

Competencies of a Clinical Nursing Doctorate



Columbia University School of Nursing

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DEVELOPMENT OF COMPETENCIES OF A CLINICAL NURSING DOCTORATE

Columbia University School of Nursing has convened nine international and national invitation- al meetings of deans, health policy experts, and nursing leaders, the Council for the Advancement of Comprehensive Care, to discuss improving and assuring the quality of com- prehensive care. At the initial meetings, primary care was discussed according to the Institute of Medicine's (IOM) definition (1996), which states that "primary care is the provision of integrat- ed, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community (p.1)." This comprehensive primary care expertise emphasizes prevention, risk assessment, cultural competence and coordination of services for a diverse population of patients. With advances in science and technology, includ- ing genomics, there are more preventive, diagnostic and treatment options for patients. In addi- tion, the site in which care is delivered is shifting away from the hospital and more care is pro- vided in alternative settings. The IOM recognized the need to restructure health care profession- als' education and training to supply a work force sufficient to meet the comprehensive health care needs of "all Americans regardless of economic status, geographic location, or language and cultural differences (p.1)." It was in this context that participants at Columbia Nursing's invitational meetings conceptualized the clinical doctorate. As a clinician equipped with the necessary skills, education and competencies identified by the IOM's definition of primary care, a doctor of clinical nursing would be prepared to provide comprehensive care to maintain and improve the health status of patients over time and across sites.

The foundation of the Columbia Nursing clinical doctorate is built on empirical evidence of outcome studies that utilize the medical model to demonstrate parity between care provided by physicians and nurse practitioners (Brown & Grimes, 1995; Carroll & Fay, 1997; Jones & Clark, 1997; Kleinpell-Nowell & Weiner, 1999; Safriet, 1992; Spitzer et al, 1974; US Office of Technology, 1986), culminating in a randomized clinical trial which demonstrated that primary care physicians and nurse practitioners provide the same quality of care, achieve the same patient satisfaction, and utilize resources at the same cost (Mundinger, et al, 2000). The scope of practice of Columbia Nursing faculty nurse practitioners in this study was examined to delin- eate the expanded role and skills required for nurse practitioners providing full scope compre- hensive primary care. Examination of the skill sets of these nurse practitioners validated that their expanded scope of knowledge and practice competencies were consistent with IOM guide- lines. This knowledge enabled them to provide diagnostically complex care, utilize sophisticat- ed informatics and decision-making technology, and assimilate in-depth knowledge of biophysic- al, psychosocial and behavioral sciences. Based on this role delineation, the core content, edu- cational outcomes, knowledge base, skill sets, and activities and functions of a doctor of clinical nursing, became evident. Utilizing the Columbia Nursing faculty nurse practitioner model, the curriculum and graduate competencies for the clinical doctorate were developed.

In the first phase of competency development, Columbia Nursing faculty reviewed established competencies including the Domains and Core Competencies of Nurse Practitioner Practice

(NONPF, 2000), Graduate Education in Internal Medicine (1997) and the primary care competencies outlined in Primary Care: America's Health in a New Era (Barker, 1990; Noble et al, 1994; Rivo et al, 1994) to determine consistency and the need for incorporation into the doctoral level competencies. The structure and format of the NONPF Competencies (2000) were utilized as a foundation and individual competencies were expanded or enhanced and new domains were developed to reflect clinical practice at the doctoral level. Specific competencies, developed by physician boards that reflected this level of practice were integrated into the competencies of a doctor of clinical nursing. The first draft of the clinical doctorate competencies was approved by Columbia Nursing faculty.

In the second phase, a national sub-committee of the Council was established to review the doctoral level competencies. Deans of schools of nursing who were members of the council, nominated one of their faculty members to serve on a sub-committee which was charged with the task of discussing and revising competencies for graduates of a clinical doctorate. The seven members of the sub-committee included experienced and practicing advanced practice nurses with research doctorates and program directors. As a result of the review process, the sub-committee revised the competencies. Despite multiple specialty perspectives, this sub-committee of experts agreed that these core competencies for the doctoral level of advanced nursing transcend differences and explicate the commonalities across population/specialties.

In the third phase, the sub-committee report on competencies of clinical nursing doctorates was presented at a national meeting of the Council. The competencies were examined and critiqued. This resulted in publication of Competencies of a Doctor of Clinical Nursing (2003).

The 2003 competencies provided the foundation for educational and content standards for the clinical doctorate at Columbia Nursing. The School of Nursing graduated its first class in 2005. As part of the outcome evaluation, the competencies were reexamined and it was determined that further refinement was warranted.

In the fourth phase, a new council sub-committee was charged with reexamining the 2003 competencies, as well as examining examples of competencies from health care professions including the Outcome Project of the Accreditation Council Graduate Medical Education (1999), Portfolio of Evidence of Professional Standards for the Revalidation of General Practitioners of the Royal College of General Practitioners (2004), the Draft of AACN Essentials (2005), and the Canadian Nurses Association Position Statement on Advanced Practice Nursing (2002)). This 2006 edition reflects this sub-committee's work.

Core competencies and educational standards have been, and will continue to be, reviewed and revised accordingly. The dynamic state of health care technology and scientific discovery require constant surveillance of the relevance of the standards, adequacy of the outcome competencies, and suitability of the certification.

These competencies provide a blueprint for educational content, graduate certification, and national accreditation of a clinical nursing doctorate. The establishment of this doctoral level of education, with well defined and distinctive competencies, and standardization among clinical

doctoral programs, will contribute to the quality of, and access to, comprehensive care in the 21st century.

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COMPETENCIES FOR A CLINICAL DOCTORATE IN NURSING

Nursing clinical doctorate competencies are built upon and expand the competencies of the master's prepared nurse practitioner. In this document, doctor of clinical nursing competencies have been added to the NONPF competencies for master's prepared nurse practitioners (2000) to illustrate the expanded role of a doctor of clinical nursing. The NONPF competencies are written in plain text. **Competencies for a clinical doctorate in nursing are in bold text.**

Throughout these competencies, the patient is defined as an individual in the context of family, community, work settings and residential environments. A doctor of clinical nursing demonstrates competency and decision-making in the provision coordination, direction and supervision of comprehensive care to patients including those who present in healthy states and those who present with complex, chronic and/or comorbid conditions. A doctor of clinical nursing provides highly sophisticated, comprehensive care to patients across sites and over time.

DOMAIN 1. Patient Health/Illness Status

A doctor of clinical nursing has already demonstrated competence in the Patient Health/Illness Status as defined by NONPF Competencies for Nurse Practitioner Practice (2000) and as evidenced by national certification. A doctor of clinical nursing will demonstrate doctoral competencies in the domain of Patient Health/Illness Status when s/he performs the following behaviors.

A. Health Promotion/Health Protection and Disease Prevention

1. Differentiates between normal, variations of normal and abnormal findings.
2. 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.
3. 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.
- 2, 3. Provides health promotion, anticipatory guidance, counseling, and disease prevention services to healthy or sick patients in any site based on age, developmental stage, family history, ethnicity, and individual risk, including genetic profile.**
4. Develops or uses a follow-up system within the practice to ensure that patients receive appropriate services.
- 4. Formally evaluates follow-up care to assure access to quality care.**
5. Recognizes environmental health problems affecting patients and provides health protection interventions that promote healthy environments for individuals, families, and communities.
- 5. Applies principles of epidemiology and environmental health and intervenes to resolve population-based or geographically-based risks to the health and potential illness of individual patients.**

B. Patient Illness

1. Analyzes and interprets history, including presenting symptoms, physical findings, and diagnostic information to develop appropriate differential diagnoses.
- 1. Engages in comprehensive development of differential diagnosis of patients with new conditions and directs and delivers care.**
2. Diagnoses and manages acute and chronic conditions while attending to the patient's response to the illness experience.
- 2a. Provides care for patients with complex illnesses and/or comorbid conditions.**
- 2b. Develops, directs, and delivers comprehensive care to patients with acute, chronic and comorbid conditions.**
3. Prioritizes health problems and intervenes appropriately including initiation of effective emergency care.
- 3. Provides care to patients with unstable conditions across all settings and over time.**
4. Employs appropriate diagnostic and therapeutic interventions and regimens with attention to safety, cost, invasiveness, simplicity, acceptability, adherence, and efficacy.
- 4. Determines and provides appropriate diagnostic and therapeutic interventions based on scientific evidence, safety, cost, invasiveness, simplicity, acceptability, adherence, and efficacy.**
5. Formulates an action plan based on scientific rationale, evidence-based standards of care, and practice guidelines.
- 5. Utilizes and applies relevant scientific evidence, standards of care, ethical and legal principles, and clinical judgment to support diagnostic and therapeutic interventions.**
6. Provides guidance and counseling regarding management of the health/illness condition.
7. Initiates appropriate and timely consultation and/or referral when the problem exceeds the nurse practitioner's scope of practice and/or expertise.
- 7. Initiates, collaborates, and responds to consultants and/or referral specialists.**
8. Assesses and intervenes to assist the patient in complex, urgent, or emergency situations.
- 8. Determines the need for inpatient admission or emergency evaluation and actively manages, co-manages and coordinates the care of patients in the emergency, acute and subacute setting.**
 - a. Assesses rapidly the patient's unstable and complex health care problems through synthesis and prioritization of historical and immediately derived data.
 - a. Diagnoses unstable, undifferentiated or complex health problems.**
 - 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.
 - b. Diagnoses impaired functional status and disability.**
 - 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 interdisciplinary team.
 - c. Develops and implements diagnostic strategies and therapeutic interventions across settings to help patients with unstable and complex health care problems regain stability and restore health.**

- 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&B)

1. Demonstrates critical thinking and diagnostic reasoning skills in clinical decision-making.
2. Obtains a comprehensive and problem-focused health history from the patient.
3. Performs a comprehensive and problem-focused physical examination.
4. Analyzes the data collected to determine health status.
- 1-4. Formulates diagnostic strategies to deal with ambiguous or incomplete data in developing differential diagnosis for patients who present in healthy states and those with complex illnesses, comorbid conditions, and potential multiple diagnoses.**
- 1-4. Performs assessment and carries out interventions that incorporate culturally competent care.**
5. Formulates a problem list.
6. Assesses, diagnoses, monitors, coordinates, and manages the health/illness status of patients over time and supports the patient through the dying process.
7. Demonstrates knowledge of the pathophysiology of acute and chronic diseases or conditions commonly seen in practice.
- 7. Integrates and assures that current knowledge of pathophysiology is incorporated into care of acute, chronic and comorbid conditions.**
8. Communicates the patient's health status using appropriate terminology, format, and technology.
9. Applies principles of epidemiology and demography in clinical practice by recognizing populations at risk, patterns of disease, and effectiveness of prevention and intervention.
10. Uses community/public health assessment information in evaluating patient needs, initiating referrals, coordinating care, and program planning.
11. Applies theories to guide practice.
12. Applies/conducts research studies pertinent to area of practice.
13. 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.
14. Integrates knowledge of pharmacokinetic processes of absorption, distribution, metabolism, and excretion, and factors that alter pharmacokinetics in drug dosage and route selection.
15. Selects/prescribes correct dosages, routes, and frequencies of medications based on relevant individual patient characteristics, e.g., illness, age, culture, and gender.
16. 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.
17. Evaluates and counsels the patient on the use of complementary/alternative therapies for safety and potential interactions.
18. Integrates appropriate nonpharmacologic treatment modalities into a plan of management.

19. Orders, may perform, and interprets common screening and diagnostic tests.
- 19. Orders, may perform, and interprets relevant, complex, diagnostic tests across care settings.**
- 19a. Demonstrates ability to perform procedures frequently required across care settings.**
20. Evaluates results of interventions using accepted outcome criteria, revises the plan accordingly, and consults/refers when needed.
21. Collaborates with other health professionals and agencies as appropriate.
- 21. Consults and collaborates with, and accepts referrals from, other health professionals and agencies as appropriate.**
22. Schedules follow-up visits to appropriately monitor patients and evaluate health/illness care.
- 22. Identifies gaps in access/reimbursement that compromise patient's optimal care and takes action to ameliorate negative impact and/or reduce barriers to access.**
- 23. Integrates knowledge of ethical and legal principles to support the diagnostic and management decisions of care.**
- 24. Identifies population groups most at risk for adverse health outcomes due to historic, environmental, and current social and public policies and formulates a risk reduction plan.**
- 25. Organizes, arranges, and monitors effective provision of health care services when patients are at risk or have chronic illnesses and/or comorbid conditions.**
- 26. Assumes responsibility for maintaining continuity of care across settings and over time and assists in seamless flow of patient data when the focus of care shifts between office, hospital, home, chronic care facility, or community settings.**
- 27. Maintains accurate records and communicates effectively with members of the health care team across sites and over time.**

C. Environmental and Occupational Health

- 1. Uses principles of epidemiology, toxicology, and biostatistics to determine when an illness is caused by health hazards in the work environment.**
- 2. Applies principles of epidemiology to determine the risk of an identified problem to the community.**
- 3. Assesses impairment and disability.**
- 4. Applies appropriate regulatory and legal standards to care across settings.**

D. End of Life

- 1. Introduces and guides the process of advance care planning through discussion with patient, family, significant others and members of the health care team.**
- 2. Assists patients in establishing individual goals for end of life care by facilitating their understanding of their diagnoses and prognosis, clarifying priorities, promoting informed choices and providing an opportunity for the patient, family and significant others to participate in the plan of care.**
- 3. Incorporates the complexity of ethical, legal and financial issues when managing end of life care to reduce negative impact.**

4. **Prescribes appropriate palliative care and maintains professional communication with patient and family.**
5. **Initiates appropriate administrative and legal arrangements when a patient dies.**

DOMAIN 2. The Nurse Practitioner-Patient Relationship

A doctor of clinical nursing has already demonstrated competence in the Nurse-Patient Relationship as defined by NONPF Competencies for Nurse Practitioner Practice (2000) and as evidenced by national certification. In addition, a doctor of clinical nursing demonstrates competence in the Nurse-Patient Relationship for patients with chronic and comorbid conditions in all health settings when s/he:

1. Creates a climate of mutual trust and establishes partnerships with patients.
2. Validates and verifies findings with patients.
3. Creates a relationship with patients that acknowledges their strengths and assists patients in addressing their needs.
4. Communicates a sense of “being present” with the patient and provides comfort and emotional support.
5. 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).
6. Applies principles of self-efficacy/empowerment in promoting behavior change.
7. Preserves the patient’s control over decision making, assesses the patient’s commitment to the jointly determined, mutually acceptable plan of care, and fosters the patient’s personal responsibility for health.
- 7a. **In partnership with patients and their families, assesses patient decision-making capacity and competence.**
- 7b. **Incorporates shared decision-making to preserve patient/proxy control in decision-making and the patient/proxy’s responsibility for health.**
8. 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.
9. Monitors and reflects on own emotional response to interaction with patients and uses this knowledge to further therapeutic interaction.
10. 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.
11. Evaluates patient’s and/or caregiver’s support systems.
12. Assists the patient and/or caregiver to access the resources necessary for care.
13. **Preserves the patient’s appropriate control over decision making, assesses the patient’s commitment to the jointly determined, mutually acceptable plan of care or the discontinuation of interventions, and fosters the patient’s personal responsibility for health.**
14. **Establishes treatment goals and strategies for achieving and/or modifying these goals.**

DOMAIN 3. The Teaching-Coaching Function

A doctor of clinical nursing has already demonstrated competence in the Nurse-Patient Relationship as defined by NONPF Competencies for Nurse Practitioner Practice (2000) and as evidenced by national certification. In addition, a doctor of clinical nursing demonstrates competence in the domain of Teaching and Counseling for patients with chronic and comorbid conditions in all health settings when s/he demonstrates the nurse practitioner behaviors as well as doctor of clinical nursing behaviors.

Timing

1. 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.
2. Assesses patient's motivation for learning and maintenance of health related activities using principles of change and stages of behavior change.
3. Creates an environment in which effective learning can take place.
4. **Utilizes principles of health promotion, knowledge of health maintenance, individualized risk, and management of complex and comorbid conditions to develop and implement tailored teaching programs.**

Eliciting

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

Assisting

1. 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.
2. 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.
3. Assists patients to use community resources when needed.
3. **Assists patients to utilize environmentally-appropriate community and electronic resources to facilitate health outcomes.**
4. Educates patients about self-management of acute/chronic illness with sensitivity to the patient's learning ability and cultural/ethnic background.

Providing

1. Communicates health advice, instruction and counseling appropriately using evidence-based rationale.
2. **Uses multiple methodologies of health education, including, but not limited to, selected interactive web-based resources.**

Negotiating

1. Negotiates a mutually acceptable plan of care based on continual assessment of the patient's readiness and motivation, resetting of goals, and optimal outcomes.
2. 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.
2. **Evaluates health and illness-related outcomes to determine the effectiveness of behavioral change teaching strategies.**

Coaching

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

DOMAIN 4. Professional Role

A doctor of clinical nursing has already demonstrated competence in the domain of the Professional Role as defined by NONPF Competencies for Nurse Practitioner Practice (2000) and as evidenced by national certification. In addition, a doctor of clinical nursing demonstrates competence in the Professional role when s/he:

Develops and Implements Role

1. Uses scientific theories and research to implement the nurse practitioner role.
2. Functions in a variety of role dimensions: health care provider, coordinator, consultant, educator, coach, advocate, administrator, researcher, and leader.
3. Interprets and markets the nurse practitioner role to the public, legislators, policy-makers, and other health care professions.
3. **Articulates and interprets a doctor of clinical nursing role in the health care community and public and policy venues.**
4. Advocates for the role of the advanced practice nurse in the health care system.

Directs Care

1. Prioritizes, coordinates, and meets multiple needs and requests of culturally diverse patients.

1. **Provides culturally competent care to meet the needs of patients with chronic and comorbid conditions at all levels of acuity in the most appropriate setting.**
2. Uses sound judgment in assessing conflicting priorities and needs.
3. Builds and maintains a therapeutic team to provide optimum therapy.
3. **Assumes primary responsibility for building and maintaining a therapeutic team to provide optimum therapy.**
4. Obtains specialist and referral care for patients while remaining the primary care provider.
4. **Establishes and manages a collaborative network of specialists while maintaining primary responsibility for patient care referrals.**
5. Advocates for the patient to ensure health needs are met.
6. Consults with other health care providers and private/public agencies.
7. Incorporates current technology appropriately in care delivery.
8. Uses information systems to support decision-making and to improve care.
9. **Utilizes the principles of ethical decision-making to identify and analyze dilemmas that arise in patient care, research, and practice management and takes steps to resolve the issue.**

Provides Leadership

1. Recognizes the importance of participating in professional organizations.
2. Evaluates implications of contemporary health policy on health care providers and consumers.
3. Participates in legislative and policy-making activities that influence advanced nursing practice and the health of communities.
4. Advocates for access to quality, cost-effective health care.
5. Evaluates the relationship between community public health issues and social problems (poverty, literacy, violence, etc.) as they impact the health care of patients.
- 1-5. **Demonstrates clinical scholarship by disseminating knowledge through presentations and peer-reviewed publications.**
- 1-5. **Mentors and supports professional colleagues and students to achieve optimal health care outcomes.**

DOMAIN 5. Managing and Negotiating Health Care Delivery Systems

A doctor of clinical nursing has already demonstrated competence in Managing and Negotiating Health Care Delivery Systems as defined by NONPF Competencies for Nurse Practitioner Practice (2000) and as evidenced by national certification. In addition, a doctor of clinical nursing demonstrates competence in Managing and Negotiating Health Care Delivery Systems for patients in healthy states and those with chronic and comorbid conditions in acute, home, and community settings when s/he demonstrates the behaviors identified:

Managing

1. Demonstrates knowledge about the role of the nurse practitioner in case management.
1. **Demonstrates knowledge about the role of a doctor of clinical nursing in case management.**
2. Provides care for individuals, families, and communities within integrated health care services.
3. Considers access, cost, efficacy, and quality when making care decisions.
3. **Integrates issues of access, cost, efficacy, and quality when making care decisions.**
4. Maintains current knowledge of the organization and financing of the health care system as it affects delivery of care.
4. **Applies current knowledge of the organization and financing of the health care system to positively affect the outcome of care.**
5. Participates in organizational decision making, interprets variations in outcomes, and uses data from information systems to improve practice.
6. Manages organizational functions and resources within the scope of responsibilities as defined in a position description.
7. Uses business and management strategies for the provision of quality care and efficient use of resources.
8. Demonstrates knowledge of business principles that affect long-term financial viability of a practice, the efficient use of resources, and quality of care.
9. Demonstrates knowledge of relevant legal regulations for nurse practitioner practice including reimbursement of services.

Negotiating

1. 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.
2. Participates as a key member of an interdisciplinary team through the development of collaborative and innovative practices.
2. **Leads the interdisciplinary team through the development of collaborative and innovative practices.**
3. Participates in the planning, development, and implementation of public and community health programs.
4. Participates in legislative and policy-making activities that influence health services/practice.
5. Advocates for policies that reduce environmental health risks.
6. Advocates for policies that are culturally sensitive.
7. Advocates for increasing access to health care for all.

DOMAIN 6. Monitoring and Ensuring the Quality of Health Care Practice

A doctor of clinical nursing has already demonstrated competence in Monitoring and Ensuring the Quality of Health Care Practice as defined by NONPF Competencies for Nurse Practitioner Practice (2000) and evidenced by national certification. In addition, a doctor of clinical nursing demonstrates competence in Monitoring and Ensuring the Quality of Health Care Practice for patients in healthy states and those with chronic and comorbid conditions in acute, home, and community settings when s/he demonstrates the behaviors identified:

Ensuring Quality

1. Interprets own professional strengths, role, and scope of ability to peers, patients, and colleagues.
2. Incorporates professional/legal standards into practice.
3. Acts ethically to meet the needs of patients.
4. Assumes accountability for practice and strives to attain the highest standards of practice.
5. Engages in self-evaluation concerning practice and uses evaluative information, including peer review, to improve care and practice.
6. Collaborates and/or consults with members of the health care team about variations in health outcomes.
- 6. Identifies variations in expected health outcomes and initiates a corrective action plan.**
7. Uses an evidence-based approach to patient's management that critically evaluates and applies research findings pertinent to patient care management and outcomes.
8. Evaluates the patient's response to the health care provided and the effectiveness of the care.
9. Uses the outcomes of care to revise care delivery strategies and improve the quality of care.
10. Accepts personal responsibility for professional development and the maintenance of professional competence and credentials.
11. Considers ethical implications of scientific advances and practices accordingly.
- 12. Assesses patient decision-making capacity.**
- 13. Understands the rationale and is able to guide the process of selecting an appropriate surrogate to make decisions for patients who lack capacity.**

Monitoring Quality

1. Monitors quality of own practice and participates in continuous quality improvement based on professional practice standards and relevant statutes and regulations.
2. Evaluates patient follow-up and outcomes including consultation and referral.
3. Monitors research in order to improve quality care.
- 3. Formally leads the peer review process to systematically evaluate quality of care, insures patient safety and institutes quality improvement measures to achieve best practices.**

DOMAIN 7. Cultural Competence

A doctor of clinical nursing demonstrates Cultural Competence when s/he demonstrates the nurse practitioner behaviors as well as when actively engaging in identifying and selecting appropriate interventions that are culturally sensitive.

1. Shows respect for the inherent dignity of every human being, whatever their age, gender, religion, socioeconomic class, sexual orientation, or ethnicity.
2. Accepts the rights of individuals to choose their care provider, participate in care, and refuse care.
3. Acknowledges personal biases and prevents these from interfering with the delivery of quality care to persons of differing beliefs and lifestyles.
4. Recognizes cultural issues and interacts with patients from other cultures in culturally sensitive ways.
5. Incorporates cultural preferences, health beliefs and behaviors, and traditional practices into the management plan.
6. Develops patient-appropriate educational materials that address the language and cultural beliefs of the patient.
7. Accesses culturally appropriate resources to deliver care to patients from other cultures.
8. Assists patients to access quality care within a dominant culture.
9. Develops and applies a process for assessing differing beliefs and preferences and takes this diversity into account when planning and delivering care.

A doctor of clinical nursing demonstrates Spiritual Competency when s/he demonstrates the nurse practitioner behaviors as well as when initiating discussions with patient and/or family regarding those spiritual beliefs.

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

DOMAIN 8. Utilization and Synthesis of Evidence for Optimal Outcomes

A doctor of clinical nursing will demonstrate competency in the provision of care to patients in healthy states and those with complex, chronic and /or comorbid conditions by selecting, and utilizing, synthesizing and individualizing evidence-based guidelines to meet individual patient needs and provide optimal patient outcomes when s/he:

- 1. Utilizing the philosophical foundation of nursing, integrates nursing science and basic and applied sciences to develop interventions.**
- 2. Utilizing the philosophical foundation of nursing, collaborates with researchers to develop, participate in, and evaluate studies.**
- 3. Identifies variations in practice outcomes and analyzes data from information systems to improve practice.**
- 4. Critically analyzes data for developing care regimens in cross-site, evidence-based practice.**
- 5. Critically translates evidence for practice to maximizes quality and safety.**
- 6. Generates and promulgates evidence through the analysis of clinical data.**
- 7. Utilizes and develops evidence-based practice guidelines and standards to improve quality of care and insure patient safety.**
- 8. Applies population level data to inform clinical decision making for individuals.**
- 9. Measures patient outcomes and satisfaction to improve delivery of care.**
- 10. Uses comparative data to measure variations in practice, to benchmark and to identify best practices.**

DOMAIN 9. Professional Accountability

A doctor of clinical nursing will demonstrate competency in the provision of care to patients in healthy states and those with complex, chronic and/or comorbid conditions. A doctor of clinical nursing is fully accountable for expanded scope care that is provided in acute, home and community settings. A doctor of clinical nursing demonstrates competence in the domain of Professional Accountability when s/he performs the following behaviors:

- 1. Demonstrates accountability for comprehensive care across settings over time.**
- 2. Demonstrates ability to guide and manage the care of patients in healthy states and those with complex, acute, chronic and/or comorbid conditions at the most independent level of advanced practice nursing.**
- 3. Integrates information from multiple sources and disciplines to maximize the quality of care provided.**
- 4. Uses principles of ethical and legal decision making to identify and analyze dilemmas that arise in interprofessional relationships.**
- 5. Uses the principles of ethical and legal decision-making to identify and analyze dilemmas that arise in patient care, research, and practice management.**

References

- Accreditation Council Graduate Medical Education (1999). Outcome Project. Retrieved July 2005 from <http://www.acgme.org/outcome/comp/compFull.asp>
- American Association of Colleges of Nursing (2005). Draft of AACN Essentials. Retrieved from November 2005 <http://www.aacn.nche.edu/DNP/pdf/Essentials11-05.pdf>
- American College of Physicians & American Society of Internal Medicine. (1997). *Graduate Education in Internal Medicine, A Resource Guide to Curriculum Development*, The Report of the Federated Council for Internal Medicine Task Force on the Internal Medicine Residency Curriculum.
- Barker, L.R. (1990). What and how to teach. Curriculum for ambulatory care training in medical residency: Rationale, attitudes, and generic proficiencies. *Journal of General Internal Medicine*, 5, S3-S14.
- Brown, S.A. & Grimes, D.E. (1995). A meta-analysis of nurse practitioners and nurse midwives in primary care. *Nursing Research*, 44(6), 332-339.
- Canadian Nurses Association (2002). Canadian Clinical Nurse Specialists in Action Standards. Retrieved July 2005 from http://www.cna-nurses.ca/CNA/documents/pdf/publications/PS60_Advanced_Nursing_Practice_June_2002_e.pdf.
- Carroll, T.L. & Fay, V.P. (1997). Measuring the impact of advanced practice nursing on achieving cost-quality outcomes: Issues and challenges. *Nursing Administration Quarterly*, 21(4), 32-40.
- Institute of Medicine. (1996). Primary Care: America's Health in a New Era. In M.S. Donaldson, K.D. Yordy, K.N. Lohr & N.A. Vanselow (Eds.), Washington, D.C: National Academy Press.
- Jones, M.E. & Clark, D. (1997). Increasing access to health care: A study of pediatric nurse practitioner outcomes in a school-based clinic. *Journal of Nursing Care Quality*, 11(4), 53-59.
- Kleinpell-Nowell, R. & Weiner, T.M. (1999). Measuring advanced practice nursing outcomes. *AACN Clinical Reviews*, 10 (3), 356-368.
- Mundinger, M.O., Kane, R.L., Lenz, E.R., Totten, A.M., Tsai, W.Y., Cleary, P.D., Friedewald, W.T., Siu, A.L. & Shelanski, M.L. (2000). Primary care outcomes in patients treated by nurse practitioners or physicians: A randomized trial. *Journal of the American Medical Association*, 283, 59-68.
- Noble, J., Bithoney, W., MacDonald, P., et al. (1994). The core content of a generalist curricu-

lum for general internal medicine, family practice, and pediatrics. *Journal of General Internal Medicine*, 9(4 suppl 1), S31-S42.

National Organization of Nurse Practitioner Faculties. (2000). *The Domains and Core Competencies of Nurse Practitioner Practice*. Washington, D.C: National Organization of Nurse Practitioner Faculties.

Rivo, M.L., Saultz, J..W., Wartman, S.A., et al. (1994). Defining the generalist physician's training. *Journal of the American Medical Association*, 271(19), 1499-1504.

Royal College of General Practitioners (2004). Portfolio of Evidence of Professional Standards for the Revalidation of General Practitioners. Retrieved July 2005 from http://www.rcgp.org.uk/corporate/position/good_med_prac/GMP06.pdf.

Spitzer W.O., Sackett, D.L., Sibley, J.C. et al. (1974). The Burlington randomized trial of the nurse practitioner. *New England Journal of Medicine*, 290(5), 151-156.

Safriet, B.J. (1992). Health care dollars and regulatory sense: The role of the nurse practitioner. *Yale Journal on Regulation*, 9, 417-488.

U.S. Congress, Office of Technology Assessment. (1986). *Nurse Practitioners, Physician Assistants, and Certified Nurse-Midwives: A Policy Analysis*. (Health Technology Case Study 37).

OTA-HCA-37 (Washington, D.C.: US Government Printing Office).

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