

Nurse Practitioner Self-Appraisal Guide

This nurse practitioner self-appraisal guide is based upon the domains and core competences for nurse practitioner practice established by the National Organization of Nurse Practitioner Faculties in partnership with the American Association of Colleges of Nursing. The core competencies are essential behaviors of all nurse practitioners regardless of specialty. The domains and competencies constitute a conceptual framework for nurse practitioner practice and the foundation for specialty competencies.

The behaviors that are listed below are ways of meeting the domains and sub-domains. It is recognized that emphasis on each of these behaviors will vary depending upon practice site.

(Note: In these competencies, patient is defined as the individual, family, group, and/or community.)

Domain 1: Management of Patient Health/Illness Status

Health Promotion/Health Protection and Disease Prevention

- A) Differentiates between normal, variations of normal, and abnormal findings.
- B) Provides health promotion and disease prevention services to patients who are healthy or have acute and chronic conditions, based on age, developmental stage, family history, and ethnicity.
- C) Provides anticipatory guidance and counseling to promote health, reduce risk factors, and prevent disease and disability, based on age, developmental stage, family history, and ethnicity.
- D) Develops or uses a follow-up system within the practice to ensure that patients receive appropriate services.
- E) Recognizes environmental health problems affecting patients and provides health protection interventions that promote healthy environments for individuals, families, and communities.

Management of Patient Illness

- A) Analyzes and interprets history, including presenting symptoms, physical findings, and diagnostic information to develop appropriate differential diagnoses.
- B) Diagnoses and manages acute and chronic conditions while attending to the patient's response to the illness experience.
- C) Prioritizes health problems and intervenes appropriately including initiation of effective emergency care.
- D) Employs appropriate diagnostic and therapeutic interventions and regimens with attention to safety, cost, invasiveness, simplicity, acceptability, adherence, and efficacy.

- E) Formulates an action plan based on scientific rationale, evidence-based standards of care, and practice guidelines.
- F) Provides guidance and counseling regarding management of the health/illness condition.
- G) Initiates appropriate and timely consultation and/or referral when the problem exceeds the nurse practitioner's scope of practice and/or expertise.
- H) Assesses and intervenes to assist the patient in complex, urgent, or emergency situations
 - a. Assesses rapidly the patient's unstable and complex health care problems through synthesis and prioritization of historical and immediately derived data.
 - b. Diagnoses unstable and complex health care problems utilizing collaboration and consultation with the multidisciplinary health care team as indicated by setting, specialty, and individual knowledge and experience, such as patient and family risk for violence, abuse, and addictive behaviors.
 - c. Plans and implements diagnostic strategies and therapeutic interventions to help patients with unstable and complex health care problems regain stability and restore health in collaboration with the patient and multidisciplinary health care team.
 - d. Rapidly and continuously evaluates the patient's changing condition and response to therapeutic interventions, and modifies the plan of care for optimal patient outcomes.

Appropriate to Both Subdomains

- A) Demonstrates critical thinking and diagnostic reasoning skills in clinical decision making.
- B) Obtains a comprehensive and problem-focused health history from the patient.
- C) Performs a comprehensive and problem-focused physical examination.
- D) Analyzes the data collected to determine health status.
- E) Formulates a problem list.
- F) Assesses, diagnoses, monitors, coordinates, and manages the health/illness status of patients over time and supports the patient through the dying process.
- G) Demonstrates knowledge of the pathophysiology of acute and chronic diseases or conditions commonly seen in practice.
- H) Communicates the patient's health status using appropriate terminology, format, and technology.
- I) Applies principles of epidemiology and demography in clinical practice by recognizing populations at risk, patterns of disease, and effectiveness of prevention and intervention.

- J) Uses community/public health assessment information in evaluating patient needs, initiating referrals, coordinating care, and program planning.
- K) Applies theories to guide practice.
- L) Applies/conducts research studies pertinent to area of practice.
- M) Prescribes medications based on efficacy, safety, and cost as legally authorized and counsels concerning drug regimens, drug side effects, and interactions with food supplements and other drugs.
- N) Integrates knowledge of pharmacokinetic processes of absorption, distribution, metabolism, and excretion, and factors that alter pharmacokinetics in drug dosage and route selection.
- O) Selects/prescribes correct dosages, routes, and frequencies of medications based on relevant individual patient characteristics, e.g., illness, age, culture, gender, and illness.
- P) Detects and minimizes adverse drug reactions with knowledge of pharmacokinetics and dynamics with special attention to vulnerable populations such as infants, children, pregnant and lactating women, and older adults.
- Q) Evaluates and counsels the patient on the use of complementary/alternative therapies for safety and potential interactions.
- R) Integrates appropriate nonpharmacologic treatment modalities into a plan of management.
- S) Orders, may perform, and interprets common screening and diagnostic tests.
- T) Evaluates results of interventions using accepted outcome criteria, revises the plan accordingly, and consults/refers when needed.
- U) Collaborates with other health professionals and agencies as appropriate.
- V) Schedules follow-up visits to appropriately monitor patients and evaluate health/illness care.

Domain 2: The Nurse Practitioner-Patient Relationship

Provider-Patient Relationship

- A) Creates a climate of mutual trust and establishes partnerships with patients.
- B) Validates and verifies findings with patients.
- C) Creates a relationship with patients that acknowledges their strengths and assists patients in addressing their needs.
- D) Communicates a sense of “being present” with the patient and provides comfort and emotional support.

- E) Evaluates the impact of life transitions on the health/illness status of patients and the impact of health and illness on patients (individuals, families, and communities).
- F) Applies principles of self-efficacy/empowerment in promoting behavior change.
- G) Preserves the patient's control over decision making, assesses the patient's commitment to the jointly determined, mutually acceptable plan of care, and fosters patient's personal responsibility for health.
- H) Maintains confidentiality while communicating data, plans, and results in a manner that preserves the dignity and privacy of the patient and provides a legal record of care.
- I) Monitors and reflects on own emotional response to interaction with patients and uses this knowledge to further therapeutic interaction.
- J) Considers the patient's needs when termination of the nurse practitioner-patient relationship is necessary and provides for a safe transition to another care provider.
- K) Evaluates patient's and/or caregiver's support systems.
- L) Assists the patient and/or caregiver to access the resources necessary for care.

Domain 3: The Teaching-Coaching Function

Timing

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

Eliciting

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

Assisting

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

Providing

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

Negotiating

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

Coaching

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

Domain 4: Professional Role

Develops and Implements Role

- A) Uses scientific theories and research to implement the nurse practitioner role.
- B) Functions in a variety of role dimensions: health care provider, coordinator, consultant, educator, coach, advocate, administrator, researcher, and leader.
- C) Interprets and markets the nurse practitioner role to the public, legislators, policy-makers, and other health care professions.
- D) Advocates for the role of the advanced practice nurse in the health care system.

Directs Care

- A) Prioritizes, coordinates, and meets multiple needs and requests of culturally diverse patients.
- B) Uses sound judgment in assessing conflicting priorities and needs.
- C) Builds and maintains a therapeutic team to provide optimum therapy.
- D) Obtains specialist and referral care for patients while remaining the primary care provider.
- E) Advocates for the patient to ensure health needs are met.
- F) Consults with other health care providers and private/public agencies.
- G) Incorporates current technology appropriately in care delivery.
- H) Uses information systems to support decision-making and to improve care.

Provides Leadership

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

Domain 5: Managing and Negotiating Health Care Delivery Systems

Managing

- A) Demonstrates knowledge about the role of the nurse practitioner in case management.
- B) Provides care for individuals, families, and communities within integrated health care services.
- C) Considers access, cost, efficacy, and quality when making care decisions
- D) Maintains current knowledge of the organization and financing of the health care system as it affects delivery of care.

- E) Participates in organizational decision making, interprets variations in outcomes, and uses data from information systems to improve practice.
- F) Manages organizational functions and resources within the scope of responsibilities as defined in a position description.
- G) Uses business and management strategies for the provision of quality care and efficient use of resources.
- H) Demonstrates knowledge of business principles that affect long-term financial viability of a practice, the efficient use of resources, and quality of care.
- I) Demonstrates knowledge of relevant legal regulations for nurse practitioner practice including reimbursement of services.

Negotiating

- A) Collaboratively assesses, plans, implements, and evaluates primary care with other health care professionals using approaches that recognize each one's expertise to meet the comprehensive needs of patients.
- B) Participates as a key member of an interdisciplinary team through the development of collaborative and innovative practices.
- C) Participates in the planning, development, and implementation of public and community health programs.
- D) Participates in legislative and policy-making activities that influence health services/practice.
- E) Advocates for policies that reduce environmental health risks.
- F) Advocates for policies that are culturally sensitive.
- G) Advocates for increasing access to health care for all.

Domain 6: Monitoring and Ensuring the Quality of Health Care Practice

Ensuring Quality

- A) Interprets own professional strengths, role, and scope of ability to peers, patients, and colleagues.
- B) Incorporates professional/legal standards into practice
- C) Acts ethically to meet the needs of patients.
- D) Assumes accountability for practice and strives to attain the highest standards of practice.

- E) Engages in self-evaluation concerning practice and uses evaluative information, including peer review, to improve care and practice.
- F) Collaborates and/or consults with members of the health care team about variations in health outcomes.
- G) Uses an evidence-based approach to patient management that critically evaluates and applies research findings pertinent to patient care management and outcomes.
- H) Evaluates the patient's response to the health care provided and the effectiveness of the care.
- I) Uses the outcomes of care to revise care delivery strategies and improve the quality of care.
- J) Accepts personal responsibility for professional development and the maintenance of professional competence and credentials.
- K) Considers ethical implications of scientific advances and practices accordingly.

Monitoring Quality

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

Domain 7: Cultural Competence

- A) Shows respect for the inherent dignity of every human being, whatever their age, gender, religion, socioeconomic class, sexual orientation, and ethnicity.
- B) Accepts the rights of individuals to choose their care provider, participate in care, and refuse care.
- C) Acknowledges personal biases and prevents these from interfering with the delivery of quality care to persons of differing beliefs and lifestyles.
- D) Recognizes cultural issues and interacts with patients from other cultures in culturally sensitive ways.
- E) Incorporates cultural preferences, health beliefs and behaviors, and traditional practices into the management plan.
- F) Develops patient-appropriate educational materials that address the language and cultural beliefs of the patient.

- G) Accesses culturally appropriate resources to deliver care to patients from other cultures
- H) Assists patients to access quality care within a dominant culture.
- I) Develops and applies a process for assessing differing beliefs and preferences and takes this diversity into account when planning and delivering care

Spiritual Competencies

- A) Respects the inherent worth and dignity of each person and the right to express spiritual beliefs as part of his/her humanity.
- B) Assists patients and families to meet their spiritual needs in the context of health and illness experiences, including referral for pastoral services.
- C) Assesses the influence of patient's spirituality on his/her health care behaviors and practices.
- D) Incorporates patient's spiritual beliefs in the plan of care appropriately.
- E) Provides appropriate information and opportunity for patients and families to discuss their wishes for end of life decision-making and care.
- F) Respects wishes of patients and families regarding expression of spiritual beliefs.