American Association of Colleges of Nursing

THE JOHN A. HARTFORD FOUNDATION INSTITUTE FOR GERIATRIC NURSING

NONPF

Adult-Gerontology Primary Care Nurse Practitioner Competencies

March 2010

Developed in collaboration with
The Hartford Institute for Geriatric Nursing at New York University and the National Organization of Nurse Practitioner Faculties

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Founded in 1929, the John A. Hartford Foundation is a committed champion of training, research and service system innovations that promote the health and independence of America 's older adults. Through its grantmaking, the Foundation seeks to strengthen the nation's capacity to provide effective, affordable care to this rapidly increasing older population by educating "aging-prepared" health professionals (physicians, nurses, social workers), and developing innovations that improve and better integrate health and supportive services. The Foundation was established by John A. Hartford. Mr. Hartford and his brother, George L. Hartford, both former chief executives of the Great Atlantic & Pacific Tea Company, left the bulk of their estates to the Foundation upon their deaths in the 1950s. Additional information about the Foundation and it programs is available on their Web site.

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ADULT-GERONTOLOGY PRIMARY CARE NURSE PRACTITIONER COMPETENCIES

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VALIDATION PANEL

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American Academy of Nurse Practitioners
American Association of Critical Care Nurses
American College of Nurse Practitioners
American Nurses Association
Association of Women's Health, Obstetric and Neonatal Nurses
Building Academic Geriatric Nursing Capacity
Commission on Collegiate Nursing Education
Evercare/United Healthcare
Genesis HealthCare
Gerontological Advanced Practice Nurses Association
Hospice and Palliative Nurses Association
National League for Nursing Accrediting Commission
Oncology Nursing Society
Veterans Affairs San Diego Healthcare System
Veterans Affairs Greater Los Angeles Healthcare System

Schools Participating in Validation Panel

Arizona State University
Boston College
California State University-Long Beach
College of Mount Saint Vincent
Emory University
Florida Atlantic University
Hunter College
James Madison University
Johns Hopkins University
La Salle University
Lewis University
Long Island University, Brooklyn Campus
Madonna University
Marian University
Medical University of South Carolina
MGH Institute of Health Professions
Monmouth University
Northeastern University
Oakland University
Rush University
St. Catherine University
Southeastern Louisiana University
The George Washington University
The Sage Colleges

University of Alabama-Birmingham
University of California-Los Angeles
University of California-San Francisco
University of Central Florida
University of Illinois-Chicago
University of Kansas
University of Louisville
University of Maryland
University of Massachusetts-Lowell
University of Medicine and Dentistry of NJ
University of Miami
University of Michigan
University of Michigan-Flint
University of Minnesota
University of Mississippi Medical Center
University of Missouri-Kansas City
University of Nebraska Medical Center
University of North Carolina-Greensboro
University of Oklahoma
University of Pennsylvania
University of Pittsburgh
University of Rochester
University of Saint Francis
University of San Diego
University of South Alabama
University of Tampa
University of Texas-Arlington
University of Texas Health Science Center-Houston
University of Texas Health Science Center-San Antonio
University of Vermont
University of Washington
Yale University

ENDORSEMENTS

The organizations listed below have endorsed the Adult-Gerontology Primary Care Nurse Practitioner Competencies. Endorsement is defined as a *philosophical agreement with the intent and content* of the competencies found on pages 14- 26.
(The endorsement process is ongoing; endorsing organizations are listed in the electronic document which can be accessed at
http://www.aacn.nche.edu/Education/curriculum/adultgeroprimcareNPcomp.pdf)

American Association of Colleges of Nursing (AACN)
National Organization of Nurse Practitioner Faculties (NONPF)

Project Overview

The Adult-Gerontology Primary Care Nurse Practitioner (NP) Competencies reflect the work of a national Expert Panel, representing the array of both adult and gerontology nurse practitioners in acute and primary care, education, and practice. In collaboration with colleagues from the Hartford Institute for Geriatric Nursing at New York University and the National Organization of Nurse Practitioner Faculties (NONPF), the American Association of Colleges of Nursing (AACN) facilitated the process to develop these consensus-based competencies, including the work of the national Expert Panel and the external validation process. The process used for this project models that used previously for the development of a number of nationally recognized nursing competencies, including the *Nurse Practitioner Primary Care Competencies in Specialty Areas: Adult, Family, Gerontological, Pediatric, and Women's Health (2002).*

The National Organization of Nurse Practitioner Faculties (NONPF) accepted the invitation to co-facilitate the Expert Panel and appointed Dr. Katherine Crabtree (Oregon Health & Science University) to serve as their representative and co-facilitator. The national consensus-building process to develop these national consensus-based competencies for the Adult-Gerontology Primary Care Nurse Practitioner was jointly facilitated by Drs. Joan Stanley, AACN, and Katherine Crabtree, NONPF.

The Expert Panel included representatives of nine national nursing organizations whose foci include nurse practitioner education, adult and gerontology nurse practitioner practice, acute care and primary care nurse practitioner education and practice, and gerontology advanced practice nurses. In addition, the Expert Panel included five individuals who represented adult, gerontology, and acute care nurse practitioner education and practice, and representatives of two national healthcare organizations that primarily focus on the care of older adults.

The Expert Panel convened for the first time via conference call December 12, 2008, and then in person in February 2009 in Washington, D.C. at the offices of the American Association of Colleges of Nursing (AACN). During this meeting, the panel reviewed relevant documents including nationally recognized core nurse practitioner competencies and adult, gerontology, and acute care nurse practitioner competencies. The John A. Hartford Foundation (JAHF) Gero-Psychiatric Nursing Collaborative recommendations for enhancements to nurse practitioner education related to care of older adults also were reviewed. The Expert Panel confirmed that the Adult-Gerontology competencies would build on the graduate and APRN core competencies delineated in the AACN (2006) *Essentials of Doctoral Education for Advanced Nursing Practice* and the AACN (1996) *Essentials of Master's Education for Advanced Practice Nursing* and on the NONPF (2006) core competencies for all nurse practitioners. The Panel also agreed that the framework to be used for the Adult-Gerontology Primary Care Nurse Practitioner Competencies would reflect that of the NONPF Nurse Practitioner Core Competencies. The documents reviewed by the Expert Panel are listed in Appendix A.

After the initial in-person meeting, the panel met electronically and by conference call to review and discuss the competencies. By late summer 2009, the panel reached consensus on the draft competencies and completed phase one of the competency development process. AACN then solicited nominations from national nursing, consumer and healthcare organizations for individuals to serve on the external validation panel. Phase II, the validation process, was conducted in September and October, 2009.

The Validation Panel included 40 individuals identified as having expertise relative to adult or gerontology education or practice who had not served on the Expert Panel. In addition, all adult and gerontology nurse practitioner education programs were invited to participate in the validation process, which included a total of 216 programs at 170 schools. Organizations were asked to identify individuals who had experience in one or more of the following areas related to issues surrounding the NP role or scope of practice:

- delivery of adult or gerontology health care;
- education of adult or gerontology nurse practitioners;
- credentialing of nurse practitioners;
- licensing of advanced practice registered nurses (APRNs);
- accreditation of graduate nursing education programs; or
- employment of adult or gerontology nurse practitioners.

The validation tool developed originally by AACN and NONPF as part of the Health Resources and Services Administration (HRSA) -funded nurse practitioner primary care competencies project (2002) was adapted to a SurveyMonkey online format. The Validation Panel was asked to systematically review each adult-gerontology competency for relevance (is the competency necessary?) and specificity (is the competency stated specifically and clearly? If not, provide suggested revisions.) The Validation Panel also was asked to provide comment on the comprehensiveness of the competencies (is there any aspect of adult-gerontology NP knowledge, skill, or practice missing?).

The validation process demonstrated overwhelming consensus for the competencies and provided valuable feedback for additional refinement. The Expert Panel met in person for a second time in January 2010 in Washington, D.C. to review the validation results, revise the competencies as needed, and produce the final set of 92 competencies delineated in this document. The process yielded no deletions of entire competencies; however, based on the feedback from the Validation Panel, 84% of the competencies underwent revision to enhance specificity and 7 competencies were added. The Expert Panel also made recommendations regarding clinical expectations for adult-gerontology nurse practitioner programs.

The final set of Adult-Gerontology Primary Care NP competencies will be disseminated widely including to all the national nursing organizations participating in either of the two phases of the project and to all graduate schools of nursing. Endorsement of the Adult-Gerontology Primary Care NP Competencies will be sought from national nursing organizations. The endorsement process will remain fluid and names of endorsing organizations will be added to the electronic posting of the document as they are received.

It is recognized that challenges will arise as the adult and gerontology programs are merged or developed. In the second phase of this APRN initiative funded by the JAHF, materials and resources will be compiled and/or developed to assist faculty to transition to the new regulatory model for adult-gerontology focused NP education, certification, and licensure, and to operationalize these adult-gerontology primary care NP competencies within this new curricular framework. Resources for both faculty and students will include gerontology-focused content modules, curricular models, and case studies to provide guidance for the development and implementation of the of the adult-gerontology primary care NP curriculum.

ADULT-GERONTOLOGY PRIMARY CARE NURSE PRACTITIONER COMPETENCIES

Introduction

The national *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education* (LACE), finalized in 2008, defines advanced practice registered nurses (APRNs) and standardized requirements for each of the four APRN regulatory components included in LACE. Under this regulatory model, now endorsed by 45 national nursing organizations, the certified nurse practitioner (CNP) is defined as one of four APRN roles. In addition to the four roles, APRNs are educated and practice in at least one of six population foci: family/individual across the lifespan, **adult-gerontology**, pediatrics, neonatal, women's health/gender-related or psych/mental health. The APRN Consensus regulatory model is shown in Diagram 1.

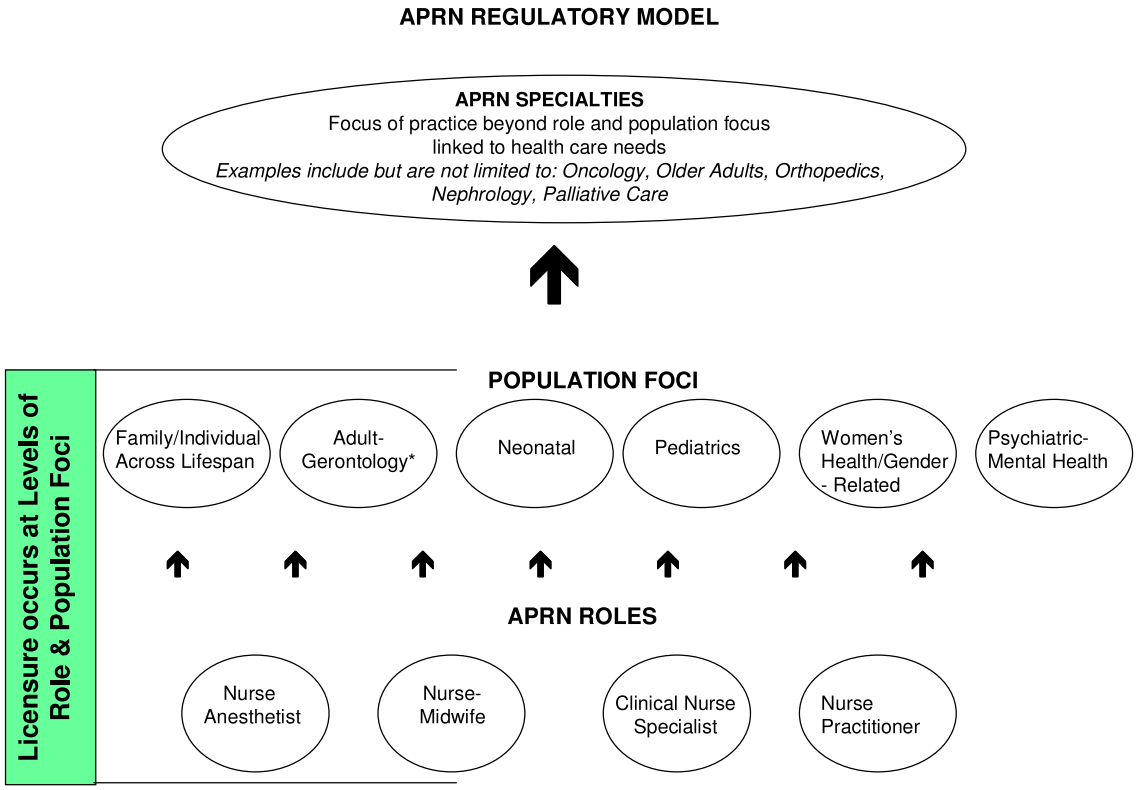

Diagram 1: Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (2008).
(http://www.aacn.nche.edu/education/pdf/APRNReport.pdf.)

Certified Nurse Practitioners (CNPs), referred to in this document as NPs, are educated across the wellness-illness continuum. An adult-gerontology NP is prepared with the acute care NP competencies and/or the primary care NP competencies. Significant overlap in the acute care and primary care NP competencies does exist; however, the practice of the acute care and primary care NP differs. The scope of practice of the primary care or acute care NP is not setting-specific but rather is based on patient care needs. This document delineates the competencies needed by all adult-gerontology NPs prepared for primary care practice. A companion document, *Adult-Gerontology Acute Care NP Competencies* will be developed.

Under the Consensus Model for APRN Regulation, APRNs must be educated, certified, and licensed to practice in a role and a population. This document delineates entry-level competencies for graduates of master's, doctorate of nursing practice (DNP), and post-graduate programs preparing primary care NPs who serve the adult-gerontology population. The competencies are intended to be used in conjunction with — and build upon — the graduate and APRN core competencies delineated in the AACN (2006) *Essentials of Doctoral Education for Advanced Nursing Practice* or the AACN (1996) *Essentials of Master's Education for Advanced Practice Nursing*. In addition, these competencies build upon the NONPF (2006) core competencies for all nurse practitioners. These competencies focus on the unique practice knowledge, skills, and attitudes of the adult-gerontology primary care NP. As an NP gains experience, his or her practice may include more advanced and additional skills and knowledge not included in these entry-level competencies. A model describing the foundations and components of the advanced practice curriculum is shown in Diagram 2.

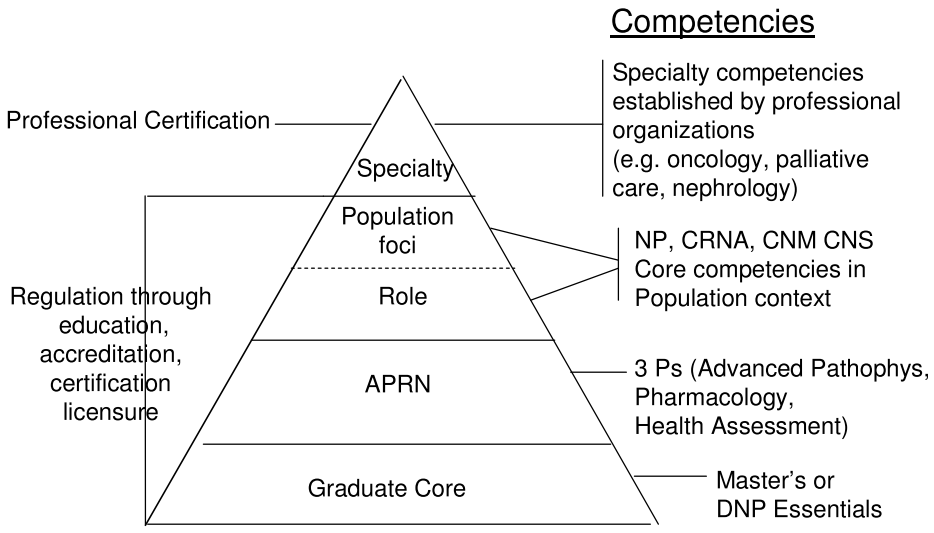

Diagram 2: Building an APRN Curriculum within the Consensus APRN Regulatory Model

These competencies, in addition to the core competencies for all NP practice, reflect the current knowledge base and scope of practice for entry-level adult-gerontology primary care NPs. As scientific knowledge expands and the healthcare system and practice evolve in response to societal needs, NP competencies also will evolve. The periodic review and updating of these competencies will ensure their currency and reflection of these changes.

CURRICULAR AND CLINICAL EXPECTATIONS FOR THE ADULT-GERONTOLOGY PRIMARY CARE NP EDUCATION PROGRAM

The adult-gerontology primary care NP program provides sufficient didactic and clinical experiences to prepare the graduate with the competencies delineated in this document as well as the NP core competencies. It is expected that faculty assess the types of experiences, patient population and settings, and length of experiences afforded each student to ensure that he/she is prepared to provide care to the entire adult-older adult age spectrum and across the continuum of care from wellness to illness.

By merging the adult and gerontology NP curricula, the expectation is that opportunities to enhance or focus the clinical experiences within currently used clinical settings be sought. Practice experiences should focus on the full spectrum of adult-older adult care and should provide the student with the opportunity to focus on the differing and unique developmental, life stage needs that impact a patient's care across the entire adult age spectrum. Practice experiences may include a variety of experiences (e.g., virtual experiences, case studies, and simulation experiences) to enhance the student's preparation with these competencies.

In addition, preceptors and faculty with responsibility for oversight of these clinical and practice experiences should represent broad-based and varied expertise to ensure that the NP graduate is prepared to provide care to the entire adult-older adult age spectrum and across the wellness-illness continuum

ADULT-GERONTOLOGY PRIMARY CARE NURSE PRACTITIONER COMPETENCIES

These are entry-level competencies for all adult-gerontology primary care nurse practitioners. These adult-gerontology population-focused competencies build on the graduate and APRN core competencies, and NP core competencies. Significant overlap in the acute care and primary care NP competencies does exist; however, the practice of the acute care and primary care NP differs. The scope of practice of the primary care or acute care NP is not setting specific but rather is based on patient care needs.

The patient population of the Adult-Gerontology Primary Care NP practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including young-old, old, and old-old adults). Preparation of the graduate with the entry-level competencies delineated in this document, unless otherwise specified, includes preparation across the entire adult-older adult age spectrum.

The focus of the adult-gerontology primary care NP is to provide patient-centered, quality care to the adult and older adult population. The adult-gerontology primary care NP applies evidence in practice designed to improve quality of care and health outcomes.

The adult-gerontology primary care NP competencies are delineated in Table 1. The adult-gerontology population-focused competencies build on the NP Core Competencies (NONPF, 2006). The NP Core Competencies are included here (shown in left-hand column of Table 1) to facilitate the development of the adult-gerontology primary care NP curriculum. The Domains of NP Practice (NONPF, 2006) provide the framework for both the NP Core Competencies and the adult-gerontology primary care NP competencies. In addition, the categories under each Domain reflect those used in the *Nurse Practitioner Primary Care Competencies in Specialty Areas: Adult, Family, Gerontological, Pediatric, and Women's Health* (U.S. Department of HHS, HRSA, BHP, DON, 2002) and the *Acute Care Nurse Practitioner Competencies* (NONPF, 2004).

Table 1: Adult-Gerontology Primary Care NP Competencies

DOMAINS AND CORE COMPETENCIES OF NURSE PRACTITIONER PRACTICE **NONPF (2006)***	**ADULT-GERONTOLOGY PRIMARY CARE NP COMPETENCIES**
	The patient population of the adult-gerontology primary care NP practice includes the entire spectrum of adults including young adults, adults and older adults. It is assumed that preparation of the graduate with these competencies unless otherwise specified includes preparation across the entire adult-older adult age spectrum.
	The adult-gerontology primary care nurse practitioner is a provider of direct health care services. Within this role, the adult-gerontology primary care NP synthesizes theoretical, scientific, and contemporary clinical knowledge for the assessment and management of both health and illness states. These competencies incorporate the health promotion, health protection, disease prevention, and management focus of the adult-gerontology primary care NP practice.
DOMAIN ONE: MANAGEMENT OF PATIENT HEALTH/ILLNESS STATUS	**I. HEALTH PROMOTION, HEALTH PROTECTION, DISEASE PREVENTION, AND TREATMENT**
The nurse practitioner demonstrates competence in the management of patient health/illness status when she/he: *1. Provides health promotion services* *2. Provides disease prevention services* *3. Provides health protection interventions* *4. Provides anticipatory guidance* *5. Provides counseling*	**A. Assessment of Health Status:** These competencies describe the role of the adult-gerontology primary care NP in terms of health promotion, health protection, and disease prevention. The adult-gerontology primary care NP employs evidence-based clinical practice guidelines for screening activities, identifies health promotion needs, provides anticipatory guidance and counseling to address environmental, lifestyle, and developmental issues. 1. Obtains a relevant health history, which may be comprehensive or focused. 2. Evaluates signs and symptoms noting pertinent positives and negatives. 3. Performs and accurately documents a pertinent, comprehensive, and focused physical

* **The NONPF (2006) DOMAINS AND CORE COMPETENCIES OF NURSE PRACTITIONER PRACTICE are included here to facilitate the development of the Adult-Gerontology Primary Care NP curriculum. The NONPF Core NP Competencies undergo a periodic review process. Therefore, the Core NP Competencies will be updated in this document when this revision occurs.**

6. *Promotes healthy environments* 7. *Incorporates community needs, strengths, and resources into practice* 8. *Applies principles of epidemiology and demography in clinical practice* 9. *Demonstrates critical thinking and diagnostic reasoning skills in clinical decision making* 10. *Obtains a health history from the patient* 11. *Performs a physical examination* 12. *Differentiates between normal, variations of normal and abnormal findings* 13. *Employs screening and diagnostic strategies* 14. *Analyzes data to determine health status* 15. *Develops differential diagnosis* 16. *Formulates a diagnosis* 17. *Prioritizes health needs/problems* 18. *Formulates an evidence-based action plan* 19. *Initiates therapeutic interventions* 20. *Manages the health/illness status over time*	examination, demonstrating knowledge about developmental, age related, and gender specific variations. 4. Assesses health promotion needs, social support and physical and mental health status using age, gender, and culturally appropriate standardized assessment instruments or processes in relationship to: a. Activity level b. Mobility c. Cognition d. Decision-making capacity e. Pain f. Skin integrity g. Nutrition h. Sexuality i. Immunization status j. Neglect and abuse k. Substance use and abuse l. Quality of life m. Genetic risks n. Health risk behaviors o. Safety p. Advance care planning preferences* 5. Documents accurately a relevant health history which may be comprehensive or focused. 6. Assesses the impact of family, community, and environment, including economic, work, institutional, school, and living environments on an individual's health status. 7. Screens for acute and chronic mental health problems and disorders. 8. Obtains health information from collateral sources as needed, e.g., with cognitively impaired, sensory impaired, or non-self-disclosing patients, observing ethical and legal standards of

* Definition: Advance care planning includes discussions with patients and/or their representatives about the goals and desired direction of the patient's care, particularly end-of-life care, in the event that the patient is or becomes incompetent to make decisions.

21. *Prescribes medications within legal authorization* 22. *Counsels the patient on the use of complementary/alternative therapies* 23. *Evaluates outcomes of care* 24. *Communicates effectively using professional terminology, format, and technology* 25. *Provides for continuity of care*	care. 9. Differentiates between normal and abnormal changes associated with development and aging. 10. Assesses individuals with complex health issues and co-morbidities, including the interaction with acute and chronic physical and mental health problems. 11. Analyzes the relationship among development, normal physiology, and specific system alterations that can be produced by aging and/or disease processes. 12. Assesses the individual's and family's ability to cope with and manage developmental (life stage) transitions. 13. Determines the extent of the individual's ability to participate in work, school, physical, and social activities. 14. Assesses the effect of illness, disability, and/or injury on the individual's: a. Functional status b. Independence c. Physical and mental status d. Social roles and relationships e. Sexual function and well-being f. Economic or financial status 15. Conducts a pharmacologic assessment addressing polypharmacy; drug interactions and other adverse events; over-the-counter; complementary alternatives; and the ability to obtain, purchase, self administer, and store medications safely and correctly. 16. Distinguishes cultural, spiritual, ethnic, gender, and age cohort differences in presentation, progression, and treatment response of common acute and chronic health problems. 17. Assesses for syndromes and constellations of symptoms that may be manifestations of other common health problems e.g., risk-taking behaviors, self-injury, stress, incontinence, falls, delirium or depression. 18. Determines the need for transition to a different level or type of care based on an assessment of an individual's acuity, stability, resources, and need for assistance.

	19. Assesses the adequacy of and/or need to establish an advance care plan. 20. Assesses the appropriateness of implementing the advance care plan. 21. Assesses genetic risks and heath risk behaviors. **B. Diagnosis of Health Status** The adult-gerontology primary care NP is engaged in the diagnosis of health status. This diagnostic process includes critical thinking, differential diagnosis, and the integration and interpretation of various forms of data. These competencies describe the role of the adult-gerontology primary care NP related to diagnosis of health status. a. Identifies both typical and atypical presentations of health problems. b. Develops differential diagnoses for new or recurring health problems. c. Recognizes the presence of co-morbidities, their impact on presenting health problems, and the risk for iatrogenesis. d. Diagnoses acute and chronic physical and mental illnesses, disease progression, and associated complications. e. Plans diagnostic strategies and makes appropriate use of diagnostic tools for screening and prevention, with consideration of the costs, risks, and benefits to individuals. f. Orders, performs, and supervises laboratory diagnostic testing, and clinical procedures, and interprets results in relation to the individual's age, gender, and health status. g. Synthesizes data from a variety of sources to make clinical decisions regarding appropriate management, consultation, or referral. h. Prioritizes diagnoses based on re-evaluation of data and changing health status. i. Determines decision making capacity.

	C. Plan of Care and Implementation of Treatment The objectives of planning and implementing therapeutic interventions are to return the individual to stability and optimize the individual's health. These competencies describe the adult-gerontology primary care NP's role in stabilizing the individual, minimizing physical and psychological complications, maximizing the individual's health potential, and assisting with palliative/end-of-life care management. 1. Develops, implements, and evaluates age-appropriate health screening and health promotion programs. 2. Designs health maintenance and disease prevention interventions that are age, gender, and health status appropriate. 3. Provides anticipatory guidance and counseling to individuals and their families based on identified health promotion needs, social support and health status. 4. Plans therapeutic interventions to restore or maintain optimal level of physical and psychosocial health. 5. Treats, and manages acute and chronic physical and mental health problems. 6. Treats and manages geriatric syndromes such as falls, loss of functional abilities, dehydration, delirium, depression, dementia, malnutrition, incontinence, and constipation. 7. Adapts interventions to meet the complex needs of individuals and families arising from aging, developmental/life transitions, multiple system problems, psychosocial, and financial issues. 8. Plans and orders palliative care and end of life care as appropriate. 9. Prescribes medications with particular attention to high potential for adverse drug outcomes and polypharmacy in vulnerable populations, including women of childbearing age, adults with co-morbidities, and older adults.

	10. Prescribes therapeutic devices. 11. Monitors and evaluates the safety and effectiveness of pharmacologic, behavioral, and other therapeutic interventions. 12. Prescribes and monitors the effect of therapies such as physical therapy, occupational therapy, speech therapy, home health, hospice, and nutritional therapy. 13. Provides leadership to facilitate planning and delivery of care by the healthcare team. 14. Formulates and implements a plan of care related to sexual and reproductive health and functioning across the adult age spectrum. 15. Develops a plan for long-term management of healthcare problems with the individual, family, and healthcare team. 16. Treats and manages complications of chronic and/or multi-system health problems. 17. Evaluates anticipated and unanticipated risks and adverse treatment outcomes, non recognition of treatable illness, and under/overtreatment. 18. Evaluates effectiveness of individual's and/or caregiver's support systems. 19. Performs procedures common to clinical practice:* a. for primary care practice this includes but is not limited to wound debridement, suturing, microscopy, biopsies, Pap smears, and joint aspiration and injection. b. for acute care practice this includes but is not limited to: suturing, line/tube insertion, lumbar puncture, wound debridement. *This list will continue to evolve depending on changes to clinical practice. These lists are not mutually exclusive. 20. Manages the individual's transition between health care settings. 21. Promotes safety and risk reduction through the use of interventions such as: a. devices to promote mobility and prevent falls b. cognitive and sensory enhancements

	c. restraint-free care d. reduced urinary catheter use 22. Designs and implements interventions to prevent or reduce risk factors that contribute to: a. decline in physical or mental function b. impaired quality of life c. social isolation d. excess disability 23. Modifies plan of care and treatment as needed based on evaluation.
DOMAIN 2: ***THE NURSE PRACTITIONER-PATIENT RELATIONSHIP***	**II. NURSE PRACTITIONER-PATIENT RELATIONSHIP**
The nurse practitioner demonstrates competence in the nurse/patient relationship when she/he: *26. Attends to the patient's responses to changes in health status and care* *27. Creates a climate of mutual trust* *28. Provides comfort and emotional support* *29. Applies principles for behavioral change* *30. Preserves the patient's control over decision making* *31. Negotiates a mutually acceptable plan of care* *32. Maintains confidentiality and privacy* *33. Respects the patient's inherent worth and dignity* *34. Uses self-reflection to further a therapeutic relationship*	Competencies in this area demonstrate the personal, collegial, and collaborative approach which enhances the adult-gerontology primary care NP's effectiveness of care. The competencies speak to the critical importance of the interpersonal transaction as it relates to therapeutic patient outcomes. 1. Provides support through effective communication and therapeutic relationships with individuals, families, and caregivers facing complex physical and/or psychosocial challenges. 2. Assists individuals, families and caregivers to support or enhance the individual's sense of safety, autonomy, worth and dignity. 3. Uses culturally appropriate communication skills adapted to the individual's cognitive, developmental, physical, mental and behavioral health status. 4. Advocates for the individual's and family's rights regarding health care decision making such as emancipation, guardianship, durable power of attorney, health care proxy, advance directives and informed consent, taking into account ethical and legal standards. 5. Fosters a trusting relationship that facilitates discussion of sensitive issues with the individual, family and other caregivers such as: a. suicide prevention, self injury b. sexually-related issues c. substance use/abuse

35. Maintains professional boundaries	d. risk-taking behavior e. driving safety f. independence g. finances h. violence, abuse, and mistreatment i. prognosis
DOMAIN 3: ***THE TEACHING-COACHING FUNCTION***	**III. TEACHING-COACHING FUNCTION**
The nurse practitioner demonstrates competence in the teaching-coaching function when she/he: *36. Assesses the patient's educational needs* *37. Creates an effective learning environment* *38. Designs a personalized plan for learning* *39. Provides health education* *40. Coaches the patient for behavioral changes* *41. Evaluates the outcomes of patient education*	These competencies describe the adult-gerontology primary care NP's ability to impart knowledge and associated psychomotor skills to individuals, family and other caregivers. The coaching function involves the skills of interpreting and individualizing therapies through the activities of advocacy, modeling and tutoring. 1. Collaborates with the individual, family, and caregivers in the development of appropriate interventions. 2. Educates individuals, families, caregivers, and groups regarding strategies to manage the interaction among normal development, aging, and mental and physical disorders. 3. Adapts teaching-learning approaches based on physiological and psychological changes, age, developmental stage, readiness to learn, health literacy, the environment, and resources. 4. Provides educational experiences for caregivers and health professionals.
DOMAIN 4: ***PROFESSIONAL ROLE***	**IV. PROFESSIONAL ROLE**
The nurse practitioner demonstrates competence in the professional role when she/he: *42. Demonstrates evidence-based approaches to care* *43. Delivers safe care* *44. Functions in a variety of roles*	These competencies describe the varied role of the adult-gerontology primary care NP, specifically related to advancing the profession and enhancing direct care and management. The adult-gerontology primary care NP demonstrates a commitment to the implementation, and evolution of the adult-gerontology NP role. As well, the adult-gerontology primary care NP implements critical thinking and builds collaborative, interdisciplinary relationships to provide optimal care to patients. The adult-gerontology primary care NP advocates on behalf of the patient population and the profession through active participation in the health policy process. 1. Directs and collaborates with both formal and informal caregivers and professional staff to

45. Communicates personal strengths and professional limits *46. Advocates for the advanced practice role of the nurse* *47. Markets the nurse practitioner role* *48. Participates as a member of health care teams* *49. Collaborates with other health care providers* *50. Consults with other health care providers* *51. Advocates for the patient* *52. Acts ethically* *53. Incorporates current technology* *54. Evaluates implications of health policy* *55. Participates in policy making activities* *56. Provides leadership* *57. Accepts personal responsibility for professional development*	achieve optimal care outcomes. 2. Demonstrates leadership to achieve optimal care outcomes for the adult-gerontology population in practice, policy, and other venues. 3. Coordinates comprehensive care in and across care settings. 4. Participates in community and professional organizations to: a. Influence health policy b. Promote access to care for the population(s) served c. Advocate on behalf of the population(s) served d. Promote adult-gerontology NP and advanced practice nursing roles. 5. Participates in the development and use of professional standards and evidence-based care. 6. Contributes to knowledge development for improved care of the adult-gerontology population. 7. Describes the current and evolving adult-gerontology NP role to other healthcare providers and the public. 8. Advocates for a safe and healthy practice environment. 9. Engages in self reflection, performance appraisal, and peer-review to: a. Identify lifelong learning needs b. Enhance inter- and intra-professional relationships c. Effect continuous quality improvement d. Enhance professional development 10. Participates in the design, development, and evaluation of current and evolving healthcare services to optimize care and outcomes for the adult-gerontology population. 11. Provides guidance and mentorship to other nursing and other health professionals. 12. Provides consultation to health professionals and others. 13. Advocates for implementation of the full scope of the adult-gerontology NP role.

DOMAIN 5: ***MANAGING AND NEGOTIATING HEALTH CARE DELIVERY SYSTEMS***	**V. MANAGING AND NEGOTIATING HEALTH CARE DELIVERY SYSTEMS**
The nurse practitioner demonstrates competence in managing and negotiating health care delivery systems when she/he: *58. Incorporates access, cost, efficacy and quality when making care decisions* *59. Demonstrates current knowledge of health care system financing as it affects delivery of care* *60. Analyzes organizational structure, functions, and resources to affect delivery of care* *61. Practices within an authorized scope of practice* *62. Applies business strategies* *63. Evaluates the impact of the health care delivery system on care.* *64. Participates in all aspects of community health programs* *65. Advocates for policies that positively affect health care* *66. Negotiates legislative change to influence health care delivery systems*	These competencies describe the adult-gerontology primary care NP's role in handling situations successfully to achieve improved health outcomes for individuals, communities, and systems by overseeing and directing the delivery of clinical services within an integrated system of health care. In addition, the adult-gerontology primary care NP addresses the development and implementation of system policies affecting services. 1. Assists individuals, their families, and caregivers to navigate transitions and negotiate care across healthcare delivery system(s). 2. Applies knowledge of regulatory processes and principles of payer systems to the planning and delivery of healthcare services. 3. Addresses challenges to optimal care created by competing priorities of patients, payers, providers and suppliers. 4. Participates in the design, implementation, and evaluation of evidence-based, age-appropriate professional standards and guidelines for care. 5. Considers cost, safety, effectiveness, and alternatives when proposing changes in care and practice. 6. Addresses system barriers to care and provides care coordination. 7. Demonstrates knowledge of the services provided by type and level of care across health care settings. 8. Advises, plans, and leads the development of health promoting programs within the community

	9. Advocates for access, quality, and cost-effective care within healthcare agencies and through professional organizations. 10. Influences legislation to promote health and improve care delivery models through collaborative and/or individual efforts.
DOMAIN 6: ***MONITORING AND ENSURING THE QUALITY OF HEALTH CARE PRACTICE***	**VI. MONITORING AND ENSURING THE QUALITY OF HEALTH CARE PRACTICE**
The nurse practitioner demonstrates competence in monitoring and ensuring the quality of health care practice when she/he: *67. Monitors quality of care.* *68. Assumes accountability for practice.* *69. Engages in continuous quality improvement.*	These competencies describe the adult-gerontology primary care NP'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 and colleague review. 1. Monitors and evaluates one's own practice by: a. Applying evidence-based practice principles in providing quality care. b. Evaluating evidence to address questions arising in practice and improve patient outcomes. c. Evaluating one's own practice against identified local, regional or national standards. 2. Improves practice quality by: a. Using internal agency resources and external resources to ensure quality outcomes b. Engaging in peer review processes 3. Improves practice outcomes within systems by: a. Contributing to the knowledge base of the discipline and healthcare community b. Contributing to health literacy of the public c. Using technology and quality improvement methods to enhance safety and monitor health outcomes d. Developing strategies to reduce the impact of ageism and sexism on healthcare policies and systems. e. Advocating for access to quality, cost-effective health care.

DOMAIN 7: ***CULTURALLY-SENSITIVE CARE***	**VII. CULTURAL AND SPIRITUAL COMPETENCE**
The nurse practitioner demonstrates competence in culturally-sensitive care when she/he: *70. Prevents personal biases from interfering with the delivery of quality care* *71. Provides culturally sensitive care* *72. Assists patients of diverse cultures to access quality care* *73. Incorporates cultural preferences, values, health beliefs and behaviors into the management plan* *74. Assists patients and families to meet their spiritual needs* *75. Incorporates patient's spiritual beliefs in care*	These competencies describe the adult-gerontology primary care NP's role in providing culturally and spiritually appropriate care, delivering patient care with respect to individual cultural and spiritual beliefs, and making healthcare resources available to individuals from diverse backgrounds. 1. Addresses the influence of culture, ethnicity, and spirituality on the mental and physical health of the individual and family in varied healthcare settings. 2. Recognizes one's own personal biases related to aging, development, and independence and prevents them from interfering with delivery of quality care. 3. Addresses cultural, spiritual, and ethnic influences that potentially create conflict among individuals, families, staff and caregivers. 4. Educates professional and lay caregivers to provide culturally and spiritually sensitive, appropriate care.

APPENDIX A: BACKGROUND DOCUMENTS REVIEWED BY EXPERT PANEL

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