



Recommended Competencies for Older Adult Care for the Family CNP and Women's Health CNP

March 2010

Developed in collaboration with
The Hartford Institute for Geriatric Nursing at New York University and the
National Organization of Nurse Practitioner Faculties

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Founded in 1929, the John A. Hartford Foundation is a committed champion of training, research and service system innovations that promote the health and independence of America's older adults. Through its grantmaking, the Foundation seeks to strengthen the nation's capacity to provide effective, affordable care to this rapidly increasing older population by educating "aging-prepared" health professionals (physicians, nurses, social workers), and developing innovations that improve and better integrate health and supportive services. The Foundation was established by John A. Hartford. Mr. Hartford and his brother, George L. Hartford, both former chief executives of the Great Atlantic & Pacific Tea Company, left the bulk of their estates to the Foundation upon their deaths in the 1950s. Additional information about the Foundation and its programs is available on their Web site.



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Introduction

With the growing population of older adults and the shortage of health care providers knowledgeable about the complex needs of this population, it is clear that all nurse practitioners who provide care to older adults need to expand their knowledge and skills to address these needs. The national dialogue among educators, licensing bodies, certifiers and accrediting bodies culminated in the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education (LACE; APRN Consensus Work Group and NCSBN APRN Advisory Committee; 2008). This document states that:

...All APRNs in any of the four roles providing care to the adult population, e.g., family or gender specific, must be prepared to meet the growing needs of the older adult population. Therefore, the education program should include didactic and clinical education experiences necessary to prepare APRNs with these enhanced skills and knowledge (p. 9).

(Entire report can be accessed at www.aacn.nche.edu/education/pdf/APRNReport.pdf.)

This model for APRN Regulation has been endorsed by 45 national nursing organizations. In addition, the professional organizations that comprise LACE have set the year 2015 for full implementation and are actively engaged in operationalizing the model.

With funding from the John A. Hartford Foundation (JAHF), the American Association of Colleges of Nursing (AACN)—in collaboration with the Hartford Institute for Geriatric Nursing at New York University College of Nursing and the National Organization of Nurse Practitioner Faculties (NONPF)—convened a national, NP expert panel. The expert panel included representatives of nine national nursing organizations whose foci included nurse practitioner certification, licensure, and education; adult and gerontology nurse practitioner practice; acute care and primary care nurse practitioner education and practice; and gerontology advanced practice nurses. In addition, the Expert Panel included representatives of two national healthcare organizations that primarily focus on the care of older adults (see Appendix A for the list of Expert Panel Members). The Expert Panel's primary charge was to develop national entry-level, consensus-based competencies for the adult-gerontology NP. These consensus-based competencies will provide a nationally recognized standard for the adult-gerontology population-focused competencies for CNPs. The Expert Panel also was charged with the review and revision of the competencies for CNPs prepared to provide care to older adults but who are not specialists in gerontology delineated in *Nurse Practitioner and Clinical Nurse Specialist Competencies for Older Adult Care* (AACN, 2004).

The purpose of this document is to describe recommended competencies of new graduates of graduate-degree and post-graduate certificate programs preparing

certified nurse practitioners (CNPs) prepared to care for those populations that provide care to older adults but who are not adult-gerontology CNPs. Specifically, these populations include the family CNP who provides care across the lifespan, and the women's health or gender-related CNP (APRN Consensus Work Group and NCSBN APRN Advisory Committee, 2008). This set of recommended competencies is not intended to alter or replace competencies developed for these CNP populations. Rather, the competencies described here complement other role and population competencies and highlight those areas of competence and evidence-based knowledge that CNPs providing care to older adults should have in order to improve health outcomes, quality of life, and level of functioning of the growing population of older adults. Competencies specific to one population or dependent upon specialty or practice setting are not included. The competencies delineated in this document are intended to be entry-level competencies. It is recognized that as a CNP gains experience, his or her practice may include more advanced and additional skills and knowledge not included in these entry-level competencies. These competencies describe a minimum set of recommended competencies for CNPs caring for older adults. Because of the broad nature of these competencies, some may already be included as core role or population-focused competencies. In addition, the expanded population-focus and complexity of care provided by advanced practice nurses prepared as adult-gerontology NPs are addressed in a separate document, *Adult-Gerontology Nurse Practitioner Competencies* (2010), which can be accessed at www.aacn.nche.edu/Education/curriculum/adultgeronpcomp.pdf and are not included in this document.

Integrating Gerontology Content and Competencies into the FNP and WHNP Curricula

To facilitate the integration of these competencies for older adult care into the FNP and WHNP NP curricula, the competencies that supplement the core and population-focused NP competencies have been inserted into the core NP domains (NONPF, 2006). This framework is provided as an example of how the recommended competencies could be integrated throughout the CNP curriculum.

Recommended Older Adult Care Competencies for Family NPs and Women's Health NPs describes minimum competencies deemed necessary by a national expert panel of adult, gerontology, primary care and acute care NP educators, certifiers, licensing bodies, and practitioners for CNPs caring for older adults. Because of the broad nature of these competencies some may already be included in the curriculum as core role or population-focused competencies. Other competencies may be included in the core curriculum but may require additional emphasis or presentation in a different context specific to the unique care needs of the older adult.

RECOMMENDED OLDER ADULT CARE COMPETENCIES FOR THE FAMILY CNP AND WOMEN'S HEALTH CNP

I. HEALTH PROMOTION, HEALTH PROTECTION, DISEASE PREVENTION, AND TREATMENT

The CNP is a provider of direct care services. Within this role, the CNP synthesizes theoretical, scientific, and contemporary clinical knowledge for the evidence-based assessment and management of both health and illness states. These competencies incorporate the health promotion, health protection, disease prevention, and management focus of CNP practice related to care of the older adult.

A. Assessment of Health Status

These competencies describe the role of the CNP in terms of health promotion, health protection, and disease prevention. The CNP employs evidence-based clinical practice guidelines for screening activities, identifies health promotion needs, provides anticipatory guidance and counseling to address environmental, lifestyle, and developmental issues.

1. Assesses physiological and functional changes associated with aging and development, differentiating between normal and abnormal changes associated with development and aging.
2. Assesses health promotion needs, social support and physical and mental health status using age, gender, and culturally appropriate standardized assessment instruments or processes including but not limited to: activity level, mobility, functional status, cognition, pain, skin integrity, quality of life, nutrition, neglect and abuse, elder mistreatment, and advanced care planning preferences.
3. Assesses for syndromes and constellations of symptoms that may be manifestations of other health problems common to older adults, e.g., risk-taking behaviors, self-injury, stress, incontinence, falls, delirium, or depression.
4. Assesses health status, genetic risks, and health risk behaviors in older adults.
5. Assesses the ability of the individual, family, and other caregivers to manage developmental (life stage) transitions, resilience, and coping strategies.
6. Assesses the older individual's, family's, and caregiver's ability to execute plans of care.
7. Conducts a pharmacological assessment of the older adult including polypharmacy; drug interactions and other adverse events; over-the-counter and complementary alternatives; and the ability to obtain, purchase, self-administer, and store medications safely and correctly.
8. Assesses for pain in the older adult, including the cognitively impaired, and develops a plan of care for its management.

B. Diagnosis of Health Status

The CNP is engaged in the diagnosis of health status. This diagnostic process includes critical thinking, differential diagnosis, and the integration and interpretation of various forms of data.

9. Identifies both typical and atypical presentations of chronic and acute illnesses and diseases common to older adults.
10. Recognizes the presence of co-morbidities, their impact on presenting health problems, and the risk of iatrogenesis in the frail older adult.
11. Identifies signs and symptoms indicative of change in mental status, e.g. agitation, anxiety, depression, substance use, delirium, and dementia.
12. Interprets results of laboratory and diagnostic tests in relation to the individual's age, gender, and health status, with particular attention to differentiation of normal and abnormal values for older adults.

C. Plan of Care and Implementation of Treatment

The objectives of planning and implementing therapeutic interventions are to return the individual to stability and optimize the individual's health. These competencies describe the CNP's role in stabilizing the individual, minimizing physical and psychological complications, maximizing the individual's health potential, and assisting with palliative/end-of-life care management.

13. Promotes and recommends immunizations and appropriate health screenings for the older adult.
14. Designs and implements interventions for older adults to prevent or reduce risk factors that contribute to:
 - a. decline in physical or mental functional
 - b. impaired quality of life
 - c. social isolation
 - d. excess disability
15. Assists the patient to compensate for age-related functional changes.
16. Refers and/or manages common signs, symptoms, and syndromes (with consideration of setting, environment, population, co-morbidities, and multiple contributing factors), with specific attention to:
 - a. immobility, risk of falls, gait disturbance
 - b. incontinence
 - c. cognitive impairment (depression, delirium, dementia)
 - d. nutritional compromise
 - e. sleep disorders/problems
 - f. substance use/abuse
 - g. abuse or neglect, elder mistreatment
 - h. self-injury, suicide, or homicide ideations
17. Maintains or maximizes function and mobility, continence, mood, memory and orientation, nutrition, and hydration.
18. Uses an ethical framework to address individual and family concerns about such issues as care-giving, management of pain, and end-of-life issues.

19. Promotes safety and risk reduction through the use of interventions such as:
 - a. devices to promote mobility and prevent falls
 - b. cognitive and sensory enhancements
 - c. restraint-free care
 - d. reduced urinary catheter use
20. Plans and orders palliative care and end of life care as appropriate

II. THE NURSE PRACTITIONER -PATIENT RELATIONSHIP

Competencies in this area demonstrate the personal, collegial, and collaborative approach which enhances the CNP's effectiveness of care. The competencies speak to the critical importance of the interpersonal transaction as it relates to therapeutic patient outcomes.

21. Accounts for cognitive, sensory, and perceptual problems with special attention to temperature sensation, hearing, and vision when caring for older adults.
22. Recognizes the heightened need for coordination of care with other healthcare providers and community resources with special attention to the frail older adult and those with markedly advanced age.
23. Fosters a trusting relationship that facilitates discussion of sensitive issues with the individual, family, and other caregivers related to care of the older adult such as:
 - a. suicide prevention, self injury
 - b. sexual health and sexually related issues
 - c. substance use/abuse
 - d. risk-taking behavior
 - e. driving safety
 - f. independence
 - g. finances
 - h. violence, abuse, and mistreatment
 - i. prognosis
23. Advocates for the individual's and family's rights regarding healthcare decision-making such as durable power of attorney, healthcare proxy, advance care directives, and informed consent (taking into account ethical and legal standards).

III. THE TEACHING-COACHING FUNCTION

These competencies describe the CNP's ability to impart knowledge and associated psychomotor skills to individuals, family, and other caregivers. The coaching function involves the skills of interpreting and individualizing therapies through the activities of advocacy, modeling, and tutoring.

24. Modifies teaching-learning approaches based on physiological and psychological changes (e.g., sensory and perceptual limitations, cognitive limitations, and memory changes), age, developmental state, readiness to learn, health literacy, the environment, and resources.

25. Educates older adults, families, and caregivers regarding normal changes of aging, myths and stereotypes of aging, health promotion and prevention strategies, and end-of-life choices.
26. Educates professional and lay caregivers to provide culturally and spiritually appropriate care to older adults, including the frail elderly.

IV. PROFESSIONAL ROLE

These competencies describe the varied role of the CNP, specifically related to advancing the profession and enhancing direct care and management. The CNP demonstrates a commitment to the implementation and evolution of the CNP role. As well, the CNP implements critical thinking and builds collaborative, interprofessional relationships to provide optimal care to patients.

27. Advocates within the healthcare system and policy arenas for the health needs of older adults, especially the frail and markedly advanced older adult.
28. Articulates and promotes to other healthcare providers and the public, the role within the healthcare team of the CNP and its significance in improving outcomes of care for older adults.
29. Advocates for safe and health-promoting environments for older adults.

V. MANAGING AND NEGOTIATING HEALTH CARE DELIVERY SYSTEMS

These competencies describe the CNP's role in handling situations successfully to achieve improved health outcomes for individuals, communities, and systems by overseeing and directing the delivery of clinical services within an integrated system of health care.

30. Applies knowledge of regulatory processes and principles of payer systems to the planning and delivery of healthcare services across the continuum of care.
31. Assists individuals, their families, and caregivers to navigate transitions and negotiate care across the healthcare delivery system(s).
32. Coordinates comprehensive care in and across settings with particular attention to the needs of the older adult, family, and caregivers.
33. Communicates to other members of the interdisciplinary care team special needs of the older adult to improve outcomes of care.
34. Collaborates with the interprofessional care team, including geriatric and geropsychiatric care teams, to improve outcomes of care for the older adult.
35. Participates in the design and use of professional standards and evidence-based care processes to reduce adverse events common to older adults, such as infections, falls, and polypharmacy.

VI. MONITORING AND ENSURING THE QUALITY OF HEALTH CARE PRACTICE

These competencies describe the CNP's role in ensuring quality of care through consultation, collaboration, continuing education, certification, and evaluation.

The monitoring function of the role is also addressed relative to monitoring one's own practice as well as engaging in interprofessional peer and colleague review.

36. Improves practice outcomes for the older adult within systems by:
 - a. developing strategies to reduce the impact of ageism and sexism on healthcare policies
 - b. using technology and quality improvement methods to enhance safety and monitor health outcomes
 - c. advocating for access to quality, cost-effective health care
 - d. advocating for access to hospice and palliative care services for older adults and adults with dementia.
37. Facilitates the incorporation of evidence-based practices, products, and technology that are specific to the older adult population.

VII. CULTURAL & SPIRITUAL COMPETENCE

These competencies describe the CNP's role in providing culturally and spiritually appropriate care, delivering patient care with respect to individual cultural and spiritual beliefs, and making healthcare resources available to patients from diverse cultures.

38. Assesses intergenerational differences in family members' beliefs that influence care, e.g., end-of-life care.
39. Adapts age-specific assessment methods or tools to a culturally diverse population.
40. Incorporates culturally and spiritually appropriate resources into the planning and delivery of health care for the older adult.

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APPENDIX :

EXPERT PANEL FOR ADULT-GERONTOLOGY NURSE PRACTITIONER COMPETENCIES

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