

**Family Nurse Practitioner
Practicum Handbook
For Students and Preceptors**



**NURSING DEPARTMENT
2026-2027**

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Dear Students and Preceptors,

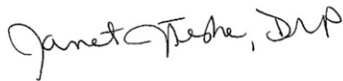
On behalf of the Marian University Nursing Department, I would like to welcome you to the clinical practicum experience. To our preceptors, we extend our sincere gratitude for your commitment of time and expertise; your mentorship is essential to providing our Family Nurse Practitioner (FNP) students with a high-quality education. To our students, we are excited to support you as you enter this critical phase of your advanced practice training.

This **Practicum Handbook** has been designed as a comprehensive guide for both students and preceptors. It fulfills our accreditation requirements and provides essential information regarding Marian University, Nursing Department policies, clinical expectations, and various resources to assist you throughout the term.

In addition to this handbook, you will receive specific details regarding student-faculty assignments, semester dates, and the clinical course syllabus. Further information about the Nursing Department and the FNP track can also be found on the Marian University website.

Please do not hesitate to contact me or your assigned clinical faculty with any questions, updates, or concerns. Thank you all for your dedication to excellence in nursing education and clinical practice. We wish you a successful and rewarding semester.

Sincerely,

A handwritten signature in black ink that reads "Janet J. Teske, DNP". The signature is fluid and cursive, with the initials "DNP" written in a slightly larger, more distinct font at the end.

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Notice to Students and Preceptors

This Family Nurse Practitioner (FNP) Practicum Handbook serves as a specialized supplement to the Nursing Department Nursing Student Handbook and the course syllabus.

The guidelines, protocols, and expectations outlined herein are specifically tailored to the clinical practicum environment, experiential hours, and tracking system requirements. However, all overarching departmental regulations, academic progression policies, code of conduct requirements, and department-wide procedures remain governed by the Nursing Student Handbook.

Furthermore, this document operates in tandem with individual course syllabi. Students are responsible for reviewing, understanding, and adhering to the policies, grading criteria, and specific schedules contained in both handbooks as well as each course syllabus throughout the duration of their clinical rotations. In the event of minor operational updates or distinct course-level requirements, the course syllabus serves as the final authority for that specific term.

Table of Contents

Part I: University and Department Foundations	5
Marian University Overview	5
History.....	5
Accreditation.....	5
Vision Statement.....	5
Mission Statement	5
Core Values	5
Nursing Department Standards	6
Nursing Program Mission.....	6
MSN Program Outcomes	6
Part II: Program Policies and Clinical Compliance	7
Professional Standards & Dress Code	7
Personal Appearance & Dress Code.....	7
Cell Phone & Smart Watch Policy	8
Confidentiality.....	9
Clinical Incidents & Exposure Protocol.....	9
Attendance Requirements & Hour Accrual	10
Attendance Expectations & Absences.....	10
Hour Accrual & Scheduling Parameters	10
Preceptor & Site Allocations	10
Administrative Compliance.....	11
Part III: Clinical Roles and Conflict Resolution.....	11
Clinical Conflict Resolution & Professional Conduct.....	11
Preceptor Eligibility & Responsibilities	12
Preceptor Eligibility.....	12
Preceptor Responsibilities.....	12
Preceptor Resources	13
Student Responsibilities & Success Resources	14
Student Responsibilities.....	14
Student Resources	14
Clinical Faculty Responsibilities	15
Clinical Faculty Responsibilities.....	15
Part IV: Curriculum Delivery & Typhon	15
FNP Practicum Descriptions	15
NUR 623 Practicum 1: Family Nurse Practitioner and Role Development (3 credits).....	15
NUR 632 Practicum II: Family Nurse Practitioner and Role Development (3 credits).....	15
NUR 642 Practicum III: Family Nurse Practitioner and Role Development (3 credits)	16
FNP Practicum Progression Matrix (By Semester).....	16
Telehealth Regulations	17
Typhon Student Tracking System.....	18
Preceptor Access & Responsibilities	18
Student Access & Responsibilities.....	18
NONPF Nurse Practitioner Core Competencies	19

Part I: University and Department Foundations

Marian University Overview

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

Vision Statement

Transforming lives and improving our world through compassionate, innovative, and exemplary education.

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

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 lifelong 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.

Part II: Program Policies and Clinical Compliance

Professional Standards & Dress Code

Personal Appearance & Dress Code

This policy outlines expected standards for professional appearance and hygiene. This list is not exhaustive, and Marian University Faculty and clinical/practicum site staff reserve the right to determine appropriateness for the environment. Practicum **agency policy always takes precedence**. If the agency has no specific policy, the Marian University Nursing Department guidelines below apply.

1. Hygiene and Scent

- a. Students and uniforms must be free from strong odors, including tobacco products, perfumes, colognes, or other scented products.
- b. Uniforms, shoes, and clothing must be kept clean, neat, in good repair, properly fitted, and appropriate for the office or client care setting as required by the clinical/practicum site.

2. Hair

- a. *Color*: Unnatural hair colors (e.g., blue, green, pink) are not permitted.
- b. *Style*: Hair must be clean, worn off the collar, neatly secured away from the face, and without large accessories.
- c. *Facial Hair*: Facial hair must be kept short and not exceed two (2) inches in length. Some clinical/practicum agencies may have stricter requirements regarding facial hair, which will supersede this length.

3. Jewelry

- a. *Rings*: Only smooth wedding bands are allowed.
- b. *Necklaces*: If worn, necklaces must be limited to a simple chain.
- c. *Earrings*: If worn, earrings must be plain, post-type, and no more than one-half inch in diameter. A maximum of three (3) earrings per ear is allowed.
- d. *Other Piercings*: No other visible body piercings (including tongue) are permitted.

4. *Makeup*: If worn, makeup should be applied modestly.

5. *Fingernails*: Must be natural, clean, free of polish, and kept short enough to prevent scratching clients or interfering with clean/sterile technique. Artificial nails (e.g., acrylic, gel, extensions) are not allowed.

6. *Required Items*: Students must have:

- a. *Marian University Student Clinical ID Card*: This card, with the visible picture, is

provided before the first practicum. ID cards must be attached via a clip-on badge reel or pocket clip; lanyards are prohibited for safety/infection control reasons.

- b. *Agency-Provided ID Cards:* If issued by a clinical/practicum agency, this ID card must be visibly displayed. ID cards must be attached via a clip-on badge reel or pocket clip; lanyards are prohibited for safety/infection control reasons.
- c. Stethoscope
- d. *Watch:* A waterproof watch with a second hand is required. Smartwatches may be worn depending on agency policy and/or instructor discretion, but they must be in airplane mode. (Refer to the Cell Phone & Smart Watch Policy for more details.)

7. *Prohibited Attire and Items:* The following are not allowed in clinical or practicum settings:

- a. Denim jeans, sweatpants, hooded sweatshirts or hoodies, leggings, yoga pants, jersey knit/athletic jogger pants, loungewear/pajamas, short skirts, shorts, deep-cut necklines, or exposed backs.
- b. Visible skin from neck to knees with the exception of arms.
- c. Visible tattoos.
- d. Products containing fragrances.
- e. Lanyards.
- f. Open-toe shoes or sandals

8. Business Casual Policy

- a. *Attire:* Button-down shirts, polo shirts, blouses, sweaters, cardigans, dress pants/slacks, skirts, and dresses are appropriate.
- b. *Shoes:* Shoes must adhere to the clinical/practicum agency policy.
- c. *Socks/Hose:* Socks or hose must be worn.
- d. *Lab Coat:* A consultation/lab coat may be worn if allowed by the practicum site.

9. *Agency-Specific Policies:* You must adhere to any additional professional dress code policies of the clinical/practicum agencies. In cases where an agency's policy is stricter than the Nursing Department's policy, the agency's policy will apply.

10. *Consequences for Non-Compliance:* Students who arrive at 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 may result in clinical/practicum failure.

Cell Phone & Smart Watch Policy

To maintain focus on patient care and adhere to clinical site regulations, cell phones are not permitted on the unit or in areas of direct client care.

Cell phones must be stored in your care or secured in a designated space provided by the clinical/practicum agency (e.g., break room, locker room, storage cubbies). Cell phone use is restricted to break areas and for emergency purposes only.

Smartwatches may be worn only if permitted by agency policy and/or at the discretion of your instructor/preceptor. If worn, they must be in airplane mode.

It is your responsibility to familiarize yourself with the specific policies of each clinical/practicum agency, as their rules may be stricter than the nursing department's. In such cases, the agency's policy will always apply. Violations of this policy may result in disciplinary action.

Confidentiality

As a nursing student, you are legally and ethically bound to protect all Protected Health Information (PHI). You'll encounter PHI in practicum and classroom settings. It's crucial to maintain confidentiality everywhere – within education and healthcare facilities, as well as in public places, at home, and especially on social media. For the complete confidentiality policy and annual training requirements, please refer to the Nursing Department Student Handbook.

Clinical Incidents & Exposure Protocol

A clinical incident includes any unexpected event resulting in injury, medication/procedural errors, or significant exposure to bloodborne pathogens or communicable diseases (e.g., needlesticks, punctures, or fluid splashes).

In the event of an incident or exposure, students and preceptors must take immediate action:

1. **Administer Immediate First Aid:** Wash needle sticks or cuts with soap and water. Flush splashes to the nose, mouth, skin, or eyes thoroughly with water or saline.
2. **Seek Prompt Medical Care:** If a significant exposure occurs, the student must follow agency policy to seek immediate medical treatment or emergency care. Post-exposure prophylaxis (PEP) should ideally be initiated within **1 to 2 hours**.
3. **Report the Incident Immediately:** The student must report the incident *in person* to the preceptor immediately. The student and preceptor must complete any required clinical agency documentation and notify the University clinical faculty as soon as possible.
4. **Complete University Documentation:** Both the student and preceptor must complete the university's *Clinical Incident Report* (available on the MSN Resource Page in MO2) and submit it to the Associate Dean of Nursing.

Policy Note & Financial Responsibility: Students are responsible for all costs incurred related to clinical incidents and medical treatment, as outlined in their signed student agreement. For full details regarding statutory definitions, OSHA compliance, and mandatory university follow-up review meetings, please refer to the Nursing Student Handbook.

Attendance Requirements & Hour Accrual

Attendance Expectations & Absences

1. **100% Attendance Requirement:** Students must attend 100% of all scheduled practicum activities, classes, and clinical requirements to demonstrate that they have met the course and practicum objectives.
2. **Personal Scheduling:** Planned vacations or elective procedures are not to be planned during practicum courses.
3. **Notification of Absence:** In extraordinary circumstances where an absence is unavoidable, students must immediately notify both their clinical faculty and their preceptor. Faculty must be contacted as outlined in the course syllabus, and preceptors must be notified via the specific communication methods they have established with the student (e.g., text, call, or email) before the scheduled shift begins.
4. **Preparedness and Safety:** Students must arrive at the practicum site fully prepared. Arriving unprepared is considered unsafe, and the student will be asked to leave the setting. This will be counted as a formal practicum absence. Preceptors should immediately contact the assigned course instructor to report any such safety concerns or violations of student preparedness.
5. **Inclement Weather:** Students are expected to use their best judgment and discretion regarding travel safety during hazardous weather conditions; driving in unsafe environments is never required. However, because FNP rotations are individual, precepted experiences, all missed hours must be made up in full. Students must immediately notify both their preceptor and clinical faculty of any weather-related absence. The full *Hazardous Weather Cancellation* policy is available in the Nursing Department Student Handbook.

Hour Accrual & Scheduling Parameters

1. **Semester Dates:** Practicum hours may only be accrued during the official semester dates outlined in the University's Academic calendar. Hours obtained outside of these dates due to extenuating circumstances, such as a legitimate medical or personal emergency, will not count toward the total required hours unless prior, formal approval is granted by the Course Instructor, Clinical Placement Coordinator, and Graduate Program Director.
2. **Verification and Integrity:** Students must accurately and honestly record all clinical time via their Typhon time log. Falsifying records is a severe policy violation and may result in disciplinary action, up to and including dismissal from the Nursing Program.
3. **Consequences of Deficits:** Failure to meet the minimum required hours or the required average number of patients per day will result in course failure. In this event, the student will be subject to the Graduate Program course repeat policies detailed in the Nursing Department Student Handbook.

Preceptor & Site Allocations

1. **Approved Preceptors Only:** Students may only work with the specific preceptor(s) to whom they have been assigned and who have been officially approved by the Nursing Department.
2. **Preceptor Substitutions:** Any changes in preceptors must be discussed with and approved by the Course Instructor, Clinical Placement Coordinator, or the Graduate Program Director. If a temporary preceptor substitution is approved, notes indicating the change must be fully

documented in the Typhon time log. Approved preceptor substitutions may not exceed a total of 16 hours per semester. Working with an unapproved preceptor or exceeding this 16-hour limit without prior written administrative approval from the Course Instructor, Clinical Placement Coordinator, or the Graduate Program Director will result in course failure and is subject to the Graduate Program course repeat policies detailed in the Nursing Department Student Handbook.

3. **Hour Allocations:** Students must complete the exact number of hours with each assigned preceptor as outlined in their official practicum welcome letter. Hours allocated to a specific specialty or primary care placement are mandatory; they cannot be shifted, reallocated, or substituted between sites to meet the total semester requirement. Any requested adjustments to these hour distributions must be formally approved in advance by the Course instructor, Clinical Placement Coordinator, and Graduate Program Director. Failure to meet individual site hour allocations will result in course failure and is subject to the Graduate Program course repeat policies detailed in the Nursing Department Student Handbook.

Administrative Compliance

Students and preceptors must adhere to all practicum policies, procedures, and guidelines outlined in this handbook. In the event of an apparent discrepancy between the general Nursing Department Student Handbook and this Practicum and Preceptor Handbook, the Nursing Department faculty and administration will review the conflicting items and determine the appropriate course of action.

Part III: Clinical Roles and Conflict Resolution

Clinical Conflict Resolution & Professional Conduct

Clinical placements bring together individuals with diverse backgrounds, communication styles, and professional approaches. While some students and preceptors develop an immediate rapport, others may find it more challenging to connect. Regardless of personal compatibility, the Nursing Department expects both parties to share the responsibility of cultivating a functional, collaborative learning environment.

To maintain the integrity of the clinical experience, all participants must adhere to the following standards of accountability and conflict resolution:

- **Mutual Respect as a Baseline:** Preceptors generally volunteer their time and expertise without compensation to mentor the next generation of practitioners. In turn, students must recognize that learning from a preceptor is a privilege. While you may occasionally work with individuals whose personalities or styles differ from your own, personal dislike does not excuse a lack of professional respect. Both parties have an equal obligation to make an active, good-faith effort to work together.
- **Shared Accountability for Fractured Relationships:** When a clinical relationship breaks down, the fault does not automatically lie with one specific party; it can stem from actions or attitudes

of either the preceptor or the student. The Nursing Department administration will objectively evaluate clinical friction to determine the root cause.

- **Preceptor Responsibility for Early Notification:** Preceptors have a professional obligation to protect patient safety and maintain academic integrity. If a preceptor develops serious concerns regarding a student's clinical competence, safe practice, or professional behavior, **they should not wait for a scheduled university check-in or a formal evaluation to report it.** Preceptors are expected to contact the Nursing Department clinical faculty or administration immediately so that a formal remediation plan can be established before the student falls too far behind.
- **Protection Against Unprofessional or Unsafe Behavior:** The department is fully committed to protecting students who are placed with a genuinely poor, hostile, or unethical preceptor. However, administration cannot intervene in situations it is unaware of. Students have a strict responsibility to immediately report documented instances of professional disrespect, ethical violations, or unsafe clinical practices to their clinical faculty.
- **Mediation and Intervention Protocol:** Expecting a conflict-free semester is unrealistic, but managing conflict professionally is a required clinical skill. Minor disagreements should first be addressed respectfully between the student and preceptor. If a relationship becomes irretrievably broken, Nursing Department administration will step in to mediate and determine if a site reassignment or student disciplinary action is warranted.

Preceptor Eligibility & Responsibilities

Preceptor Eligibility

The course faculty or the Graduate Program Director must approve all clinical preceptors. We use the following criteria to select preceptors, specific to the student's area of emphasis:

1. Current licensure to practice in Wisconsin.
2. Master's in Nursing (MSN) or Doctor of Nursing Practice (DNP) degree with clinical preparation as an Advanced Practice Registered Nurse (APRN), an advanced degree in the appropriate field, or a physician. Physician Assistants may be considered with supervising physician approval. Certification in the appropriate area is strongly preferred.
3. At least two years of experience in a clinician role within a relevant setting.
4. Demonstrated interest in fulfilling the responsibilities of a preceptor.

Preceptor Responsibilities

1. Orient the student to the clinical site and agency policies. Review preferred communication methods with the preceptor and/or clinic site.
2. Review advanced practice protocols specific to the setting.
3. Communicate general guidelines for preceptor-student interactions and for reviewing student performance and providing feedback.
4. Facilitate a collaborative and respectful learning environment.
5. Discuss expectations for documenting patient encounters.

6. Review the course and student clinical objectives to identify appropriate learning opportunities.
7. Discuss the overall plan for student assignments, including patient volume and complexity.
8. Assess the student's proficiency through observation of history taking, physical assessment, management plans, and guided questions.
9. Facilitate the student's progressive independence in clinical knowledge and skills.
10. Provide constructive feedback on student case presentations for each patient.
11. Offer daily feedback to enhance the student's assessment and management skills.
12. Provide diverse learning experiences with appropriate client populations.
13. Assist in securing a substitute preceptor if you are absent. **Substitutions cannot exceed 16 hours per semester.** If more time is needed, contact the supervising clinical faculty.
14. If the clinic census is low and no other learning activities are available, preceptors may explicitly permit the student to work on school-related coursework during downtime.
15. Promptly communicate any concerns or unsafe practice (e.g., student behavior, clinical skills, progression) regarding the student to the clinical faculty.
16. Complete the student's mid-term site visit with clinical faculty.
17. Approve the student's Typhon time log within 10 days of the clinical date.
18. Complete the final student clinical evaluation in Typhon. (Note: The assigned clinical faculty will award the student's final clinical grade.)

Preceptor Resources

Whether you're a seasoned preceptor or this role is new to you, below are some resources to help you make the most of your time with your student.

[AANP - Nurse Practitioner Preceptor Knowledge Center](#)

[Nurse Hub - Define Precepting: Basic Concepts to Become an Effective NP Preceptor](#)

[Duke University School of Nursing - Preceptor's Corner](#)

[UMass Chan Medical School - Preparing for your Preceptee](#)

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:** Instead of just summarizing a patient's case, ask the student for their diagnosis or treatment plan. Ask what they think is going on, what diagnosis they suspect, or what treatment plan they would choose. *Example: "What do you think is causing this patient's symptoms, and what is your initial plan?"*
2. **Probe for supporting evidence:** Ask the student to explain the "why" behind their decision. This uncovers their thought process, identifies misconceptions, and highlights where their knowledge may be lacking. *Example: "What findings led you to that diagnosis, and what other possibilities did you consider?"*
3. **Teach a general principle:** Address any gaps identified in the previous steps by sharing a universal clinical pearl, rule, or guideline. This ensures the student walks away with a takeaway

they can apply to future patients. *Example: "When dealing with this type of presentation, it is a general rule to always check for..."*

4. **Reinforce what was done well:** Start the feedback process by highlighting specific behaviors, actions, or clinical reasoning that the student handled correctly. This builds confidence and reinforces good habits. *Example: "You did a fantastic job gathering the medication history and building rapport with the patient."*
5. **Correct mistakes and omissions:** Provide constructive, specific feedback on what the student did wrong or what they missed. Focus on how to improve for next time rather than just pointing out the error. *Example: "Next time, make sure to also assess for [missing detail], because it can help rule out..."*

Student Responsibilities & Success Resources

Student Responsibilities

1. Complete all preceptor agreements before the start of the practicum.
2. Discuss practicum objectives, personal objectives, and learning needs with the preceptor.
3. Determine the clinical schedule (days/hours) and submit the clinical calendar via e-mail to your clinical faculty.
4. Adhere to professional attire following clinical site and Marian University requirements.
5. Maintain professional behavior at all times in the clinical setting.
6. Complete and submit all required clinical course paperwork.
7. Collect and enter patient encounter data in the Typhon clinical log as required within 7 days of the service date.
8. Accurately and honestly record time spent at the clinical site via the Typhon time log.
9. Work only with your assigned and approved preceptor. Any changes must be discussed with and approved by the supervising clinical faculty, Clinical Placement Coordinator, or Graduate Program Director. Document any approved preceptor substitutions in the Typhon time log.
Preceptor substitutions cannot exceed 16 hours per semester.
10. Demonstrate increasing competencies and progressive independence in clinical knowledge and skills.
11. Function as a nurse practitioner under preceptor supervision, incorporating evidence-based practice guidelines and clinical site policies.
12. If the clinic census is low and no other learning activities are available, seek explicit permission from the preceptor to work on homework or school-related projects. **Permission should be explicit and not implied.**
13. Complete preceptor and clinical site evaluations in Typhon at the end of the practicum.
14. Attend all scheduled practicum experiences on time and prepared, completing all required clinical hours.
15. Notify the preceptor and clinical faculty as soon as possible if unable to attend clinical, and arrange a make-up day.

Student Resources

[12 Tips for Succeeding in Clinical Rotations: Practical Advice from Preceptors](#)

[7 Practical Tips to Thrive During Advanced Practice Nursing Clinicals](#)

Pro-Tips for Clinical Success

1. **Be a team player:** Clean exam rooms, escort your own patients, and help the clinic staff.
2. **Never ask “why” in front of the patient:** Write questions down in a dedicated clinical notebook and discuss them privately with the preceptor during downtime.
3. **Own your mistakes:** Accept constructive feedback as a tool for growth, not a personal indictment.

Clinical Faculty Responsibilities

Clinical Faculty Responsibilities

1. Assist the student and preceptor in optimizing the clinical learning environment.
2. Regularly review and provide feedback on 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 discuss their clinical evaluation skills.
5. Be available to the preceptor to address questions or concerns regarding the student’s clinical experience.
6. Provide the preceptor with preferred communication methods and ensure availability.
7. Complete preceptor, site, and student evaluations in Typhon.
8. Award the student’s final grade based on achievement of clinical competencies.

Part IV: Curriculum Delivery & Typhon

FNP Practicum 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 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 integrates 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 is integrated throughout the course. Employee and occupational health will also be addressed. **Students 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. **Students 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 the 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 the 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. **Students should see 8-10 patients per clinical day. (Minimum 234 clinical hours).**

FNP Practicum Progression Matrix (By Semester)

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	- 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> - 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: - 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> - 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: - 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> - 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)

Telehealth Regulations

The Nursing Department recognizes that telehealth is an essential and evolving modality of modern healthcare delivery. Developing the clinical skills necessary to evaluate and manage patients virtually is vital for preparing well-rounded advanced practice registered nurses. However, during the foundational training phase of graduate clinical education, direct, in-person patient interactions and physical examinations remain the primary instructional priority.

To ensure professional boundaries and educational integrity, students must adhere to the following regulations regarding virtual care:

- Physical Proximity Required:** Students are permitted to participate in care provided virtually through telehealth; however, the student **must be physically present with their preceptor in the exact same clinical space**. Remote logging or participating in telehealth visits from a separate off-site location is strictly prohibited.
- Clinical Volume Cap:** Telehealth experiences should supplement, not replace, traditional clinical training. Students must spend the majority of their clinical rotations focused on face-to-face care. Accordingly, **no more than 25% of a student's total patient volume** per week may consist of telehealth visits.
- Documentation:** All telehealth patient encounters must be accurately documented within the Typhon tracking system and flagged appropriately as a virtual visit for clinical faculty review.

Typhon Student Tracking System

Typhon is a secure, HIPAA-compliant web-based system that students use to document clinical experiences (including case and time logs), complete preceptor evaluations, and maintain an electronic portfolio.

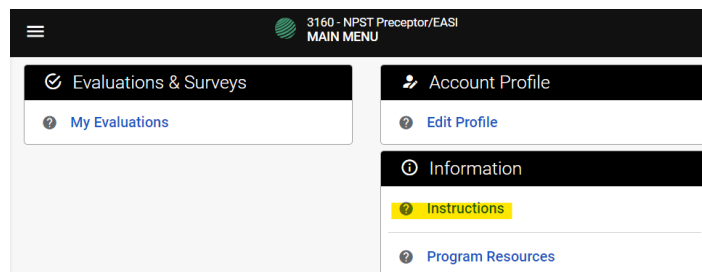
Preceptor Access & Responsibilities

As a preceptor, you'll receive a username and password to access the Typhon system. This access allows you to view and update your professional profile, which includes the option to upload a profile picture. Through the system, you will also approve student time logs and complete all student performance evaluations online. We ask that you log in to verify and approve student time logs every 7-10 days to ensure accurate, up-to-date tracking. Specific information regarding your login credentials and evaluation deadlines will be emailed to you directly from Typhon, and students will be able to view their evaluations immediately upon your completion.

Within the Typhon system, preceptors have direct access to each assigned student's digital "Passport." This centralized profile provides the preceptor with the student's contact information (personal and emergency).

Additional Training

If you would like additional guidance on navigating the Typhon system, a comprehensive library of resources and training materials is available to you at any time. You can access these tools by logging into your account and clicking on the "Instructions" link located on your homepage.



Student Access & Responsibilities

To request Typhon access for your coursework, email the Clinical Placement Coordinator at clinicalpaperwork@marianuniversity.edu. You'll then receive a registration email from Typhon at your Marian email account with a link to complete the account and make a one-time credit card payment of \$100. Please note that this fee is set by Typhon and is subject to change. Your account will remain active for the duration of your time in the nursing program and five (5) years after graduation.

You can quickly and easily enter all client encounter information on one page, including demographics, clinical information, diagnosis and procedure codes, medications, and clinical notes. A special section is available for logging observations, assistance, or completion of various competencies relevant to your

educational program. You have seven (7) days from the date of a clinic visit to submit your case logs. Your assigned clinical faculty will review and approve or reject these logs.

You'll track your practicum hours through the "My Time Logs" module using a punch-in/punch-out system. You have seven (7) days from the date of a clinic visit to submit your time logs. Your preceptors will review and approve or reject time logs. Submitting inaccurate records of your time at a practicum site will result in disciplinary action, up to and including dismissal from the program.

Time spent in class on case conference and discussion should be recorded in the "My Conference Logs" section of Typhon. This time shall not exceed 16 hours per practicum semester.

It is crucial to be honest and precise when entering information into case and time logs. Ensure you accurately enter the preceptor's name and location so they are explicitly credited for their time with you. At the end of each semester, preceptors receive a letter and certificate from Typhon stating the number of hours they worked with a student.

Typhon offers a robust library of instructional guides and videos on how to use the system. If you are new to Typhon, we recommend taking the time to review the resources available within your account.

NONPF Nurse Practitioner Core Competencies

Our Family Nurse Practitioner (FNP) program prepares graduates to deliver comprehensive care to individuals and families throughout their lifespan. The FNP role encompasses preventative healthcare and the assessment, diagnosis, and treatment of both acute and chronic illnesses. Family Nurse Practitioners are dedicated to family-centered care, understanding the significance of a family's community context in care delivery.

The subsequent pages detail the core competencies that graduating students are expected to attain for entry into practice, consistent with the guidelines set forth 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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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.

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.

National Organization of Nurse Practitioner Faculties' Nurse Practitioner Role Core Competencies 7



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
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).	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.
3.1 Manage population health.	NP 3.1 Manage population health.
3.1j Assess the efficacy of a system's capability to serve a target sub-population's healthcare needs.	NP 3.1o: Evaluate outcomes of population health using available sources of data to inform NP practice, guidelines, and policies.
3.1k Analyze primary and secondary population health data for multiple populations against relevant benchmarks.	
3.1l Use established or evolving methods to determine population-focused priorities for care.	
3.1m Develop a collaborative approach with relevant stakeholders to address population healthcare needs, including evaluation methods.	NP 3.1p: Integrate findings of population health data to impact competent care.
3.1n Collaborate with appropriate stakeholders to implement a sociocultural and linguistically responsive intervention plan.	
3.2 Engage in effective partnerships.	NP 3.2 Engage in effective partnerships.
3.2d Ascertain collaborative opportunities for individuals and organizations to improve population health.	NP 3.2i: Contribute clinical expertise and knowledge from advanced practice to interprofessional efforts to protect and improve health.
3.2e Challenge biases and barriers that impact population health outcomes.	
3.2f Evaluate the effectiveness of partnerships for achieving health equity.	
3.2g Lead partnerships to improve population health outcomes.	
3.2h Assess preparation and readiness of partners to organize during natural and manmade disasters.	
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.
3.3c Analyze cost-benefits of selected population-based interventions.	NP 3.3g: Appraise ethical, legal, and social factors to guide population health policy development.
3.3d Collaborate with partners to secure and leverage resources necessary for effective, sustainable interventions.	
3.3e Advocate for interventions that maximize cost-effective, accessible, and equitable resources for populations.	
3.3f Incorporate ethical principles in resource allocation in achieving equitable health.	

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.	
3.6j Contribute to system-level planning, decision making, and evaluation for disasters and public health emergencies.	NP 3.6m: Evaluate the impact of globalization on population health.

¹⁰ National Organization of Nurse Practitioner Faculties' Nurse Practitioner Role Core Competencies



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.	
4.2g Lead the translation of evidence into practice.	NP 4.2l: Evaluate quality improvement processes and evidence-based outcomes.
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.	
4.2 j Articulate inconsistencies between practice policies and best evidence.	NP 4.2m: Disseminate findings from quality improvement, implementation science, and research to improve healthcare delivery and patient outcome.
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 NONPF Nurse Practitioner (NP) Role Core Competencies
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.	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.
5.1 Apply quality improvement principles in care delivery.	NP 5.1 Apply quality improvement principles in care delivery.
5.1i Establish and incorporate data driven benchmarks to monitor system performance.	NP 5.1p: Systematically evaluate quality and outcomes of care using quality improvement principles.
5.1j Use national safety resources to lead team-based change initiatives.	
5.1k Integrate outcome metrics to inform change and policy recommendations.	
5.1l Collaborate in analyzing organizational process improvement initiatives.	
5.1m Lead the development of a business plan for quality improvement initiatives.	NP 5.1q: Evaluate the relationships and influence of access, populations, cost, quality, and safety on healthcare.
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.	
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.	

¹² National Organization of Nurse Practitioner Faculties' Nurse Practitioner Role Core Competencies



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.	

¹⁴ National Organization of Nurse Practitioner Faculties' Nurse Practitioner Role Core Competencies



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
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.	The nurse practitioner envisions, appraises, and utilizes informatics and healthcare technologies to deliver care.
8.1 Describe the various information and communication technology tools used in the care of patients, communities, and populations.	NP 8.1 Appraise the available information and communication technologies used in the care of patients, communities, and populations.
8.1g Identify best evidence and practices for the application of information and communication technologies to support care.	NP 8.1l: Evaluate technologies and communication platforms in the care of patients.
8.1h Evaluate the unintended consequences of information and communication technologies on care processes, communications, and information flow across care settings.	
8.1i Propose a plan to influence the selection and implementation of new information and communication technologies.	
8.1j Explore the fiscal impact of information and communication technologies on health care.	
8.1k Identify the impact of information and communication technologies on workflow processes and healthcare outcomes.	
8.2 Use information and communication technology to gather data, create information, and generate knowledge.	8.2 Use information and communication technologies to gather data, create information, and generate knowledge.
8.2f Generate information and knowledge from health information technology databases.	NP 8.2k: Analyze data to impact care delivery at the person, population, or systems' levels.
8.2g Evaluate the use of communication technology to improve consumer health information literacy.	NP 8.2l: Use technology systems to generate, analyze, and interpret data on variables for the evaluation of healthcare.
8.2h Use standardized data to evaluate decision-making and outcomes across all systems levels.	
8.2i Clarify how the collection of standardized data advances the practice, understanding, and value of nursing and supports care.	
8.2j Interpret primary and secondary data and other information to support care.	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.

¹⁶ National Organization of Nurse Practitioner Faculties' Nurse Practitioner Role Core Competencies

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.	



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.	

¹⁸ National Organization of Nurse Practitioner Faculties' Nurse Practitioner Role Core Competencies



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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