learning style from which to plan and implement the teaching.
4. Elicits information about cultural influences that may affect the patient's learning experience.

Assisting

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

Providing

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

Negotiating

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

Coaching

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

DOMAIN 4. PROFESSIONAL ROLE

COMPETENCIES

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

Develops and Implements Role

1. Uses scientific theories and research to implement the nurse practitioner role.

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

Directs Care

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

Provides Leadership

1. Recognizes the importance of participating in professional organizations.
2. Evaluates implications of contemporary health policy on health care providers and consumers.
3. Participates in legislative and policy-making activities that influence advanced nursing practice and the health of communities.
4. Advocates for access to quality, cost-effective health care.
5. Evaluates the relationship between community/public health issues and social problems (poverty, literacy, violence, etc.) as they impact the health care of patients.

DOMAIN 5. MANAGING AND NEGOTIATING HEALTH CARE DELIVERY SYSTEMS

COMPETENCIES

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

Managing

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

Negotiating

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

4. Participates in legislative and policy-making activities that influence health services/practice.
5. Advocates for policies that reduce environmental health risks.
6. Advocates for policies that are culturally sensitive.
7. Advocates for increasing access to health care for all.

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

COMPETENCIES

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

Ensuring Quality

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

Monitoring Quality

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

DOMAIN 7. CULTURAL COMPETENCE

Competencies

The nurse practitioner demonstrates cultural competence when s/he:

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

Spiritual Competencies

1. Respects the inherent worth and dignity of each person and the right to express spiritual beliefs as part of his/her humanity.
2. Assists patients and families to meet their spiritual needs in the context of health and illness experiences, including referral for pastoral services.

3. Assesses the influence of patient's spirituality on his/her health care behaviors and practices.
4. Incorporates patient's spiritual beliefs in the plan of care appropriately.
5. Provides appropriate information and opportunity for patients and families to discuss their wishes for end of life decision-making and care.
6. Respects wishes of patients and families regarding expression of spiritual beliefs.

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

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