POPULATION-FOCUSED NURSE PRACTITIONER COMPETENCIES

Family/Across the Lifespan

Neonatal

Pediatric Acute Care

Pediatric Primary Care

Psychiatric-Mental Health

Women’s Health/Gender-Related

2013
Population-Focused Competencies Task Force

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POPULATION-FOCUSED NURSE PRACTITIONER COMPETENCIES:
Family/Across the Lifespan, Neonatal, Acute Care Pediatric, Primary Care Pediatric, Psychiatric-Mental Health, & Women’s Health/Gender-Related

Introduction

Since the release of the 2008 APRN Consensus Model: Licensure, Accreditation, Certification, and Education, the nurse practitioner (NP) community has been undertaking efforts to ensure congruence with the model. Within education, NP programs have focused on changes to align educational tracks with the NP populations delineated in the model. National organizations have supported these efforts through collaborative work on the NP competencies that guide curriculum development. The first initiatives focused on the development of adult-gerontology competencies (2010 and 2012). In 2011, a multi-organizational task force embarked on the challenge to identify current competencies for the remaining NP population foci. This document presents the entry into practice competencies for the Family/Across the Lifespan, Neonatal, Pediatric Acute Care, Pediatric Primary Care, Psychiatric-Mental Health, and Women’s Health/Gender-Related nurse practitioners. These competencies explicate the unique characteristics and role of each population foci and are designed to augment the NP core competencies.

Background

The National Organization of Nurse Practitioner Faculties (NONPF) released the first set of core competencies for all nurse practitioners in 1990 and subsequently has revised them in 1995, 2000, 2002, 2006, 2011, and 2012. Recognizing the need to give NP programs further guidance in an area of focus, NONPF, in collaboration with the American Association of Colleges of Nursing (AACN), facilitated the development of the first sets of population-specific competencies. In 2002, a national panel completed the work to identify competencies in the NP primary care areas of Adult, Family, Gerontological, Pediatric, and Women's Health. In 2003, work groups released the Acute Care Nurse Practitioner Competencies and the Psychiatric-Mental Health Nurse Practitioner Competencies. The development of these population-focused competencies involved a national, consensus process that remains in place today and was used with the 2012 population-focused competencies.

The APRN Consensus Model made a few changes to the population foci for NP educational tracks. Notably, the adult and gerontology foci were merged, and both the adult-gerontology and pediatric foci are distinguished as
being primary care or acute care. In addition, the Consensus Model stipulates that the Psychiatric-Mental Health focus crosses the lifespan. Competencies specific to these newly defined population foci did not exist. In 2011 with funding from The John A. Hartford Foundation, AACN, in collaboration with NONPF, delineated the adult-gerontology competencies in primary care and acute care. Recognizing the need for competencies that align with each population foci in the Model, NONPF convened a national task force in 2011 to review previous work and delineate updated entry-level competencies for the remaining population foci.

The task force includes representatives of various organizations from nursing education and certification. The task force formed sub-groups to identify the competencies for each population focus and also convened periodically as a whole for discussion. The sub groups included representatives from the stakeholder organizations that corresponded with the focus area. The task force invited review of the competencies in an external validation process, and the final competencies reflect the feedback obtained in this step.

The APRN Core

The APRN Consensus Model stipulates that an APRN education program must include at a minimum three separate comprehensive graduate-level courses known as the APRN core. The APRN core consists of: advanced physiology/pathophysiology, including 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. In addition to the broad-based content described above, the work groups chose to suggest content within the population-focused competencies related to the three core courses as it pertained to the specific population. This was done to illustrate the differences in application of the broad-based core courses as it related to therapeutic management of the various populations.

The Relationship of the NP Core and Population-Focused Competencies

Each entry-level NP is expected to meet both the NP core competencies and the population-focused competencies in the area of educational preparation. Accordingly, NP educational programs use both NP core competencies and population-focused competencies to guide curriculum development.

At the time the task force began its work, NONPF had just released a new set of core competencies for NPs. This new set represented NONPF’s endorsement of the transition of NP education to the doctoral level and an integration of previous Master’s-level core competencies with the practice doctorate NP competencies released
by NONPF in 2006. The NONPF Board had charged a task force to integrate the two documents with the goal of having one set of NP core competencies to guide educational programs preparing NPs to implement the full scope of practice as a licensed independent practitioner.

The new core competencies moved away from the previous 7 domains as a framework and instead used nine core competency areas that delineate the essential behaviors of all NPs. These are demonstrated upon graduation regardless of the population focus of the program. The competencies 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 new, nine competency areas also provide the framework for the population-focused competencies.

Other Resource Material for NP Programs

During the development of the population-focused competencies, the task force recognized that other national documents are critical to NP curriculum development. The task force felt it very important to delineate the following as critical resources for refinement of specific skill sets necessary to provide evidence-based, patient-centered care across all settings:

- *Core Competencies for Interprofessional Collaborative Practice* (2011)
- *Quality and Safety Education for Nurses (QSEN) Graduate Competency KSAs* (2012)
- *Essential Genetic and Genomic Competencies for Nurses with Graduate Degrees* (2012)
- *The Essentials of Master’s Education in Nursing* (AACN, 2011)
- *The Essentials of Doctoral Education for Advanced Practice Nursing* (AACN, 2006)
- *Oral Health Core Clinical Competencies for non-Dental Providers* (to be released 2013)

How to Use This Document

The following pages include five sets of population-focused competencies. Each set is presented in a table format to emphasize the relationship of the population-focused competencies with the NP core competencies. The expectation is that an educational program will prepare the student to meet both sets of competencies.

In the development of the competencies, the task force had extensive discussions of competencies vs. content. The task force concluded that it would be beneficial to programs if some content could be included as exemplars.
of how to support curriculum development for addressing a competency. The final column in each table presents the competency work group’s ideas of relevant content. **This list is not intended to be required content, nor is the content list comprehensive for all that a program would cover with the core competencies. The content column reflects only suggestions for content from the specific perspective of this population focus. Content specific to the core might be highlighted here only because of particular relevance to the population focus.**

A Glossary of Terms appears after the competencies. Any population-specific terms have been added to this glossary. The task force hopes that this glossary will facilitate common understanding of key terms.

Each set of competencies includes a brief preamble to describe the population focus. The preamble is intentionally brief and not intended to be a full description of the NP. Definitions of the NP are found in the *APRN Consensus Model* (2008).

**Future Work**

To supplement the tables presented herein and give further guidance to NP educational programs, an addendum will soon be available to show the content supporting the core competencies that crosses all the population foci.

NONPF will maintain a commitment to reconvene organizational representatives for periodic re-evaluation and updating of the population-focused competencies.