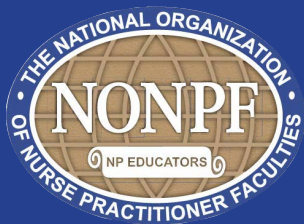


# Adult-Gerontology Acute Care And Primary Care NP Competencies

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American Association of Colleges of Nursing  
ADVANCING HIGHER EDUCATION IN NURSING



# Adult-Gerontology NP Competencies Work Group

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## Introduction

Since the release of the 2008 APRN Consensus Model: Licensure, Accreditation, Certification, and Education, the nurse practitioner (NP) community has been undertaking efforts to ensure congruence with the model. Within education, NP programs have focused on changes to align educational tracks with the NP populations delineated in the model. National organizations have supported these efforts through collaborative work on the NP competencies that guide curriculum development. In 2011, a multi-organizational task force embarked on the challenge to identify competencies for many of the NP population foci: Family/Across the Lifespan, Neonatal, Pediatric Acute Care, Pediatric Primary Care, Psychiatric-Mental Health, and Women's Health/Gender-Related. Although there had previously been developed adult-gerontology competencies in acute care and primary care, those competencies were set within a previous framework of domains. This document presents the updated adult-gerontology acute care and primary care NP competencies within the same framework as the other population-foci NP competencies document. These competencies explicate the unique characteristics and role of the adult-gerontology population focus in acute care and primary care and are designed to augment the NP core competencies.

## Background

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

Nurse Practitioner Competencies and the Psychiatric-Mental Health Nurse Practitioner Competencies. The development of these population-focused competencies involved a national, consensus process that remains in place today and was used with the 2012 population-focused competencies.

The APRN Consensus Model made a few changes to the population foci for NP educational tracks. Notably, the adult and gerontology foci were merged, and both the adult-gerontology and pediatric foci are distinguished as being primary care or acute care. In addition, the Consensus Model stipulates that the Psychiatric-Mental Health focus crosses the lifespan. Competencies specific to these newly defined population foci did not exist. In 2011 with funding from The John A. Hartford Foundation, AACN, in collaboration with NONPF, delineated the first set of adult-gerontology competencies in primary care and acute care. Recognizing the need for competencies that align with each population foci in the Model, NONPF convened a national task force in 2011 to review previous work and delineate updated entry-level competencies for the remaining population foci. NONPF and AACN recognized the need to revisit the adult-gerontology competencies to present them within the same framework as the other population foci to make it easier for faculty to cross-walk competencies across the NP curriculum. From 2015-2016, the joint work group reviewed and updated the adult-gerontology competencies.

The work group includes representatives of both AACN and NONPF with expertise in adult-gerontology ACNP and/or PCNP curriculum development. The work group formed subgroups to identify the competencies for each population focus and also convened periodically as a whole for discussion. The work group invited review of the competencies in an external validation process, and the final competencies reflect the feedback obtained in this step.

## The APRN Core

The APRN Consensus Model stipulates that an APRN education program must include at a minimum three separate comprehensive graduate-level courses known as the APRN core. The APRN core consists of: advanced physiology/pathophysiology, including general principles that apply across the lifespan; advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents. In addition to the broad-based content described above, the work group chose to suggest content within the population-focused competencies related to the three core courses as it pertained to the specific population. This was done to illustrate the differences in application of the broad-based core courses as it related to therapeutic management of the various populations.

## The Relationship of the NP Core and Population-Focused Competencies

Each entry-level NP is expected to meet both the NP core competencies and the population-focused competencies in the area of educational preparation. Accordingly, NP educational programs use both NP core competencies and population-focused competencies to guide curriculum development. The NP core competencies are demonstrated upon graduation regardless of the population focus of the program. The competencies are necessary for NPs to meet the complex challenges of translating rapidly expanding knowledge into practice and function in a changing health care environment.

## Other Resource Material for NP Programs

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

- The Future of Nursing: Leading Change, Advancing Health (IOM, 2011)
- Core Competencies for Interprofessional Collaborative Practice (2011)
- Quality and Safety Education for Nurses (QSEN) Graduate Competency KSAs (2012)
- Essential Genetic and Genomic Competencies for Nurses with Graduate Degrees (2012)
- The Essentials of Master's Education in Nursing (AACN, 2011)
- The Essentials of Doctoral Education for Advanced Practice Nursing (AACN, 2006)
- Integration of Oral Health and Primary Care Practice (HRSA, 2014)

## How to Use This Document

The following pages include both sets of adult-gerontology NP competencies. Each set is presented in a table format to emphasize the relationship of the population-focused competencies with the NP core competencies. The expectation is that an educational program will prepare the student to meet both sets of competencies. The table also presents suggested content to support both the NP core and adult-gerontology competency development.

All text in red indicates recently added competencies (after the original release).

# Adult-Gerontology Acute Care NP Competencies

## Preamble:

These are entry-level competencies for the adult-gerontology acute care nurse practitioner (AG ACNP) and build on the core competencies for all nurse practitioners (NPs).

The AG ACNP provides care to adults and older adults with acute, critical and complex chronic physical and mental illnesses across the entire adult age spectrum from young adults (including late adolescents), to adults and older adults (including frail older adults). AG ACNPs are prepared to provide services ranging from disease prevention to critical care to stabilize the patient's condition, prevent complications, restore maximum health and/or provide palliative care. The AG ACNP practice focuses on patients who are characterized as "physiologically unstable, technologically dependent, and/or are highly vulnerable to complications" (AACN, 2012). These patients require ongoing monitoring and intervention. The patients with acute, critical and complex chronic physical and mental illnesses may be encountered across the continuum of care settings. The scope of practice of the AG ACNP is not setting specific but rather is based on patient care needs. The AG ACNP also coordinates comprehensive care in and across care settings to ensure that the acute and chronic illness needs of patients are met during care transitions.

The AG ACNP program is designed to provide sufficient didactic and clinical experiences to prepare the graduate with the competencies delineated in this document, as well as the NONPF NP Core Competencies and the current AACN Essentials of Doctoral Education for Advanced Nursing Practice. It is expected that faculty assess the types, quality, and length of experiences, adult-gerontology patient populations, and diverse care settings afforded each student to ensure the student is prepared to provide care to the entire adult-gerontology age spectrum and across the acute, critical, and complex care continuum. In addition, the AG ACNP student is expected to have practice opportunities within the program to integrate advanced nursing practice competencies, including leadership skills, understanding of health care systems, and interprofessional team practice into one's practice. Integration of the AC ACNP competencies, NONPF NP Core Competencies, and AACN DNP Essentials across the curriculum of the AG ACNP program is recommended for efficient and effective program design.

See the "Introduction" for how to use this document and to identify other critical resources to supplement these competencies.

# NP Competency Area: Scientific Foundations

<b>NP Core Competencies</b>	<b>Curriculum Content to Support NP Core Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content</i>	<b>Adult-Gerontology Acute Care NP Competencies</b>	<b>Curriculum Content to Support AG ACNP Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
<ol style="list-style-type: none"> <li>1. Critically analyzes data and evidence for improving advanced nursing practice.</li> <li>2. Integrates knowledge from the humanities and sciences within the context of nursing science.</li> <li>3. Translates research and other forms of knowledge to improve practice processes and outcomes.</li> <li>4. Develops new practice approaches based on the integration of research, theory, and practice knowledge.</li> </ol>	<p>Comparison of patient data sets with evidence-based standards to improve care</p> <p>Scientific foundations to practice, including, but not limited to, knowledge of advanced pathophysiology, pharmacology, physiology, genetics, and communication skills</p> <p>Science from other disciplines relevant to health care</p> <p>Theories/conceptual frameworks/principles for practice:</p> <ul style="list-style-type: none"> <li>• Translational research that guides practice</li> <li>• Critical evaluation of research findings</li> <li>• Mid-range nursing theories and concepts to guide nursing practice</li> <li>• Evidence-based care</li> <li>• Physiologic</li> <li>• Communication</li> <li>• Developmental</li> <li>• Genetic</li> <li>• Behavior change</li> <li>• Population health</li> </ul> <p>Critical thinking development:</p> <ul style="list-style-type: none"> <li>• Evidence appraisal</li> <li>• Formulating a practice problem</li> <li>• Use of science-based theories and concepts to assess, enhance, and ameliorate health care delivery phenomena</li> <li>• Use of PICO questions to initiate research and quality improvement projects</li> </ul> <p>Qualitative and quantitative research and quality improvement methods</p> <p>Ethical and legal protection of human subjects</p> <p>Inquiry processes and practices related to health literacy, vulnerable populations, and culture</p> <p><b>Monitoring health outcomes</b></p>	<ol style="list-style-type: none"> <li>1. Contributes to knowledge development and improved care of the adult-gerontology population.</li> <li>2. Uses scientific knowledge and theoretical foundations to differentiate between normal and abnormal changes in physiological, psychological, and sociological development and aging.</li> </ol>	<p>Reputable sources of national data on aging such as:</p> <ul style="list-style-type: none"> <li>• Healthy Aging Data Portfolio</li> <li>• CDC</li> <li>• The National</li> <li>• Archive of Computerized Data on Aging</li> <li>• National Health and Aging Trends Study</li> </ul> <p>Theories/conceptual frameworks/principles of physiological, psychological, and sociological developmental and biological theories of aging such as:</p> <ul style="list-style-type: none"> <li>• Life-course theories</li> <li>• Disengagement theory</li> <li>• Activity theory</li> <li>• Continuity theory</li> <li>• Programmed or damaged or error theories of aging</li> </ul> <p>Scientific foundations to practice, including, but not limited to normal physiological changes of aging and age-related pathophysiology and pharmacology</p> <p>Life stage transitions</p> <ul style="list-style-type: none"> <li>• Developmental stages of life from adolescents to frail older adult ages.</li> <li>• Ageism in families.</li> <li>• Dependence vs autonomy and acceptance of risk.</li> <li>• Family dynamics related to illness</li> </ul> <p>Application of principles of safety related to health care processes especially in the acute care environment with particular attention to the older adult</p> <p>Methods for appraisal of research studies relevant to adolescent, adult, and older adult clinical practice</p>

# NP Competency Area: Leadership

<b>NP Core Competencies</b>	<b>Curriculum Content to Support NP Core Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content</i>	<b>Adult-Gerontology Acute Care NP Competencies</b>	<b>Curriculum Content to Support AG ACNP Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
<ol style="list-style-type: none"> <li>1. Assumes complex and advanced leadership roles to initiate and guide change.</li> <li>2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care.</li> <li>3. Demonstrates leadership that uses critical and reflective thinking.</li> <li>4. Advocates for improved access, quality and cost effective health care.</li> <li>5. Advances practice through the development and implementation of innovations incorporating principles of change.</li> <li>6. Communicates practice knowledge effectively, both orally and in writing.</li> <li>7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.</li> </ol>	<p><b>Content related to:</b></p> <ul style="list-style-type: none"> <li>• Crisis management and leadership</li> <li>• Stress management (for staff and patient/family)</li> <li>• Teams and teamwork, including team leadership, building effective teams, and nurturing team</li> </ul> <p>Leadership, change, and management theories with application to practice</p> <p>Political processes, political decision making processes, and health care advocacy</p> <p>Problem solving:</p> <ul style="list-style-type: none"> <li>• Influencing and negotiation</li> <li>• Conflict management</li> <li>• Strategic thinking</li> <li>• Managing change</li> </ul> <p>Business development:</p> <ul style="list-style-type: none"> <li>• High reliability organization principles</li> <li>• Building and maintaining effective teams</li> <li>• Project management concepts</li> <li>• Principles of effective decision making</li> <li>• Principles of change management</li> <li>• Civility</li> <li>• Principles of innovation</li> </ul> <p>Communications:</p> <ul style="list-style-type: none"> <li>• Scholarly writing, manuscript, and abstract preparation</li> <li>• Structuring and presenting persuasive arguments</li> </ul> <p>Peer review:</p> <ul style="list-style-type: none"> <li>• Publications</li> <li>• Presentations</li> <li>• Research</li> <li>• Practice</li> </ul> <p>Leadership development:</p> <ul style="list-style-type: none"> <li>• Skills to influence decision-making bodies at the system, state, or national level</li> <li>• Interprofessional leadership</li> </ul>	<ol style="list-style-type: none"> <li>1. Describes the current and evolving adult-gerontology acute care NP role to other health care providers and the public.</li> <li>2. Provides guidance, consultation, mentorship, and educational experiences to students, nurses, and other health professionals regarding acute and critical care populations.</li> <li>3. Coordinates health care services for patients with acute, critical, and complex chronic illness.</li> <li>4. Provides leadership to facilitate the highly complex coordination and planning required for the delivery of care to young adults (including late adolescents), adults, and older adults.</li> </ol>	<p>Content related to:</p> <ul style="list-style-type: none"> <li>• Planning, delivery, and evaluation of care by the health care team</li> <li>• Teaching and coaching to improve the plan of care and health care outcomes</li> <li>• Promoting improved health care outcomes for young adult (including late adolescents), adult, older adults in practice, policy, and other venues</li> </ul> <p>Communication</p> <ul style="list-style-type: none"> <li>• Skills to effect good communication between members of the health care team in rapidly changing patient conditions as well as patients needing palliative or hospice care</li> <li>• Interpersonal and organizational—including elements and channels, models, and barriers</li> </ul> <p>Use of peer review process for practice improvement</p> <p>Importance of the impact of participation in professional organizations to:</p> <ul style="list-style-type: none"> <li>• Influence health policy.</li> <li>• Promote access to care for the population(s) served.</li> <li>• Advocate on behalf of the population(s) served.</li> <li>• Promote the adult-gerontology acute care NP and other advanced practice nursing roles</li> </ul> <p>Serving as a resource in the application, customization, and implementation of information systems for enhanced practice</p>



# NP Competency Area: Leadership

## NP Core Competencies

## Curriculum Content to Support NP Core Competencies

*Neither required nor comprehensive, this list reflects only suggested content*

## Adult-Gerontology Acute Care NP Competencies

## Curriculum Content to Support AG ACNP Competencies

*Neither required nor comprehensive, this list reflects only suggested content specific to the population*

- Assuming leadership positions in professional, political, or regulatory organizations
- Structure and functions of editorial/board roles
- Ethical and critical decision making, effective working relationships, and a systems-perspective

Concepts of strategic planning process

Leadership styles

How to lead change in practice, manage practice changes

- Monitoring implementation and fidelity
- Adaptation of change to patients, providers and organizational needs and resources
- Interim feedback on achievements and efficiencies
- Interpretation of data and articulating evidence

Self-reflection of leadership style e.g., personal leadership strengths and weaknesses; working with diverse skills sets and diverse teams



# NP Competency Area: Quality

<b>NP Core Competencies</b>	<b>Curriculum Content to Support NP Core Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content</i>	<b>Adult-Gerontology Acute Care NP Competencies</b>	<b>Curriculum Content to Support AG ACNP Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
<ol style="list-style-type: none"> <li>1. Uses best available evidence to continuously improve quality of clinical practice.</li> <li>2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.</li> <li>3. Evaluates how organizational structure, care processes, financing, marketing, and policy decisions impact the quality of health care.</li> <li>4. Applies skills in peer review to promote a culture of excellence.</li> <li>5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality</li> </ol>	<p>Quality Safety Education in Nursing (QSEN) principles and content</p> <p>Evaluation of outcomes of care such as quality improvement projects with an evaluation component</p> <p>Reflective practice Culture of safety</p> <p>Quality improvement processes and practices</p> <p>Knowledge of quality improvement methods such as:</p> <ul style="list-style-type: none"> <li>• Plan-Do-Study Act</li> <li>• Six Sigma</li> </ul> <p>Cost benefit analysis</p> <p>Peer review process</p> <ul style="list-style-type: none"> <li>• Reviewer</li> <li>• Reviewee</li> </ul> <p>Collaborative team processes and practices</p> <p>Leadership skills for leading change for quality clinical practice</p> <p>Methods and measures of quality assurance during transitions of care</p> <p>Laws and rules to enhance quality such as:</p> <ul style="list-style-type: none"> <li>• Meaningful use</li> <li>• Federal, state, and local quality data sources and indicators</li> </ul>	<ol style="list-style-type: none"> <li>1. Implements evidence-based practice interventions to promote safety and risk reduction for young adults, adults, and older adults with acute, critical, and complex chronic illness needs.</li> <li>2. Demonstrates continuous quality improvement of one's own practice.</li> </ol>	<p>Exemplars of unique risks to acutely, critically, and complex chronically ill adults</p> <p>Safety and risk-reduction interventions.</p> <ul style="list-style-type: none"> <li>• Devices to promote mobility and prevent falls</li> <li>• Cognitive and sensory enhancements.</li> <li>• Restraint-free care</li> <li>• Judicious use of catheters and lines e.g., monitoring and other technological devices</li> </ul> <p>Interventions for risk reduction in patients related to:</p> <ul style="list-style-type: none"> <li>• Decline in physical or mental function</li> <li>• Impaired quality of life</li> <li>• Social isolation</li> <li>• Disability</li> <li>• Increased cost</li> </ul> <p>Implementation of safety initiatives in acute and critical care environments</p> <p>Use of nationally accepted quality measures and benchmarks for acute and critical care environments</p> <p>Evidence- based practices that promote patient and provider safety in acute and critical care</p>

# NP Competency Area: Practice Inquiry

<b>NP Core Competencies</b>	<b>Curriculum Content to Support NP Core Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content</i>	<b>Adult-Gerontology Acute Care NP Competencies</b>	<b>Curriculum Content to Support AG ACNP Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
<ol style="list-style-type: none"> <li>1. in the translation of new knowledge into practice.</li> <li>2. Generates knowledge from clinical practice to improve practice and patient outcomes.</li> <li>3. Applies clinical investigative skills to improve health outcomes.</li> <li>4. Leads practice inquiry, individually or in partnership with others.</li> <li>5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.</li> <li>6. Analyzes clinical guidelines for individualized application into practice</li> </ol>	<p>Leadership for role in practice improvement</p> <p>Clinical investigation strategies:</p> <ul style="list-style-type: none"> <li>• Identifying clinical practice problems</li> <li>• Appraising evidence for application to practice (e.g., design, methods, tools, analysis)</li> <li>• Literature search methods, including, but not limited to, the MeSH search for the best clinical evidence and the PICO Model to define clinical questions</li> </ul> <p>Use of electronic databases, such as electronic health records:</p> <ul style="list-style-type: none"> <li>• Assessing clinical practice</li> <li>• Reviewing patient technology</li> <li>• Exploring behaviors and risk factors</li> <li>• Using data to support evidence based changes in clinical management</li> <li>• Template development</li> </ul> <p>Patient management, including, but not limited to, discerning gaps in care and barriers to care needing resolution during patient encounters</p> <p>Project development and management:</p> <ul style="list-style-type: none"> <li>• Synthesis and translation/ extrapolation of research to selected populations</li> <li>• Frameworks to guide projects</li> <li>• <b>Quality improvement methods</b></li> <li>• Assessment of resources needed and available for projects</li> <li>• <b>Competing priorities of patients, payers, providers, and suppliers</b></li> <li>• Data-based, needs assessment for project</li> <li>• Processes used in conducting projects based on current and best evidence, including evaluation of the application of evidence or inquiry to the population of concern</li> </ul>		<p>Recognition of the complexity of the environment and the system in which patient management, clinical investigation, and integration of science occurs.</p> <p>Clinical investigation strategies:</p> <ul style="list-style-type: none"> <li>• Recognition of the complexity and changing environment of AG ACNP practice.</li> <li>• Application of practice-based evidence to unique situations.</li> <li>• Identification of emerging areas for clinical research based on new, evolving AG ACNP practice</li> </ul>

# NP Competency Area: Practice Inquiry

## NP Core Competencies

## Curriculum Content to Support NP Core Competencies

*Neither required nor comprehensive, this list reflects only suggested content*

## Adult-Gerontology Acute Care NP Competencies

## Curriculum Content to Support AG ACNP Competencies

*Neither required nor comprehensive, this list reflects only suggested content specific to the population*

- Evaluation of outcomes (for health status of patient and population as well as system outcomes)
- Evaluation of why expected results were or were not attained and lessons learned
- Making recommendations for further work
- Addressing issues of sustainability of project finding

Dissemination of work and findings:

- Abstract and manuscript writing to support the dissemination of project and research outcomes
- Discussion of clinically meaningful results that may or may not be statistically significant
- Presentation skill development with modification for different audiences

Integration of findings:

- Results, methods, and tools, as appropriate, into care delivery
- Identification of best practices
- Opportunities for multidisciplinary team/inter-professional collaboration for patient care
- Development and use of clinical guidelines
- Use of clinical judgment to improve practice
- Application of evidence to validate or change policy

Evaluation of alternative care delivery models and treatments, including costs, cost benefits, and return on investment

Institutional review board policies and processes

Interprofessional research and scholarship exemplars and opportunities

# NP Competency Area: Technology & Information Literacy

<b>NP Core Competencies</b>	<b>Curriculum Content to Support NP Core Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content</i>	<b>Adult-Gerontology Acute Care NP Competencies</b>	<b>Curriculum Content to Support AG ACNP Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
<ol style="list-style-type: none"> <li>1. Integrates appropriate technologies for knowledge management to improve health care.</li> <li>2. Translates technical and scientific health information appropriate for various users' needs.               <ol style="list-style-type: none"> <li>2.a Assesses the patient's and caregiver's educational needs to provide effective, personalized health care.</li> <li>2.b Coaches the patient and caregiver for positive behavioral change.</li> </ol> </li> <li>3. Demonstrates information literacy skills in complex decision making.</li> <li>4. Contributes to the design of clinical information systems that promote safe, quality and cost effective care.</li> <li>5. Uses technology systems that capture data on variables for the evaluation of nursing care.</li> </ol>	<p>Technology available in clinical practice:</p> <ul style="list-style-type: none"> <li>• Electronic resources that identify current evidence-based care</li> <li>• Electronic resources that enhance patient safety</li> <li>• Technological care delivery systems</li> <li>• Telehealth</li> <li>• Information databases used by health care systems</li> <li>• Electronic communication with other professionals and patients</li> <li>• Encrypted and unencrypted technology</li> <li>• Electronic resources to support differential diagnosis, algorithmic thinking, and medical record review</li> <li>• Templates for documentation in nursing care</li> <li>• Use of electronic datasets to evaluate practice and improve quality, cost, and efficiency of care</li> </ul> <p>Technology available to support education:</p> <ul style="list-style-type: none"> <li>• Standardized patient encounters</li> <li>• Electronic/computer based learning modules based on characteristics such as cultural literacy</li> <li>• educational level, and home assessment</li> <li>• Coaching/teaching resources adapted to population, health literacy, and age of patient learning styles</li> <li>• Age-appropriate concepts and development of educational tools</li> <li>• Use of applications for references at point of care</li> </ul> <p>Using telehealth to provide care considering benefits, methods, differences in care delivery processes, and regulatory issues</p>	<ol style="list-style-type: none"> <li>1. Synthesizes data from a variety of sources, including clinical decision support technology, to make clinical decisions regarding appropriate management, consultation or referral for acutely and critically ill patients</li> <li>2. Uses devices and technology to improve outcomes for acutely, critically, and chronically ill patients.</li> <li>3. Analyzes strengths and barriers of technological and information systems with the goal of improving care delivery and coordination.</li> <li>4. Applies ethical and legal standards regarding the use of technology in health care for the adult-gerontology population</li> <li>5. Analyzes the adequacy of data capture methods in clinical information systems to promote effective care for the adult-gerontology population.</li> </ol>	<p>Utilization of appropriate resources and technologies to provide and to improve health care outcomes for patients, including of cognitively impaired, sensory impaired, or non-self-disclosing patients, applying ethical and legal standards of care</p> <p>Resources for the assessment of health literacy of patients, families, and providers e.g., assessment tools that assure patient and family understanding regarding initiation or termination of care protocols.</p> <p>Management of patients with complex technology and devices through the integration of intra and interprofessional teams</p> <p>Continual exploration of additional and new technologies that can support patient initiatives</p> <p>Utilization of databases, that provide additional access to care models and evidence-based practice while improving cost and quality of care</p> <p>Information and technology to communicate, manage knowledge, mitigate error, and support decision making</p> <p>Analysis of data capture methods, including age appropriate clinical and social indicators</p> <p>Ethical and legal standards regarding use of technology in health care, including:</p> <ul style="list-style-type: none"> <li>• Policies to protect adult-gerontology patients' privacy and confidentiality, communication policies, HIPAA.</li> <li>• electronic security access protocols and information transfer policies.</li> <li>• entering information in electronic health record and student logs</li> </ul>

# NP Competency Area: Technology & Information Literacy

## NP Core Competencies

## Curriculum Content to Support NP Core Competencies

*Neither required nor comprehensive, this list reflects only suggested content*

## Adult-Gerontology Acute Care NP Competencies

## Curriculum Content to Support AG ACNP Competencies

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Information technology resources such as:

- Informatics competencies from Technology Informatics Guiding Education Reform (TIGER) initiative
- American Medical Informatics Association (AMIA)

Use of electronic communication methods, including social media, with health care professionals, patients, families, and caregivers

Compliance issues related to patient privacy with use of technology

Population-appropriate clinical indicators for incorporation into information systems, such as electronic health records

Use of technologies to monitor and evaluate clinical problems, e.g.

- Blood pressure
- Vital signs
- Glucose
- Weight

# NP Competency Area: Policy

<b>NP Core Competencies</b>	<b>Curriculum Content to Support NP Core Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content</i>	<b>Adult-Gerontology Acute Care NP Competencies</b>	<b>Curriculum Content to Support AG ACNP Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
<ol style="list-style-type: none"> <li>1. Demonstrates an understanding of the interdependence of policy and practice.</li> <li>2. Advocates for ethical policies that promote access, equity, quality, and cost.</li> <li>3. Analyzes ethical, legal, and social factors influencing policy development.</li> <li>4. Contributes in the development of health policy.</li> <li>5. Analyzes the implications of health policy across disciplines.</li> <li>6. Evaluates the impact of globalization on health care policy development.</li> <li>7. <b>Advocates for policies for safe and healthy practice environments.</b></li> </ol>	<p>Policy analysis process:</p> <ul style="list-style-type: none"> <li>• Political environment</li> <li>• Political feasibility</li> <li>• Economic feasibility</li> <li>• Implementation strategy and planning</li> <li>• Outcomes evaluation at local, state, national, and international levels</li> <li>• Specific NP role for influencing health care agenda and patient advocacy</li> </ul> <p>Health policy and health care reform:</p> <ul style="list-style-type: none"> <li>• Federal budget</li> <li>• National health priorities</li> <li>• Methods for appropriation of funding</li> <li>• Vulnerable populations and needs</li> <li>• The relationship between the USPSTF guidelines and Affordable Care Act implementation</li> </ul> <p>Legislative and regulatory processes:</p> <ul style="list-style-type: none"> <li>• Origin of laws</li> <li>• Regulatory process</li> <li>• How to influence/impact passage of laws and their translation into regulation</li> <li>• Health care financing and third party reimbursement</li> </ul> <p>Population health model and its impact on policy planning</p> <p>Introduction of global issues:</p> <ul style="list-style-type: none"> <li>• Infections</li> <li>• Travel</li> <li>• Immigration</li> <li>• Disasters/terrorism</li> <li>• Access to health care</li> </ul> <p>Ethical issues in health care planning:</p> <ul style="list-style-type: none"> <li>• Fairness</li> <li>• Equity and health disparities</li> <li>• Access and resource allocation</li> <li>• Health behavior</li> <li>• Social determinants of health</li> </ul> <p>Comparative health systems</p>	<ol style="list-style-type: none"> <li>1. Advocates for implementation of the full scope of the AG ACNP role.</li> <li>2. Advocates within acute care health care systems for access to quality cost-effective care.</li> <li>3. Participates in the design and/or implementation, and evaluation of evidence-based, age-appropriate professional standards and guidelines for care impacting acute, critical, and complex chronically ill patients.</li> <li>4. Develops strategies to reduce the impact of ageism, racism/ethnocentrism and sexism on health care policies and systems.</li> </ol>	<p>Leadership skill development to promote improved health care outcomes for the adult-older adult population in practice, policy, and other venues</p> <p>Analysis of evidence related to impact on policy through participation in professional organizations</p> <p>Descriptions of the current and evolving AG ACNP role to other health care providers and the public</p> <p>Laws, regulations, and policy specific to adult-gerontology population practice, such as:</p> <ul style="list-style-type: none"> <li>• Medicare, Medicaid, and dual eligibility</li> <li>• Managed care plans</li> <li>• Reimbursement variation for skilled, long term care, ambulatory, and house calls</li> <li>• End-of-life regulations and laws</li> <li>• Physician-fee schedule</li> </ul> <p>Influences on health policy through a variety of mechanisms, such as, but not limited to:</p> <ul style="list-style-type: none"> <li>• Promoting access to care for the population served.</li> <li>• Advocating on behalf of the population served.</li> <li>• Promoting the AG ACNP and other advance practice roles.</li> <li>• Strategies for writing a document for publication, e.g., policy brief, op-ed, testimony, letters</li> <li>• Strategies for preparing presentations, e.g., policy forum</li> </ul> <p>Utilization of data from a variety of sources, such as, but not limited to:</p> <ul style="list-style-type: none"> <li>• Quality improvement programs</li> <li>• Program evaluation.</li> <li>• Other sources of evidence to impact policy</li> </ul> <p>Evaluation of current and evolving health care services to optimize care and outcomes</p>

# NP Competency Area: Policy

## NP Core Competencies

## Curriculum Content to Support NP Core Competencies

*Neither required nor comprehensive, this list reflects only suggested content*

## Adult-Gerontology Acute Care NP Competencies

## Curriculum Content to Support AG ACNP Competencies

*Neither required nor comprehensive, this list reflects only suggested content specific to the population*

Proactive and responsive use of media

Barriers to NP practice

Legislative process and resources, e.g., Congress.gov

Policy theories

Examples of policy making at multiple levels and individual and collective contributions to shape policy

Challenges to optimal care created by competing priorities of patients, payers, providers, and suppliers

Strategies for participation in the development and implementation of institutional, local, state, and federal policy that reduces biases against:

- Ageism
- Gender
- Race
- Developmental status
- Health status
- Sexual orientation and identification



# NP Competency Area: Health Delivery System

<b>NP Core Competencies</b>	<b>Curriculum Content to Support NP Core Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content</i>	<b>Adult-Gerontology Acute Care NP Competencies</b>	<b>Curriculum Content to Support AG ACNP Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
<ol style="list-style-type: none"> <li>1. Applies knowledge of organizational practices and complex systems to improve health care delivery.</li> <li>2. Effects health care change using broad based skills including negotiating, consensus-building, and partnering.</li> <li>3. Minimizes risk to patients and providers at the individual and systems level.</li> <li>4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.</li> <li>5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.</li> <li>6. Analyzes organizational structure, functions and resources to improve the delivery of care.</li> <li>7. Collaborates in planning for transitions across the continuum of care.</li> </ol>	<p>Organizational practices:</p> <ul style="list-style-type: none"> <li>• Organizational structure, tables of organization</li> <li>• Organizational decision making</li> <li>• Organizational theory</li> <li>• Principles of management</li> </ul> <p>Interprofessional collaborative partnerships</p> <p>Informatics/information systems:</p> <ul style="list-style-type: none"> <li>• Interpreting variations in outcomes</li> <li>• Use of data to improve practice</li> <li>• Use of collateral information</li> <li>• Organizational delivery subsystems, (e.g. electronic prescription writing-pharmacy software)</li> </ul> <p>Needs assessment of populations served:</p> <ul style="list-style-type: none"> <li>• Socioeconomic and cultural factors</li> <li>• Unique population needs</li> <li>• System resources to meet population needs (e.g. use interpreters to facilitate communication)</li> <li>• Community resources/system outreach to community</li> <li>• Diversity among providers</li> <li>• Health delivery system</li> </ul> <p>Financial issues:</p> <ul style="list-style-type: none"> <li>• Financial business principles</li> <li>• Health care system financing</li> <li>• Reimbursement systems</li> <li>• Resource management</li> <li>• Billing and coding principles</li> </ul> <p>Interprofessional/team competencies:</p> <ul style="list-style-type: none"> <li>• Communication (theory)</li> <li>• Collaboration</li> <li>• Conflict resolution</li> <li>• Consultations/referrals</li> <li>• Team building</li> <li>• Values and ethics</li> <li>• Roles and responsibilities</li> </ul> <p>Safety and quality:</p> <ul style="list-style-type: none"> <li>• Cost-effective care</li> <li>• Legal/ethical issues</li> </ul>	<ol style="list-style-type: none"> <li>1. Assesses the impact of internal and external health care delivery system factors on individual and population health status and quality of life during acute, critical and complex chronic illness.</li> <li>2. Determines the need for transition to a different level of acute care or care environment based on an assessment of an individual's acuity, frailty, stability, resources, and need for assistance, supervision or monitoring.</li> <li>3. Analyzes the cost effectiveness of high acuity practice initiatives accounting for risk and improvement of health care outcomes.</li> <li>4. Facilitates the patient's transition within health care settings and across levels of acute care, including admitting, transferring, and discharging patients</li> <li>5. Evaluates risk-benefit ratio for adverse outcomes due to acute care treatment, including under or over treatment.</li> <li>6. Applies advanced communication skills and processes to collaborate with caregivers and professionals to optimize health care outcomes for adults with acute, critical or complex chronic illness.</li> <li>7. Identifies processes, principles and regulations related to payer systems used in the planning and delivery of complex health care services.</li> <li>8. Describes challenges to optimal complex care created by the competing priorities of patients, payers, providers, and suppliers.</li> <li>9. Promotes efficient use of resources in acute care and provision of safe, high quality care to achieve cost-effective outcomes</li> <li>10. Analyzes system barriers to acute care delivery and coordination.</li> </ol>	<p>The resources and impact of health delivery system on care including, but not limited to:</p> <ul style="list-style-type: none"> <li>• Staffing</li> <li>• Care delivery model</li> <li>• Regulatory requirements</li> <li>• Design and infrastructure</li> </ul> <p>Assisting individuals, their families, and caregivers to navigate transitions between levels of care and across the health care delivery system(s)</p> <p>Institutional, local, and state emergency response plans and one's potential role in each</p> <p>Use of internal and external agencies and resources to improve practice outcomes within systems</p>

# NP Competency Area: Health Delivery System

## NP Core Competencies

## Curriculum Content to Support NP Core Competencies

*Neither required nor comprehensive, this list reflects only suggested content*

## Adult-Gerontology Acute Care NP Competencies

## Curriculum Content to Support AG ACNP Competencies

*Neither required nor comprehensive, this list reflects only suggested content specific to the population*

- Research and quality improvement
- Continuous quality improvement
- Quality and Safety Education in Nursing

### Transitional care:

- Navigating transitions across health care settings
- Coordination of services

### Planning, delivering and/or evaluating models of care:

- Models of planned change
- Process and evaluation design implementation
- Evaluation models
- Process of proposing changes in practice

### Legislative and regulatory issues:

- Relevant and current issues, e.g., Accountable Care Act implementation
- Process of health care legislation
- Scope and standards of practice
- Cultural competence
- Theories of vulnerability
- Social determinants of health

### Policy and advocacy:

- Reducing environmental health risks
- Implications of health policy
- Variations in policy

11. Applies knowledge of the type and level of services provided across complex health care and residential settings.
12. Demonstrates sensitivity to diverse organizational cultures and populations.
13. Facilitates patient and family navigation of complex health care systems.

# NP Competency Area: Ethics

## NP Core Competencies

## Curriculum Content to Support NP Core Competencies

*Neither required nor comprehensive, this list reflects only suggested content*

## Adult-Gerontology Acute Care NP Competencies

## Curriculum Content to Support AG ACNP Competencies

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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.

### Ethics in decision making:

- Ethical considerations in decision making in clinical practice
- Applications of ethical principles in policy making and in care delivery
- Sources of information to facilitate ethical decision making
  - theories of ethical decision making
  - ethics committee
  - genetic counseling
  - clinical research
  - legal statutes
  - cultural sensitivity
  - scope of practice

### Evaluation of ethical decisions:

- Methods of evaluating outcomes (long term and short term)
- Debriefing and assessment of outcomes
- Ethical frameworks.

Population specific complex ethical issues occurring in clinical practice

System specific resources to implement ethical decisions, e.g. hospice care, palliative care

**Spiritual resources for patients and families, e.g., on-site and media based**

1. Participates in interprofessional teams to address issues related to triage, quality of life, and utilization of resources.
2. Advocates for the patient's and family's rights regarding health care decision-making, taking into account ethical and legal standards.
3. Facilitates patient and family decision-making regarding complex acute, critical, and chronic illness treatment decisions.

Improvement of practice outcomes within systems by addressing cultural, spiritual, ethnic, and intergenerational influences that potentially create conflict among individuals, families, staff, and caregivers

Determination of the individual's ability to participate in care, care decisions, work, school, physical, and social activities

Ethical concepts and legal standards including, but not limited to:

- Emancipation
- Conservatorship
- Guardianship
- Durable power of attorney
- Health care proxy
- Advance directives and informed consent
- End-of-life care
- Organ/tissue donation in a manner that ensures informed decisions

Initiation of palliative and end-of-life care in collaboration with the patient, family, and members of the health care team.

Advocacy principles related to patient's rights during an acute, critical, or complex chronic illness, such as:

- Self-determination
- Sense of safety
- Autonomy
- Worth
- Dignity

# NP Competency Area: Independent Practice

<b>NP Core Competencies</b>	<b>Curriculum Content to Support NP Core Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content</i>	<b>Adult-Gerontology Acute Care NP Competencies</b>	<b>Curriculum Content to Support AG ACNP Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
<ol style="list-style-type: none"> <li>1. Functions as a licensed independent practitioner.</li> <li>2. Demonstrates the highest level of accountability for professional practice.</li> <li>3. Practices independently managing previously diagnosed and undiagnosed patients.               <ul style="list-style-type: none"> <li>—3.a 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.</li> <li>—3.b Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.</li> <li>—3.c Employs screening and diagnostic strategies in the development of diagnoses.</li> <li>—3.d Prescribes medications within scope of practice.</li> <li>3.e Manages the health/illness status of patients and families over time.</li> </ul> </li> <li>4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.               <ul style="list-style-type: none"> <li>- 4.a Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.</li> <li>- 4.b Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.</li> <li>- 4.c Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.</li> <li>- 4.d Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.</li> <li>- 4e. Develops strategies to prevent one's own personal</li> </ul> </li> </ol>	<p>Clinical decision making based on evidence and patient/provider partnership</p> <p>Current and emerging professional standards</p> <p>Novice to expert continuum of clinical practice</p> <p>Political, policy and regulatory issues regarding licensure, national certification, and scope of practice.</p> <p>Leadership approaches for employment contract negotiation, networking, and advancing professional standards and roles</p> <p>Application of select sciences to practice:</p> <ul style="list-style-type: none"> <li>• Pharmacology</li> <li>• Physiology</li> <li>• Pathophysiology</li> </ul> <p>Specific areas of assessment, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Physical</li> <li>• Psychosocial</li> <li>• Developmental</li> <li>• Family</li> <li>• Psychiatric mental health</li> <li>• Oral health</li> </ul> <p>Screenings</p> <p>Diagnostics (tests, labs)</p> <p>Specific procedures</p> <p>Health promotion, prevention, and disease management</p> <p>Pharmacology and complementary alternative therapies</p> <p>Provider-patient relationship:</p> <ul style="list-style-type: none"> <li>• Role of culture in patient-centered care</li> <li>• Contracting a management plan with patient and/or family</li> <li>• Culture of trust in interpersonal relationship w/patient and/or families</li> </ul>	<ol style="list-style-type: none"> <li>1. Independently manages complex acute, critical, and chronically-ill adult and older adult patients at risk for urgent and emergent conditions, using both physiologically and technologically derived data, to manage physiologic instability and risk for potential life-threatening conditions.</li> <li>2. Promotes health and protection from disease and environmental factors by assessing risks associated with care of acute, critical, and complex chronically-ill patients.</li> <li>3. Identifies the presence of co-morbidities and the potential for rapid physiologic and mental health deterioration or life-threatening instability and the risk for iatrogenesis.</li> <li>4. Diagnoses common behavioral and mental health and substance use or addictive disorder/disease, in the context of complex acute, critical, and chronic illness.</li> <li>5. Prioritizes diagnoses during rapid physiologic and mental health deterioration or life threatening instability.</li> <li>6. Collaborates with intraprofessional and interprofessional team and informal caregivers to achieve optimal patient outcomes during acute, critical and/or complex chronic illness.</li> <li>7. Employs interventions to support the patient to regain and maintain age-specific physiologic and psychological stability consistent with the patient's goals of care.</li> <li>8. Performs diagnostic and therapeutic interventions including, but not limited to:               <ul style="list-style-type: none"> <li>• Interpretation of EKG and imaging studies</li> <li>• Respiratory support</li> <li>• Hemodynamic monitoring, line and tube insertion</li> <li>• Lumbar puncture</li> </ul> </li> </ol>	<p>Obtaining and documenting relevant comprehensive and problem-focused health histories and physical exams for complex acute, critical, and chronically-ill patients using collateral sources as necessary.</p> <ul style="list-style-type: none"> <li>• Physical, mental health, and cognitive assessment</li> <li>• Developmental variations</li> <li>• Age-related variations</li> <li>• Gender-specific variations</li> </ul> <p>Evaluation of signs and symptoms, including age appropriate changes, noting pertinent positives and negatives</p> <p>Prioritization of data according to the patient's age, immediate condition or needs, as a continuous process in acknowledgement of the dynamic nature of complex acute, critical, and chronic illness or injury</p> <p>Assessment of the impact of an acute, critical, and /or chronic illness or injury as it affects patients, families, and caregivers</p> <p>Cultural, spiritual, ethnic, gender, sexual orientation, and age cohort differences in presentation, progression, and treatment response of common acute, critical, and chronic health problems</p> <p>Considerations in assessment and care of adults and older adults.</p> <ul style="list-style-type: none"> <li>• Functional or activity level</li> <li>• Mobility</li> <li>• Cognition</li> <li>• Decision-making capacity</li> <li>• Pain</li> <li>• Skin integrity</li> <li>• Nutrition</li> <li>• Sleep and rest patterns</li> <li>• Sexuality</li> <li>• Spirituality</li> <li>• Immunization status</li> <li>• Neglect and abuse</li> <li>• Substance use and abuse</li> </ul>

# NP Competency Area: Independent Practice

<b>NP Core Competencies</b>	<b>Curriculum Content to Support NP Core Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content</i>	<b>Adult-Gerontology Acute Care NP Competencies</b>	<b>Curriculum Content to Support AG ACNP Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
<p>biases from interfering with delivery of quality care.</p> <ul style="list-style-type: none"> <li>- 4f. Addresses cultural, spiritual, and ethnic influences that potentially create conflict among individuals, families, staff and caregivers.</li> <li>5. Educates professional and lay caregivers to provide culturally and spiritually sensitive, appropriate care</li> <li>6. Collaborates with both professional and other caregivers to achieve optimal care outcomes.</li> <li>7. Coordinates transitional care services in and across care settings.</li> <li>8. Participates in the development, use, and evaluation of professional standards and evidence-based care.</li> </ul>	<p>Business of practice:</p> <ul style="list-style-type: none"> <li>• Legal, business, and ethical issues</li> <li>• How to set up, finance and evaluate a practice ,</li> <li>• Writing a business plan</li> </ul> <p>Cultural issues</p> <p>Concepts of life-long learning</p> <p>Age, gender, and culturally appropriate standardized assessment instruments or processes in relationship to:</p> <ul style="list-style-type: none"> <li>• functional status/activity level</li> <li>• falls risk/mobility e.g. Get Up and Go Test, POMA, Morse Fall Scale</li> <li>• cognition</li> <li>• decision-making capacity</li> <li>• pain</li> <li>• skin integrity</li> <li>• nutrition</li> <li>• sexuality</li> <li>• immunization status</li> <li>• neglect and abuse</li> <li>• substance use and abuse</li> <li>• quality of life</li> <li>• genetic risks</li> <li>• health risk behaviors</li> <li>• safety</li> <li>• advance care planning/end-of-life preferences</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Wound debridement and closure.</b></li> </ul> <ol style="list-style-type: none"> <li>9. Assesses the individual's and family's ability to cope with and manage developmental (life stage) transitions.</li> <li>10. Manages geriatric syndromes and changing conditions using evidence- based guidelines.</li> <li>11. Collaborates with the individual, family, and caregivers in the development of educational interventions appropriate to the complex acute, critical, and chronically-ill patient's needs, values, developmental and cognitive level, and health literacy.</li> <li>12. Educates individuals, families, caregivers, and groups regarding strategies to manage the interaction among normal development, aging, and mental and physical disorders.</li> <li>13. Employs treatments and therapeutic devices as indicated, including, not limited to:             <ul style="list-style-type: none"> <li>• Oxygen</li> <li>• Noninvasive and invasive mechanical ventilation</li> <li>• Prosthetics</li> <li>• Splints</li> <li>• Pacers</li> <li>• Circulatory support</li> </ul> </li> <li>Adaptive equipment.</li> <li>14. Evaluates the effect of therapies including but not limited to:             <ul style="list-style-type: none"> <li>• Physical therapy</li> <li>• Occupational therapy</li> <li>• Speech therapy</li> <li>• Home health care</li> <li>• Palliative care</li> <li>• Nutritional therapy</li> </ul> </li> <li>15. Implements interventions to support the patient with a rapidly deteriorating physiologic condition based on Advanced Cardiac Life Support and Fundamentals of Critical Care Support.</li> <li>16. Conducts a pharmacologic assessment addressing</li> </ol>	<ul style="list-style-type: none"> <li>• Quality of life</li> <li>• Family and social relationships</li> <li>• Genetic risks</li> <li>• Health risk behaviors</li> <li>• Safety, e.g. driving</li> <li>• Advance care planning preferences and transition to care</li> <li>• Palliative and end of life care</li> <li>• Independence</li> <li>• Economic or financial status</li> </ul> <p>Geriatric syndromes including, but not limited to:</p> <ul style="list-style-type: none"> <li>• Falls</li> <li>• Loss of functional abilities</li> <li>• Dehydration</li> <li>• Delirium</li> <li>• Depression</li> <li>• Dementia</li> <li>• Malnutrition</li> <li>• Incontinence</li> <li>• Constipation</li> <li>• Failure to thrive</li> <li>• Frailty</li> </ul> <p>Imaging studies:</p> <ul style="list-style-type: none"> <li>• Ultrasound</li> <li>• Radiography</li> </ul> <p>Standardized assessment instruments and processes modified for use with older adults</p> <p>Physiologic risks, including, but not limited to:</p> <ul style="list-style-type: none"> <li>• Immobility</li> <li>• Impaired nutrition</li> <li>• Fluid and electrolyte imbalance</li> <li>• Adverse effects of diagnostic and therapeutic interventions</li> </ul> <p>Psychological risks, including, but not limited to:</p> <ul style="list-style-type: none"> <li>• Pain</li> <li>• Impaired sleep and communication</li> <li>• Crisis related to threat to life</li> <li>• Finances</li> <li>• Altered family and social network dynamics</li> </ul> <p>Health care system risks associated with care of complex patients, including but not limited</p>

# NP Competency Area: Independent Practice

## NP Core Competencies

## Curriculum Content to Support NP Core Competencies

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## Adult-Gerontology Acute Care NP Competencies

## Curriculum Content to Support AG ACNP Competencies

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- pharmacogenetic risks, complex medical regimens, drug interactions and other adverse events.
17. Prescribes medications maintaining awareness of and monitoring for adverse drug outcomes and complex medical regimens, especially in high-risk and vulnerable populations.
  18. Uses pharmacologic and non-pharmacologic management strategies to ameliorate physical and behavioral symptoms in individuals who have mental health and substance misuse disorders.
  19. Initiates discussion of sensitive issues, such as advanced directives and end-of-life decisions, with the individual, family and other caregivers.
  20. Applies principles of crisis and stress management in assisting the patient and family experiencing complex acute, critical, and chronic physical and mental illness during changes in status.
  21. Adapts teaching-learning approaches based on physiological and psychological changes, age, developmental stage, cognitive status, readiness to learn, health literacy, the environment, and available resources.
  22. Coordinates comprehensive care in and across care settings for patients who have acute and chronic illness needs.
  23. Promotes the delivery of evidence-based care for patients with complex acute, critical, and chronic physical and mental illness.
  24. Practices within the national, state, and institutional credentialing and scope of practice for AG ACNPs based upon education, certification, and licensure criteria.

to:

- Multiple caregivers
- Continuity of care
- coordination of the plan of care across levels and settings of care
- Complex medical regimens
- Low or poor health literacy
- Communication with family or between multiple care providers

Assessment of acute and chronic mental health and behavioral problems and disorders, adapting for the cognitively impaired

Assessment of individuals with complex health issues and co-morbidities, including the interaction with aging and acute and chronic physical and mental health problems

The relationship among development, normal physiology, and specific system alterations that can be produced by aging and/or disease processes.

Assessment of the individual's and support system's ability to cope with and manage developmental (life stage) transitions.

Safety and efficacy of pharmacologic, behavioral, and other therapeutic interventions, including but not limited to:

- Over-the-counter medications
- Complementary alternatives
- Patient's and caregiver's ability to self-manage medications safely and correctly

Medication management, maintaining awareness of and monitoring for adverse drug outcomes and complex medical regimens, especially in high-risk and vulnerable populations

Age-specific assessment tools such as:

- MoCA



# NP Competency Area: Independent Practice

## NP Core Competencies

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## Curriculum Content to Support AG ACNP Competencies

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- SLUMS
- Mini Cog
- GDS
- PHQ-9
- GMAST
- CAM-ICU
- CIWA

Assessment of syndromes and constellations of symptoms that may be manifestations of other common health problems including, but not limited to:

- Risk-taking behaviors
- Stress
- Self-injury
- Incontinence
- Falls
- Dementia
- Delirium
- Depression

Assessment of genetic risk factors associated to the patient's acute and chronic health conditions

Application of:

- Knowledge related to rapidly changing pathophysiology of acute and critical illness in the planning of care and implementation of treatment and referrals
- Pharmacologic and nonpharmacologic treatment modalities considering age and genetic profile
- Prescription and monitoring of a variety of allied health therapies, including, but not limited to:
  - Physical therapy
  - Occupational therapy
  - Speech therapy
  - Home health care
  - Palliative care
  - Nutritional therapy
- Knowledge related to cultural, spiritual, ethnic, gender, and age cohort differences in planning and implementing care
- Therapeutic communication techniques

Identification of one's personal biases related to culture, aging,



# NP Competency Area: Independent Practice

## NP Core Competencies

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gender, development, and independence that may affect the delivery of quality care

Diagnosing, discussing, identifying risk, including, but not limited to:

- Suicide prevention, self-injury
- Addictive behavior risk
- Risk-taking behavior, e.g. drinking and driving
- Violence, neglect, abuse, and mistreatment
- Prognosis
- Institutionalization

Organ tissue donation

Fluid and electrolyte stabilization to include:

- Modes of fluid administration
- Types of solutions
- Transfusion therapies

Assessment of patient volume status (invasive and noninvasive) including, but not limited to: ultrasound and hemodynamic monitoring, e.g. esophageal Doppler cardiac output monitoring, ultrasonic cardiac output monitoring, bioreactive bioimpedance cardiography, pulse contour analysis, stroke volume/pulse pressure variation monitoring, noninvasive near infrared spectroscopy cerebral oximetry monitoring, etc.

Knowledge of professional standards and federal regulatory requirements as related to AG ACNP scope and practice:

- National (e.g., APRN Consensus Model)
- State (regulatory)
- Institutional

Payment for APRN services:

- Reimbursement practices
- Billing and coding

Guiding professional and other caregivers to provide culturally and spiritually sensitive appropriate care

# Adult-Gerontology Primary Care NP Competencies

## Preamble:

These are entry-level competencies for the adult-gerontology primary care nurse practitioner (AG PCNP) and build on the core competencies for all nurse practitioners (NPs). The AG PCNP Competencies are specific to the adult-gerontology population which includes adolescents and young adults at one end of the spectrum and frail, older adults at the other. The student is prepared to provide primary care services to the entire adult-gerontology age spectrum across the continuum of care from wellness to illness, including preventive, chronic, and acute care. The main emphasis of primary care NP educational preparation is on comprehensive, chronic, continuous care characterized by a long term relationship between the patient and AG PCNP. The AG PCNP provides care for most health needs and coordinates additional health care services that would be beyond the AG PCNP's area of expertise. The scope of practice of the AG PCNP is not setting specific but rather is based on patient care needs.

The AG PCNP program is designed to provide sufficient didactic and clinical experiences to

prepare the graduate with the competencies delineated in this document, as well as the NONPF NP Core Competencies and the current AACN Essentials of Doctoral Education for Advanced Nursing Practice. It is expected that faculty assess the types, quality, and length of experiences, adult-gerontology patient populations, and diverse care settings afforded each student to ensure the student is prepared to provide care to the entire adult-gerontology age spectrum and across the continuum of care from wellness to illness. In addition, the AG PCNP student is expected to have practice opportunities within the program to integrate advanced nursing practice competencies, including leadership skills, understanding of health care systems, and interprofessional team practice into one's practice. Integration of the AG PCNP competencies, NONPF NP Core Competencies, and AACN DNP Essentials across the curriculum of the AG PCNP program is recommended for efficient and effective program design.

See the "Introduction" for how to use this document and to identify other critical resources to supplement these competencies.

# NP Competency Area: Scientific Foundations

<b>NP Core Competencies</b>	<b>Curriculum Content to Support NP Core Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content</i>	<b>Adult-Gerontology Primary Care NP Comps</b>	<b>Curriculum Content to Support AG PCNP Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
<ol style="list-style-type: none"> <li>Critically analyzes data and evidence for improving advanced nursing practice.</li> <li>Integrates knowledge from the humanities and sciences within the context of nursing science.</li> <li>Translates research and other forms of knowledge to improve practice processes and outcomes.</li> <li>Develops new practice approaches based on the integration of research, theory, and practice knowledge.</li> </ol>	<p>Comparison of patient data sets with evidence-based standards to improve care</p> <p>Scientific foundations to practice, including, but not limited to, knowledge of advanced pathophysiology, pharmacology, physiology, genetics, and communication skills</p> <p>Science from other disciplines relevant to health care</p> <p>Theories/conceptual frameworks/principles for practice:</p> <ul style="list-style-type: none"> <li>Translational research that guides practice</li> <li>Critical evaluation of research findings</li> <li>Mid-range nursing theories and concepts to guide nursing practice</li> <li>Evidence-based care</li> <li>Physiologic</li> <li>Communication</li> <li>Developmental</li> <li>Genetic</li> <li>Behavior change</li> <li>Population health</li> </ul> <p>Critical thinking development:</p> <ul style="list-style-type: none"> <li>Evidence appraisal</li> <li>Formulating a practice problem</li> <li>Use of science-based theories and concepts to assess, enhance, and ameliorate health care delivery phenomena</li> <li>Use of PICO questions to initiate research and quality improvement projects</li> </ul> <p>Qualitative and quantitative research and quality improvement methods</p> <p>Ethical and legal protection of human subjects</p> <p>Inquiry processes and practices related to health literacy, vulnerable populations, and culture</p> <p><b>Monitoring health outcomes</b></p>	<ol style="list-style-type: none"> <li>Contributes to knowledge development and improved care of the adult-gerontology population.</li> <li>Uses scientific knowledge and theoretical foundations to differentiate between normal and abnormal changes in physiological, psychological, and sociological development and aging.</li> </ol>	<p>Reputable sources of national data on aging such as:</p> <ul style="list-style-type: none"> <li>Healthy Aging Data Portfolio</li> <li>CDC</li> <li>The National</li> <li>Archive of Computerized Data on Aging</li> <li>National Health and Aging Trends Study</li> </ul> <p>Theories/conceptual frameworks/principles of physiological, psychological and sociological developmental and biological theories of aging such as:</p> <ul style="list-style-type: none"> <li>Life-course theories</li> <li>Disengagement theory</li> <li>Activity theory</li> <li>Pontinuity theory</li> <li>programmed or damaged or error theories of aging</li> </ul> <p>Scientific foundations to practice, including, but not limited to normal physiological changes of aging and age-related pathophysiology and pharmacology</p> <p>Life stage transitions</p> <ul style="list-style-type: none"> <li>Developmental stages of life from adolescents to frail older adult ages</li> <li>Ageism in families</li> <li>Dependence vs autonomy and acceptance of risk</li> <li>Family dynamics related to illness</li> </ul> <p>Application of principles of safety related to health care processes with particular attention to the older adult</p> <p>Methods for appraisal of research studies relevant to adolescent, adult, and older adult clinical practice</p>

# NP Competency Area: Leadership

<b>NP Core Competencies</b>	<b>Curriculum Content to Support NP Core Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content</i>	<b>Adult-Gerontology Primary Care NP Comps</b>	<b>Curriculum Content to Support AG PCNP Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
<ol style="list-style-type: none"> <li>1. Assumes complex and advanced leadership roles to initiate and guide change.</li> <li>2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care.</li> <li>3. Demonstrates leadership that uses critical and reflective thinking.</li> <li>4. Advocates for improved access, quality and cost effective health care.</li> <li>5. Advances practice through the development and implementation of innovations incorporating principles of change.</li> <li>6. Communicates practice knowledge effectively, both orally and in writing.</li> <li>7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.</li> </ol>	<p><b>Content related to:</b></p> <ul style="list-style-type: none"> <li>• Crisis management and leadership</li> <li>• Stress management (for staff and patient/family)</li> <li>• Teams and teamwork, including team leadership, building effective teams, and nurturing team</li> </ul> <p>Leadership, change, and management theories with application to practice</p> <p>Political processes, political decision making processes, and health care advocacy</p> <p>Problem solving:</p> <ul style="list-style-type: none"> <li>• Influencing and negotiation</li> <li>• Conflict management</li> <li>• Strategic thinking</li> <li>• Managing change</li> </ul> <p>Business development:</p> <ul style="list-style-type: none"> <li>• High reliability organization principles</li> <li>• Building and maintaining effective teams</li> <li>• Project management concepts</li> <li>• Principles of effective decision making</li> <li>• Principles of change management</li> <li>• Civility</li> <li>• Principles of innovation</li> </ul> <p>Communications:</p> <ul style="list-style-type: none"> <li>• Scholarly writing, manuscript, and abstract preparation</li> <li>• Structuring and presenting persuasive arguments</li> </ul> <p>Peer review:</p> <ul style="list-style-type: none"> <li>• Publications</li> <li>• Presentations</li> <li>• Research</li> <li>• Practice</li> </ul> <p>Leadership development:</p> <ul style="list-style-type: none"> <li>• Skills to influence decision-making bodies at the system, state, or national level</li> <li>• Interprofessional leadership</li> </ul>	<ol style="list-style-type: none"> <li>1. Describes the current and evolving adult-gerontology primary care NP role to other health care providers and the public.</li> <li>2. Provides leadership to facilitate the complex coordination and planning required for the delivery of care to young adults (including late adolescents), adults, and older adults.</li> <li>3. Demonstrates leadership in the practice and policy arenas to achieve optimal care outcomes for the adult-gerontology population</li> </ol>	<p>Content related to:</p> <ul style="list-style-type: none"> <li>• Planning, delivery, and evaluation of care by the health care team</li> <li>• Teaching and coaching to improve the plan of care and health care outcomes</li> <li>• Promoting improved health care outcomes for young adult (including late adolescents), adult, older adults in practice, policy, and other venues</li> </ul> <p>Community and professional organizations involvement to</p> <ul style="list-style-type: none"> <li>• Promote access to care for the population(s) served</li> <li>• Advocate on behalf of the adult-gerontology population.</li> <li>• Promote adult-gerontology NP and advanced practice nursing roles</li> </ul> <p>Knowledge of adult-gerontology and adolescent health care team building strategies</p> <p>Coalition building for advocacy and improvement of care for the adult-gerontology population</p> <p>Leadership role in recognizing and planning for aging population health needs</p>

# NP Competency Area: Leadership

## NP Core Competencies

## Curriculum Content to Support NP Core Competencies

*Neither required nor comprehensive, this list reflects only suggested content*

## Adult-Gerontology Primary Care NP Comps

## Curriculum Content to Support AG PCNP Competencies

*Neither required nor comprehensive, this list reflects only suggested content specific to the population*

- Assuming leadership positions in professional, political, or regulatory organizations
- Structure and functions of editorial/board roles
- Ethical and critical decision making, effective working relationships, and a systems-perspective

Concepts of strategic planning process

Leadership styles

How to lead change in practice, manage practice changes

- Monitoring implementation and fidelity
- Adaptation of change to patients, providers and organizational needs and resources
- Interim feedback on achievements and efficiencies
- Interpretation of data and articulating evidence,

Self-reflection of leadership style e.g., personal leadership strengths and weaknesses; working with diverse skills sets and diverse teams

# NP Competency Area: Quality

<b>NP Core Competencies</b>	<b>Curriculum Content to Support NP Core Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content</i>	<b>Adult-Gerontology Primary Care NP Comps</b>	<b>Curriculum Content to Support AG PCNP Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
<ol style="list-style-type: none"> <li>1. Uses best available evidence to continuously improve quality of clinical practice.</li> <li>2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.</li> <li>3. Evaluates how organizational structure, care processes, financing, marketing, and policy decisions impact the quality of health care.</li> <li>4. Applies skills in peer review to promote a culture of excellence.</li> <li>5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality</li> </ol>	<p>Quality Safety Education in Nursing (QSEN) principles and content</p> <p>Evaluation of outcomes of care such as quality improvement projects with an evaluation component</p> <p>Reflective practice Culture of safety</p> <p>Quality improvement processes and practices</p> <p>Knowledge of quality improvement methods such as:</p> <ul style="list-style-type: none"> <li>• Plan-Do-Study Act</li> <li>• Six Sigma</li> </ul> <p>Cost benefit analysis</p> <p>Peer review process</p> <ul style="list-style-type: none"> <li>• Reviewer</li> <li>• Reviewee</li> </ul> <p>Collaborative team processes and practices</p> <p>Leadership skills for leading change for quality clinical practice</p> <p>Methods and measures of quality assurance during transitions of care</p> <p>Laws and rules to enhance quality such as:</p> <ul style="list-style-type: none"> <li>• Meaningful use</li> <li>• Federal, state, and local quality data sources and indicators</li> </ul>	<ol style="list-style-type: none"> <li>1. Promotes safety and risk reduction for the adult-gerontology population</li> <li>2. Evaluates the quality of care delivery models and their impact on adult population outcomes across the age and care continuum.</li> <li>3. Demonstrates continuous quality improvement of one's own practice.</li> </ol>	<p>Effectiveness of processes and interventions to ensure safety and prevent errors such as:</p> <ul style="list-style-type: none"> <li>• Devices to promote mobility and prevent falls</li> <li>• Cognitive and sensory enhancements</li> <li>• Restraint-free care</li> <li>• urinary catheters</li> <li>• Medication reconciliation</li> <li>• Adaptive equipment</li> </ul> <p>Effectiveness of care delivery models across different settings to include:</p> <ul style="list-style-type: none"> <li>• Accountable care organizations</li> <li>• Aare transitions</li> <li>• Disease management</li> <li>• Patient-centered medical home</li> <li>• Medication management</li> </ul> <p>Evidence- based practice principles for each stage of aging from adolescence to frail older adult</p> <p>Use of nationally accepted quality measures and benchmarks for primary care environments.</p>

# NP Competency Area: Practice Inquiry

<b>NP Core Competencies</b>	<b>Curriculum Content to Support NP Core Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content</i>	<b>Adult-Gerontology Primary Care NP Comps</b>	<b>Curriculum Content to Support AG PCNP Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
<ol style="list-style-type: none"> <li>1. Provides leadership in the translation of new knowledge into practice.</li> <li>2. Generates knowledge from clinical practice to improve practice and patient outcomes.</li> <li>3. Applies clinical investigative skills to improve health outcomes.</li> <li>4. Leads practice inquiry, individually or in partnership with others.</li> <li>5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.</li> <li>6. Analyzes clinical guidelines for individualized application into practice</li> </ol>	<p>Leadership for role in practice improvement</p> <p>Clinical investigation strategies:</p> <ul style="list-style-type: none"> <li>• Identifying clinical practice problems</li> <li>• Appraising evidence for application to practice (e.g., design, methods, tools, analysis)</li> <li>• Literature search methods, including, but not limited to, the MeSH search for the best clinical evidence and the PICO Model to define clinical questions</li> </ul> <p>Use of electronic databases, such as electronic health records:</p> <ul style="list-style-type: none"> <li>• Assessing clinical practice</li> <li>• Reviewing patient technology</li> <li>• Exploring behaviors and risk factors</li> <li>• Using data to support evidence based changes in clinical management</li> <li>• Template development</li> </ul> <p>Patient management, including, but not limited to, discerning gaps in care and barriers to care needing resolution during patient encounters</p> <p>Project development and management:</p> <ul style="list-style-type: none"> <li>• Synthesis and translation/ extrapolation of research to selected populations</li> <li>• Frameworks to guide projects</li> <li>• <b>Quality improvement methods</b></li> <li>• Assessment of resources needed and available for projects</li> <li>• <b>Competing priorities of patients, payers, providers, and suppliers</b></li> <li>• Data-based, needs assessment for project</li> <li>• Processes used in conducting projects based on current and best evidence, including evaluation of the application of evidence or inquiry to the population of concern</li> </ul>		<p>Methods of evaluating clinical data related to individual and population such as</p> <ol style="list-style-type: none"> <li>a. Decline in physical or mental function</li> <li>b. Impaired quality of life</li> <li>c. Social isolation</li> <li>d. Excess disability</li> </ol> <p>National clinical practice guidelines to evaluate clinical practice outcomes for the adult-gerontology population in primary care.</p> <p>Information databases specific to the adult-gerontology population</p> <p>Identification of emerging areas for clinical research based on new, evolving AG PCNP practice</p>



# NP Competency Area: Practice Inquiry

## NP Core Competencies

## Curriculum Content to Support NP Core Competencies

*Neither required nor comprehensive, this list reflects only suggested content*

## Adult-Gerontology Primary Care NP Comps

## Curriculum Content to Support AG PCNP Competencies

*Neither required nor comprehensive, this list reflects only suggested content specific to the population*

- Evaluation of outcomes (for health status of patient and population as well as system outcomes)
- Evaluation of why expected results were or were not attained and lessons learned
- Making recommendations for further work
- Addressing issues of sustainability of project finding

Dissemination of work and findings:

- Abstract and manuscript writing to support the dissemination of project and research outcomes
- Discussion of clinically meaningful results that may or may not be statistically significant
- Presentation skill development with modification for different audiences

Integration of findings:

- Results, methods, and tools, as appropriate, into care delivery
- Identification of best practices
- Opportunities for multidisciplinary team/inter-professional collaboration for patient care
- Development and use of clinical guidelines
- Use of clinical judgment to improve practice
- Application of evidence to validate or change policy

Evaluation of alternative care delivery models and treatments, including costs, cost benefits, and return on investment

Institutional review board policies and processes

Interprofessional research and scholarship exemplars and opportunities

# NP Competency Area: Technology & Information Literacy

<b>NP Core Competencies</b>	<b>Curriculum Content to Support NP Core Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content</i>	<b>Adult-Gerontology Primary Care NP Comps</b>	<b>Curriculum Content to Support AG PCNP Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
<ol style="list-style-type: none"> <li>1. Integrates appropriate technologies for knowledge management to improve health care.</li> <li>2. Translates technical and scientific health information appropriate for various users' needs.               <ul style="list-style-type: none"> <li>- 2a. Assesses the patient's and caregiver's educational needs to provide effective, personalized health care.</li> <li>- 2b. Coaches the patient and caregiver for positive behavioral change.</li> </ul> </li> <li>3. Demonstrates information literacy skills in complex decision making.</li> <li>4. Contributes to the design of clinical information systems that promote safe, quality and cost effective care.</li> <li>5. Uses technology systems that capture data on variables for the evaluation of nursing care.</li> </ol>	<p>Technology available in clinical practice:</p> <ul style="list-style-type: none"> <li>• Electronic resources that identify current evidence-based care</li> <li>• Electronic resources that enhance patient safety</li> <li>• Technological care delivery systems</li> <li>• Telehealth</li> <li>• Information databases used by health care systems</li> <li>• Electronic communication with other professionals and patients</li> <li>• Encrypted and unencrypted technology</li> <li>• Electronic resources to support differential diagnosis, algorithmic thinking, and medical record review</li> <li>• Templates for documentation in nursing care</li> <li>• Use of electronic datasets to evaluate practice and improve quality, cost, and efficiency of care</li> </ul> <p>Technology available to support education:</p> <ul style="list-style-type: none"> <li>• Standardized patient encounters</li> <li>• Electronic/computer based learning modules based on characteristics such as cultural literacy, educational level, and home assessment</li> <li>• Coaching/teaching resources adapted to population, health literacy, and age of patient learning styles</li> <li>• Age-appropriate concepts and development of educational tools</li> <li>• Use of applications for references at point of care</li> </ul> <p>Using telehealth to provide care considering benefits, methods, differences in care delivery processes, and regulatory issues</p>	<ol style="list-style-type: none"> <li>1. Integrates appropriate technologies into health care delivery for adult-gerontology populations in remote and face-to-face encounters.</li> <li>2. Uses devices and technology to improve outcomes for adult-gerontology patients, including the cognitively impaired, sensory impaired, and those with disabilities.</li> <li>3. Uses appropriate electronic communication methods with health care professionals, patients, family members, and caregivers.</li> <li>4. Applies ethical and legal standards regarding the use of technology in health care for the adult-gerontology population</li> <li>5. Analyzes the adequacy of data capture methods in clinical information systems to promote effective care for the adult-gerontology population.</li> </ol>	<p>Utilization of appropriate technologies to provide care for and improve health care outcomes and quality of life for cognitively impaired, sensory impaired, non-self-disclosing patients, and patients with disabilities</p> <p>Various technological devices used to reduce the impact of clinical problems and improve quality of life, such as pacemakers, and implantable defibrillators</p> <p>Ethical and legal standards regarding use of technology in health care, including:</p> <ul style="list-style-type: none"> <li>• • Policies to protect adult-gerontology patients' privacy and confidentiality communication policies, HIPAA</li> <li>• • Electronic security access protocols and information transfer policies</li> <li>• • Entering information in electronic health record and student logs</li> </ul> <p>Use of electronic communication methods, including social media, with health care professionals, patients, families, and caregivers, considering security, appropriateness, age, impairments, literacy, and other individual/setting factors</p> <p>Analysis of data capture methods, including age appropriate clinical and social indicators</p> <p>Emerging technologies for application in the care of the adult-gerontology population</p> <p>Methods of evaluating clinical data from the health care and home settings, including barriers to electronic communications commonly used in health care and home care settings</p>

# NP Competency Area: Technology & Information Literacy

## NP Core Competencies

## Curriculum Content to Support NP Core Competencies

*Neither required nor comprehensive, this list reflects only suggested content*

## Adult-Gerontology Primary Care NP Comps

## Curriculum Content to Support AG PCNP Competencies

*Neither required nor comprehensive, this list reflects only suggested content specific to the population*

Information technology resources such as:

- Informatics competencies from Technology Informatics Guiding Education Reform (TIGER) initiative
- American Medical Informatics Association (AMIA)

Use of electronic communication methods, including social media, with health care professionals, patients, families, and caregivers

Compliance issues related to patient privacy with use of technology

Population-appropriate clinical indicators for incorporation into information systems, such as electronic health records

Use of technologies to monitor and evaluate clinical problems, e.g.

- Blood pressure
- Vital signs
- Glucose
- Weight

Electronic resources for evaluating reading and literacy levels of materials for use with adult-gerontology patients

# NP Competency Area: Policy

<b>NP Core Competencies</b>	<b>Curriculum Content to Support NP Core Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content</i>	<b>Adult-Gerontology Primary Care NP Comps</b>	<b>Curriculum Content to Support AG PCNP Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
<ol style="list-style-type: none"> <li>1. Demonstrates an understanding of the interdependence of policy and practice.</li> <li>2. Advocates for ethical policies that promote access, equity, quality, and cost.</li> <li>3. Analyzes ethical, legal, and social factors influencing policy development.</li> <li>4. Contributes in the development of health policy.</li> <li>5. Analyzes the implications of health policy across disciplines.</li> <li>6. Evaluates the impact of globalization on health care policy development.</li> <li>7. <b>Advocates for policies for safe and healthy practice environments.</b></li> </ol>	<p>Policy analysis process:</p> <ul style="list-style-type: none"> <li>• Political environment</li> <li>• Political feasibility</li> <li>• Economic feasibility</li> <li>• Implementation strategy and planning</li> <li>• Outcomes evaluation at local, state, national, and international levels</li> <li>• Specific NP role for influencing health care agenda and patient advocacy</li> </ul> <p>Health policy and health care reform:</p> <ul style="list-style-type: none"> <li>• Federal budget</li> <li>• National health priorities</li> <li>• Methods for appropriation of funding</li> <li>• Vulnerable populations and needs</li> <li>• The relationship between the USPSTF guidelines and Affordable Care Act implementation</li> </ul> <p>Legislative and regulatory processes:</p> <ul style="list-style-type: none"> <li>• Origin of laws</li> <li>• Regulatory process</li> <li>• How to influence/impact passage of laws and their translation into regulation</li> <li>• Health care financing and third party reimbursement</li> </ul> <p>Population health model and its impact on policy planning</p> <p>Introduction of global issues:</p> <ul style="list-style-type: none"> <li>• Infections</li> <li>• Travel</li> <li>• Immigration</li> <li>• Disasters/terrorism</li> <li>• Access to health care</li> </ul> <p>Ethical issues in health care planning:</p> <ul style="list-style-type: none"> <li>• Fairness</li> <li>• Equity and health disparities</li> <li>• Access and resource allocation</li> <li>• Health behavior</li> <li>• Social determinants of health</li> </ul> <p>Comparative health systems</p>	<ol style="list-style-type: none"> <li>1. Advocates for implementation of the full scope of the AG PCNP role.</li> <li>2. Analyzes policy relative to optimal care outcomes for the adult-gerontology population.</li> <li>3. Develops strategies to reduce the impact of ageism, racism/ethnocentrism and sexism on health care policies and systems.</li> </ol>	<p>Leadership skill development to promote and advocate for policies that improve the health of the adolescent, the adult and the older adult and advanced practice nursing across the spectrum of adult-gerontology population.</p> <p>Laws, regulations, and policy specific to adult-gerontology population practice, such as:</p> <ul style="list-style-type: none"> <li>• Medicare, Medicaid, and dual eligibility</li> <li>• Managed care plans</li> <li>• Reimbursement variation for skilled, long-term care, ambulatory care, and other settings including house calls and hospice</li> <li>• End-of-life regulations and laws</li> <li>• Physician-fee schedule</li> </ul> <p>Development, use and evaluation of professional standards for care (institutional, national, professional)</p> <p>Institutional and local policies and laws for safe and healthy practice environments</p> <p>Policy design, implementation strategies, and evaluation that supports quality outcomes for adult-gerontology population, including safe environments, and environments that accommodate the needs of persons with disabilities</p> <p>Strategies for participation in the development and implementation of institutional, local, state and federal policy that reduces biases against:</p> <ul style="list-style-type: none"> <li>• Ageism</li> <li>• Gender</li> <li>• Race</li> <li>• Developmental status</li> <li>• Health status</li> <li>• Sexual orientation and identification</li> </ul>

# NP Competency Area: Policy

## NP Core Competencies

## Curriculum Content to Support NP Core Competencies

*Neither required nor comprehensive, this list reflects only suggested content*

## Adult-Gerontology Primary Care NP Comps

## Curriculum Content to Support AG PCNP Competencies

*Neither required nor comprehensive, this list reflects only suggested content specific to the population*

Proactive and responsive use of media

Barriers to NP practice

Legislative process and resources, e.g., Congress.gov

Policy theories

Examples of policy making at multiple levels and individual and collective contributions to shape policy

Importance of and strategies for engagement in professional organizations and consumer groups that advocate for changes in health policy to improve care of adolescents, adults, and older adults

Examination of health care policies and the impact on the adult-gerontology population including access to, cost, quality, and outcomes of care

Strategies used with diverse audiences to exemplify need and advocate for policy change for the adult and older adult population, including use of data and human stories op-ed pieces, newsletters, news releases, interviews, elevator speeches, fact sheets

# NP Competency Area: Health Delivery System

<b>NP Core Competencies</b>	<b>Curriculum Content to Support NP Core Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content</i>	<b>Adult-Gerontology Primary Care NP Comps</b>	<b>Curriculum Content to Support AG PCNP Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content specific to the population</i>
<ol style="list-style-type: none"> <li>1. Applies knowledge of organizational practices and complex systems to improve health care delivery.</li> <li>2. Effects health care change using broad based skills including negotiating, consensus-building, and partnering.</li> <li>3. Minimizes risk to patients and providers at the individual and systems level.</li> <li>4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.</li> <li>5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.</li> <li>6. Analyzes organizational structure, functions and resources to improve the delivery of care.</li> <li>7. Collaborates in planning for transitions across the continuum of care.</li> </ol>	<p>Organizational practices:</p> <ul style="list-style-type: none"> <li>• Organizational structure, tables of organization</li> <li>• Organizational decision making</li> <li>• Organizational theory</li> <li>• Principles of management</li> </ul> <p>Interprofessional collaborative partnerships</p> <p>Informatics/information systems:</p> <ul style="list-style-type: none"> <li>• Interpreting variations in outcomes</li> <li>• Use of data to improve practice</li> <li>• Use of collateral information</li> <li>• Organizational delivery subsystems, (e.g. electronic prescription writing-pharmacy software)</li> </ul> <p>Needs assessment of populations served:</p> <ul style="list-style-type: none"> <li>• Socioeconomic and cultural factors</li> <li>• Unique population needs</li> <li>• System resources to meet population needs (e.g. use interpreters to facilitate communication)</li> <li>• Community resources/system outreach to community</li> <li>• Diversity among providers</li> <li>• Health delivery system</li> </ul> <p>Financial issues:</p> <ul style="list-style-type: none"> <li>• Financial business principles</li> <li>• Health care system financing</li> <li>• Reimbursement systems</li> <li>• Resource management</li> <li>• Billing and coding principles</li> </ul> <p>Interprofessional/team competencies:</p> <ul style="list-style-type: none"> <li>• Communication (theory)</li> <li>• Collaboration</li> <li>• Conflict resolution</li> <li>• Consultations/referrals</li> <li>• Team building</li> <li>• Values and ethics</li> <li>• Roles and responsibilities</li> </ul> <p>Safety and quality:</p> <ul style="list-style-type: none"> <li>• Cost-effective care</li> <li>• Legal/ethical issues</li> </ul>	<ol style="list-style-type: none"> <li>1. Manages safe transitions across settings and levels of care.</li> <li>2. Applies knowledge of regulatory processes and payer systems to the planning and delivery of health care services for adults across the age and level of care spectrums.</li> <li>3. Facilitates the development of health promotion programs within a health system or community.</li> </ol>	<p>Individual's acuity, stability, personal resources, and need for assistance</p> <p>Resources eligible for and services provided by type and level of care across health care settings</p> <p>Principles and practices in effective, safe transitions of care with special focus on rehabilitation, skilled nursing facility, assisted living, and other care settings</p> <p>Needs of individuals, their families, and caregivers to navigate transitions and negotiate care across health care delivery system(s)</p> <p>Specific needs of adult patients, particularly the adolescent and the frail older adult; how their needs are affected by the organization, system, and payment policies</p> <p>Differences in health systems particularly how they impact adult patients, those at risk, and individuals with mental/physical disabilities</p> <p>Strategies for system change based upon evidence arising from health delivery systems, which provide care for the adult-gerontology patients</p> <p>Barriers to access to care for adult and older adult patients within health delivery systems</p> <p>Strategies for interprofessional consultation and collaboration across and within systems to optimize care for adult and older adult patients</p> <p>Use of feedback from a variety of sources, e.g., patients, families,</p>

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## NP Core Competencies

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## Adult-Gerontology Primary Care NP Comps

## Curriculum Content to Support AG PCNP Competencies

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- Research and quality improvement
- Continuous quality improvement
- Quality and Safety Education in Nursing

### Transitional care:

- Navigating transitions across health care settings
- Coordination of services

### Planning, delivering and/or evaluating models of care:

- Models of planned change
- Process and evaluation design implementation
- Evaluation models
- Process of proposing changes in practice

### Legislative and regulatory issues:

- Relevant and current issues, e.g., Accountable Care Act implementation
- Process of health care legislation
- Scope and standards of practice
- Cultural competence
- Theories of vulnerability
- Social determinants of health

### Policy and advocacy:

- Reducing environmental health risks
- Implications of health policy
- Variations in policy

providers and staff, to revise systems, delivery models, and care practices



# NP Competency Area: Ethics

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<ol style="list-style-type: none"> <li>1. Integrates ethical principles in decision making.</li> <li>2. Evaluates the ethical consequences of decisions.</li> <li>3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.</li> </ol>	<p>Ethics in decision making:</p> <ul style="list-style-type: none"> <li>• Ethical considerations in decision making in clinical practice</li> <li>• Applications of ethical principles in policy making and in care delivery</li> <li>• Sources of information to facilitate ethical decision making               <ul style="list-style-type: none"> <li>- theories of ethical decision making</li> <li>- ethics committee</li> <li>- genetic counseling</li> <li>- clinical research</li> <li>- legal statutes</li> <li>- cultural sensitivity</li> <li>- scope of practice</li> </ul> </li> </ul> <p>Evaluation of ethical decisions:</p> <ul style="list-style-type: none"> <li>• Methods of evaluating outcomes (long term and short term)</li> <li>• Debriefing and assessment of outcomes</li> <li>• Ethical frameworks.</li> </ul> <p>Population specific complex ethical issues occurring in clinical practice</p> <p>System specific resources to implement ethical decisions, e.g. hospice care, palliative care</p> <p style="color: red;">Spiritual resources for patients and families, e.g., on-site and media based</p>	<ol style="list-style-type: none"> <li>1. Advocates for the patient's and family's rights regarding health care decision-making taking into account ethical and legal standards.</li> </ol>	<p>Ethical concepts and legal standards including, but not limited to:</p> <ul style="list-style-type: none"> <li>• Emancipation</li> <li>• Conservatorship</li> <li>• Guardianship</li> <li>• Durable power of attorney</li> <li>• Health care proxy</li> <li>• Advance directives and informed consent</li> <li>• End-of-life care</li> <li>• Organ/tissue donation in a manner that ensures informed decisions</li> </ul> <p>Impact of genomics, genetics, and transmission of disease on care delivery and counseling</p> <p>Common ethical issues and ethical dilemmas in the adult-gerontology patient and/or family in providing safe, quality care, such as:</p> <ul style="list-style-type: none"> <li>• Right to self-determination</li> <li>• Utility</li> <li>• Beneficence</li> <li>• Capacity to manage self-care</li> </ul> <p>Advocacy for individual and patient choices and preferences, particularly for the adolescents and older adults, such as:</p> <ul style="list-style-type: none"> <li>• Direct communications with the patient</li> <li>• Age-related rights regarding health care decisions</li> <li>• Role of ombudsman</li> </ul>

# NP Competency Area: Independent Practice

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<ol style="list-style-type: none"> <li>1. Functions as a licensed independent practitioner.</li> <li>2. Demonstrates the highest level of accountability for professional practice.</li> <li>3. Practices independently managing previously diagnosed and undiagnosed patients.               <ul style="list-style-type: none"> <li>- 3.a 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.</li> <li>- 3.b Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.</li> <li>- 3.c Employs screening and diagnostic strategies in the development of diagnoses.</li> <li>- 3.d Prescribes medications within scope of practice.</li> <li>- 3.e Manages the health/illness status of patients and families over time.</li> </ul> </li> <li>4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.               <ul style="list-style-type: none"> <li>- 4.a Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.</li> <li>- 4.b Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.</li> <li>- 4.c Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.</li> <li>- 4.d Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.</li> </ul> </li> </ol>	<p>Clinical decision making based on evidence and patient/provider partnership</p> <p>Current and emerging professional standards</p> <p>Novice to expert continuum of clinical practice</p> <p>Political, policy and regulatory issues regarding licensure, national certification, and scope of practice.</p> <p>Leadership approaches for employment contract negotiation, networking, and advancing professional standards and roles</p> <p>Application of select sciences to practice:</p> <ul style="list-style-type: none"> <li>• Pharmacology</li> <li>• Physiology</li> <li>• Pathophysiology</li> </ul> <p>Specific areas of assessment, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Physical</li> <li>• Psychosocial</li> <li>• Developmental</li> <li>• Family</li> <li>• Psychiatric mental health</li> <li>• Oral health</li> </ul> <p>Screenings</p> <p>Diagnostics (tests, labs)</p> <p>Specific procedures</p> <p>Health promotion, prevention, and disease management</p> <p>Pharmacology and complementary alternative therapies</p> <p>Provider-patient relationship:</p> <ul style="list-style-type: none"> <li>• Role of culture in patient-centered care</li> <li>• Contracting a management plan with patient and/or family</li> <li>• Culture of trust in interpersonal relationship w/patient and/or families</li> </ul>	<ol style="list-style-type: none"> <li>1. Independently manages common complex, acute and chronically ill patients across the spectrum of adolescence to the older adult, including the frail older adult.</li> <li>2. Provides age appropriate wellness promotion and disease prevention services weighing the costs, risks, and benefits to individuals.</li> <li>3. Uses correct diagnostic evaluation and management billing codes for care of the adult and older adult populations across settings.</li> <li>4. Assesses the individual's and family's ability to cope with and manage developmental (life stage) transitions.</li> <li>5. Manages geriatric syndromes and changing conditions using evidence-based guidelines.</li> <li>6. Manages common cognitive behavioral and mental health conditions in adolescents, adults, and older adults.</li> <li>7. Provides interventions adapted to meet the complex needs of individuals and families considering cost benefit and patient preference.</li> <li>8. Collaborates with the patient, family and others to provide palliative and end-of-life care.</li> <li>9. Develops a plan for long-term management of chronic health care problems with the individual, family, and health care team.</li> <li>10. Collaborates, as appropriate, with others to diagnose and manage acute complications of chronic and/or multi-system health problems.</li> <li>11. Evaluates individual's and/or caregiver's support systems.</li> <li>12. Safely performs procedures common to adult and geriatric primary care clinical practice.</li> <li>13. Provides education based on appropriate teaching learning theory to individuals, families, caregivers, and groups</li> </ol>	<p>Components of aging versus disease process including, but not limited to:</p> <ul style="list-style-type: none"> <li>• Functional status</li> <li>• Independence</li> <li>• Physical and mental status</li> <li>• Social roles and relationships</li> <li>• Sexual function and well-being</li> <li>• Economic or financial status</li> <li>• Life stage transitions and coping mechanisms</li> </ul> <p>Relevant health history taking and physical examination skills, which may be focused or comprehensive</p> <p>Understanding of genetic risks and health risk behaviors</p> <p>Understanding of atypical presentations of common conditions in older adults</p> <p>Understanding variations in presentations and treatment options of common conditions across the different age groups within the spectrum of the adult-gerontology population</p> <p>Evaluation of signs and symptoms that distinguish differences in presentation progression and response to treatment</p> <p>Knowledge about developmental age related, and gender specific variations</p> <p>Communication techniques geared to adolescents and older adults such as motivational interviewing</p> <p>Strategies for discussions of sensitive issues with the individual, family and other caregivers, e.g.:</p> <ul style="list-style-type: none"> <li>• Suicide prevention, self injury</li> <li>• Sexually-related issues</li> <li>• Substance use and abuse</li> <li>• Risk-taking behavior</li> <li>• Acceptance of risk</li> <li>• Driving safety</li> <li>• Independence</li> <li>• Finances</li> </ul>

# NP Competency Area: Independent Practice

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<ul style="list-style-type: none"> <li>- 4e. Develops strategies to prevent one's own personal biases from interfering with delivery of quality care.</li> <li>- 4f. Addresses cultural, spiritual, and ethnic influences that potentially create conflict among individuals, families, staff and caregivers.</li> <li>5. Educates professional and lay caregivers to provide culturally and spiritually sensitive, appropriate care</li> <li>6. Collaborates with both professional and other caregivers to achieve optimal care outcomes.</li> <li>7. Coordinates transitional care services in and across care settings.</li> <li>8. Participates in the development, use, and evaluation of professional standards and evidence-based care.</li> </ul>	<p>Business of practice:</p> <ul style="list-style-type: none"> <li>• Legal, business, and ethical issues</li> <li>• How to set up, finance and evaluate a practice ,</li> <li>• Writing a business plan</li> </ul> <p>Cultural issues</p> <p>Concepts of life-long learning</p> <p>Age, gender, and culturally appropriate standardized assessment instruments or processes in relationship to:</p> <ul style="list-style-type: none"> <li>• functional status/activity level</li> <li>• falls risk/mobility e.g. Get Up and Go Test, POMA, Morse Fall Scale</li> <li>• cognition</li> <li>• decision-making capacity</li> <li>• pain</li> <li>• skin integrity</li> <li>• nutrition</li> <li>• sexuality</li> <li>• immunization status</li> <li>• neglect and abuse</li> <li>• substance use and abuse</li> <li>• quality of life</li> <li>• genetic risks</li> <li>• health risk behaviors</li> <li>• safety</li> <li>• advance care planning/end-of-life preferences</li> </ul>	<p>regarding adolescent, adult, and gerontological issues.</p> <p>14. Adapts teaching approaches based on learner's physiological and psychological changes, developmental stage, readiness to learn, literacy, the environment, and resources.</p> <p>15. Educates individuals, families, caregivers, and groups regarding strategies to manage the interaction among normal development, aging, and mental and physical disorders.</p> <p>16. Provides consultation to health professionals and others regarding care of adolescents, adults, and older adults.</p> <p>17. Uses interventions to prevent or reduce risk factors for diverse and vulnerable adult populations, particularly adolescents and frail older adults.</p>	<ul style="list-style-type: none"> <li>• Violence, abuse, mistreatment, and neglect</li> <li>• Death and dying</li> <li>• Prognosis</li> </ul> <p>Principles of pharmacodynamics and pharmacokinetics in adults and older adults including, but not limited to:</p> <ul style="list-style-type: none"> <li>• Understanding of polypharmacy</li> <li>• Drug interactions and other adverse events</li> <li>• Over-the-counter medications</li> <li>• Complementary alternatives</li> <li>• Ability to obtain, purchase, self-administer, and store medications safely and correctly</li> </ul> <p>Beers Criteria for safer use of medications for older adults</p> <p>Adverse drug outcomes and polypharmacy in vulnerable populations, including women of childbearing age, adults with comorbidities, and older adults.</p> <p>Monitoring and evaluation of the safety and effectiveness of pharmacological, behavioral, and other therapeutic interventions.</p> <p>Recognition of risk-taking behaviors, self-injury, stress, anxiety, incontinence, falls, delirium, or depression</p> <p>Diagnostic screening tools and prevention teaching, such as:</p> <ul style="list-style-type: none"> <li>• Smoking cessation</li> <li>• Substance use abuse and screening tools</li> <li>• Dental care for older adults</li> <li>• TB and HIV screening for older adults</li> </ul> <p>Age-appropriate health screening and health promotion programs</p> <p>Recognition of variations among health screening guidelines</p> <p>Health maintenance and disease prevention interventions that are</p>

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age, gender, and health status appropriate

Anticipatory guidance and counseling for individuals and their families based on identified health promotion needs, social support, and health status

Centers for Medicare and Medicaid Services (CMS) rules and regulations for NP billing and coding; use of current codes, such as ICD-10, E&M codes, and site specific codes for billable services

Diagnosis of acute and chronic physical and mental illnesses, disease progression, and patient or family's decision making capacity.

Geriatric syndromes, including, but not limited to:

- Falls
- Loss of functional abilities
- Dehydration
- Delirium
- Depression
- Dementia
- Malnutrition
- Incontinence
- Failure to thrive
- Frailty
- Constipation

Multiple morbidities, psychosocial issues, and financial issues impact health and illness

Presence of multiple morbidities, their impact on presenting health problems, and the risk for iatrogenesis

Sexual and reproductive health and functioning across the adult age spectrum

Anticipated and unanticipated risks and adverse treatment outcomes, non-recognition of treatable illness, and under/ overtreatment.

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Local resources for families and adults for adult/gerontology day care facilities to assist with the frail, physically or mentally challenged, or chronically ill adults

Age-specific assessment tools such as:

- MoCA
- SLUMS
- Mini Cog
- GDS
- PHQ-9
- GMAST

Therapeutic interventions to restore or maintain optimal level of physical and psychosocial health

Prescription and monitoring of a variety of allied health therapies, including, but not limited to:

- Physical therapy
- Occupational therapy
- Speech therapy
- Home health care
- Palliative care
- Nutritional therapy

Differences between palliative and hospice care

Specific interventions which involve family, and/or caregivers for acute and chronic clinical problems of the adult and geriatric patient.

Knowledge of physical therapy, occupational therapy, speech therapy, home health, hospice, and nutritional therapy options, and when to refer.

The impact of family, community, and environment, including economic, work, institutional, school, and living environments on an individual's health status

Primary care practice skills which includes, but is not limited to:

- Wound debridement

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- Suturing
- Microscopy
- Biopsies
- Pap smears
- Joint aspiration and injection.

Ordering, performing, and supervising laboratory diagnostic testing, and clinical procedures, and interpreting results in relation to the individual's age, gender, and health status

Appropriate patient education materials for adult and geriatric patients and their families

Health education and appropriate teaching/learning methods for:

- Sensory impaired
- Cognitively impaired
- Non-self-disclosing patients
- Ethical/legal standards of care
- Use of interpreters

Interaction of acute and chronic physical and mental health problems and when to hand -off to acute care colleagues

"Transition of care theory" hand-off and reporting communication and necessary forms , e.g., advance directives, and medication reconciliation

Community based activities that highlight the AG PCNP role

Involvement with interdisciplinary adult and geriatric professional associations

Analysis of the practice laws for NPs and other health care professionals in various settings such as:

- Skilled nursing facilities
- Assisted living facilities
- Rehabilitation facilities
- Hospice
- Telehealth-like systems

Knowledge of state laws regarding the long term care

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industry, residential care facilities, and patient rights.

Analysis of current health care laws and regulations and the effect on the health of older adults.

Clarifying the role of the AG PCNP in relation to the health care team.

Cultural, spiritual, ethnic, gender, and age cohort differences in presentation, progression, and treatment response of common acute and chronic health problems.

Culturally diverse communication skills adapted to the individual's cognitive, developmental, physical, mental and behavioral health status.