Common Advanced Practice Registered Nurse Doctoral-Level Competencies October 2017

Introduction

Discussion regarding competency-based education is not new to nursing. Nurse educators have led in the identification of behavioral competencies as a framework for assessment in educational programs. In advanced practice registered nurse (APRN) education, in particular, for more than three decades, various professional organizations have identified education competencies or expected outcomes that have provided a foundation for both curricular development and individual student assessment for each of the four APRN roles. Nationally accepted competencies exist for each of the four APRN roles. In addition, the American Association of Colleges of Nursing (AACN) *Essentials* documents delineate the expected outcomes for all master's and Doctor of Nursing Practice (DNP) graduates.

Despite this long history of commitment to competency-based education, there is still work to be done. Much of the progress to date has occurred in parallel processes with little cross-organizational dialogue, particularly across APRN roles. Additionally, there has been no widely accepted definition of what constitutes an individual competency, and many of the competencies that have been developed vary widely in terms of scope and measurability.

Much of this variation occurs because the profession has yet to adopt common definitions of competence and competency or a common framework for competency-based education. The use of a common taxonomy would allow the multiple stakeholders involved in nursing education to truly "speak the same language".

The identification of widely accepted, clearly described, observable and measurable competencies common to each of the four APRN roles holds potential benefits for a variety of stakeholders in nursing and across the health professions. First, it is imperative that both faculty and students share a common understanding of expected achievements that are foundational to APRN practice. Preceptors, who serve as valuable members of the clinical education team for APRNs, would have a clearly defined set of expectations for students across programs. As the move to interprofessional education and practice advances, the use of common language to describe expectations *across health professions* also becomes even more critical.

In response to the recommendations of the AACN APRN Clinical Training Task Force, AACN convened the APRN Competency-Based Education for Doctoral-Prepared APRNs Work Group in 2016. The group consisted of members representing each of the four APRN roles and representatives of 25 organizations involved in education, licensure, certification and accreditation of APRNs.

The purpose of the Work Group was to establish cross-organizational dialogue on the current status of competency-based education with the goal of exploring the development of a common taxonomy for competencies for the doctoral-prepared APRN.

The work of this group began by examining, and ultimately adopting, common definitions of the terms competence, competency, and competency framework, which are included in this document. Following a review of relevant literature regarding competency-based education in the health professions, the group agreed to adopt the following definition of **competency** identified by Frank, Snell, and colleagues (2010):

> *An observable ability of a health professional, integrating multiple components such as knowledge, skills, and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition*.

The group also adopted the following definition of **competence** identified by Frank, Snell, and colleagues (2010):

> *The array of abilities (knowledge, skills and attitudes) across multiple domains or aspects of performance in a certain context. Competence is multi-dimensional and dynamic. It changes with time, experience, and settings.*

Additionally, the work group explored frameworks for the identification of competencies in the health professions. The work group adopted the *Common Taxonomy for Competency Domains in the Health Professions*, originally proposed by Englander, Cameron, Ballard, Dodge, Bull, and Aschenbrener (2013), recognizing the importance of using a common interprofessional lexicon as essential to effective communication in contemporary collaborative practice environments. This framework, which builds on the work and competencies of the Interprofessional Education Collaborative (IPEC) and 10 health professions including nursing, identifies eight broad domains of competence for health professionals.

This document presents the group's work in identifying **common** competencies for doctoral-prepared APRNs. These competencies are foundational to contemporary APRN practice across each of the four APRN roles and are not intended to replicate previously identified competencies for advanced practice, but rather to demonstrate the utility of a consistent framework that fosters both intraprofessional and interprofessional communication.

The competencies are designed to be observable, realistic, and measurable. For each competency, two **progression indicators** (measures) are presented. The working group recognizes that the timing of clinical experiences may vary based on individual program requirements. In some programs, clinical and didactic experiences are integrated and begin early in the program, and in others the majority of the didactic content is provided prior to the students entering clinical (i.e., "frontloaded"). For these reasons, the program indicator definitions reflect the diversity of APRN education. The first progression indicator (Time One) describes the expected level of achievement when the student begins the first meaningful clinical experience where the student provides direct patient care management under preceptor or faculty supervision. The second progression indicator (Time Two) describes the expected level of performance at completion of the student's APRN doctoral program (graduation). The doctoral level progression indicators are designed to be understandable and observable by the learner, faculty, and professional preceptors.

It is important to recognize, however, that this work represents a *first step* in the transition to competency-based education. In accordance with the recent recommendations from the Josiah Macy Foundation (2017), further discussion regarding the status of competency-based education in each of the four APRN roles as well as the implications for transition from time- based education and clinical experiences to standardized, competency-based assessment which would require the development of reliable, valid assessment tool(s) would be a logical next step and would mirror the process currently underway in other health professions.

Organizations Participating in the Common APRN Doctoral-Level Competencies Work Group

- Accreditation Commission for Education in Nursing
- Accreditation Commission for Midwifery Education
- American Academy of Nurse Practitioners Certification Program
- American Association of Colleges of Nursing
- American Association of Critical-Care Nurses Certification Corporation
- American Association of Nurse Anesthetists
- American Association of Nurse Practitioners
- American College of Nurse-Midwives
- American Midwifery Certification Board
- American Nurses Association
- American Nurses Credentialing Center
- American Psychiatric Nurses Association
- Association of Faculties of Pediatric Nurse Practitioners
- Commission on Collegiate Nursing Education
- Council on Accreditation for Nurse Anesthesia
- Gerontological Advanced Practice Nurses Association
- International Society of Psychiatric-Mental Health Nurses
- National Association of Clinical Nurse Specialists
- National Association of Neonatal Nurses
- National Association of Pediatric Nurse Practitioners
- National Board of Certification & Recertification for Nurse Anesthetists
- National Certification Corporation
- National Council of State Boards of Nursing
- National Organization of Nurse Practitioner Faculties
- National Association of Nurse Practitioners in Women’s Health
- Pediatric Nursing Certification Board

Common APRN Doctoral-Level Competencies and Progression Indicators

Domain 1: Patient Care

Domain Descriptor: Designs, delivers, manages and evaluates comprehensive patient care. [1]

Competency	Time 1	Time 2
1) Perform a comprehensive, evidence-based assessment.	Performs a focused-assessment of a patient with only 1-2 presenting problems, using a template and under mentored guidance.	Demonstrates competent and efficient assessment of patients with multiple co-morbidities and undifferentiated condition(s).
2) Use advanced clinical judgment to diagnose.	Uses patient and clinical data to formulate common healthcare diagnosis(es) in a patient with only 1-2 presenting problems.	Demonstrates competent and efficient ability to gather and interpret patient and clinical data to make accurate diagnosis(es) in patients with multiple and complex problems.
3) Synthesize relevant data to develop a patient- centered, evidence-based plan of care.	Identifies evidence-based, patient-centered plan of care for common health problems for an individual patient.	Uses knowledge of individual and population health to formulate a comprehensive plan of care.
4) Manage care across the health continuum including prescribing, ordering, and evaluating therapeutic interventions.	Identifies and evaluates the appropriate therapeutic interventions (pharmacologic and non-pharmacologic) for the management of common problems.	Implements, coordinates, and evaluates therapeutic interventions addressing patients with multiple and complex problems.
5) Educate patients, families, and communities to empower themselves to participate in their care and enable shared decision making.	Provides education to patients, families, and/or communities regarding their health condition and potential health risks.	Through education and counseling, engages patients, families and communities in shared decision making regarding their health and healthcare decisions.

[1] Here and throughout the document patient is defined as individual, family, community, and aggregate/population unless a specific subset of these components is indicated.

Domain 2: Knowledge of Practice

Domain Descriptor: Synthesizes established and evolving scientific knowledge from diverse sources and contributes to the generation, translation and dissemination of health care knowledge and practices.

Competency	Time 1	Time 2
1) Demonstrate an investigatory, analytic approach to clinical situations.	Identifies evidence from multiple valid and reliable sources applicable to an individual patient encounter.	Synthesizes evidence from multiple, valid and reliable sources to apply to one's practice for patients and populations.
2) Apply science-based theories and concepts to guide one's overall practice.	Using reflective practices, articulates the theoretical and scientific foundations that drive decision making in practice.	Applies theoretical and scientific concepts to one's clinical practice.
3) Leads scholarship activities which focus on the translation and dissemination of contemporary evidence into practice.	Demonstrates critical appraisal of scientific evidence for determining best practices.	Designs, translates, and disseminates evidence-based interventions for the care of patients and populations.

Domain 3: Practice-Based Learning & Improvement

Domain Descriptor: Demonstrates the ability to investigate and evaluate one's care of patients, to appraise and assimilate emerging scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

Competency	Time 1	Time 2
1) Continuously assess strengths and weaknesses of one's own knowledge and skills and actively seek opportunities for continuous improvement.	Demonstrates the ability to reflect on one's own learning and perform an accurate analysis of strengths and weaknesses of knowledge and skills.	Routinely reflects on and seeks feedback on own practice; and develops a professional plan that includes a commitment to lifelong learning and continuous improvement.
2) Use current evidence from a variety of sources to continually improve one's practice.	Accesses and critically analyzes scientific evidence to promote optimal patient outcomes.	Continuously evaluates scientific evidence to incorporate best practices into one's nursing practice.
3) Use information	Demonstrates functional	Uses existing and

technology to optimize one's own learning.	knowledge of information systems and technology.	emerging information technology to assist in continuous improvement of one's own practice.
4) Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, and services that have been demonstrated to improve outcomes.	Displays intellectual curiosity by actively seeking out knowledge of new guidelines, standards, technologies, products, and services that have been demonstrated to improve outcomes.	Leads the development and evaluation of care delivery approaches that meet the needs of patient populations.

Domain 4: Interpersonal and Communication Skills

Domain Descriptor: Demonstrates interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, the public, and health professionals; and promote therapeutic relationships with patients across a broad range of cultural and socioeconomic backgrounds.

Competency	Time 1	Time 2
1) Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients.	Demonstrates interpersonal and communication skills that facilitate an effective exchange of information and collaboration with patients in non-complex or straightforward situations.	Uses communication skills to effectively exchange information and establish collaborative relationships with patients across a range of socioeconomic and cultural backgrounds in complex situations and difficult conversations.
2) Use effective communication tools and techniques that include a nonjudgmental attitude, respect, and compassion when addressing sensitive issues to promote therapeutic relationships	Demonstrates the willingness to assess and address sensitive issues with patients.	Demonstrates a nonjudgmental attitude, respect, and compassion when addressing sensitive issues with patients including end-of-life, adverse events, disclosure of errors, sexuality, and other sensitive topics.
3) Use technology for effective exchange of information and collaboration with patients and the health	Identifies potential uses of technology to provide effective exchange of information and collaboration with patients.	Uses appropriate technology to effectively exchange information and establish collaborative relationships with patients and members of the healthcare team,

care team.		considering confidentiality of information.

Domain 5: Professionalism

Domain Descriptor: Demonstrates a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Competency	Time 1	Time 2
1) Demonstrate compassion and accountability to patients, society, and the profession.	Describes scope of practice for one's APRN role.	Delivers compassionate, accountable care in the APRN role at the doctoral level.
2) Demonstrate integrity and respect for others.	Identifies philosophical frameworks and ethical principles that guide decision making.	Demonstrates the ability to clearly apply ethical and moral principles in complex healthcare situations.
3) Demonstrate a commitment to ethical principles pertaining to the provision or withholding of care in compliance with relevant laws, policies and regulations.	Describes relevant laws, policies and regulations governing the provision or withholding of care.	Applies ethical principles to the provision or withholding of care.
4) Engage in the education and mentoring of students, peers and other health team members.	Engages in peer mentoring.	Routinely demonstrates the ability to effectively educate and mentor peers, students, and members of the interprofessional, healthcare team.
5) Demonstrate a commitment to the nursing profession.	Articulates the role of professional organizations in sustaining and advancing the profession.	Develops a plan of professional engagement that includes participation in professional organization(s) and precepting.
6) Advocate for patients and populations considering social justice and equity.	Articulates the impact of health disparities, social justice, and equity on healthcare outcomes of diverse populations.	Engages in advocacy efforts to address health disparities, social justice, and equity to improve healthcare outcomes.

Domain 6: Systems-Based Practice

Domain Descriptor: Demonstrates organizational and systems leadership to improve healthcare outcomes.

Competency	Time 1	Time 2
1) Collaborate in the development, implementation, and evaluation of systems level strategies to reduce errors and optimize safe, effective healthcare delivery.	Identifies systems-level quality improvement strategies, including use of population data to improve cost-effective care outcomes.	Actively participates in the implementation of systems-level, quality improvement strategies.
2) Demonstrate stewardship of financial and other resources for the delivery of quality care that is effective and affordable.	Evaluates quality and cost-effectiveness, including budget, for practice initiatives.	Applies principles of business; economics; fiscal, human and other resources to develop quality, cost-effective, sustainable plans for practice initiatives
3) Shape healthcare policy at local, state, and national levels to optimize access to and delivery of quality, cost-effective, health care.	Analyzes a systems-level policy considering issues of access, quality and cost.	Engages policy makers to develop and implement healthcare policies at a systems level to improve healthcare outcomes.

Domain 7: Interprofessional Collaboration

Domain Descriptor: Demonstrates the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care.

Competency	Time 1	Time 2
1) Promote a climate of respect, dignity, inclusion, integrity, civility and trust to foster collaboration within the healthcare team.	Articulates the APRN role and the roles of other health professionals on the healthcare team.	Demonstrates leadership that promotes collaboration within the healthcare team to plan and implement care for patients.
2) Provide leadership of an interprofessional team to address complex care issues.	Engages team members using effective communication skills to develop a plan of care for a	Leads an interprofessional team through a complex healthcare situation using collaborative,

	patient.	communication skills, including negotiating, consensus building, and conflict resolution.
3) Advocate for the role of the patient as a member of the healthcare team.	Actively solicits the patient's perspective to enable shared decision making in the development of a plan of care.	Collaborates with the interprofessional team, which includes the patient, to integrate patient preferences to develop and implement a comprehensive plan of care.
4) Assume different roles (e.g. member, leader) within the interprofessional, healthcare team to establish, develop, and continuously enhance the team to provide and improve patient-centered care.	Describes the process for team development, including the identification of the appropriate team leader and members; describes roles of the team members.	Leads an interprofessional team to design, implement, and evaluate a quality improvement initiative in a healthcare setting.

Domain 8: Personal and Professional Development

Domain Descriptor: Demonstrates the qualities required to sustain lifelong personal and professional growth

Competency	Time 1	Time 2
1) Demonstrate healthy coping mechanisms to respond to the demands of professional practice.	Identifies one's own responses to stressful situations and seeks help when necessary.	Routinely incorporates healthy strategies to manage stress and promote one's own wellness.
2) Practice flexibility and maturity in adjusting to rapidly changing professional environments.	Articulates the need for continuous improvement processes in professional practice.	Actively seeks opportunities for continuous improvement in professional practice.
3) Demonstrate leadership, trustworthiness, and self-assurance that inspire the confidence of patients and colleagues.	Exhibits a level of emotional intelligence that instills confidence in others.	Demonstrates personal and professional behaviors, including leadership, trustworthiness and self-assurance in professional practice.

Glossary

Competency: An observable ability of a health professional, integrating multiple components such as knowledge, skills, values, and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition. (Frank JR, Snell LS, Cate OT, et al, 2010)

Competence: The array of abilities [knowledge, skills, and attitudes, or KSA] across multiple domains or aspects of performance in a certain context. Statements about competence require descriptive qualifiers to define the relevant abilities, context, and stage of training. Competence is multi-dimensional and dynamic. It changes with time, experience, and setting. (Frank JR, Snell LS, Cate OT, et al, 2010)

Competency framework: An organized and structured representation of a set of interrelated and purposeful competencies. (Medbiquitous, 2012)

Competent: Gains perspective from planning own actions based on conscious, abstract, and analytical thinking to achieve greater efficiency and organization. (Frank JR, Snell LS, Cate OT, et al, 2010)

Comprehensive assessment: An assessment that includes a history, physical examination, and appropriate diagnostic testing of a patient.

Emotional intelligence- The subset of social intelligence that involves the ability to monitor one's own and other's feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions. (Salovey and Mayer, 1990)

Patient: The term refers to the recipient of a healthcare service or intervention at the individual, family, community, aggregate/population level (AACN, 2011).

Systems-level: larger context and system of healthcare, including organizational, local, state, national and international healthcare entities.

System: A system is a network of interdependent components that work together to try to accomplish a specific aim. (Deming, 1986)
A health system includes the micro-, meso- and macrosystem. (Nelson, Batalden, Godfrey, 2007)

- *Clinical Microsystem*: A clinical microsystem is defined as the combination of a small group of people who work together on a regular basis to provide care and the subpopulation of patients who receive that care.
- *Mesosystem*: The mesosystem is the second level and represents the major divisions of a health system.
- *Macrosytem*: The macrosystem is the highest level and represents the whole organization.

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