

**Preceptor Handbook
Family Nurse Practitioner Track**



**NURSING DEPARTMENT
Fall 2024**

Graduate Program Director: Janet Teske, DNP
(262) 719-5555 jjteske86@marianuniversity.edu

Dear Preceptor,

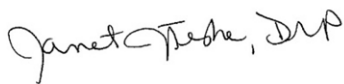
On behalf of the Marian University Nursing Department, I would like to sincerely thank you for agreeing to be a preceptor for our Family Nurse Practitioner (FNP) student. Your willingness to volunteer your time and expertise is greatly appreciated and we could not succeed in providing our FNP students with a quality education without you.

This preceptor orientation packet complies with our accreditation requirements and provides you with information about Marian University, the Nursing Department policies, preceptor/practica guidelines, and several resources related to precepting. Along with the packet, you will also receive specific information about your student, assigned clinical faculty, semester dates and syllabus for the practicum course. Also, you can find more information about the Nursing Department and the FNP track on the: [Marian University Website](#)

Should you have any questions or concerns, please do not hesitate to contact me or your assigned clinical faculty (as appropriate) at any time.

Have a wonderful semester.

Sincerely,



Janet J. Teske, DNP
Graduate Program Director
College of Professions, Department of Nursing
Marian University
(262) 719-5555
jjteske86@marianuniversity.edu

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MARIAN UNIVERSITY

History

Marian University has offered both professional and liberal arts education since 1936. The baccalaureate program in nursing was begun in 1964, absorbing the St. Agnes School of Nursing and Health Professions in 1967. Today the nursing program is considered one of the finest in the Midwest. The MSN program began in 2002 and is accredited by the Commission on Collegiate Nursing Education (CCNE).

Accreditation

The baccalaureate degree program in nursing and master's degree program in nursing at Marian University is accredited by the Commission on Collegiate Nursing Education (CCNE) (<http://www.ccneaccreditation.org>).

Vision Statement

Developing potential and enriching lives through teaching and learning—united in service for a just and humane world.

Mission Statement

Marian University is a Catholic applied liberal arts community that welcomes diverse spiritual traditions. Sponsored by the Congregation of Sisters of St. Agnes, Marian University engages students in the education of the whole person. We embrace justice and compassion and transform lives for professional service and leadership in the global community.

Core Values

Community: Respecting our diversity as individuals, we encourage, challenge and nurture one another, joining together to accomplish our shared mission and vision.

Learning: We engage in a collaborative lifelong process of seeking truth and appropriating knowledge and values to transform the individual, our communities and the world.

Service: Through active service and ministry, we support one another and seek to meet the needs of the larger community.

Social Justice: We work to create individual and societal change which supports the value, dignity and opportunity of every person.

Spiritual Traditions: Valuing Marian's Catholic religious heritage, we respect each individual's freedom to explore a diversity of spiritual beliefs.

NURSING DEPARTMENT STANDARDS & OVERVIEW

Nursing Program Mission

The mission and philosophy of the Marian University nursing programs serve as a foundation for the development of graduate nursing program goals, which are to:

- Provide nursing programs grounded in Judeo-Christian tradition.
- Prepare learners for life-long learning in formal and informal settings.
- Provide nursing education that prepares students to practice nursing in various settings with diverse populations.
- The Master of Science in Nursing program offers two tracks: Family Nurse Practitioner and Nurse Administrator. Both tracks prepare graduates for advanced nursing practice. The program also promotes continuing education and professional growth.

MSN Program Outcomes

Upon completion of the Marian University Master of Science in Nursing (MSN) program, graduates demonstrate the processes of acquiring/generating knowledge, critical thinking, valuing, decision making, and communicating to:

1. Integrate advanced theoretical and scientific knowledge to guide advanced nursing leadership in diverse practice settings.
2. Integrate outcome data, evidence-based practice recommendations and professional standards of care to improve population health outcomes.
3. Apply leadership and inter-professional skills in healthcare delivery systems to ensure safe and quality care.
4. Apply principles of information systems and population health to deliver evidence-based, culturally relevant strategies for individuals, families and aggregate populations.
5. Employ collaborative strategies to advance the profession of nursing through the integration of theory, research, policy, and practice excellence.
6. Advocate for social justice and healthcare policy that promotes safe, cost-effective, and equitable outcomes.
7. Demonstrate critical and self-reflective thinking that promotes advanced role competency and professional accountability.

PROGRAM POLICIES & PROCEDURES

Clinical Policies

Personal Appearance and Dress Code

This list is not inclusive of all items or attire that is deemed appropriate or not permitted. Marian University Faculty and clinical/practicum site staff have the right to determine appropriateness for the environment.

Clinical agency policy takes precedence. Where there is no policy, the following dress code is to be followed.

Professional appearance and cleanliness have long been important to the nursing profession. The following policy has been established by the Nursing Department:

1. Meticulous personal hygiene and cleanliness is expected.
 - a. The student and/or uniform must not smell of tobacco products, perfume/cologne, or other scented products.
 - b. Uniforms, shoes, and clothing must be kept clean, neat, in good repair, properly fit, and appropriate for office or patient care setting as required by the clinical/practicum site.
2. Hair
 - a. Unnatural color (i.e. blue, green, pink) not allowed.
 - b. Clean and worn off the collar neatly secured away from the face without large accessories.
 - c. Facial hair must be kept short and not exceed 2 inches in length. Some clinical/practicum agencies may have other requirements regarding facial hair which will supersede this length.
3. Jewelry
 - a. Smooth wedding bands are allowed.
 - b. A necklace, if worn, must be limited to a simple chain.
 - c. Earrings, if worn, must be plain post-type earrings and not over one-half inch in diameter. No more than 3 earrings per ear are allowed. No other visible body piercings (including tongue) are allowed.
4. Makeup, if worn, is to be modestly applied
5. Fingernails must be natural, clean, free of polish, and short enough to not scratch clients or interfere with clean/sterile technique. Artificial nails such as acrylic, gel or nail extensions are not allowed.
6. Students must have:
 - a. Marian University Student Clinical ID card with picture, which is provided to BSN students during orientation. RN to BSN, RN to MSN, and MSN students may obtain a Clinical ID card from Sabre Central in the Horning Student Center.

- b. If issued, clinical/practicum agency provided ID card
 - c. Stethoscope
- 7. Not allowed:
 - a. No denim jeans, sweat pants, hooded sweatshirts or hoodies, leggings, yoga pants, short skirts, shorts, deep cut necklines, or exposed backs.
 - b. Visible skin from neck to knees with exception of arms.
 - c. No visible tattoos.
 - d. Products containing fragrances.
 - e. Lanyards
 - f. Open toe shoes or sandals
- 8. Business Casual Policy
 - a. Consultation/lab coat, if allowed by practicum site.
 - b. Button-down shirts, polo shirts, blouses, sweaters, cardigans, dress pants/slacks, skirts, dresses, etc.
 - c. Shoes according to clinical/practicum agency policy
 - d. Socks or hose
- 9. Additional policies regarding professional dress codes within clinical/practicum agencies must be adhered to. In some cases, clinical/practicum agency policies may be stricter than Nursing Department policies. When this occurs, the agency policy will apply.
- 10. Students who appear for clinical/practicum inappropriately dressed or with poor hygiene will be dismissed from clinical/practicum which will count as an unexcused absence. Consistent or periodic failure to abide by this policy are grounds for clinical/practicum failure.

Cell Phone & Smart Watch Policy

Students are not allowed to have cell phones on the unit/in areas of direct patient care. Cell phones shall remain in the student's car or secured in a space provided by the clinical/practicum agency (e.g. break room, locker room, storage cubbies). Cell phone use shall be limited to break rooms and for emergency purposes only. Smart watches may be worn dependent on agency policy and/or instructor/preceptor discretion, but must be in airplane mode. Agencies may have stricter policies than the nursing department; when this occurs, the agency policy will apply. Students are responsible for familiarizing themselves with those policies. Policy violations may result in disciplinary action.

Confidentiality

All students are must uphold confidential and all protected health information in accordance to the Nursing Department Student Handbook and complete annual training.

PRECEPTOR INFORMATION

Preceptor Eligibility

The course faculty or the Graduate Program Director approves the use of any clinical preceptor. The following criteria are utilized in selecting clinical preceptors specific to the emphasis of the student:

1. Current licensure to practice in Wisconsin.
2. Master's in Nursing or Doctor of Nursing Practice degree with clinical preparation as an advanced practice registered nurse or an advanced degree in the appropriate field, or a physician. Physician Assistants may be considered with the approval of supervising physician. Certification in the appropriate area is strongly preferred.
3. At least two years of experience in the clinician role in germane settings.
4. Interest in assuming the responsibilities of the preceptor role.

Preceptor, Student and Clinical Faculty Responsibilities

Preceptor Responsibilities

1. Orient student to the clinical site and agency policies. Review the preferred method for communication with preceptor and/or clinic site.
2. Review advanced practice procedural and management protocols specific to the setting.
3. Communicate general guidelines to be used for preceptor/student interactions and for review and feedback of student performance.
4. Facilitate a collaborative and mutually respectful environment in which to learn.
5. Discuss expectations for the documentation of patient encounters.
6. Review the objectives of the course, and student's clinical objectives to determine the type of learning opportunities that will enhance the student's learning.
7. Discuss the overall plan for progression of student assignments regarding the number and complexity of patients.
8. Perform initial assessment of student's current level of proficiency through observation of history taking, physical assessment skills, and management plans and through guided questioning.
9. Facilitate student's progressive independence in clinical knowledge and skills.
10. Listen and provide constructive feedback on student's case presentation of each patient seen.
11. Provide daily feedback to improve the student's assessment and management skills.
12. Provide a variety of learning experiences with appropriate client populations.

13. Assist in providing a substitute preceptor in the event of an absence. Substitutions may not exceed 16 hours per semester. If an alternate preceptor is required for additional time, please contact the supervising clinical faculty to discuss.
14. In instances where clinic census is low and there are no other learning activities/opportunities available to the student, the preceptor may use their discretion to grant permission for the student to work on homework or school-related projects. Permission should be explicit and not implied.
15. Promptly communicate issues of concern or unsafe practice (student behavior, clinical skills, and/or student progression) regarding the student to the clinical faculty.
15. Complete student's mid-term site visit with clinical faculty.
16. Approve student's Typhon time log within 10 days of the clinical date.
17. Student's final clinical grade will be awarded by the assigned clinical faculty.
18. Complete final student clinical evaluation in Typhon.

[Student Responsibilities](#)

1. Complete all preceptor agreements prior to the start of the practicum.
2. Discuss practicum objectives and personal objectives and learning needs for the course with the preceptor.
3. Determine the schedule for the clinical experience, including days of week and hours per day. Submit clinical calendar via e-mail to the student's clinical faculty.
4. Adhere to professional attire that is in accordance with clinical site requirements and Marian University.
5. Maintain professional behavior in the clinical setting at all times.
6. Complete required clinical course paperwork and submit on time.
7. Collect and enter patient encounter data in Typhon clinical log as required in each clinical course.
8. Accurately and honestly record time spent at the clinical site via Typhon time log.
9. Only work with the preceptor who has been assigned to you and approved by the Nursing Department. Any changes in preceptor must be discussed with and approved by the supervising clinical faculty or Clinical Placement Coordinator. If a preceptor substitution is approved, notes indicating the change must be documented in the Typhon time log. Preceptor substitutions may not exceed 16 hours per semester.
10. Demonstrate increasing competencies and progressive independence in clinical knowledge and skills.
11. Function in the role of the nurse practitioner under the supervision of the preceptor incorporating evidence-based practice guidelines and clinical site policies.
12. In instances where clinic census is low and there are no other learning activities/opportunities available to the student, the preceptor may use their discretion to grant permission for the student to work on homework or school-related projects. Permission should be explicit and not implied.
13. Complete preceptor and clinical site evaluations at end of practicum via Typhon.
14. Attend all scheduled practicum experiences on time and prepared, completing all required clinical hours for each clinical course.

15. Notify preceptor and clinical faculty as soon as possible if unable to attend clinical as scheduled and arrange make-up clinical day.

Clinical Faculty Responsibilities

1. Assist student and preceptor to optimize clinical learning environment.
2. Regularly review clinical log entries in Typhon.
3. Evaluate written assignments and provide feedback.
4. Conduct at least one site visit with the preceptor to observe the student and to discuss the student's clinical evaluation.
5. Be available to the preceptor to answer questions or concerns regarding the student's clinical experience.
6. Provide preceptor with preferred method of communication and be available.
7. Complete preceptor, site, and student evaluations in Typhon.
8. Award student's final grade based upon achievement of clinical competencies.

Preceptor Resources

[Nurse Hub - How to be an Effective NP Preceptor: Basic concepts to keep in mind](#)

[University of Alabama - Preparing for a Successful Preceptorship: A toolkit on precepting NP students](#)

The one-minute preceptor model with 5 quick steps is a helpful guide for working with students. The modified micro-skills that make up the model are;

1. Get a commitment,
2. Probe for supporting evidence,
3. Teach general rules,
4. Reinforce what was done right, and
5. Correct mistakes.

Recently, Danielson (2008) concisely explained these steps:

1. **Get a verbal commitment from the student to an aspect of a case.** Ask questions such as "What do you think is going on with this patient?" or "What other diagnoses would you consider in this setting?" The act of stating a commitment pushes the student beyond his or her comfort level and makes the teaching encounter more interactive and personal.
2. **Probe for a rationale.** Determine if there is an adequate rationale for the student's answers to your questions. Encourage an appropriate reasoning process.
3. **Reinforce what was done well.** Positive comments should focus on specific behaviors that demonstrated knowledge, skills, or attitudes that you value as a preceptor. At the same time, it is important to tell the student what areas need improvement in as specific a manner as possible.
4. **Teach a general principle.** Take the information and data gleaned from an individual learning situation and apply them as a broader concept to other situations.

5. **Provide closure.** Time management is a critical function in clinical precepting. This final step serves the very important function of ending the teaching moment and defining what the role of the student will be in the next precepting opportunity. (p 1)

PRACTICA INFORMATION

FNP Practica Descriptions

NUR 623 Practicum 1: Family Nurse Practitioner and Role Development (3 credits)

The graduate student begins to implement the role of the family nurse practitioner. Using critical thinking, the student develops decision-making and clinical management skills in family-centered health when caring for individuals and their families across the lifespan. The student utilizes data-gathering techniques and diagnostic reasoning in order to enhance, maintain, and restore health. The focus of the first practicum is on practicing advanced health assessment skills, establishing therapeutic relationships with clients, the differential diagnostic process, and collegial relationships with other health care providers. Health education is emphasized. The student manages acute and chronic health problems, as well as integrating health protection, health promotion, and disease prevention while under the direction of a health care preceptor provider. Discussion of practicum experiences with a focus on the client case presentations and role development are integrated throughout the course. Employee and occupational health will also be addressed. Student should see 3-5 patients per clinical day. **(Minimum 234 clinical hours).**

NUR 632 Practicum II: Family Nurse Practitioner and Role Development (3 credits)

The graduate student continues to implement the role of the Family nurse practitioner. Using critical thinking, the student continues to develop decision-making and clinical management skills in caring for individuals and their families. The student utilizes data-gathering techniques with analysis in order to enhance, maintain, and restore health. Health education is emphasized. The student manages acute and chronic health problems in cooperation with a health care preceptor provider. Discussion of the practicum experiences with a focus on the client profile and role development occurs weekly. The areas of radiology, office procedures, cardiac emergencies and electrocardiograms will be addressed. Student should see 6-8 patients per clinical day. **(Minimum 234 clinical hours).**

NUR 642 Practicum III: Family Nurse Practitioner and Role Development (3 credits)

Graduate students synthesize the role for the family nurse practitioner. Using critical thinking skills, the graduate student synthesizes decision-making and clinical management skills for individuals and their families. The graduate student utilizes data-gathering and diagnostic reasoning techniques with analysis in order to enhance, maintain, and restore health of complex clients and families. Health education and program planning are emphasized. Students manage acute and chronic health problems in collaboration with a health care provider and demonstrate the ability to recognize less common health issues. Discussion of practicum experiences with a focus on the client case studies and role development occurs regularly. The course focuses on greater responsibility and accountability in managing care of acute clients as well as family groups. Collaborative management of acute and chronic problems for the complex client and family with multi-system problems is explored. Student should see 8-10 patients per clinical day. **(Minimum 234 clinical hours).**

FNP PRACTICUM COURSE FOCUS OF STUDY

Course Info	Hours Per Week	Focus of Study	Student Development
NUR 623 <i>Practicum I</i> (3 credits)	17 hr/wk 15-wk semester Minimum of 234 clinical hours	<ul style="list-style-type: none"> History/physical exam with all age groups. SOAP charting, coding; introduction to dictation/EHR documentation Scheduled health maintenance activities with all age groups. Differential diagnosis and management for common conditions. Concurrent didactic course foci: women's health, men's health, sexuality, well child, ears, eyes, nose and throat (EENT), pulmonology, and the renal system. 	<i>Beginning student</i> <ul style="list-style-type: none"> Gradually take on increasing aspects of patient care. Much direction required from preceptor at first, but over time, preceptor learns to trust student skills, knowledge base, and competency levels. Less prompting required as practicum progresses. Being to allow student more independence. See 3-5 patients per clinic day.
NUR 632 <i>Practicum II</i> (3 credits)	17 hr/wk 15-wk semester Minimum of 234 clinical hours	All of the above plus: <ul style="list-style-type: none"> Assumes increased independence in FNP role. Differential diagnosis and management for most common acute conditions seen in primary care. Concurrent didactic course foci: endocrinology and metabolic, hematology and immunology, cardiovascular, musculoskeletal, and dermatology. 	<i>Intermediate student</i> <ul style="list-style-type: none"> Students' knowledge and comfort level increased. May require less prompting, but continues to need guidance and direction. Will require guidance and direction in the management of complex patient encounters. See 6-8 patients per clinic day
NUR 642 <i>Practicum III</i> (3 credits)	17 hr/wk 15-wk semester Minimum of 234 clinical hours	All of the above plus: <ul style="list-style-type: none"> Assumes increased independence in FNP role caring for patients across the lifespan with various clinical presentations; by the end of semester managing complex patients with multiple system concerns/drug interactions. Concurrent didactic course foci: neurology, psychiatric, gastrointestinal, pain management, urgent/emergency care, and palliative care. 	<i>Advanced student</i> <ul style="list-style-type: none"> Student is expected to perform all role functions for increasingly complex patients Time management, organization and skills sufficient to allow student more independence. Displays knowledge of professional role, interprofessional collaboration, consultation and referral. See 8-10 patients per clinic day

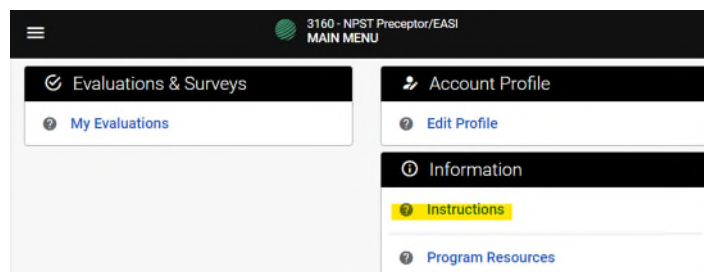
Program Total Direct Care Hours: 702 clinical hours (plus 48 seminar hours for 750 total hours)

TYPHON STUDENT TRACKING SYSTEM

All students in the Family Nurse Practitioner track are required to use Typhon Group Nurse Practitioner Student Tracking (NPST) electronic system for documenting clinical experiences and tracking clinical hours. Because the system is web-based, students can log on from anywhere without downloading software. All data entered onto the system is stored on a secure, HIPAA compliant server. Students can quickly and easily enter all patient encounter information on one page, including demographics, clinical information, diagnosis and procedure codes, medications, and clinical notes. A special section is available to log the observation, assistance, or completion of various competencies that are appropriate to the student's educational program. Dates and hours of clinical experiences are entered on a time log. Students and faculty are able to access information in "real-time" and run reports by date, course, semester, clinical site, and preceptor for individual students or in aggregate for an entire class.

Preceptors will also be provided with a username and password that will allow them to view and update their professional information (including uploading current CV's and profile picture). Preceptors will also approve student time logs and complete all student evaluations online through the Typhon system. Information will be emailed to all preceptors regarding access and timing of the evaluations. Students will be able to access and view all evaluations immediately upon completion of the evaluation.

Should you like additional training on using the Typhon system, you may access a robust library of resources by clicking on the "Instructions" link from your account homepage.



CORE COMPETENCIES OF NURSE PRACTITIONER PRACTICE

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

The following pages are the core competencies graduating students are expected to achieve for entry into practice as stated by the National Organization of Nurse Practitioner Faculties' (NONPF).

2022

NURSE PRACTITIONER ROLE CORE COMPETENCIES



**The National Organization
of Nurse Practitioner Faculties**
Excellence in NP Education

The National Organization of Nurse Practitioner Faculties'

NURSE PRACTITIONER ROLE CORE COMPETENCIES



Excellence in NP Education

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Washington, DC 20036

Tel: (202) 289-8044
Email: nonpf@nonpf.org
www.nonpf.org

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2 National Organization of Nurse Practitioner Faculties' Nurse Practitioner Role Core Competencies

INTRODUCTION

Since 1990, the National Organization of Nurse Practitioner Faculties (NONPF) has identified core competencies for all nurse practitioners (NPs). These represent the competencies achieved for entry into practice upon graduation from an NP educational program. In 2008, the NP Core Competency revisions were released to reflect NONPF's endorsement of the Doctor of Nursing Practice (DNP) as entry-level for NP practice. At that time, the core competencies were written at the doctoral level to measure and evaluate NP programs (NONPF, 2018).

In mid-2021, the NONPF Board charged the NONPF Curriculum Leadership Committee to revise the NP competencies to be congruent with the 2021 AACN Essentials. The committee drafted domains that were released in December 2021 and open for public comment. In March 2022, the committee released draft NP Role Core Competencies for public comment. All comments and edits were considered.

In July 2022, NONPF released the revised Nurse Practitioner Role Core Competencies, replacing the prior NP core competencies. They are written to be measured and evaluated at the clinical doctoral level. NONPF continues to endorse the DNP as entry into NP practice which is reflected in the competencies released.

These competencies are for entry to practice for all nurse practitioners regardless of population focus as the competencies are essential behaviors of all NPs. These competencies are demonstrated upon graduation and are necessary for NPs to meet the complex challenges of translating rapidly expanding knowledge into practice and function in a changing health care environment.

The NONPF NP Role Core Competencies cascade from The Essentials: Core Competencies for Professional Nursing Education, herein called the Essentials. The model of nursing education depicted in the Essentials, Figure 1 (page 22) defines Level 1 Entry-Level Professional Nursing Education sub-competencies and Level 2 Advanced-Level Nursing Education sub-competencies – and — specialty/role requirements/competencies. The NP Role Core Competencies are an extension of the Level 2 sub-competencies and are integrated with and complement the Essential competencies. NP Programs are to meet all the Essential competencies as well as NONPF's NP Role Core Competencies in the academic preparation of NP students. In addition, NP education programs are required to include three graduate-level courses delineated in The Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education: Advanced physiology and pathophysiology, which includes general principles that apply across the lifespan; Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts, and approaches; and Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents (APRN Consensus Work Group & NCSBN APRN Advisory Committee, 2008).

The NP Role Core Competencies revisions include ten domains with unique NP descriptions. Each Domain has NP role-specific competencies. In some cases, the only difference between the NP Role Competencies and the Essential competency is the unique NP focus. In other cases, the domain has been expanded to include competencies specific to the NP scope of practice.

Nurse Practitioner graduates have knowledge, skills, and abilities that are essential to autonomous clinical practice. The NP Role Core Competencies are acquired through mentored patient care experiences with an emphasis on interprofessional practice; use of technology to deliver and enhance patient and population health outcomes; analytic skills for evaluating and providing evidence-based, person-centered care across settings; and advanced knowledge of the health care delivery system. Doctorally-prepared NPs apply knowledge of scientific foundations in practice for quality care and engage in practice inquiry to improve health outcomes, policy, and healthcare delivery. The competencies elaborated here build upon previous work that identified knowledge and skills essential to DNP NP competencies.

Using the Competency Table

The NP Role Core Competencies are an extension of the AACN Essential Level 2 sub-competencies and are integrated with and complement the Essential competencies. NP Programs are to meet all the Essential competencies as well as to NONPF's NP Role Core Competencies.

[NONPF's Nurse Practitioner Role Core Competencies Table](#) presented with the Essentials Level 2 Sub-Competencies to the left and the NP Role Competencies to the right. This design show how the NP Role Core Competencies are scaffolded from the AACN Essentials. The following pages present the complete table of competencies.

NONPF NP ROLE CORE COMPETENCIES

Domain 1: Knowledge of Nursing Practice	NP Domain 1: Knowledge of Practice
AACN Essentials Advanced-Level Nursing Education	NONPF Nurse Practitioner (NP) Role Core Competencies
Descriptor: Integration, translation, and application of established and evolving disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice.	The nurse practitioner integrates, translates, and applies established and evolving scientific knowledge from diverse sources as the basis for ethical clinical judgement, innovation, and diagnostic reasoning.
1.1 Demonstrate an understanding of the discipline of nursing's distinct perspective and where shared perspectives exist with other disciplines.	NP 1.1 Demonstrate an understanding of the discipline of nursing's and the NP's role distinct perspective and where shared perspectives exist with other disciplines.
1.1e Translate evidence from nursing science as well as other sciences into practice.	NP 1.1h: Integrate historical, foundational and population focused knowledge into NP practice.
1.1f Demonstrate the application of nursing science to practice.	NP 1.1i: Translate evidence from nursing science and other sciences into NP practice.
1.1g Integrate an understanding of nursing history in advancing nursing's influence in health care.	NP 1.1j: Evaluate the application of nursing science to NP practice.
1.2 Apply theory and research-based knowledge from nursing, the arts, humanities, and other sciences.	NP 1.2 Apply theory and research-based knowledge from nursing, the arts, humanities, and other sciences.
1.2f Synthesize knowledge from nursing and other disciplines to inform education, practice, and research.	NP 1.2k: Synthesize evidence from nursing and other disciplines to inform and improve NP practice at a micro, meso, and macro level.
1.2g Apply a systematic and defensible approach to nursing practice decisions.	NP 1.2l: Translate science-based theories and concepts to guide one's overall NP practice.
1.2h Employ ethical decision making to assess, intervene, and evaluate nursing care.	NP 1.2m: Employ ethical decision making to manage and evaluate patient care and population health.
1.2i Demonstrate socially responsible leadership.	NP 1.2n: Practice socially responsible leadership.
1.2j Translate theories from nursing and other disciplines to practice.	
1.3 Demonstrate clinical judgment founded on a broad knowledge base.	NP 1.3 Demonstrate clinical judgment founded on a broad knowledge base.
1.3d Integrate foundational and advanced specialty knowledge into clinical reasoning.	NP 1.3f: Demonstrate clinical judgement using a systematic approach to inform, improve, and advance NP practice processes and outcomes.
	NP 1.3g: Demonstrate clinical judgement to inform and improve NP practice based on the foundational knowledge of advanced physiology/pathophysiology, advanced health assessment and advanced pharmacology.
1.3e Synthesize current and emerging evidence to influence practice.	NP1.3h: Synthesize current and emerging evidence to influence NP practice.

Domain 2: Person-Centered Care AACN Essentials Advanced-Level Nursing Education	NP Domain 2: Person-Centered Care NONPF Nurse Practitioner (NP) Role Core Competencies
Descriptor: Person-centered care focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. Person-centered care builds on a scientific body of knowledge that guides nursing practice regardless of specialty or functional area.	The nurse practitioner uses evidence-based and best practices to design, manage, and evaluate comprehensive person-centered care that is within the regulatory and educational scope of practice. Fundamental to person-centered care is respect for diversity, differences, preferences, values, needs, resources and determinates of health unique to the individual.
2.1 Engage with the individual in establishing a caring relationship.	NP 2.1 Engage with individuals and/or caregivers in establishing a caring relationship.
2.1d Promote caring relationships to effect positive outcomes.	NP 2.1f: Practice holistic person-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.
2.1e Foster caring relationships.	NP 2.1g: Engage in shared decision making with consideration of determinants of health.
2.2 Communicate effectively with individuals.	NP 2.2 Communicate effectively with individuals.
2.2g Demonstrate advanced communication skills and techniques using a variety of modalities with diverse audiences.	NP 2.2k: Utilize communication tools and techniques to promote therapeutic relationships with individuals and/or caregiver.
2.2h Design evidence-based, person-centered engagement materials.	NP 2.2l: Apply motivational interviewing techniques to engage individual and/or caregiver in management of health.
2.2i Apply individualized information, such as genetic/genomic, pharmacogenetic, and environmental exposure information in the delivery of personalized health care.	NP 2.2m: Communicate findings to the interprofessional team, including the preceptor, in a systematic, concise manner to accurately convey the health status of the patient.
2.2j Facilitate difficult conversations and disclosure of sensitive information.	NP 2.2n: Demonstrate empathy and compassion in communication with others.
2.3 Integrate assessment skills in practice.	NP 2.3 Integrate advanced assessment in NP practice.
2.3h Demonstrate that one's practice is informed by a comprehensive assessment appropriate to the functional area of advanced nursing practice.	NP 2.3i: Utilize advanced critical thinking to determine the appropriate focused or comprehensive relevant patient history.
	NP 2.3j: Apply advanced assessment skills to perform a comprehensive patient physical assessment utilizing appropriate techniques.
	NP 2.3k: Apply advanced assessment skills to perform a focused patient physical assessment utilizing appropriate techniques.
	NP 2.3l: Order the appropriate diagnostic and screening tests based on patient's risk factors and chief complaint.
	NP 2.3m: Identify health risk factors.
	NP 2.3n: Evaluate determinants of health that may influence the patient's well-being.
	NP 2.3o: Utilize appropriate evidence-based screening tools.
	NP 2.3p: Document comprehensive history, screening, and assessment.

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Domain 2: Person-Centered Care	NP Domain 2: Person-Centered Care
AACN Essentials Advanced-Level Nursing Education	NONPF Nurse Practitioner (NP) Role Core Competencies
2.4 Diagnose actual or potential health problems and needs.	NP 2.4 Diagnose actual or potential health problems and needs.
2.4f Employ context driven, advanced reasoning to the diagnostic and decision-making process.	NP 2.4h: Analyze physical findings to differentiate between normal, variations of normal, and signs of pathology to formulate actual and differential diagnoses.
2.4g Integrate advanced scientific knowledge to guide decision making.	NP 2.4i: Utilize diagnostic reasoning to formulate actual and differential diagnoses.
2.5 Develop a plan of care.	NP 2.5 Manage care of individuals
2.5h Lead and collaborate with an interprofessional team to develop a comprehensive plan of care.	NP 2.5k: Provide holistic person-centered care by developing a mutually acceptable, cost-conscious, and evidence-based plan of care.
2.5i Prioritize risk mitigation strategies to prevent or reduce adverse outcomes.	NP 2.5l: Synthesize data to develop and initiate a person-centered plan of care.
2.5j Develop evidence-based interventions to improve outcomes and safety.	NP 2.5m: Prescribe medications safely and accurately using patient data and following legal and regulatory guidelines.
	NP 2.5n: Order appropriate nonpharmacological interventions.
	NP 2.5o: Anticipate risks and take action to mitigate adverse events.
2.5k Incorporate innovations into practice when evidence is not available.	NP 2.5p: Incorporate health promotion, maintenance and restoration of health into plan of care.
2.6 Demonstrate accountability for care delivery.	NP 2.6 Demonstrate accountability for care delivery.
2.6e Model best care practices to the team.	NP 2.6k: Provide healthcare services within scope of practice boundaries, which include health promotion, disease prevention, anticipatory guidance, counseling, disease management, palliative, and end of life care.
2.6f Monitor aggregate metrics to assure accountability for care outcomes.	NP 2.6l: Collaborate with the interprofessional team to formulate a plan of care.
2.6g Promote delivery of care that supports practice at the full scope of education.	NP 2.6m: Order consultations or referrals based on evidence and standards of professional care.
2.6h Contribute to the development of policies and processes that promote transparency and accountability.	NP 2.6n: Document the comprehensive care provided.
2.6i Apply current and emerging evidence to the development of care guidelines/tools.	NP 2.6o: Engage caregivers and support systems in care planning for the individual.
2.6j Ensure accountability throughout transitions of care across the health continuum.	
2.7 Evaluate outcomes of care.	NP 2.7 Evaluate outcomes of care.
2.7d Analyze data to identify gaps and inequities in care and monitor trends in outcomes.	NP 2.7g: Evaluate individual outcomes based on evidence-based interventions.
2.7e Monitor epidemiological and system-level aggregate data to determine healthcare outcomes and trends.	NP 2.7h: Revise plan of care based on effectiveness.
2.7f Synthesize outcome data to inform evidence-based practice, guidelines, and policies.	NP 2.7i: Analyze data to evaluate interventions, inequities, and gaps in care.

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Domain 2: Person-Centered Care	NP Domain 2: Person-Centered Care
AACN Essentials Advanced-Level Nursing Education	NONPF Nurse Practitioner (NP) Role Core Competencies
2.8 Promote self-care management.	NP 2.8 Promote self-care management.
2.8f Develop strategies that promote self-care management.	NP 2.8k: Integrate the principles of self-care management.
2.8g Incorporate the use of current and emerging technologies to support self-care management.	
2.8h Employ counseling techniques, including motivational interviewing, to advance wellness and self-care management.	NP 2.8l: Incorporate coaching in patient and family self-care management.
2.8i Evaluate adequacy of resources available to support self-care management.	NP 2.8m: Create partnerships with community organizations to support self-care management.
2.8j Foster partnerships with community organizations to support self-care management.	
2.9 Provide care coordination.	NP 2.9 Provide care coordination.
2.9f Evaluate communication pathways among providers and others across settings, systems, and communities.	NP 2.9k: Implement evidence-based guidelines and strategies that enable effective transitions of care and care coordination.
2.9g Develop strategies to optimize care coordination and transitions of care.	
2.9h Guide the coordination of care across health systems.	
2.9i Analyze system-level and public policy influence on care coordination.	
2.9j Participate in system-level change to improve care coordination across settings.	



Domain 3: Population Health AACN Essentials Advanced-Level Nursing Education	NP Domain 3: Population Health NONPF Nurse Practitioner (NP) Role Core Competencies
<p>Descriptor: Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes. (Kindig & Stoddart, 2003; Kindig, 2007; Swartout & Bishop, 2017; CDC, 2020).</p>	<p>The nurse practitioner partners, across the care continuum, with public health, healthcare systems, community, academic community, governmental, and other entities to integrate foundational NP knowledge into culturally competent practices to increase health promotion and disease prevention strategies in effect the care of populations.</p>
3.1 Manage population health.	NP 3.1 Manage population health.
<p>3.1j Assess the efficacy of a system's capability to serve a target sub-population's healthcare needs.</p>	<p>NP 3.1o: Evaluate outcomes of population health using available sources of data to inform NP practice, guidelines, and policies.</p>
<p>3.1k Analyze primary and secondary population health data for multiple populations against relevant benchmarks.</p>	
<p>3.1l Use established or evolving methods to determine population-focused priorities for care.</p>	
<p>3.1m Develop a collaborative approach with relevant stakeholders to address population healthcare needs, including evaluation methods.</p>	<p>NP 3.1p: Integrate findings of population health data to impact competent care.</p>
<p>3.1n Collaborate with appropriate stakeholders to implement a sociocultural and linguistically responsive intervention plan.</p>	
3.2 Engage in effective partnerships.	NP 3.2 Engage in effective partnerships.
<p>3.2d Ascertain collaborative opportunities for individuals and organizations to improve population health.</p>	<p>NP 3.2i: Contribute clinical expertise and knowledge from advanced practice to interprofessional efforts to protect and improve health.</p>
<p>3.2e Challenge biases and barriers that impact population health outcomes.</p>	
<p>3.2f Evaluate the effectiveness of partnerships for achieving health equity.</p>	
<p>3.2g Lead partnerships to improve population health outcomes.</p>	
<p>3.2h Assess preparation and readiness of partners to organize during natural and manmade disasters.</p>	
3.3 Consider the socioeconomic impact of the delivery of health care.	NP 3.3 Consider the socioeconomic impact of the delivery of health care.
<p>3.3c Analyze cost-benefits of selected population-based interventions.</p>	<p>NP 3.3g: Appraise ethical, legal, and social factors to guide population health policy development.</p>
<p>3.3d Collaborate with partners to secure and leverage resources necessary for effective, sustainable interventions.</p>	
<p>3.3e Advocate for interventions that maximize cost-effective, accessible, and equitable resources for populations.</p>	
<p>3.3f Incorporate ethical principles in resource allocation in achieving equitable health.</p>	



Domain 3: Population Health	NP Domain 3: Population Health
AACN Essentials Advanced-Level Nursing Education	NONPF Nurse Practitioner (NP) Role Core Competencies
3.4 Advance equitable population health policy.	NP 3.4 Advance equitable population health policy.
3.5f Appraise advocacy priorities for a population.	
3.5g Strategize with an interdisciplinary group and others to develop effective advocacy approaches.	
3.5h Engage in relationship-building activities with stakeholders at any level of influence, including system, local, state, national, and/or global.	
3.5i Demonstrate leadership skills to promote advocacy efforts that include principles of social justice, diversity, equity, and inclusion.	
3.5 Demonstrate advocacy strategies.	NP 3.5 Demonstrate advocacy strategies.
3.5f Appraise advocacy priorities for a population.	
3.5g Strategize with an interdisciplinary group and others to develop effective advocacy approaches.	
3.5h Engage in relationship-building activities with stakeholders at any level of influence, including system, local, state, national, and/or global.	
3.5i Demonstrate leadership skills to promote advocacy efforts that include principles of social justice, diversity, equity, and inclusion.	
3.6 Advance preparedness to protect population health during disasters and public health emergencies.	NP 3.6 Advance preparedness to protect population health during disasters and public health emergencies.
3.6f Collaboratively initiate rapid response activities to protect population health.	NP 3.6k: Summarize the unique roles and responsibilities of NPs in emergency preparedness and disaster response.
3.6g Participate in ethical decision making that includes diversity, equity, and inclusion in advanced preparedness to protect populations.	
3.6h Collaborate with interdisciplinary teams to lead preparedness and mitigation efforts to protect population health with attention to the most vulnerable populations.	3.6l: Collaborate with a team to advance preparedness for potential public health emergencies.
3.6i Coordinate the implementation of evidence-based infection control measures and proper use of personal protective equipment.	NP 3.6m: Evaluate the impact of globalization on population health.
3.6j Contribute to system-level planning, decision making, and evaluation for disasters and public health emergencies.	

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Domain 4: Scholarship for the Nursing Discipline	NP Domain 4: Practice Scholarship and Translational Science
AACN Essentials Advanced-Level Nursing Education	NONPF Nurse Practitioner (NP) Role Core Competencies
Descriptor: The generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform health care (AACN, 2018).	The nurse practitioner generates, appraises, synthesizes, translates, integrates, and disseminates knowledge to improve person-centered health and systems of care.
4.1 Advance the scholarship of nursing.	NP 4.1 Advance the scholarship of NP nursing practice.
4.1h Apply and critically evaluate advanced knowledge in a defined area of nursing practice.	NP 4.1n: Translate advanced practice knowledge to inform practice and patient outcomes.
4.1i Engage in scholarship to advance health.	
4.1j Discern appropriate applications of quality improvement, research, and evaluation methodologies.	NP 4.1o: Lead scholarly activities resulting in the focus of the translation and dissemination of contemporary evidence into practice.
4.1k Collaborate to advance one's scholarship.	
4.1l Disseminate one's scholarship to diverse audiences using a variety of approaches or modalities.	NP 4.1p: Apply clinical investigative skills to improve health outcomes.
4.1m Advocate within the interprofessional team and with other stakeholders for the contributions of nursing scholarship.	
4.2 Integrate best evidence into nursing practice.	NP 4.2 Integrate best evidence into NP practice.
4.2f Use diverse sources of evidence to inform practice.	NP 4.2l: Evaluate quality improvement processes and evidence-based outcomes.
4.2g Lead the translation of evidence into practice.	
4.2h Address opportunities for innovation and changes in practice.	
4.2i Collaborate in the development of new/revised policy or regulation in the light of new evidence.	NP 4.2m: Disseminate findings from quality improvement, implementation science, and research to improve healthcare delivery and patient outcome.
4.2j Articulate inconsistencies between practice policies and best evidence.	
4.2k Evaluate outcomes and impact of new practices based on the evidence.	
4.3 Promote the ethical conduct of scholarly activities.	NP 4.3 Promote the ethical conduct of scholarly activities.
4.3e Identify and mitigate potential risks and areas of ethical concern in the conduct of scholarly activities.	NP 4.3j: Translate knowledge from clinical practice to improve population health outcomes through diversity, equity, and inclusion.
4.3f Apply IRB guidelines throughout the scholarship process.	
4.3g Ensure the protection of participants in the conduct of scholarship.	
4.3h Implement processes that support ethical conduct in practice and scholarship.	NP 4.3k: Utilize ethical principles to ensure participant safety through scholarship activities.
4.3i Apply ethical principles to the dissemination of nursing scholarship.	



Domain 5: Quality and Safety	
AACN Essentials Advanced-Level Nursing Education	NP Domain 5: Quality and Safety
Descriptor: Employment of established and emerging principles of safety and improvement science. Quality and safety, as core values of nursing practice, enhance quality and minimize risk of harm to patients and providers through both system effectiveness and individual performance.	NONPF Nurse Practitioner (NP) Role Core Competencies
5.1 Apply quality improvement principles in care delivery.	The nurse practitioner utilizes knowledge and principles of translational and improvement science methodologies to improve quality and safety for providers, patients, populations, and systems of care.
5.1i Establish and incorporate data driven benchmarks to monitor system performance.	NP 5.1 Apply quality improvement principles in care delivery.
5.1j Use national safety resources to lead team-based change initiatives.	NP 5.1p: Systematically evaluate quality and outcomes of care using quality improvement principles.
5.1k Integrate outcome metrics to inform change and policy recommendations.	
5.1l Collaborate in analyzing organizational process improvement initiatives.	NP 5.1q: Evaluate the relationships and influence of access, populations, cost, quality, and safety on healthcare.
5.1m Lead the development of a business plan for quality improvement initiatives.	
5.1n Advocate for change related to financial policies that impact the relationship between economics and quality care delivery.	NP 5.1r: Evaluate the impact of organizational systems in healthcare to include care processes, financing, marketing, and policy.
5.1o Advance quality improvement practices through dissemination of outcomes.	
5.2 Contribute to a culture of patient safety.	NP 5.2 Contribute to a culture of patient safety.
5.2g Evaluate the alignment of system data and comparative patient safety benchmarks.	NP 5.2k: Build a culture of safety through quality improvement methods and evidence-based interventions.
5.2h Lead analysis of actual errors, near misses, and potential situations that would impact safety.	
5.2i Design evidence-based interventions to mitigate risk.	
5.2j Evaluate emergency preparedness system-level plans to protect safety.	
5.3 Contribute to a culture of provider and work environment safety.	NP 5.3 Contribute to a culture of provider and work environment safety.
5.3e Advocate for structures, policies, and processes that promote a culture of safety and prevent workplace risks and injury.	
5.3f Foster a just culture reflecting civility and respect.	
5.3g Create a safe and transparent culture for reporting incidents.	
5.3h Role model and lead well-being and resiliency for self and team.	

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Domain 6: Interprofessional Partnerships	NP Domain 6: Interprofessional Collaboration in Practice
AACN Essentials Advanced-Level Nursing Education	NONPF Nurse Practitioner (NP) Role Core Competencies
Descriptor: Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.	The nurse practitioner collaborates with the interprofessional team to provide care through meaningful communication and active participation in person-centered and population-centered care.
6.1 Communicate in a manner that facilitates a partnership approach to quality care delivery.	NP 6.1 Communicate in a manner that facilitates a partnership approach to quality care delivery.
6.1g Evaluate effectiveness of interprofessional communication tools and techniques to support and improve the efficacy of team-based interactions.	NP 6.1m: Engage in collaboration with multiple interprofessional stakeholders (e.g. individuals, community, integrated health care teams, and policy makers) to impact a diverse and inclusive healthcare system.
6.1h Facilitate improvements in interprofessional communications of individual information (e.g. EHR).	NP 6.1n: Demonstrate equitable and quality health care through interprofessional collaboration with the health care team.
6.1i Role model respect for diversity, equity, and inclusion in team-based communications.	NP 6.1o: Advocate for the patient as a member of the health care team.
6.1j Communicate nursing's unique disciplinary knowledge to strengthen interprofessional partnerships.	NP 6.1p: Demonstrate sensitivity to diverse organizations, cultures, and populations.
6.1k Provide expert consultation for other members of the health care team in one's area of practice.	
6.1l Demonstrate capacity to resolve interprofessional conflict.	
6.2 Perform effectively in different team roles, using principles and values of team dynamics.	NP 6.2 Perform effectively in different team roles, using principles and values of team dynamics.
6.2g Integrate evidence-based strategies and processes to improve team effectiveness and outcomes.	NP 6.2k: Assume different roles (e.g. member, leader) within the interprofessional, health care team.
6.2h Evaluate the impact of team dynamics and performance on desired outcomes.	
6.2i Reflect on how one's role and expertise influences team performance.	
6.2j Foster positive team dynamics to strengthen desired outcomes.	
6.3 Use knowledge of nursing and other professions to address healthcare needs.	NP 6.3 Use knowledge of nursing and other professions to address healthcare needs.
6.3d Direct interprofessional activities and initiatives.	



Domain 6: Interprofessional Partnerships	NP Domain 6: Interprofessional Collaboration in Practice
AACN Essentials Advanced-Level Nursing Education	NONPF Nurse Practitioner (NP) Role Core Competencies
6.4 Work with other professions to maintain a climate of mutual learning, respect, and shared values.	NP 6.4 Work with other professions to maintain a climate of mutual learning, respect, and shared values.
6.4e Practice self-assessment to mitigate conscious and implicit biases toward other team members.	NP 6.4j: Promote a climate of respect, dignity, inclusion, integrity, civility, and trust to foster collaboration within the health care team.
6.4f Foster an environment that supports the constructive sharing of multiple perspectives and enhances interprofessional learning.	
6.4g Integrate diversity, equity, and inclusion into team practices.	NP 6.4k: Collaborate to develop, implement, and evaluate healthcare strategies to optimize safe, effective systems of care.
6.4h Manage disagreements, conflicts, and challenging conversations among team members.	
6.4i Promote an environment that advances interprofessional learning.	

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Domain 7: Systems-Based Practice	NP Domain 7: Health Systems
AACN Essentials Advanced-Level Nursing Education	NONPF Nurse Practitioner (NP) Role Core Competencies
Descriptor: Responding to and leading within complex systems of health care. Nurses effectively and proactively coordinate resources to provide safe, quality, and equitable care to diverse populations.	The nurse practitioner demonstrates organizational and systems leadership to improve healthcare outcome.
7.1 Apply knowledge of systems to work effectively across the continuum of care.	NP 7.1 Apply knowledge of systems to work effectively across the continuum of care.
7.1e Participate in organizational strategic planning.	NP 7.1i: Apply knowledge of organizational practices and complex systems to improve healthcare delivery.
7.1f Participate in system-wide initiatives that improve care delivery and/or outcomes.	
7.1g Analyze system-wide processes to optimize outcomes.	
7.1h Design policies to impact health equity and structural racism within systems, communities, and populations.	
7.2 Incorporate consideration of cost-effectiveness of care.	NP 7.2 Incorporate consideration of cost-effectiveness of care.
7.2g Analyze relevant internal and external factors that drive healthcare costs and reimbursement.	NP 7.2m: Demonstrate fiduciary stewardship in the delivery of quality care.
7.2h Design practices that enhance value, access, quality, and cost-effectiveness.	
7.2i Advocate for healthcare economic policies and regulations to enhance value, quality, and cost-effectiveness.	
7.2j Formulate, document, and disseminate the return on investment for improvement initiatives collaboratively with an interdisciplinary team.	
7.2k Recommend system-wide strategies that improve cost-effectiveness considering structure, leadership, and workforce needs.	
7.2l Evaluate health policies based on an ethical framework considering cost-effectiveness, health equity, and care outcomes.	
7.3 Optimize system effectiveness through application of innovation and evidence-based practice.	7.3 Optimize system effectiveness through application of innovation and evidence-based practice.
7.3e Apply innovative and evidence-based strategies focusing on system preparedness and capabilities.	
7.3f Design system improvement strategies based on performance data and metrics.	
7.3g Manage change to sustain system effectiveness.	
7.3h Design system improvement strategies that address internal and external system processes and structures that perpetuate structural racism and other forms of discrimination in healthcare systems.	

Domain 8: Informatics and Healthcare Technologies
NP Domain 8: Technology and Information Literacy

AACN Essentials Advanced-Level Nursing Education	NONPF Nurse Practitioner (NP) Role Core Competencies
<p>Descriptor: Information and communication technologies and informatics processes are used to provide care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice. Informatics processes and technologies are used to manage and improve the delivery of safe, high-quality, and efficient healthcare services in accordance with best practice and professional and regulatory standards.</p>	<p>The nurse practitioner envisions, appraises, and utilizes informatics and healthcare technologies to deliver care.</p>
<p>8.1 Describe the various information and communication technology tools used in the care of patients, communities, and populations.</p>	<p>NP 8.1 Appraise the available information and communication technologies used in the care of patients, communities, and populations.</p>
<p>8.1g Identify best evidence and practices for the application of information and communication technologies to support care.</p>	<p>NP 8.1l: Evaluate technologies and communication platforms in the care of patients.</p>
<p>8.1h Evaluate the unintended consequences of information and communication technologies on care processes, communications, and information flow across care settings.</p>	
<p>8.1i Propose a plan to influence the selection and implementation of new information and communication technologies.</p>	
<p>8.1j Explore the fiscal impact of information and communication technologies on health care.</p>	
<p>8.1k Identify the impact of information and communication technologies on workflow processes and healthcare outcomes.</p>	
<p>8.2 Use information and communication technology to gather data, create information, and generate knowledge.</p>	<p>8.2 Use information and communication technologies to gather data, create information, and generate knowledge.</p>
<p>8.2f Generate information and knowledge from health information technology databases.</p>	<p>NP 8.2k: Analyze data to impact care delivery at the person, population, or systems' levels.</p>
<p>8.2g Evaluate the use of communication technology to improve consumer health information literacy.</p>	<p>NP 8.2l: Use technology systems to generate, analyze, and interpret data on variables for the evaluation of healthcare.</p>
<p>8.2h Use standardized data to evaluate decision-making and outcomes across all systems levels.</p>	
<p>8.2i Clarify how the collection of standardized data advances the practice, understanding, and value of nursing and supports care.</p>	
<p>8.2j Interpret primary and secondary data and other information to support care.</p>	<p>NP 8.2m: Select appropriate technology and communication tools to promote engagement and share credible information that is congruent with patient needs, values, and learning styles.</p>

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Domain 8: Informatics and Healthcare Technologies
NP Domain 8: Technology and Information Literacy

AACN Essentials Advanced-Level Nursing Education	NONPF Nurse Practitioner (NP) Role Core Competencies
8.3 Use information and communication technologies and informatics processes to deliver safe nursing care to diverse populations in a variety of settings.	NP 8.3 Use information and communication technologies and informatics processes to deliver safe care to diverse populations in a variety of settings.
8.3g Evaluate the use of information and communication technology to address needs, gaps, and inefficiencies in care.	
8.3h Formulate a plan to influence decision-making processes for selecting, implementing, and evaluating support tools.	
8.3i Appraise the role of information and communication technologies in engaging the patient and supporting the nurse-patient relationship.	
8.3j Evaluate the potential uses and impact of emerging technologies in health care.	
8.3k Pose strategies to reduce inequities in digital access to data and information.	
8.4 Use information and communication technology to support documentation of care and communication among providers, patients, and all system levels.	NP 8.4 Use information and communication technology to support documentation of care and communication among providers, patients, and all system levels.
8.4e Assess best practices for the use of advanced information and communication technologies to support patient and team communications.	NP 8.4h: Assess the patient's and caregiver's learning and communication needs to address gaps in access, knowledge, and information literacy.
8.4f Employ electronic health, mobile health, and telehealth systems to enable quality, ethical, and efficient patient care.	NP 8.4i: Evaluate the design and implementation of clinical information systems within the contexts of quality care, accountability, ethics, and cost-effectiveness.
8.4g Evaluate the impact of health information exchange, interoperability, and integration to support patient-centered care.	
8.5 Use information and communication technologies in accordance with ethical, legal, professional, and regulatory standards, and workplace policies in the delivery of care.	
8.5g Apply risk mitigation and security strategies to reduce misuse of information and communication technology.	NP 8.5m: Use information technology safely, legally, and ethically to manage data to ensure quality care and organizational accountability to promote interprofessional communication.
8.5h Assess potential ethical and legal issues associated with the use of information and communication technology.	
8.5i Recommend strategies to protect health information when using communication and information technology.	
8.5j Promote patient engagement with their personal health data.	
8.5k Advocate for policies and regulations that support the appropriate use of technologies impacting health care.	
8.5l Analyze the impact of federal and state policies and regulation on health data and technology in care settings.	

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Domain 9: Professionalism AACN Essentials Advanced-Level Nursing Education	NP Domain 9: Professional Acumen NONPF Nurse Practitioner (NP) Role Core Competencies
Descriptor: Formation and cultivation of a sustainable professional identity, including accountability, perspective, collaborative disposition, and comportment, that reflects nursing's characteristics and values.	The nurse practitioner demonstrates the attributes and perspectives of the nursing profession and adherence to ethical principles while functioning as a committed equal partner of the interprofessional health care team.
9.1 Demonstrate an ethical comportment in one's practice reflective of nursing's mission to society.	NP 9.1 Demonstrate an ethical comportment in one's practice reflective of nursing's mission to society.
9.1h Analyze current policies and practices in the context of an ethical framework.	NP 9.1l: Demonstrate the ability to apply ethical principles in complex health care situations.
9.1i Model ethical behaviors in practice and leadership roles.	NP 9.1m: Develop strategies to prevent one's own personal biases from interfering with delivery of quality care.
9.1j Suggest solutions when unethical behaviors are observed.	NP 9.1n: Actively seeks opportunities for continuous improvement in professional practice.
9.1k Assume accountability for working to resolve ethical dilemmas.	
9.2 Employ participatory approach to nursing care.	NP 9.2 Employ participatory approach to NP care.
9.2h Foster opportunities for intentional presence in practice.	NP 9.2m: Demonstrate an NP professional identity.
9.2i Identify innovative and evidence-based practices that promote person-centered care.	
9.2j Advocate for practices that advance diversity, equity, and inclusion.	NP 9.2n: Demonstrate accountability to practice within the regulatory standard and scope of educational preparation.
9.2k Model professional expectations for therapeutic relationships.	
9.2l Facilitate communication that promotes a participatory approach.	
9.3 Demonstrate accountability to the individual, society, and the profession.	NP 9.3 Demonstrate accountability to the individual, society, and profession.
9.3i Advocate for nursing's professional responsibility for ensuring optimal care outcomes	NP 9.3p: Participate in professional organizations to advance the NP profession and improve health.
9.3j Demonstrate leadership skills when participating in professional activities and/or organizations.	
9.3k Address actual or potential hazards and/or errors.	
9.3l Foster a practice environment that promotes accountability for care outcomes.	
9.3m Advocate for policies/practices that promote social justice and health equity.	NP 9.3q: Reflect on past experiences to guide present and future practice.
9.3n Foster strategies that promote a culture of civility across a variety of settings.	
9.3o Lead in the development of opportunities for professional and interprofessional activities.	

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Domain 9: Professionalism	NP Domain 9: Professional Acumen
AACN Essentials Advanced-Level Nursing Education	NONPF Nurse Practitioner (NP) Role Core Competencies
9.4 Comply with relevant laws, policies, and regulations.	NP 9.4 Comply with relevant laws, policies, and regulations.
9.4d Advocate for policies that enable nurses to practice to the full extent of their education.	NP 9.4i: Advocate for policies that support population focus NPs to practice at the full extent of their education.
9.4e Assess the interaction between regulatory agency requirements and quality, fiscal, and value-based indicators.	
9.4f Evaluate the effect of legal and regulatory policies on nursing practice and healthcare outcomes.	NP 9.4j: Articulate the regulatory process that guides NP practice at the national and individual state level.
9.4g Analyze efforts to change legal and regulatory policies that improve nursing practice and health outcomes.	
9.4h Participate in the implementation of policies and regulations to improve the professional practice environment and healthcare outcomes.	NP 9.4k: Analyze laws, policies, and regulations to describe scope of practice in future population focus.
9.5 Demonstrate the professional identity of nursing.	NP 9.5 Demonstrate the professional identity of nursing.
9.5f Articulate nursing's unique professional identity to other interprofessional team members and the public.	NP 9.5j: Articulate NPs unique professional identity to other interprofessional team members and the public.
9.5g Evaluate practice environment to ensure that nursing core values are demonstrated.	
9.5h Identify opportunities to lead with moral courage to influence team decision-making.	NP 9.5k: Demonstrate the ability to effectively educate and mentor peers, students or members of the interprofessional healthcare team.
9.5i Engage in professional organizations that reflect nursing's values and identity.	
9.6 Integrate diversity, equity, and inclusion as core to one's professional identity.	NP 9.6 Integrate diversity, equity, and inclusion as core to one's professional identity.
9.6d Model respect for diversity, equity, and inclusion for all team members.	
9.6e Critique one's personal and professional practices in the context of nursing's core values.	
9.6f Analyze the impact of structural and cultural influences on nursing's professional identity.	
9.6g Ensure that care provided by self and others is reflective of nursing's core values.	
9.6h Structure the practice environment to facilitate care that is culturally and linguistically appropriate.	
9.6i Ensure self and others are accountable in upholding moral, legal, and humanistic principles related to health.	



Domain 10: Personal, Professional, and Leadership Development		NP Domain 10: Personal and Professional Leadership	
AACN Essentials Advanced-Level Nursing Education		NONPF Nurse Practitioner (NP) Role Core Competencies	
Descriptor: Participation in activities and self-reflection that foster personal health, resilience, and well-being; contribute to lifelong learning; and support the acquisition of nursing expertise and the assertion of leadership.		The nurse practitioner participates in professional and personal growth activities to develop a sustainable progression toward professional and interpersonal maturity, improved resilience, and robust leadership capacity.	
10.1 Demonstrate a commitment to personal health and well-being.		NP 10.1 Demonstrate a commitment to personal health and well-being.	
10.1c Contribute to an environment that promotes self-care, personal health, and well-being.		NP 10.1e: Create an environment that promotes self-care, health, and well-being.	
10.1d Evaluate the workplace environment to determine level of health and well-being.		NP 10.1f: Support for whole person health and holistic well-being of self.	
10.2 Demonstrate a spirit of inquiry that fosters flexibility and professional maturity.		NP 10.2 Demonstrate professional maturity.	
10.2g Demonstrate cognitive flexibility in managing change within complex environments.		NP 10.2k: Demonstrate responsibility to practice in the NP population focus area defined by your education, certification and license.	
10.2h Mentor others in the development of their professional growth and accountability.		NP 10.2l: Employ empathy to communicate effectively.	
10.2i Foster activities that support a culture of lifelong learning.		NP 10.2m: Conduct self in a professional manner.	
10.2j Expand leadership skills through professional service.		NP 10.2n: Uphold standards of the NP profession.	
10.3 Develop capacity for leadership.		NP 10.3 Develop capacity for leadership.	
10.3j Provide leadership to advance the nursing profession.		NP 10.3r: Articulate the complex leadership role of the NP.	
10.3k Influence intentional change guided by leadership principles and theories.		NP 10.3s: Execute leadership skills in the translation of new knowledge to improve outcomes.	
10.3l Evaluate the outcomes of intentional change.			
10.3m Evaluate strategies/methods for peer review.		NP 10.3t: Provide leadership on teams, and in different team roles, across a variety of practice settings.	
10.3n Participate in the evaluation of other members of the care team.			
10.3o Demonstrate leadership skills in times of uncertainty and crisis.		NP 10.3u: Mentor peers.	
10.3p Advocate for the promotion of social justice and eradication of structural racism and systematic inequity in nursing and society.			
10.3q Advocate for the nursing profession in a manner that is consistent, positive, relevant, accurate, and distinctive.		NP 10.3v: Engage in advocacy efforts to address health disparities, social justice, and equity to improve healthcare outcomes.	

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CONTRIBUTORS

The National Organization of Nurse Practitioners recognized the contributions of the Curricular Leadership Committee members to produce the 2022 NONPF Nurse Practitioner Role Core Competencies.

Chair: Robin Arends, *South Dakota State University*

Co-Chair: Jan Tillman, *East Carolina University*

Board Leads:

Annette Jakubisin Konicki, *Secretary, NONPF Board*

Geraldine Young, *Member at Large, NONPF Board*

Ashley Hodges

University of Alabama at Birmingham

Pamela Biernacki

Georgetown University

Curry Bordelon

University of Alabama at Birmingham

Myra Carew

East Tennessee State University

Tracey Chan

Madonna University

Amy Costner-Lark

University of Oklahoma Health Sciences Center

Daniel Crawford

The University of Iowa

Jean Davis

University of Central Florida

Carolynn DeSandre

University of North Georgia

Holly DiLeo

University of the Incarnate Word

Alison Edie

Duke University

Mary Fahey

Northeastern University

Jackie Ferdowsali

University of Nevada Reno

S. Renee Gregg

University of Arizona

Kelly Hudock

St. Joseph's College of Maine

Brenda Janotha

Columbia University

Carole Mackavey

University of Texas Health Science Center Houston

Pamela McGranahan

University of Wisconsin-Madison

Michele McMahon

Purdue University Global

Louise O'Keefe

University of Alabama in Huntsville

Mary Lauren Pfeiffer

Vanderbilt University

Kimberly Posey

Texas Christian University

Alicia Ribar

University of South Carolina

Mary Ellen Roberts

Seton Hall University

Gloria Rose

Prairie View A&M University

Shuba Samuel

Spring Arbor University

Jessica Schwinck

Pacific Lutheran University

Tracey Taylor

University of South Florida

Cheryl Thaxton

Texas Woman's University

Donna Emanuele

Western University of Health Sciences

Stephanie Davis

Clemson University