DNP NP Toolkit
# Process and Approach to DNP Competency Based Evaluation

2013

A Product of the NONPF Curricular Leadership Committee

Editors

Carla Dieter, EdD, FNP-BC, University of South Dakota, Sioux Falls,SD
(formerly with South Dakota State University, Brookings, SD)

Thomasine Guberski PhD,CRNP, University of Maryland, Baltimore, MD

Andrea Wolf, DNP, CRNP, York College of Pennsylvania, York, PA
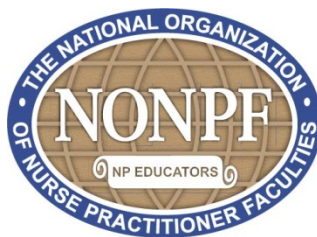
DNP NP Toolkit
Contributors

The following individuals contributed to the development and review of this toolkit and/or its earlier version. The individuals served as members of the NONPF Curricular Leadership Committee.

Toni O. Barnett, PhD, FNP-BC, CNE, North Georgia College, tbarnett@northgeorgia.edu

Geraldene Budd, PhD, RN, FNP-BC, CRNP, FAANP, Widener University, gmbudd@widener.edu

Mary Burman,PhD, RN, FNP-BC, University of Wyoming, mburman@uwyo.edu

M. Katherine Crabtree, DNSc., APRN, BC, FAAN, University of Portland, crabtrek@up.edu

Carla Dieter, EdD, FNP-BC, University of South Dakota (formerly with South Dakota State University), Carla.dieter@usd.edu

Shirley Dinkel, PhD, ARNP, Washburn University, shirley.dinkel@washburn.edu

Shirlee Drayton-Brooks, PhD, CRNP, FNP-BC, FAANP, Widener University, smdrayton-brooks@widener.edu

Vaunette Fay, PhD, RN, FNP-BC, GNP-BC, University of Texas HSC at Houston, Vaunette.P.Fay@uth.tmc.edu

Susan Fontana, PhD, APRN, FNP-BC, University of Wisconsin Milwaukee, sfontana@uwm.edu

Karen Greco, PhD, RN, ANP-BC, Genetics Branch, Center for Cancer Research; University of Arizona, kgreco@nursing.arizona.edu

Thomasine Guberski, PhD, CRNP, University of Maryland, Guberski@son.umaryland.edu

Zena Hyman DNS, CNE, ANP-BC, Daemon College, zhyman@daemen.edu

Michaelene P. Jansen PhD, RN,C, GNP-BC, NP-C, FAANP, formerly with University of Wisconsin - Eau Claire, mirrmp@uwec.edu

Joyce M. Knestrick, PhD, CRNP, FAANP, Frontier Nursing University, joyce.knestrick@frontier.edu

Donna Behler McArthur, PhD, FNP-BC, FAANP, Vanderbilt University, donna.mcarthur@vanderbilt.edu

Judith McDevitt PhD, FNP-BC, University of Illinois, Chicago, jmcdev1@uic.edu

Leigh Ann McInnis, PhD, FNP-BC, Middle Tennessee State University, lmcinnis@mtsu.edu

Sheila Melander, DSN, ACNP-BC, FAANP, FCCM, University Tennessee HSC, smelande@uthsc.edu

Marie Napolitano, PhD, ARNP, FNP-C, FAANP, University of Portland,   napolita@up.edu

Ann O'Sullivan, PhD, FAAN, CRNP, University of Pennsylvania, osull@nursing.upenn,edu

Marva Price, DrPH, RN, FAANP, FAAN, Duke University, Marva.price@duke.edu

Kathleen Reeve, University of Houston Victoria, reevek@uhc.edu

Lorraine Reiser, PhD, CRNP, Clarion University of Pennsylvania, lreiser@clarion.edu

Carmen T. Lopez Rodriguez, DNP FNP ANP BC FAANP, Metropolitan University of Puerto Rico, Lopeztessie@yahoo.es

Nancy Rogers, PhD, RN, CNS, FNP-BC, Texas A & M University-Corpus Christi

Carol Savrin RN, DNP, CPNP, FNP,BC, FAANP, Case Western Reserve University, cls18@case.edu

Susan D. Schaffer PhD, ARNP, FNP-BC, University of Florida, sdschaf@UFL.EDU

Patricia Shaver PhD, ANP, GNP, South Dakota State University, Patricia.Shaver@sdstate.edu

Cheryl P. Shore, PhD, CANP, University of Indianapolis, shorec@uindy.edu.

Sharon Sims, RN, PhD, FAANP, ANEF, Indiana University School of Nursing, ssims@iupui.edu

Carol A. Smith DSN, CRNP, The Pennsylvania State University, CAS35@psu.edu

Melinda Swenson, PhD, FNP, Indiana University School of Nursing, mswenson@iupui.edu

Kimberly Udlis, PhD, FNP-BC, APNP, University of Wisconsin Oshkosh, udlis@uwosh.edu

Brigid Warren, RN MSN CS, Michigan State University, brigid.warren@hc.msu.edu

Veronica Wilbur PhD FNP-BC, CNE, Wilmington University, veronica.f.wilbur@wilmu.edu

Andrea Wolf, DNP, CRNP, York College of Pennsylvania, awolf3@ycp.edu

DNP NP Toolkit
Process and Approach to DNP Competency Based Evaluation

The National Organization of Nurse Practitioner Faculties (NONPF) is committed to the ongoing refinement of competency-based education for nurse practitioners (NPs). Faculty must be engaged in the scholarship of teaching, have an in depth understanding of practice realities, and the tools to support the teaching and learning process. Thus, this toolkit is designed to assist faculty in competency-based evaluation of the DNP NP student. The sample Faculty/Program Resources section contains article citations, exemplar course materials, and other tools to assist faculty in development of competency-based education and evaluation. This is a dynamic document that should be updated on a regular basis with new resources.

Competency-Based Education and Evaluation in the Doctor of Nursing Practice Degree

Competency-based education (CBE) emerged in the United States in the 1970s and refers to an educational movement that advocates defining educational goals in terms of precise measurable descriptions of knowledge, skills, and attitudes that students should possess at the end of an educational program (Savage, 1970). There are varying definitions of competencies.

NONPF subscribes to definitions that view competencies as knowledge, skills and abilities that are necessary to care for the public's well-being in varying states of health. For example, a competency is a skill performed to a specific level of competency or proficiency under specific conditions. The US Department of Education (2002) defined competence as a combination of skills, ability and knowledge needed to perform a specific task. Finally, competencies are defined as consisting of a description of the essential skills, knowledge, attitudes, and behaviors required for effective performance (Mrowicki, 1986).

Competency-based education focuses on outcomes of learning

The emphasis in education must be focused on the learner, the learning outcomes, and the practice environment (U.S. Department of Education, National Center for Education Statistics, 2002). The emphasis must be on what NPs need to know and be able to do in varying and complex situations. The learning outcomes and competencies must be linked to the environmental context, professional and public expectations, and must be relevant to chaotic and changing health care system. Different settings, different roles and varying population combinations require new competencies, thus the necessary proliferation of competency statements to inform curricula. Competencies reinforce one another in the learning process, and new requisites emerge as a result of increasing complexity.

Competencies
(Behaviors & Measures)

Learner

Learning Outcomes
(Essential Achievement & Characteristics of

Learners)

Environmental Context
Professional & Public Expectations
Dynamic, Chaotic, Changing Healthcare

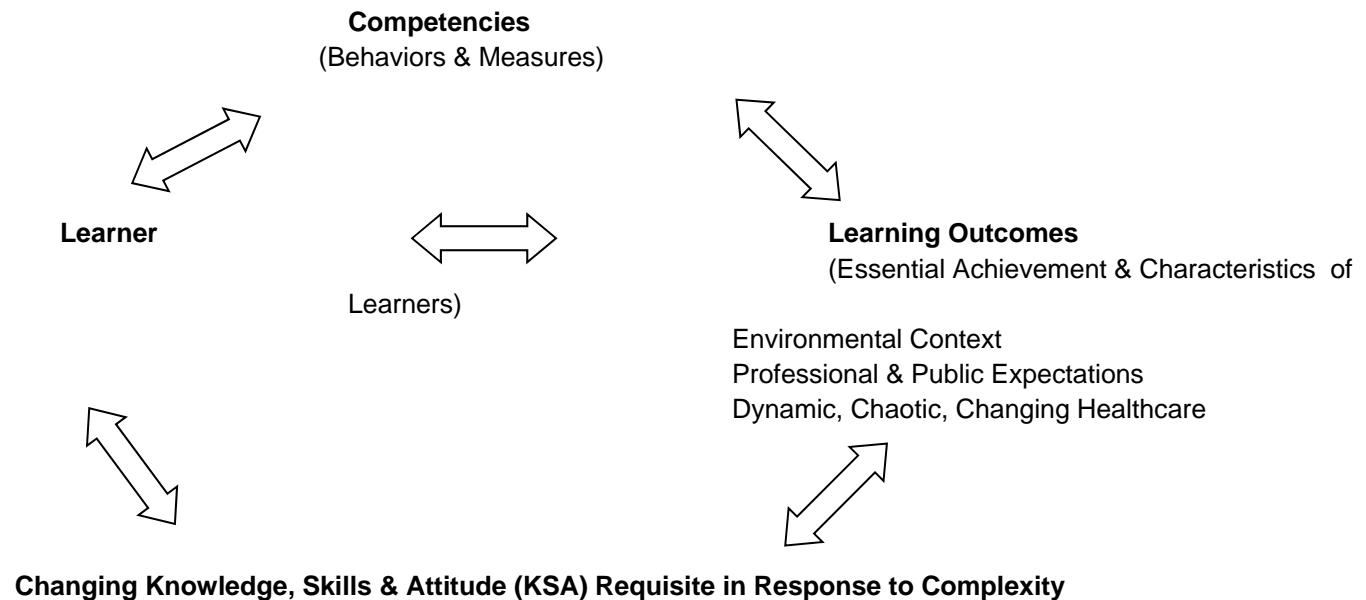**Changing Knowledge, Skills & Attitude (KSA) Requisite in Response to Complexity**

Illustration: Drayton-Brooks (2011). Informed by U.S. Department of Education, National Center for Education Statistics. Defining and Assessing Learning:Exploring Competency-Based Initiatives, NCES 2002-159, prepared by Elizabeth A. Jones and Richard A.Voorhees, with Karen Paulson, for the Council of the National Postsecondary Education Cooperative Working Group on Competency-Based Initiatives. Washington, DC: 2002.

CBE addresses what the learners are expected to do rather than what they are expected to learn (Savage, 1970). CBE is based on a set of outcomes that are derived from an analysis of tasks typically required at an entry level (Scheck, 1978). The following characteristics of competency based education, derived from Norton, Delker and Foyster (1990), also provide guidance in the development of competency based education programs:

- Competencies are carefully selected
- Supporting theory is integrated with skill practice. Essential knowledge is learned to support the performance of skills.
- Detailed training materials are keyed to the competencies to be achieved and are designed to support the acquisition of knowledge and skills.
- Methods of instruction involve mastery learning, the premise that all participants can master the required knowledge or skill, provided sufficient time and appropriate training methods are used.
- Participants' knowledge and skills are assessed as they enter the program and those with satisfactory knowledge and skills may bypass training or competencies already attained. Demonstration of competencies may be provided through various methods including portfolios, evaluation of observed performance such as interviewing skills and physical examination, or various paper and pencil testing.

- Learning should be self-paced. Programs will vary on the degree of self-paced learning and advanced placement allowed based on university policies and resources.
- Flexible training approaches include large group methods, small group activities, and individual study. All of these approaches are essential components.
- A variety of approaches and support materials are necessary, including print, audiovisual, and simulations (models) keyed to the skills being mastered.
- Satisfactory completion of training is based on achievement of all specified NP core and population-focused competencies.

DNP competency-based education

Enhancing DNP-level competency-based education is a priority for NONPF. Many definitions relate to a basic, skill-focused practice. Historically, nursing education at the basic level prepared a generalist clinician and at the master's level, the focus narrowed to specialty practice. With the move to the DNP degree in NP education, the focus is on development of broad knowledge and skills in inquiry and translation of research. DNP education aims toward achievement in both application of advanced experiential knowledge and generalist knowledge in inquiry that improves health outcomes and quality of care whether through translation of research into practice, performance improvement, or policy revision. Integrated core competencies for NPs should reflect this dual and very broad goal, and foster an individual's professional development, expertise, leadership and creativity.

In DNP study, evaluation based on competency achievement addresses the needs of practice and takes place in clinical and experiential settings. The evaluation addresses the cognitive, affective and psychomotor skills. The ability to think critically, use theories to solve complex problems, to make inferences, draw conclusions, initiate and evaluate intervention are encompassed in competency-based evaluation. Competency-based evaluation will continue to evolve allowing for individualized rather than prescribed "one size fits all" approaches to learning that can meet the needs of patients, employers and other stakeholders. Consistent with national education standards, the NONPF leadership believes that continual development and refinement of defined competencies is necessary as different roles, diverse populations, and varying environmental context/situations demand a different set of competencies (U.S. Department of Education, National Center for Education Statistics. 2002). Consequently, this toolkit will be reviewed and revised for currency as new competencies emerge to meet the demands of complexities of societal health needs.

Development of competence is a complex process. The National Research Council (2000) stated:
> Cognitive science research has helped us understand how learners develop a knowledge base as they learn. An individual moves from being a novice in a subject area toward developing competency in that area through a series of learning processes. An understanding of the structure of knowledge provides guidelines for ways to assist learners to acquire a knowledge base effectively and efficiently.

Eight factors affect the development of expertise and competent performance:

- Relevant knowledge helps people organize information in ways that support their abilities to remember.
- Learners do not always relate the knowledge they possess to new tasks, despite its potential relevance. This "disconnect" has important implications for understanding differences between usable knowledge (which is the kind of knowledge that experts have developed) and less-organized knowledge, which tends to remain inert.
- Relevant knowledge helps people to go *beyond the information* given and to think in *problem representations*, to engage in the mental work of *making inferences*, and to relate various kinds of information for the purposes of *drawing conclusions*.
- An important way that knowledge affects performance is through its influence on people's representations of problems and situations. Different representations of the same problem can make it easy, difficult, or impossible to solve.
- The *sophisticated problem representations* of experts are the result of well-organized knowledge structures. Experts know the conditions of applicability of their knowledge, and they are able to access the relevant knowledge with considerable ease.
- Different domains of knowledge have different organizing properties. It follows, therefore, that to have an in-depth grasp of an area requires knowledge about both the *content* of the subject and the broader *structural organization* of the subject.
- Competent learners and problem solvers monitor and regulate their own processing, and change their strategies as necessary. They are able to make estimates and "educated guesses."

Competence can be demonstrated in many ways. Examples of how students demonstrate competency include:

- Portfolio documents to substantiate competencies that link experiential learning to competencies
- Case studies for discussion that leads to critical thinking for problem solving.
- Use of objective standardized patient scenarios to demonstrate cognitive and psychomotor skills, and skills in the affective domain (as in Shulman's Habits of Head, Habits of Hand, Habits of Heart [Gerung, Chick, and Haynie, 2008]).
- Evidence of movement toward expert thinking as seen in clinical reasoning exercises and clinical puzzles.
- Experiential learning and simulations for application of competencies to both novel and familiar situations

Evaluation of a competency should be conducted by everyone affected by the process and outcomes, including patients, administrators, clinicians, research mentors, and the student. A tool such as the 360-degree evaluation allows for a comprehensive assessment in which different parties of interest provide feedback. Evaluation of competency can be demonstrated through the use of portfolio (NONPF, 2007).

Nurse Practitioner Core Competencies

In August 2008, NONPF endorsed the evolution of the Doctorate of Nursing Practice (DNP) as the entry level for nurse practitioner (NP) practice (NONPF, 2008a). Nurse practitioner education, which is based upon the NONPF competencies, recognizes that the student's ability to show successful achievement of the NONPF competencies for NP education is of greater value than the number of clinical hours the student has performed (NONPF, 2008b).

The Nurse Practitioner Core Competencies (NP Core Competencies) (NONPF, 2012) integrate and build upon existing Master's and DNP core competencies and are guidelines for educational programs preparing NPs to implement the full scope of practice as a **licensed independent**

practitioner. The competencies are essential behaviors of all NPs. These competencies are demonstrated upon graduation regardless of the population focus of the program and are necessary for NPs to meet the complex challenges of translating rapidly expanding knowledge into practice and function in a changing health care environment.

Nurse Practitioner graduates have knowledge, skills, and abilities that are essential to independent clinical practice. The NP Core Competencies are acquired through mentored patient care experiences with emphasis on **independent** and **interprofessional** practice; analytic skills for evaluating and providing **evidence-based, patient centered care** across settings; and advanced knowledge of the health care delivery system. Doctorally-prepared NPs apply knowledge of scientific foundations in practice for quality care. They are able to apply skills in technology and **information literacy,** and engage in practice inquiry to improve health outcomes, policy, and healthcare delivery. Areas of increased knowledge, skills, and expertise include advanced communication skills, collaboration, complex decision making, leadership, and the business of health care. The competencies elaborated here build upon previous work that identified knowledge and skills essential to DNP competencies (AACN 1996; AACN, 2006; National Panel, 2006) and are consistent with the recommendations of the Institute of Medicine's report, *The Future of Nursing* (IOM, 2011).

At completion of the NP program, the NP graduate possesses the nine (9) core competencies regardless of population focus.

Scientific Foundation Competencies
1. Critically analyzes data and evidence for improving advanced nursing practice.
2. Integrates knowledge from the humanities and sciences within the context of nursing science.
3. Translates research and other forms of knowledge to improve practice processes and outcomes.
4. Develops new practice approaches based on the integration of research, theory, and practice knowledge

Leadership Competencies
1. Assumes complex and advanced leadership roles to initiate and guide change.
2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care..
3. Demonstrates leadership that uses critical and reflective thinking.
4. Advocates for improved access, quality and cost effective health care.
5. Advances practice through the development and implementation of innovations incorporating principles of change.
6. Communicates practice knowledge effectively both orally and in writing.
7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.

Quality Competencies

1. Uses best available evidence to continuously improve quality of clinical practice.
2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.
3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of health care.
4. Applies skills in peer review to promote a culture of excellence.
5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality.

Practice Inquiry Competencies

1. Provides leadership in the translation of new knowledge into practice.
2. Generates knowledge from clinical practice to improve practice and patient outcomes.
3. Applies clinical investigative skills to improve health outcomes.
4. Leads practice inquiry, individually or in partnership with others.
5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.
6. Analyzes clinical guidelines for individualized application into practice.

Technology and Information Literacy Competencies

1. Integrates appropriate technologies for knowledge management to improve health care. 2. Translates technical and scientific health information appropriate for various users' needs.
2a). Assesses the patient's and caregiver's educational needs to provide effective, personalized health care.
2b). Coaches the patient and caregiver for positive behavioral change.
3. Demonstrates information literacy skills in complex decision making.
4. Contributes to the design of clinical information systems that promote safe, quality and cost effective care.
5. Uses technology systems that capture data on variables for the evaluation of nursing care.

Policy Competencies

1. Demonstrates an understanding of the interdependence of policy and practice.
2. Advocates for ethical policies that promote access, equity, quality, and cost.
3. Analyzes ethical, legal, and social factors influencing policy development.
4. Contributes in the development of health policy.
5. Analyzes the implications of health policy across disciplines.
6. Evaluates the impact of globalization on health care policy development.

Health Delivery System Competencies

1. Applies knowledge of organizational practices and complex systems to improve health care delivery.
2. Effects health care change using broad based skills including negotiating, consensus-building, and partnering.

3. Minimizes risk to patients and providers at the individual and systems level.
4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.
5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.
6. Analyzes organizational structure, functions and resources to improve the delivery of care.
7. Collaborates in planning for transitions across the continuum of care.

Ethics Competencies
1. Integrates ethical principles in decision making.
2. Evaluates the ethical consequences of decisions.
3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.

Independent Practice Competencies
1. Functions as a licensed independent practitioner.
2. Demonstrates the highest level of accountability for professional practice.
3. Practices independently managing previously diagnosed and undiagnosed patients.
3a). Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end of life care.
3b). Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.
3c). Employs screening and diagnostic strategies in the development of diagnoses. 3d). Prescribes medications within scope of practice.
3e). Manages the health/illness status of patients and families over time.
4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.
4a). Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.
4b). Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.
4c). Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.
4d). Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.

References

AACN (2006). The Essentials of Doctoral Education for Advanced Nursing Practice. Available at:
    http://www.aacn.nche.edu/publications/position/DNPEssentials.pdf

AACN. (1996). The Essentials of Master's Education for Advanced Nursing Practice. Washington, DC: Author.

Gurung, R.A.R., Chick, N.L., & Haynie, A (Eds). (2008). *Exploring signature pedagogies: Approaches to teaching disciplinary habits of mind.*
    New York: Stylus Publishing.

Mrowicki, L. (1986.) Project work english competency-based curriculum. Portland, OR: Northwest Educational Cooperative.

Institute of Medicine Committee on the RWJ Initiative for the Future of Nursing. (2011). *The future of nursing. Leading change, advancing health.*
    Washington, DC: Institute of Medicine of the National Academies. Available at http://www.iom.edu/Reports/2010/The-Future-of-Nursing-
    Leading-Change-Advancing-Health/Report-Brief-Education.aspx

National Research Council (2000). *How people learn: Brain, mind, Experience and School.* Washington DC: National Academy Press.

National Panel for NP Practice Doctorate Competencies. (2006). Practice doctorate nurse practitioner entry-level competencies. Available at
    http://www.nonpf.org/associations/10789/files/DNP%20NP%20competenciesApril2006.pdf

NONPF. (2012). *Nurse practitioner core competencies.* Washington, D.C: Author. Available at www.nonpf.org

NONPF. (August 2008). Position paper on clinical hours for nurse practitioner preparation in doctor of nursing practice programs. Available at
    www.nonpf.org

NONPF. (2007). *NP competency-based education evaluation: Using a portfolio approach. (*Ed. Michelle Beauchesne). Washington, DC.

Norton R.E..(1987). Competency-based education and training: A humanistic and realistic approach to technical and vocational Instruction. Paper
    presented in Chiba City, Japan. ERIC: ED279910

Savage, L. (1993). Center for Applied Linguistics. *Literacy through a competency-based education approach.* Washington DC: Author.

Schneck, E. A. (1978). A guide to identifying high school graduation competencies. Portland, OR: Northwest Regional Educational Laboratory.
    Page 141-- *Approaches and Methods in Language Teaching*

U.S. Department of Education, National Center for Education Statistics (2002). *Defining and Assessing Learning: Exploring Competency-Based
    Initiatives*, NCES 2002-159, prepared by Elizabeth A. Jones and Richard A.Voorhees, with Karen Paulson, for the Council of the National
    Postsecondary Education Cooperative WorkingGroup on Competency-Based Initiatives. Washington, DC

DNP NP TOOLKIT
2013

COMPETENCY AREA: Scientific Foundations	Examples of Outcome Measures and Strategies	Selected Faculty/Program Resources
Competency 1. Critically analyzes data and evidence for improving advanced nursing practice. **Competency 2.** Integrates knowledge from the humanities and sciences within the context of nursing science **Competency 3.** Translates research and other forms of knowledge to improve practice processes and outcomes **Competency 4.** Develops new practice approaches based on the integration of research, theory, and practice knowledge.	***Outcome Measures:*** 1.1 Within the practice setting, critically analyzes barriers and facilitators to interprofessional communication in order to synthesize care processes. 1.2 Evaluates a Clinical Practice Guideline (CPG) for level of utilization in practice and ability to improve practice. 1.3 Determines the strength of evidence needed for clinical practice guidelines ***Strategies:*** Evidence-based practice guidelines: Critiques or develops an evidence-based Clinical Practice Guideline (CPG) to address a health care problem related to a national or global health initiative; adapts the guideline to a unique setting or population with a special focus on chronic illness and/or underserved populations. Incorporates philosophical and theoretical underpinnings and synthesize knowledge from appropriate biophysical, genomics, psychosocial, and organizational sciences. Clinical Practice Guidelines Develops a plan, grounded in theory and research from multiple disciplines, to implement the evidence-based CPG within the unique setting or population. --- ***Outcome Measures:*** 2.1 Examines values, beliefs, and assumptions guiding advanced practice with individuals, families and a community	Agency for Healthcare Research and Quality http://www.ahrq.gov/ Clinical Practice Guidelines http://www.guideline.gov/ Cooper, Harris. (2010). *Research synthesis and meta-analysis: A step-by-step approach.* Los Angeles: Sage Publications. Garrard, J. (2007). *Health sciences literature review made easy: The matrix method* (2nd Ed.). Boston: Jones and Bartlett Publishers Cochrane Data Base Barker, Anne M. (2009). *Advanced practice nursing: Essential knowledge for the profession.* Boston: Jones and Bartlett. Dickson, Geri & Flynn, Linda (2008). *Nursing policy research: Turning evidence-based research into health policy.* New York, NY: Springer Publishing Co.

COMPETENCY AREA: Scientific Foundations	Examples of Outcome Measures and Strategies	Selected Faculty/Program Resources
	2.2 Contrasts grand theories with middle range theories of nursing. 2.3 Incorporates a philosophy of healing that integrates humanistic values and beliefs. 2.4 Reflects on multiple standards which impact practice within a theory-based model of quality care *Strategies*: Organizational theory or model: Analyzes an organization/institution to determine the theory or model that is guiding nursing practice. Identify the evidence that it is being practiced and how it is impacting practice. --- *Outcome Measures:* 2.1 Accesses and reports on databases of meta-analyses and synthesized studies 2.2 Synthesizes evidence to answer compelling clinical questions. *Strategies:* Practice Evidence: Compares and contrasts what constitutes evidence for nurses, physicians, and patients. Analyzes interventions: Selects common interventions utilized in daily practice and analyze the extent in which the intervention is based on solid research findings. If not based on research findings, what is the source for the relevance? Analyzes Evidence: Analyzes the strength of evidence available to assist in caring for a population of people with a selected problem. Utilizes a model of evidence-based practices to organize evidence and plan.	

COMPETENCY AREA: Scientific Foundations	Examples of Outcome Measures and Strategies	Selected Faculty/Program Resources
	Searchable Clinical Question: Formulates an important, searchable clinical question. Conducts a literature search using several sources of meta-analysis and synthesized studies to collect the best available evidence to answer the clinical question. Critically analyzes research articles using appropriate guidelines and tools, e.g., CONSORT statement. Presents the findings by strength of evidence and best fit to answer the question. Clinical Practice Guidelines: Makes recommendations for clinical practice guidelines, additional studies needed, and next steps in translating these findings into scientifically sound nursing practice. *Outcome Measures:* 4.1 Designs strategies for ensuring care is tailored to individual patient preferences, values, culture, disease trajectory and spirituality. *Strategies:* Searchable Clinical Question: Formulates an important, searchable clinical question. Conducts a literature search using several sources of meta-analysis and synthesized studies to collect the best available evidence to answer the clinical question. Presents the findings by strength of evidence and best fit to answer the question. Clinical Practice Guidelines: Make recommendations for clinical practice guidelines, additional studies needed, and next steps in translating these findings into scientifically sound	

COMPETENCY AREA: Scientific Foundations	Examples of Outcome Measures and Strategies	Selected Faculty/Program Resources
	nursing practice. Clinical Change: Develops an idea for a compelling clinical change. Substantiates with evidence. Proposes a plan for change.	

COMPETENCY AREA: Leadership	Examples of Outcome Measures and Strategies	Selected Faculty/Program Resources
Applicable to all competencies		General leadership resources: Texts Porter O'Grady, T. , & Malloch, K. (2011). Quantum leadership: Advancing Innovation, Transforming Health Care. (3rd Ed.). Sudbury, MA: Jones and Bartlett Learning. Grossman, S. & Valiga, T (2009). The New Leadership challenge: Creating the Future of Nursing (3rd ed.) Philadelphia, PA: F. A. Davis. Other readings and resources Weinstock, B. & Glasgow, M. E. (2011). Executive coaching to support doctoral role transitions and promote leadership consciousness. In Dreher, H. M. & Glasgow, M. E. S. (eds). Role development for doctoral

COMPETENCY AREA: Leadership	Examples of Outcome Measures and Strategies	Selected Faculty/Program Resources
		advanced nursing practice. New York, NY. Springer Publishing Company. Collins, J. (2001). Level 5 leadership: The triumph of humility and fierce resolve. Harvard Business Review, 67-76. Chinn, P (2004). Peace and power: Creative leadership for building community (6th ed.). Sudbury, MA: Jones & Bartlett Publishing. Videos: Review and 1 page reaction Hill, L.A. (2008). Where will we find tomorrow's leader? Retrieved from: http://www.youtube.com/watch?v=sMQmKHmIqY4 Interview with Linda A. Hill May 2008 Where will we find tomorrow's leader? Retrieved from: http://www.youtube.com/watch?v=sMQmKHmIqY4 Interview with Rosabeth Ross Kanter Transforming giants. Retrieved from:http://www.youtube.com/watch?v=WXwroF-x-KU&NR=1 Interview with David Kester, cuture of innovation. Retrieved from: http://www.youtube.com/watch?v=KyqHGdIMcas&feature=channel
Competency 1. Assumes complex and	*Outcome Measures:* 2.1 Applies key concepts of complexity science and change to	Olson, E.E, & Eoyang, G.H. (2001). Facilitating organizational change: Lessons

COMPETENCY AREA: Leadership	Examples of Outcome Measures and Strategies	Selected Faculty/Program Resources
advanced leadership roles to initiate and guide change	recommend a systematic and innovative, evidenced-based change plan. ***Strategies*:** Change Project: - Identify an area of practice in need of change. - Utilize the Change Process Model to illustrate the fullsteam process (Anderson, 2001). - Include a 1 page structural-process concept map illustrating the system and the plan. Attempt to show attributes, inter-relations, qualities and patterns in the illustration. - Provide an oral presentation to group members. - Provide feedback to 3 peers utilizing specific criteria that reflect the impact of the project on clinical practice.	from complexity science. San Francisco: Jossey Bass/Pfeiffer. Anderson, L.A. (2001). The change leader's roadmap: How to navigate your organization's transformation. San Francisco: Jossey Bass/Pfeiffer
Competency 2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care	***Outcome Measures:*** 2.1 Analyzes a specific incidence of interdisciplinary collaboration using intrapersonal, interpersonal, intergroup and/or organizational attributes ***Strategies:*** Complex case study: Presents a case study which demonstrates his/her improvement of interdisciplinary collaboration on a patient care, organizational or policy issue. --- ***Outcome Measures:*** 2.2 Constructs a strategy or strategies to address improving interdisciplinary collaboration in a specific practice arena. Evaluates the outcome or describes the most likely outcome of the intervention if implementation is not possible	Sicotte, C., D"Amour, D & Moreault, M (2002). Interdisciplinary collaboration within Quebec community health care centers. Social Science and Medicine, 991-1003. Includes tools. Greiner, A.C. & Knebel, E. Editors (2003). Health Professions Education: A Bridge to Quality. Washington DC: The National Academic Press. This is a report from the Institute of Medicine. Bronstein, L.R. (2003). A model for interdisciplinary collaboration. Social Work. 297-306. Bruner, P., Davey, M. P., & Waite, R. (2011). Culturally sensitive collaborative care

COMPETENCY AREA: Leadership	Examples of Outcome Measures and Strategies	Selected Faculty/Program Resources
	Strategies: Case Management: Leads a case management team discussion demonstrating expert interprofessional communication. Conflict Resolution Project: • Identify a conflictive practice situation and states the source, such as inadequate communication, lack of trust, unclear roles, limited staff participation in decision making, power issues, or unclear goals. • Describe the conflict in detail. Is it intrapersonal, interpersonal, intergroup, or organizational? • Detail a strategy for addressing the conflict that will eliminate or decrease the conflict, meet the needs of all the participants, and ensure that all parties feel positive about the end result. Use a framework such as ARIA (Rothman, 1997), 10 steps to resolving an interest-based conflict (Porter-O'Grady & Malloch, 2011), or Principled Negotiation (Fisher, Ury & Patton, 1991). Explain how common pitfalls such as denial, use of dominance will be avoided. • Implement strategy and describe the outcome.	models: exploration of a community-based health center. Fam Syst Health, 29, 155-170 Howard, E & Teets, J (2005). Electronic nursing notes: A case study on interdisciplinary collaboration. Journal of Educational Technology Systems, 447-459. Fisher, R., Ury, W., & Patton, B. (1991). Getting to Yes: Negotiating Agreement Without giving In (2nd ed.). Boston, MA: Houghton Mifflin Harcourt. Porter O'Grady, T. , & Malloch, K. (2011). Quantum leadership: Advancing Innovation, Transforming Health Care. (3rd Ed.). Sudbury, MA: Jones and Bartlett Learning. Chapter 6: the leader as peacemaker: Managing the conflicts of a multifocal workplace Rothman, J. (2011). The"ARIA" approach To conflict engagement. *The Systems Thinker*® Newsletter, 11(10) Retrieved from http://www.pegasuscom.com/levpoints/rothman.html[i]
Competency 3. Demonstrates leadership that uses critical and reflective thinking	***Strategies:*** Assessment of Leadership Style: • Complete Myers Briggs Personality Assessment. • Analyze results, commenting on one's own leadership style and vulnerabilities. • Reflect on accuracy of findings, asking persons you lead (if applicable) if the assessment reflects your style of	http://www.myersbriggs.org/ (official site—$175.00 to take instrument on-line and receive a print-out with an hour-long phone consultation with a certified professional) or http://www.humanmetrics.com/cgi-win/JTypes2.asp (free web site with 72 item questionnaire that reports personality type)

COMPETENCY AREA: Leadership	Examples of Outcome Measures and Strategies	Selected Faculty/Program Resources
	leadership. • Develop a strategy for capitalizing on leadership strengths.	
Competency 4 Advocates for improved access, quality and cost effective health care	***Strategies:*** Influencing Political Process Project: • Identifies an issue relevant to health care • Describes current organized nursing actions in this area. • Designs and implements an activity to influence a policy maker related to your issue (might be a letter, "op-ed" editorial, provision of testimony at a hearing, or a scheduled visit to a legislator. Be sure to frame the issue so that the policy-maker can identify the relevance of the issue to health care consumers. • Evaluates activity in terms of impact on policy-maker	Health Care Reform bills at federal and state levels. Emergence: A journal of complexity issues in organizations and management. Retrieved from http://www.emergence.org/ Appalachian Center for Economic Networks (ACEnet). Retrieved from: http://www.acenetworks.org/

Competency 5
 Advances practice through the development and implementation of innovations incorporating principles of changes
	Strategies:
	
	 Complex System Leadership Critique and Change Application:
	 • Creates an opportunity to examine complex system leadership.
	 • Identifies a leader in the health care system in students' system change area of interest.
	 • Arranges 2 days to follow this leader and perform the following critique of leadership, team and system to inform your complex system and change paper. Submit the name, CV and documentation of agreement to shadow the leader.
	 • The guidelines are as follows:
	   - Introduction: Organization and leadership profile and background to support a micro and macro-analysis.
	   - Document the vision, mission, goals, objectives, values and philosophies of the leader and system.
		Drayton-Brooks (2011). Informed by U.S. Department of Education, National Center for Education Statistics. Defining and Assessing Learning:Exploring Competency-Based Initiatives, NCES 2002-159, prepared by Elizabeth A. Jones and Richard A.Voorhees, with Karen Paulson, for the Council of the National Postsecondary Education Cooperative Working Group on Competency-Based Initiatives. Washington, DC: 2002.

COMPETENCY AREA: Leadership	Examples of Outcome Measures and Strategies	Selected Faculty/Program Resources
	- Identify salient structures (organizational, cultural, groups, teams and individuals). - Examine diversity of perspectives, talents and people - Critique functions and task, information storage and transmission. Critique organizational culture and stakeholders - Examine renewal and evaluation systems	
Competency 6. Communicates practice knowledge effectively both orally and in writing	***Strategies:*** Forum Co-host facilitation: As co-host, the student will experience working in the leadership facilitation role. Students will be graded based on their ability to: • Co-facilitate with the faculty on the week assigned to be co-host. • Create questions for discussion based on reading and course objectives • Monitor and respond to forum posting • Provide facilitation and scholarly critique • Post a 1 page reaction to serving as the leader at the end of the week	

COMPETENCY AREA: Quality	Examples of Outcome Measures and Strategies	Selected Faculty/Program Resources
Competency 1. Uses best available evidence to continuously improve quality of clinical practice.	*Outcome Measures:* 1.1 Demonstrates the ability to locate evidence related to a particular health problem or need. *Strategy:* Database Analysis: Access and report on databases of meta-analyses and synthesized studies. *Outcome Measures:* 1.2 Synthesizes and analyzes the literature related to quality in a focused area of advanced clinical practice. *Strategies:* Perform a systematic review and develop an evidence table that synthesizes the results of 3-5 key studies supporting an evidence-based intervention related to quality improvement. *Outcome Measures:* 1.3 Compares and contrasts the quality and level of the evidence for an existing practice to determine evidence gaps within a practice setting. *Strategies:* Strength of Evidence: Analyze the strength of evidence that influences the provision of care (assessment, diagnosis, treatment and evaluation). Strength of Clinical Practice: Determine the strength of evidence needed for clinical practice guidelines	Quality and Safety Education in Nursing http://www.qsen.org/ Fiandt, K. (2007). *Quality improvement for nurse managed health centers.* Institute for Nursing Centers. W.K. Kellog Foundation. http://www.nursingcenters.org/ Institute for Healthcare Improvement Model for Improvement http://www.ihi.org/ The Dartmouth Center for the Evaluative Clinical Sciences http://www.clinicalmicrosystems.org/ Guidelines sponsored by Agency for Healthcare Quality and Research http://www.guidelines.gov/ National Quality Measures Clearinghouse http://www.qualitymeasures.gov/ Centers for Medicare and Medicaid Services http://www.medqic.org/ Improving Chronic Illness Care http://www.improvingchroniccare.org/ Institute of Medicine http://www.iom.edu/ National Committee for Quality Assurance http://www.ncqa.org/

COMPETENCY AREA: Quality	Examples of Outcome Measures and Strategies	Selected Faculty/Program Resources
	Outcome Measures: 1.4 Demonstrates the ability to analyze and evaluate evidence to determine best evidence for quality practice. *Strategies:* Analysis Paper: Develop an analysis paper regarding the determination of best evidence for a particular health problem or need. Small Group: Work with a small group to determine the best evidence for a particular health problem or need. Case: Present a case on a client (written or oral) including a discussion of available evidence, evaluation of evidence, and how best evidence was used in client management. Strength of Clinical Practice: Determine the strength of evidence needed for clinical practice guidelines Evidence-Based Practice: Develop Evidence-Based Practice recommendations to increase quality in a practice setting. Quality Improvement: Identify a quality improvement area in practice and develop a plan for implementation, evaluation, and follow-up of the plan following the steps in the quality improvement process. *Outcome Measures:* 1.5 Compares and contrasts what constitutes evidence for healthcare providers (i.e. Physicians, Nurse Practitioners) vs. patients related to a specific clinical problem. How does each evaluate quality? How are they the same or different?	National Quality Forum http://www.qualityforum.org/ The Academic Center of Evidence-Based Practice at the University of Texas Health Science Center in San Antonio http://www.acestar.uthsca.edu/ Essential Competencies for Evidence-Based Practice in Nursing Cochrane Collaborative Library -- for systematic reviews and a collection of EBP guidelines http://www.cochrane.org/index0.htm Joanna Briggs Institute (JBI)-for systematic reviews and a collection of EBP guidelines http://www.joannabriggs.edu.au/about/home.php AHRQ Guideline Clearinghouse http://www.guideline.gov/ AHRQ Healthcare Innovations http://www.innovations.ahrq.gov/ Quality Tools: http://www.innovations.ahrq.gov/qualitytools/ National Quality Measures Clearinghouse: http://www.qualitymeasures.ahrq.gov/ Sigma Theta Tau http://www.nursingsociety.org/

COMPETENCY AREA: Quality	Examples of Outcome Measures and Strategies	Selected Faculty/Program Resources
	Strategies: Sources of Evidence: Discuss (via discussion board, journal, and blog) clinical situations where you noted that a nursing/ provider/other healthcare provider intervention/recommendation was not based on solid research findings. What was the source analysis of evidence? Case Study: Present a case study of a situation where the patient makes a decision that contradicts prevailing clinical practice guidelines and evidence based practice. Provide a detailed discussion of how the DNP approached the clinical care studies reported in this situation. Financial: Analyze financial statements in order to effectively participate in decision making regarding allocation of resources. Organizational Productivity & Profitability: Develop strategies to enhance productivity and profitability of the health care organization Quality Initiatives: Develop and implement quality initiatives to improve clinical outcomes, market position, and financial performance of the health care organization. Policy: Follow current major policy discussions at local, state, national, and international level. Determine how policy affects quality. Quality Improvement Plan: Design, implement, and evaluate a quality improvement plan. Healthcare company: Select a healthcare or healthcare-related public company and analyze its financial statements. Apply knowledge of trend analyses, ratios, peer comparisons, benchmarks, etc.	VA/DOD Clinical Practice Guidelines http://www.healthquality.va.gov/ Evidence-Based Behavioral Practice http://www.ebbp.org/ Centre for Evidence-Based Medicine: http://www.cebm.utoronto.ca/ Educational Prescriptions: http://www.cebm.utoronto.ca/practise/formulate/eduprescript.htm Critical Appraisal Worksheets: http://www.cebm.utoronto.ca/teach/materials/caworksheets.htm Formulating Answerable Clinical Questions: http://www.cebm.utoronto.ca/practise/formulate/ Introduction to Evidence-based Nursing: http://www.cebm.utoronto.ca/syllabi/nur/intro.htm DNP Toolkit: University of Washington: http://healthlinks.washington.edu/nurse/dnp Melnyk, B.M. & Fineout-Overholt, E. (2005). *Evidence-based practice in nursing and healthcare. A guide to best practice.* Philadelphia: Lippincott Williams & Wilkins. Malloch, K. and O'Grady, T. (Eds). (2010). *Introduction to evidence-based practice in nursing and health care.* Boston: Jones and

COMPETENCY AREA: Quality	Examples of Outcome Measures and Strategies	Selected Faculty/Program Resources
		Bartlett.
		Economics website—costing out healthcare Economic benchmarks
		Finkler, S., Kovner, C. and Jones, C. (2007). *Financial management* for nurse managers and executives. 3rd Edition. St. Louis: Saunders Elsevier.
		Cleverley, W.O. and Cameron, A.E. (2007). *Essentials of health care finance.* 6th edition. Sudbury, MA: Jones and Bartlett Publishers.
		Marquis, B.L. and Huston, C.J. (2006). *Leadership roles and management functions in nursing.* 5th edition. Philadelphia: Lippincott, Williams, and Wilkins.
		Drayton-Brooks (2011). Informed by U.S. Department of Education, National Center for Education Statistics. Defining and Assessing Learning:Exploring Competency-Based Initiatives, NCES 2002-159, prepared by Elizabeth A. Jones and Richard A.Voorhees, with Karen Paulson, for the Council of the National Postsecondary Education Cooperative Working Group on Competency-Based Initiatives. Washington, DC: 2002.
Competency 2. Evaluates the relationships	*See Above*	*See Above*

COMPETENCY AREA: Quality	Examples of Outcome Measures and Strategies	Selected Faculty/Program Resources
among access, cost, quality, and safety and their influence on health care.		
Competency 3. Evaluates how organizational structure, care processes, financing, marketing, and policy decisions impact the quality of health care.	***Outcome Measures:*** 3.1 Utilizes a framework to introduce broad-based change in a system. ***Strategy*** Analyze a business operations challenge in a present or future work environment using one or more financial concepts/performance improvement concepts. ***Outcome Measures:*** 3.2 Evaluates the costs and benefits of various nursing care delivery models, quality initiatives, and capital projects. ***Strategy:*** Health outcomes & Costs: Offers alternative suggestions for improving care and health outcomes while reducing cost compared to usual practices. ***Outcome Measures:*** 3.3 Utilizes evaluation process effectively in organizational or practice setting. 3.4 Initiates changes in approaches to care when new evidence warrants evaluation of other options for improving outcomes or decreasing adverse events. ***Strategy:*** Best Evidence: Lead staff at a clinical site in investigating and determining best evidence for a particular health problem or	*See Above*

COMPETENCY AREA: Quality	Examples of Outcome Measures and Strategies	Selected Faculty/Program Resources
	need.	
Competency 4. Applies skills in peer review to promote a culture of excellence.	*Strategies:* Compare and contrast the peer review process from at least two different clinical settings. Develop a peer review process for a future practice setting or organization. Demonstrate skills in peer review that promote a culture of excellence, and collegiality. Complete a peer review and communicate relevant information about strengths and weaknesses in review of peers' work or presentations. Develop a paper or presentation on the use of peer review including benefits, costs, peer review methods, evaluation of methods, examples of methods used in practice, and recommendations. Demonstrate synthesis and analysis of peer review literature Examine various peer review processes available and determine the appropriateness for the clinical setting.	*See Above*
Competency 5. Anticipates variations in practice and is proactive in implementing interventions to insure quality.	*Outcome Measures:* 5.1 Recommends ways to acquire data to evaluate the quality of the intervention once implemented in the practice. *Strategies:* QSEN related project	Quality and Safety Education in Nursing http://www.qsen.org/

COMPETENCY AREA: Quality	Examples of Outcome Measures and Strategies	Selected Faculty/Program Resources
	• Identify a practice guideline of a salient health care problem facing at-risk and vulnerable populations such as diabetes, health disease, or another area of interest related to your current practice area • Consider the QSEN competencies at urlhttp://www.qsen.org/ksas_graduate.php and your selected practice guideline and answer the following questions in 5 pages: - How might advanced practice providers integrate quality and safety competencies in the context of health care delivery system - How might advanced practice providers adapt and develop evidenced based practice guidelines based on relevant clinical studies. - How can the practice guideline you have selected be adapted or changed to improve quality and safety of care for at-risk and vulnerable Americans? - What system structures of care (infrastructure, people that provide care) and processes need to change to meet the goal of safety and quality in health care? • Post a ½ page report in the forum and prepare to present and discuss in a group problem-solving forum.	

COMPETENCY AREA: Practice Inquiry	Examples of Outcome Measures and Strategies	Select Faculty/Program Resources
Competency 1. Provides leadership in the translation of new knowledge into practice	Discuss current research with implications for practice change and policy in advance nursing practice. Access existing databases and select relevant data for local comparisons.	AHRQ Health Care Innovations Exchange http://www.innovations.ahrq.gov/content.aspx?id=3147 Databases & Surveys http://www.ahrq.gov/ AHQR Network of Patient Safety Databases www.pso.ahrq.gov/npsd/npsd.htm
Competency 2. Generates knowledge from clinical practice to improve practice and patient outcomes	Present a comparison of national standards in outcomes and costs for a patient population.	AHQR Outcomes Research http://www.ahrq.gov/clinic/outfact.htm CDC Healthy People 2020 http://www.cdc.gov/nchs/healthy_people/hp2020.htm Zucker, J. et al. (2011). Hypertension management in a student run free clinic: Meeting national standards? *Academic Medicine, 8*, 239-245.
Competency 3. Applies clinical investigative skills to improve health outcomes	Identify sources of existing data for baseline/needs assessment, use of informatics to maintain a database for practice, teaching about data retrieval, available clinically focused monitoring tools, measurement methods, conducting a focus group to evaluate a practice change. Access existing databases in setting/local agency; uses publically available data about population to anticipate needs.	AHQR Network of Patient Safety Databases www.pso.ahrq.gov/npsd/npsd.htm AHQR Databases and Related Tools from the Healthcare Cost and Utilization Project http://www.ahrq.gov/data/hcup/datahcup.htm Kaplan, B. . (2001) Evaluating informatics applications- clinical decisions support systems literature review. *International Journal of Medical Informatics, 64,* 15-17 http://psg-mac43.ucsf.edu/ticr/syllabus/courses/2/2003/

COMPETENCY AREA: Practice Inquiry	Examples of Outcome Measures and Strategies	Select Faculty/Program Resources
		03/04/lecture/readings/evaluating%20informatics%20apps.pdf
Competency 4. Leads practice inquiry, individually or in partnership with others	Provide evidence to support work in professional organizations. Create an evidence table synthesizing results of 3 to 5 studies focused on one area with recommendations regarding usefulness of the findings and how they can be used in practice. Develop a proposal synthesizing research/evidence supporting proposed change, identifies research about prevention, diagnosis and treatment. Conduct a systematic review on a practice-relevant topic. Share data on quality improvement from inquiry project with professional colleagues. Seek/use comparative sources of data to examine similarity of themes and recommendations needed to improve practice.	Greenhalgh, T. (2006). How to Read a Paper: The basics of Evidence Based Medicine, 3rd Edition. B[r]MJ publishing. Bowers, D., House, A., Owens, D. (2006). Understanding Clinical Papers 2ed Edition. John Wiley & Sons. Dicenso, A., Guyatt, G., Ciliska, D. (2005).Evidence-Based Nursing: A Guide to Clinical Practice. Elsevier Mosby. Munro. B.H. (2004). *Statistical Methods for Health Care Research* (5th ed.). Lippincott Williams & Wilkins publisher. Perera, R., Heneghan, C., Badenoch, D. (2009). Statistics Toolkit. John Wiley & Sons.
Competency 5. Disseminates evidence from inquiry to diverse audiences using multiple modalities	Professional presentation: Present data at local, regional and national professional conferences on outcomes of clinical inquiries. Website Development: Develop website that utilizes a research portfolio online reporting tool that increases transparency of this research for the benefit of humans.	How to Make an Effective Research Presentation http://www.gvsu.edu/cms3/assets/B4A31AF5-FE18-57A3-0B2C38E8A615588B/how_to_make_an_effective_professional_research.pdf How to Develop Websites from the Medical Field http://org.enom.com/develop-websites-medical-field-318.html[v] US Department of Veterans Affairs Research and Development http://www.research.va.gov/

COMPETENCY AREA: Technology and Information Literacy	Examples of Outcome Measures and Strategies	Select Faculty/Program Resources
Competency 1. Integrates appropriate technologies for knowledge management to improve health care.	***Outcome Measures:*** 1.1 Demonstrates expertise in the utilization of electronic library resources. 1.2 Analyzes the current evidence related to various healthcare topics ***Strategies:*** Identification of Knowledge Gap: Utilizes electronic library resources to identify a knowledge or practice gap relevant to practice area and proposes or implements an intervention focusing on quality improvement. ***Outcome Measures:*** 1.3 Accesses and analyzes financial statements of a healthcare related company. 1.4 Evaluates allocation of resources. ***Strategies:*** Use of EHR for Cost Analysis Presents a paper describing the use of an EHR system to analyze financial statements and recommend potential areas of cost savings related to a specific clinical area.	Clinical Informatics wiki. (n.d.) Retrieved from http://clinfowiki.org/wiki/index.php/Main_Page Resources. (n.d.). Retrieved from http://www.ania-caring.org/ *This nursing informatics site provides links to relevant resources.* Allen, C., & Carr, L. (2009, July). How providers can lower costs and improve patient care using evidence based medicine. Retrieved from http://www.oracle.com/us/industries/018896.pdf
Competency 2. Translates technical and scientific health information appropriate for various users' needs Competency 2a. Assesses the patient's and caregiver's educational	***Outcome Measures:*** 2.1 Assesses the patient's and caregiver's educational needs to provide effective, personalized health care. ***Strategies:*** e-health Website Critique Writes critique of ehealth website from "Top 15 Most Popular Health Websites" at www.ebiz/mba.com examining underlying purpose, ease of use, accuracy/validity. Explains why site is or is	Evers, K. E. (2006). eHealth promotion: The use of the internet for health promotion. *American Journal of Health Promotion, 20*(4), 1-7. A user's guide to finding and evaluating health information on the web (n.d.) Medical Library Association. Retrieved from http://www.mlanet.org/resources/userguide.ht

COMPETENCY AREA: Technology and Information Literacy	Examples of Outcome Measures and Strategies	Select Faculty/Program Resources
needs to provide effective, personalized health. Competency 2b. Coaches the patient and caregiver for positive behavioral change	not appropriate for patient use. ***Outcome Measures***: 2.2 Coaches the patient and caregiver for positive behavioral change. ***Strategies:*** Patient Education Plan In the practice setting in which care is being delivered, assesses patient/caregiver learning style(s) using internet resources and utilizes EHR system to identify learning needs based on diagnoses, history, etc. Develops a personalized education plan for patient/caregiver utilizing internet resources.	ml Fleming, N. (n.d.) VARK: A guide to learning styles . Retrieved from http://www.vark-learn.com/english/index.asp Glaser, J., D. E. Henley, et al. (2008). Advancing personalized health care through health information technology: An update from the American health information community's personalized health care workgroup. *Journal of the American Medical Informatics Association, 15*(4), 391-396. NIH Health & Wellness Resources. (n.d.). Retrieved from http://www.nih.gov/health/wellness/
Competency 3. Demonstrates information literacy skills in complex decision making.	***Outcome Measures:*** 3.1 Analyzes practice settings to identify and prioritize problems in the practice setting that can be addressed by the advanced practice nurse. ***Strategies***: PICO (T) Question: • Formulates an appropriate PICO (T) question using evidence-based electronic resources for the practice setting in which care is being delivered. (Example: identifies number of T2DMs in practice and whether ADA goals of treatment are being met by providers). • Identifies the levels of evidence utilized in the PICO(T) assignment. • Presents PICO(T) project to peers for critique and review and incorporates feedback into the assignment.	Bakken, S., Currie, L. M., Lee, N., Roberts, W. D., Collins, S. A., & Cimino, J. J. (2008). Integrating evidence into clinical information systems for nursing decision support. *International Journal of Medical Informatics, 77*(6), 413-420. McGraw, M. (2009). Narrowing PubMed Searches to Nursing-Related Articles. *CIN: Computers, Informatics, Nursing.* 27(5), 272-275. Stillwell, S. B., Fineout-Overholt, E., Melnyk, B. M., & Williamson, K. M. (2010). Evidence-based practice, step by step: Asking the clinical question: a key step in evidence-based practice. *American Journal of Nursing,*

COMPETENCY AREA: Technology and Information Literacy	Examples of Outcome Measures and Strategies	Select Faculty/Program Resources
		110(3), 58-61.
Competency 4. Contributes to the design of clinical information systems that promote safe, quality and cost effective care.	***Outcomes Measures:*** 4.1 Identifies the purposes and need for data that can be obtained using clinical information systems. 4.2 Implements decision support programs that are pertinent to practice (clinical guidelines, drug interaction checking, etc.) and will improve patient outcomes, and patient education. ***Strategies:*** Technology/Application Assessment Uses resources available on the internet, in retail locations, in sales materials and/or brochures to: • Identify a relevant computer-based technology or application that will improve current practice in the practice setting in which care is being delivered. • Conduct a specifications review, cost comparison, description, integration to practice, and information technology usability review. Provides a summary review paper and/or presentation. Healthcare System EHR Needs Assessment • Identify information/tracking needs critical to a current practice setting that uses no or limited EHR. • Assess system currently in use to determine what is needed to meet identified critical needs. • Prepare a presentation for stakeholders demonstrating the need for enhanced EHR to meet information/tracking needs of the practice. ***Outcomes Measures:*** 4.3 Integrates business strategies to produce a plan to support the development of clinical information systems.	RFI/RFP template (updated). (n.d.). Retrieved from http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_047959.hcsp?dDocName=bok1_047959 *"provided as a sample tool to assist healthcare providers as they issue an RFI or an RFP for electronic health record (EHR)…meant to be used in conjunction with the practice brief titled "The RFP Process for EHR Systems."* The RFP process for EHR systems. (n.d.). Retrieved from http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_047961.hcsp?dDocName=bok1_047961 Health IT body of knowledge. (n.d.). Retrieved from http://www.himss.org/ASP/topics_HITBOK.asp *HIMSS (Healthcare Information and Management Systems Society) provides a.searchable site with extensive information on clinical information and decision support systems. The HIMSS site provides information about the organization, educational programs, health industry news, job search capability, a forum for discussion, and links to its journal and an on-line bookstore.*

COMPETENCY AREA: Technology and Information Literacy	Examples of Outcome Measures and Strategies	Select Faculty/Program Resources
	Strategies: IT Project (team activity) • Applies and integrates informatics-specific application(s) into a plan to create a new practice entity, solve an existing problem, analyze a set of data, or meet an informational need. • Prepares a plan appropriate for presentation to a Board of Directors in an appropriate healthcare industry or investment business sector, as if seeking financial investment/support (including a proposed budget and marketing plan).	Miller, R. H., West, C., Brown, T. M., Sim, I., & Ganchoff, C. (2005). The value of electronic health records in solo or small group practices. *Health Affairs, 24,* 1127-1135. Retrieved from http://www.himss.org/content/files/SmallPracticeEMRValue0905.pdf *This is an older article but still valuable.* The Electronic Healthcare Network Accreditation Commission, (n.d.). Retrieved from http://www.ehnac.org/ *This nonprofit group establishes standards for the electronic exchange of health care information. The home page includes links to related information sources.*
Competency 5. Uses technology systems that capture data on variables for the evaluation of nursing care.	*Outcomes Measures:* 5.1 Analyzes data using electronic clinical tracking systems *Strategies:* Query Development for EHR: Works with IT department at current practice setting to develop an EHR query to identify practice deficiencies and/or evaluate outcomes after an intervention. Tracking System: Utilizes a tracking system for the purpose of carrying out a strategic analysis that would include quality assurance measures, resource management strategies, and project management strategies. *Outcome Measures:* 5.2 Determines areas needing quality improvement within the practice or organization through multi-disciplinary inquiry.	Natarajan, K., Stein, D., Jain, S., & Elhadad, N. (2010). An analysis of clinical queries in an electronic health record. *International Journal of Medical Informatic*s, *79,* 515-522. Diamond, L. H., & Bates, M. (2010). Quality Measurement 101: What you need to know for successful quality initiatives at your organization. Retrieved from http://www.himss.org/asp/topics_patientSafety_QMWebinars.asp?faid=392&tid=11 Handout for Quality Measurement 101: http://www.himss.org/content/files/QMWebinar_Quality101.pdf QSEN Faculty Resources. (n.d.). Retrieved from

COMPETENCY AREA: Technology and Information Literacy	Examples of Outcome Measures and Strategies	Select Faculty/Program Resources
	Strategies: Quality & Safety Case Study: Examines current quality and safety issues related to delivery of care to a population in the practice setting in which care is being delivered via a case study.	http://www.qsen.org/faculty_resources.php QSEN Teaching Strategies. (n.d.). Retrieved from http://www.qsen.org/view_strategies.php

COMPETENCY AREA: Policy	Examples of Outcome Measures and Strategies	Select Faculty/Program Resources
Competency 1. Demonstrates an understanding of the interdependence of policy and practice.	**Outcome Measures:** 1.1 Educates others, including policy makers at all levels, regarding nursing health policy, and implications to patient care **Strategies:** Develop an education plan regarding nursing, health policy and their implications.	Carolyn Buppert (2012): Business Practice & legal Guide Book http://buppert.com/ Buppert, C . (2012) Nursing law & order. http://buppert.com http://advocatefornurses.typepad.com/my2cents/2009/05/emerging-legal-issues-for-nurse-practitioners.html American Association of Nurse Practitioners http://aanp.org/AANPCMS2/LegislationPractice
Competency 2. Advocates for ethical policies that promote access, equity, quality, and cost.	**Outcome Measures:** 2.1 Participate in public hearing to serve as an advocate for social justice, equity, and ethical policies within all healthcare areas **Strategies:** Identify and participate in public hearings related to health issues; write a position paper or participate orally in a hearing	Examples: American Academy of Nurse Practitioner http://aanp.org/AANPCMS2/LegislationPractice American Colleges of Nurse Practitioner http://www.acnpweb.org/i4a/pages/index.cfm?pageid=3299

COMPETENCY AREA: Policy	Examples of Outcome Measures and Strategies	Select Faculty/Program Resources
	or forum	
Competency 3. Analyzes ethical, legal, and social factors influencing policy development.	**Outcome Measures:** 3.1 Critically analyzes health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums. 3.2 Evaluates the ethical, legal, social and policy issues. **Strategies:** Example: Genetics Issues • Case Study: Using a case study, the student evaluates the impact of state and federal laws on privacy and confidentiality of genetic test results. • Case Study: Using a case study, evaluate the impact of a policy such as the Genetic Insurance Nondiscrimination Act (GINA) on genetic discrimination for an individual undergoing genetic testing.	International Society of Nurses in Genetics (ISONG) http://www.isong.org/ Genetic Information Nondiscrimination Act (GINA) http://www.ornl.gov/sci/techresources/Human_Genome/elsi/legislat.shtml Policy statements related to ethical issues in genetics and genomics http://www.kumc.edu/gec/prof/geneelsi.html%23test State genetics privacy laws http://www.ncsl.org/IssuesResearch/Health/GeneticPrivacyLaws/tabid/14287/Default.aspx World Health Organization http://search.who.int/search?q=legal&ie=utf8&site=default_collection&client=_en&proxystylesheet=_en&output=xml_no_dtd&oe=utf8
Competency 4. Contributes in the development of health policy.	**Outcome Measures:** 4.1 Leads the development or implementation of institutional, local, state, federal, and/or international health policy. **Strategies:** Demonstrate participation in Nursing Organizations or work committees at local, state , national or international levels that influence health public policies	Example: American Association of Nurse Practitioners http://aanp.org/AANPCMS2/LegislationPractice

COMPETENCY AREA: Policy	Examples of Outcome Measures and Strategies	Select Faculty/Program Resources
Competency 5. Analyzes the implications of health policy across disciplines.	**Outcome Measures:** 5.1 Analyzes policies and influences policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes at interdisciplinary level. **Strategies:** Evaluate Politics Platform in relation to health services issues and write a position paper related to this platform and make recommendations for health policies changes.	Examples : 1.Obama Platform http://www.barackobama.com/obama-for-america-2012-campaign?source=OM2012_LB_M_obama2012-rais-search_ob-name_potusK-80x60_Our 2. 2010 WASHINGTON STATE REPUBLICAN PARTY PLATFORM http://www.wsrp.org/platform.aspx 3. Example of Health Politics Journals : Journal of Health Politics, Policy and Law Journal of Law, Medicine and Ethics Journal of Policy Analysis and Management Journal of Public Health Management and Practice
Competency 6. Evaluates the impact of globalization on health care policy development.	**Outcome Measures:** 3.1 Analyzes health policy affecting people around the world and participate in forum to improve health care delivery and patient outcomes. **Strategies:** Analyze health policy at international, local state, regional or international levels, write a paper describing the policy, the resulting impact on health care system, and position related how can be improved this policy	Examples: World Health Organization http://search.who.int/search?q=legal&ie=utf8&site=default_collection&client=_en&proxystylesheet=_en&output=xml_no_dtd&oe=utf8 Knaul, F.M., Frenk, J. and Shulman, L. (October 2011). Closing the Cancer Divide: A Blueprint to Expand Access in Low and Middle Income Countries. Global Task Force on Expanded Access to Cancer Care and Control in Developing Countries. Harvard Global Equity Initiative, Boston, MA.

COMPETENCY AREA: Policy	Examples of Outcome Measures and Strategies	Select Faculty/Program Resources
		Symposium Live Online October 28, 2011 at: http://bit.ly/tLBYwp http://listserv.paho.org/Archives/equidad.html Globalization and Health: Pathways, Evidence and Policy (2009) Edited by Ronald Labonté,=Ted Schrecker, Vivien Runnels, Corinne Packer WHO website examples of how genomics has impacted health care and policy worldwide http://www.who.int/genomics/policy/en/

COMPETENCY AREA: Health Delivery System	Examples of Outcome Measures and Strategies	Select Faculty/Program Resources
Competency 1 Applies knowledge of organizational practices and complex systems to improve health care delivery	***Outcome Measures:*** 1.1 Assesses organizations using organizational and systems theories/concepts. 1.2 Analyzes system issues within organizations that impact safety, quality improvement, ethical practice and cost effective care. 1.3 Analyzes basic business and economic principles and practices, including budgeting, marketing for application to the delivery of health care. ***Strategies:*** <u>System Analysis:</u> Paper analyzing a microsystem from a systems perspective <u>Practice Guidelines:</u> Presentation on the process of implementing practice guidelines within the organization <u>Clinical Experience:</u> Participation in a clinical experience that allows student to spend time with a chief nursing officer, chief executive officer, or other members of the executive suite to learn more about organizations and systems. ***Outcome Measures:*** 1.4 Develops and defends a project budget within given constraints for an organization. 1.5 Analyzes basic business and economic principles and practices. ***Strategies:*** <u>Budget Development:</u> Create an organizational budget for a practice change	<u>Readings:</u> Borkowski, N. (2009) Organizational Behavior, Theory, and Design in Health Care. MA: Jones and Bartlett Publishers. Gareth, M. (2006) Images of Organization. CA: Sage Publications. Ford, R. C., Sivo, S.A., Fottler, M.D., Dickson, D., Bradley, K. & Johnson, L. (2006) Aligning internal organizational factors with a service excellence mission, *Health Care Management Review,* 31(4), 259-269. Rivers, P.A., Fottler, M.D., & Parker, M. (2005). Environmental assessment of the Indian Health Service. Health *Care Management Review,* 30(4), 293-303. Borkowski, N., & Gordon, J. (2006) Entrepreneurial organizations: the driving force for improving quality in the health care industry. *Journal of Health and Human Services Administration,* 28(40), 531-549. Hall, R. H. (1996). Organizations: structures, processes, and outcomes (6th ed.) Englewood Cliffs, NJ: Prentice Hall. Miller, D., & Friedson, P. H. (1980).

COMPETENCY AREA: Health Delivery System	Examples of Outcome Measures and Strategies	Select Faculty/Program Resources
	Healthcare Financing: Develop a paper on the relationship between health care financing and the cost of care within the practice organization	Momentum and revolution in organizational adaptation. *Academy of Management Journal,* 23, 591-614 Ruefm M., & Scott, R. W., (1998). A multidimensional model of Organizational legitimacy: Hospital survival in changing institutional environments. *Administrative Science Quarterly,* 43, 877-904. Institute for Health Care Improvement Website - http://www.ihi.org/IHI/. Note: registration is free. Institute for Health Care Improvement White Papers: A framework for Leadership Improvement – February 2006 Syllabus available upon request: University of Portland School of Nursing. NRS 546: Organizational and Systems Leadership . email: napolita@up.edu
Competency 2 Effects health care change using broad based skills including negotiating, consensus-building, and partnering	**Outcome Measures:** 2.1 Applies change theory to implement and sustain change in practice delivery. 2.2 Articulates the process of practice change within organizations. **Strategies:** Organizational Change: Paper analyzing a need for change to improve practice within an organization and applying change theory to implement the	Consensus Building websites: A Short Guide to Consensus Building - http://web.mit.edu/publicdisputes/practice/cbh_ch1.html Resolve consensus building tools - http://www.resolv.org/tools/ Building Consensus - https://www.msu.edu/~corcora5/org/consensus.html

COMPETENCY AREA: Health Delivery System	Examples of Outcome Measures and Strategies	Select Faculty/Program Resources
	improvement. Organizational Change: Participation in an organizational change process in a clinical site or other organization to improve health care --- ***Outcome Measures:*** 2.3 Demonstrates leadership qualities within an organization. 2.4 Demonstrates leadership qualities within an interdisciplinary team. ***Strategies:*** Organizational Leadership: Lead group meeting within clinical site or other organization to identify and address an organizational issue Practice Leadership: Paper on the role of the NP as a leader in the practice site Interprofessional Team: Participation in an interprofessional team change process to improve health care delivery. Practice agreement: Develop an employment contract or practice agreement Professional Networking: Participate in discussion group on professional networking site such as Linkedin, and use wikis and blogs. Consensus-Building: Practice in team-building and consensus-building through interdisciplinary exercises.	

COMPETENCY AREA: Health Delivery System	Examples of Outcome Measures and Strategies	Select Faculty/Program Resources
Competency 3. Minimizes risk to patients and providers at the individual and systems level.	**Outcome Measures:** 1.1 Demonstrates understanding and ability to obtain individual and familial risk factors in multiple areas (physical, genetic, psychological, social, and environmental). 1.2 Assesses and identifies risks for specific populations. 1.3 Articulates process for addressing particular population risk. **Strategies:** Risk Assessment: Includes risk assessment with client workups as demonstrated in chart notes and client presentation in clinical seminar. Population Risk: Presents a paper on example of population risk and process to address risk. Risk Management: Presents a paper on risk management for organizations as part of quality improvement program. **Outcome Measures:** 1.4 Demonstrates understanding of risk management. 1.5 Articulates policy and actions to be taken to reduce risk and improve patient safety within organization. 1.6 Integrates QSEN competencies within risk management assignment. **Strategies:** Risk Management: Assesses a risk management program within assigned organization. QSEN: Participates in a group to incorporate QSEN (Quality & Safety Education for Nurses) competencies including those related to NPs into	Nash, D., Reifsnyder, J., Fabius, R. & Pracilio,V. (2011). Population health: Creating a culture of wellness. Sudbury, MA: Jones & Bartlett Learning. Radzyminski, S. (2007). The concept of population health within the nursing professional. Schadewald, D. (2010). Clinical prevention and population health for improving the nation's health. In Zaccagnini & White (Eds.). *The doctor of nursing practice essentials: A new model for advanced practice nursing* (Chapter 7). Boston: Jones and Bartlett Publishers. Rivo, M. (2009). It's time to start practicing population-based health care. *American Academy of Family Practice*, 5, 37-46. Population-based care websites: Population based care and patient management http://www.thci.org/other_resources/PopulationCare.htm An Integrated Framework for Risk Management and Population Health http://www.encyclopedia.com/doc/1P3-1400753121.html Mayo clinic population health site http://mayoclinichealthsolutions.com/products/products-main.cfm

COMPETENCY AREA: Health Delivery System	Examples of Outcome Measures and Strategies	Select Faculty/Program Resources
	organizational system	QSEN: QSEN competencies http://www.qsen.org/about_qsen.php
Competency 4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders	**Outcome Measures:** 4.1 Demonstrates the ability to adapt the delivery of health care activities to meet the needs individual patients and/or populations. 4.2 Demonstrates promotion of cultural and linguistic competence as essential approaches in the elimination of health disparities. 4.3 Generates culturally sensitive health promotion materials. 4.4 Constructs practice protocols which enhance the quality of services within culturally diverse and underserved communities. 4.5 Constructs organizational improvement plans based accommodate a diverse environment. 4.6 Exhibits the ability to adapt the delivery of health care activities to meet the needs and practices of various populations. **Strategies:** Evaluation: Evaluates educational materials/programs, practice protocols and health delivery systems with the intent of adapting and applying them to various backgrounds, traditions and ethnicities. Organizational resources: Constructs organizational resource manuals, policies, and procedures related to service to individuals with language or other communications barriers. Staff Education: Provides education to the staff related to provision of services to individuals with special needs.	Readings: Danis, M., Kotwani, N., Garrett, J., Rivera, I., Cole, J. D., & Nolan, P. C. (2010). Priorities of low-income urban residents for interventions to address the socio-economic determinants of health. *Journal of Health Care for the Poor and Underserved, 21*, 1318 Web sites: Unequal Treatment: Summary. See videos on Unnatural causes – four videos on health disparities – one of these on environmental disparities. http://www.naccho.org/topics/justice/ http://www.diversityrx.org/HTMl/ESLANG.htm http://culturedmed.binghamton.edu/ http://www.tcns.org/ http://www.culturediversity.org/links.htm

COMPETENCY AREA: Health Delivery System	Examples of Outcome Measures and Strategies	Select Faculty/Program Resources
Competency 5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment	***Outcome Measures:*** 5.1 Analyzes system issues within organizations that impact safety, quality improvement, ethical practice and cost effective care. 5.2 Evaluates outcomes of health care delivery on populations within an organization. 5.3 Evaluates organizational impact on providers, other health professionals and staff. 5.4 Evaluates organizational impact on external stakeholders and communities. ***Strategies:*** Provision of Healthcare: Develops structures that allow consumers and other community members to plan, develop, and evaluate the provision of health care. Possible strategies include focus groups or community participation research. Organizational impact: Identify an organizational issue such as productivity and survey health professionals within an organization as to the impact on client healthcare. Organizational impact: Identify an organizational issue such as after-hours accessibility and survey community partners as to the impact on their agencies.	See above resources on organizational systems
Competency 6. Analyzes organizational structure, functions and resources to improve the delivery of care *(this is very similar to first competency)*	***Outcome Measures:*** 6.1 Analyzes basic business and economic principles and practices, including organizational structure, budgeting, and marketing for application to the delivery of health care. 6.2 Applies ethical principles regarding the delivery of health care in relations to healthcare financing and economics.	

COMPETENCY AREA: Ethics	Examples of Outcome Measures and Strategies	Select Faculty/Program Resources
Competency 1. Integrates ethical principles in decision making	**Outcome Measure:** 1.1 Analyzes an ethical dilemma in health care **Strategies:** • Identify an ethical issue related to your practice change area. • Integrate ethical principles and application of principles in clinical decision-making, discussion of cases, via presentation, and/ or paper. • Explain ethical/legal issues within the identified cases. • Identify cases that demonstrate key ethical issues common to DNP practice (actual or standardized)	Schumann, J.H. & Alfandre, D. (2008). Clinical ethical decision making: The four topics approach. *Seminars in Medical Practice, 11,* 36-42. http://www.turner-white.com/memberfile.php?PubCode=smp_dec08_ethical.pdf Grace, P. J. (2008). *Nursing Ethics and Professional Responsibility in Advanced Practice.* Sudbury, MA: Jones & Bartlett.
Competency 2, Evaluates the ethical consequences of decisions	**Outcome Measures:** 2.1 Participates in an interprofessional ethics committee. 2.2 Analyzes a health care issue involving a technological innovation for its outcomes for patients, providers, the facility, costs, and the health care system. **Strategy:** Provide a written opinion statement with documented rationale stating the specific requirements of a specific project regarding the protection of human subjects.	Monsen, R. B. (Ed. (2009). Genetics and ethics in health care: New questions in the age of genomic health. Silver Spring, MD: American Nurses Association.
Competency 3. Applies ethically sound solutions to complex issues related to individuals, populations, and systems care	**Outcomes Measure:** 3.1 Identify an ethical issue related to your practice change area **Strategies:** Discuss issues of social justice that need to be addressed. Develop a plan to address social justice for those in extreme poverty or high-risk environments.	Gostin, L. O. & Powers, M. (2006). What does social justice require for the public health? Public Health Ethics and Policy Imperative. Georgetown Public Law and Legal Theory Research Paper No. 920486.

COMPETENCY AREA: Independent Practice	Examples of Outcome Measures and Strategies	Select Faculty/Program Resources
Competency 1. Functions as a licensed independent practitioner	Addressed in population focused competencies	
Competency 2. Demonstrates the highest level of accountability for professional practice	**Outcome Measures:** 2.1 Demonstrates judgment in understanding own limitations and seeks consultation/collaboration from appropriate sources. 2.2 Utilizes educational resources to maintain and advance competencies. 2.3 Adheres to practice acts. 2.4 Maintains privacy and confidentiality. 2.5 Acts in response to questionable practices of others. 2.6 Provides for continuity of care. 2.7 Engages in continuous quality improvement. 2.8 Advances practice through participation in health-related and professional groups. **Strategies:** Reflective Practice: Analyzes own practice and clinical outcomes including: • Identifying personal weaknesses and learning needs • Utilizing resources to address personal weaknesses • Identifying behaviors of others that are non-adherent to standards of care or practice acts. • Adhering to best practices and standards of care • Providing for continuity of care • Joins professional organizations • Assumes leadership roles in health-focused community groups	Code of Ethics for Nurses http://www.nursingworld.org/MainMenuCategories/EthicsStandards /CodeofEthicsforNurses.aspx
Competency 3. Practices independently managing previously diagnosed and	**Outcome Measures:** 3.1 Demonstrates critical thinking abilities through oral and written presentations of cases.	Zaccagnini, M.E. & White, K.W. (2010). The doctor of nursing practice essentials: A new model for advanced practice nursing (2nd Ed.). Sudbury: Jones and Bartlett. ISBN 978-

undiagnosed patients	**Strategies:**	0-7637-7346-5
	Complex Case Study Presentation	
Competency 3a. Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end of life care	Present a case study which demonstrates the ability to independently manage a complex patient with a minimum of 3 medical co-morbidities including the full spectrum of healthcare services, assessment, diagnosis, and management.	Chism, L.A. (2009) The doctor of nursing practice. A guidebook for role development and professional issues. Sudbury, MA: Jones & Bartlett.
	Standardized Patient Evaluation (real or virtual) • complete a video case presentation • complete appropriate patient documentation in written and electronic formats • complete written examination for each case	Smolowitz, J., Honig, J, and Reinisch, C. (2010). Writing DNP clinical case narratives. Demonstrating and evaluating competency in comprehensive care. New York: Springer.
Competency 3b. Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings		Heinrich, K. (2008). A nurse's guide to presenting and publishing. Dare to share. Boston: Jones and Bartlett.
Competency 3c. Employs screening and diagnostic strategies in the development of diagnoses		
Competency 3d. Prescribes medications within scope of practice		
Competency 3e. Manages the health/illness status of patients and families over time		
Competency 4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in	**Strategies:** Diverse Population Presentation: • Conduct diverse community needs assessment; attend diverse local community events • Collaborate with diverse community leaders in health	AACN Tool Kit for Graduate Cultural Competence htt://www.aacn.nche.edu/educcation-resourcse/cultural-competency

decision-making

Competency 4a. Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.

Competency 4b. Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect

Competency 4c. Incorporated the patient's cultural and spiritual preferences, values, and beliefs into health care

Competency 4d. Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care

care education programs
- Present results of community assessment
- Perform web-based searches to obtain diverse population data and pertinent epidemiological information
- Examine available resources on standards, policy, legislative and accreditation requirements related to diverse populations
- Apply standards of professional associations

Diverse Community Project Paper:
Develop, implement and evaluate an education project with key members of the diverse community

Obtain written materials in specific language, and/or translated into English for use in patient/family encounters

Student Led Discussion:
Symposia discussion of clinical encounters with culturally diverse patients incorporating language skills, literacy, and patient expectation of health care encounter

Standardized Patients: Utilize standardized patients with instructor feedback to develop knowledge, attitudes and skills to interactive effectively with individual/families

Clinical Practice: Role play with peer/instructor feedback

Complex Case Study Presentation: Present a case study which demonstrates patient-centered care including aspects of confidentially, privacy, comfort, emotional support, mutual trust and respect

Interdisciplinary Clinical Experience: Direct observation in clinical setting with diverse populations

Diversity Web
http://www.diversityweb.org/reserach_and_trends/political_legal_issues

Douglas, M.K., et al. (2009) Standards of practice for culturally competent nursing care: A request for comments. *Journal of Transcultural Nurs*ing, *20(3)* 227-234.

The Essentials of Doctoral Education for Advanced Nursing Practice
http://www.aacn.nche.edu/pulications/position/DNPEssentials.pdf

Institute of Medicine (IOM), August 2009. Recommendations for national standards for the collection of race, ethnicity and language data for health care quality improvement and reduction of health care disparities:
http://www.iom.edu/datastandardization
or
http://www.iom.edu./?ID=72796

Transforming the Face of Health Professions Through Cultural and Linguistic Competence Education: The Role of the HRSA Centers of Excellence
http://hrsa.gov/competence.pdf

Levin, S.J., Like, R.C. & Gottlieb, J.E. (2000) EHTNIC: A framework for culturally competent ethical practice. *Patient Care, 34(9)*, 188-189.
http://erc.msh.org/aapi/tt2.html