



**BLUEPRINT FOR THE
CANADIAN NURSE PRACTITIONER EXAMINATION:
FAMILY/ALL AGES**

January 2018

3rd Edition

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INTRODUCTION

Each provincial and territorial nursing regulatory authority is responsible for ensuring that graduates of nurse practitioner programs in Canada, as well as those educated in other countries who apply for registration as nurse practitioners within its jurisdiction, meet an acceptable level of competence before they begin to practise. The level of competence of nurse practitioners working in a family/all ages context is measured in part by the CNPE: F/AA, which is administered by provincial and territorial nursing regulatory authorities. Yardstick Assessment Strategies Inc. (YAS), develops exam questions used in the CNPE: F/AA by working in collaboration with the regulatory authorities and nurse practitioners across Canada. The nurse practitioners, nominated by the regulatory authorities, serve as the content experts in developing and validating the exam.

Registration/licensure exams have a well-defined purpose: to protect the public by ensuring that those who are licensed to practise possess sufficient knowledge and skills to perform important occupational activities safely and effectively. In the case of the CNPE: F/AA, the purpose is to protect the public by ensuring that the entry-level nurse practitioner working in a family/all ages context possesses the competencies required to practise safely, effectively and ethically.

The primary function of the CNPE: F/AA Blueprint is to describe how the exam is developed. Specifically, this Blueprint provides explicit instructions and guidelines on how the competencies (i.e., knowledge, skills, attributes and judgments) are to be expressed within the exam to enable accurate decisions to be made on a candidate's readiness to practise safely, effectively and ethically.

NURSE PRACTITIONERS WORKING WITH A FAMILY/ALL AGES POPULATION

Nurse practitioners are advanced practice nurses who provide primary health-care services to manage the health needs of individuals, groups, families and communities. The nurse practitioner role is grounded in the nursing profession's values, knowledge, theories and practice, and complements, rather than replaces, other health-care provider roles. Nurse practitioners provide a range of health services, including the assessment, diagnosis and management of acute and chronic illness and injury; prescribing and monitoring the effects of medications; planning, implementing and evaluating health promotion, illness and injury prevention services; and providing rehabilitative and supportive care.

Nurse practitioners working with a family/all ages population:

- provide health-care services to persons across the lifespan, including newborns, children, adolescents, adults, pregnant and postpartum women, and older adults. They have advanced nursing knowledge and experience in caring for persons of all ages in diverse practice settings. Nurse practitioners develop and sustain partnerships with clients of all ages;
- order, perform and interpret diagnostic tests and screening procedures based on advanced nursing knowledge of the age, gender and health status of clients across the lifespan. They use their advanced nursing knowledge of health conditions across the lifespan to provide appropriate treatment, including carrying out necessary procedures, making diagnoses and prescribing medications. The multiple effects of pharmacological agents, including over-the-counter preparations, herbal preparations and other alternative health modalities, are considered;
- adapt and apply their competencies to optimize the health and health care of individuals, families and communities. They incorporate significant social supports, caregivers and other resources in providing health care. Nurse practitioners work with other health-care providers in collaborative, interprofessional relationships and use professional resources from other sectors while providing health care for clients of all ages. They apply knowledge of legislation and cultural, spiritual and ethical principles relevant to clients across the lifespan; and
- use an evidence-informed approach to meet the complex needs of clients across the lifespan and take into account age-related changes and multiple-system disease by applying advanced nursing knowledge and skills in these areas. The impact of individual and family transitions, such as parenthood and retirement, on the health of family members is considered by nurse practitioners, as is their ability to cope with palliative care and end-of-life issues. Nurse practitioners take a leadership role to address gaps in needed health services, achieve continuity of health care and ensure that needed prevention and health promotion programs are in place.

TECHNICAL SPECIFICATIONS

This section contains the technical specifications used to guide the development of the CNPE: F/AA. It describes the guidelines followed in addressing the structural and contextual variables of the exam.

Structural variables include characteristics of the exam that determine its general design and appearance: length of the exam, question presentation and format, taxonomy of cognitive ability upon which the exam questions focus, and weightings of the competency categories.

Contextual variables qualify the content domain by specifying the nurse practitioner contexts in which the questions will be set: health-care client, lifespan, health situation/focus, diversity and practice environment.

Structural Variables

1. Exam Length

The CNPE: F/AA will consist of approximately 180-190 multiple-choice questions. An exam of 180-190 multiple-choice questions is sufficient to make both reliable and valid decisions about a nurse practitioner's readiness to practise safely, effectively and ethically.

2. Question Format and Presentation

The exam's multiple-choice questions will be presented either as case-based questions or independent questions. Case-based questions will include a set of approximately three to five questions associated with a brief health-care scenario. Independent questions will contain enough information necessary to answer the question. Table 1 shows the percentage of questions by presentation.

Table 1: Percentage of questions by presentation

Presentation	Percentage of Questions on the CNPE: F/AA
Case-based questions	25-30%
Independent question	70-75%

3. Percentage of Questions by Taxonomy of Cognitive Ability

To ensure that the competencies are measured at different levels of cognitive ability, each question on the CNPE: F/AA is classified into one of three levels: knowledge/comprehension, application or critical thinking.¹ Table 2 shows the percentage of questions by level of cognitive ability.

Table 2: Percentage of questions by taxonomy of cognitive ability

Level of Cognitive Ability	Percentage of Questions on the CNPE: F/AA
Knowledge/Comprehension	Maximum of 10%
Application	Minimum of 30%
Critical Thinking	Minimum of 50%

Knowledge/Comprehension

The knowledge/comprehension level combines the ability to recall previously learned material with the ability to understand its meaning. It includes such cognitive abilities as knowing and understanding definitions, facts and principles, and interpreting data (e.g., knowing the effects of medications to prevent adverse drug interactions when prescribing).

Application

The application level refers to the ability to apply knowledge and learning to new or practical situations. It reflects the entry-level nurse practitioner's ability to apply rules, methods, principles and theories in different practice situations (e.g., applying principles of drug administration and concepts of comfort and safety).

Critical Thinking

The critical thinking level deals with higher-level thinking processes. It includes the ability of entry-level nurse practitioners to judge the relevance of data, to deal with abstractions, and to use clinical reasoning and inquiry along with an evidence-informed approach to solve problems (e.g., identifying priorities of care, evaluating the effectiveness of nurse practitioner actions). The entry-level nurse practitioner should be able to identify cause-and-effect relationships, distinguish between relevant and irrelevant data, formulate valid conclusions and make judgments concerning the needs of clients.

4. Competencies by Category

Table 3 presents the number of exam competencies and the percentages of questions in each of the categories of competencies. These competencies are based on the Canadian Council of Registered Nurse Regulators (CCRNRR) 2015 Practice Analysis Study of Nurse Practitioners, available at <http://www.ccrnr.ca/nurse-practitioners.html>.

¹ Classification system modified from Bloom, B. S. (Ed.). 1956. *Taxonomy of educational objectives: The classification of educational goals; Handbook I, cognitive domain*. New York: David McKay.

Table 3: Weighting of competencies by category

Competency Categories	Number of Competencies	Percentage of Questions
I. Client Care		91-93%
A. Client Relationship Building And Communication	4	7-9%
B. Assessment	14	26-30%
C. Diagnosis	12	16-20%
D. Management	22	20-24%
E: Collaboration, Consultation, And Referral	4	8-12%
F. Health Promotion	3	5-7%
II, III, & IV		7-9%
II: Quality Improvement And Research	3	3%
III. Leadership	1	3%
IV. Education– Client, Community, And Healthcare Team Education	2	2%
Total	65	100.0%

Contextual Variables

Contextual variables qualify the content domain by specifying the nurse practitioner contexts in which the exam questions will be set. They include health-care client, lifespan, health situation/focus, diversity and practice environment.

1. Health-Care Client

The exam will include questions pertaining to the following: (1) individuals (2) families; and (3) groups, populations and communities. The majority of questions on the examination will target individuals.

2. Lifespan

The exam will include questions related to the lifespan, from preconception through to advanced age, including end of life. Questions will reflect health situations relevant to all life phases:

- the period between preconception and birth;
- newborn and infants (birth to 12 months);
- young child (1-6 years);
- older child (7-12 years);
- adolescent (13-18 years);
- young adult (19-35 years);
- middle adult (36-64 years);
- older adult (65-79 years); and

- adult of advanced age (80+ years).

The distribution of the exam questions may be guided by the demographics of clients (e.g., projections of Canadian population statistics by age and gender). Ongoing reference to current population trends (e.g., health services utilization statistics, and nursing policy documents) and the competencies will inform exam question development and revision.

3. Health Situation/Focus

Since the client is viewed holistically, the client's biophysical, psychosocial and spiritual dimensions form the basis for every health situation. The particular health situations depicted on the exam will be based on the assumptions on which the competencies are founded.

Family/all ages nurse practitioners provide health-care services to address health needs of clients with acute, chronic or emergent/urgent presentations. These services also include health promotion and illness and injury prevention strategies. From this context, the exam will include questions pertaining to body systems or aspects of health including, but not limited to, the following areas:

- head, eyes, ears, nose, neck and throat
- integumentary
- respiratory
- gastrointestinal
- cardiovascular
- genitourinary
- musculoskeletal
- neurological
- endocrine
- hematopoietic
- immune/lymphatic system
- mental health
- infectious/communicable diseases
- sexual/reproductive health
- oncology
- pre-natal/perinatal/post-natal
- nutrition/hydration
- physical function and mobility
- developmental delays/learning disabilities
- acute and/or chronic pain
- cognition/decision-making
- violence, abuse or neglect
- substance use/abuse
- emergencies
- palliative
- end of life

4. Diversity

The exam questions will reflect diversity inherent in populations and are intended to measure awareness, sensitivity and respect for diverse cultural values, beliefs and practices. The questions will not test candidates' knowledge of specific values, beliefs and practices linked to individuals. Cultural issues are integrated within the questions.

5. Practice Environment

The practice environment of family/all ages nurse practitioners can be any setting or circumstance within the scope of practice defined by provincial and territorial legislation and regulation. For the purposes of the CNPE: F/AA, the practice environment is specified only where it is required in order to provide guidance to the candidate.

CONCLUSION

The *Blueprint for the Canadian Nurse Practitioner Examination: Family/All Ages* (2018) is the product of a collaborative effort between the regulatory authorities who may use the CNPE: F/AA and Canadian family/all ages nurse practitioners. Their efforts have resulted in a compilation of the competencies required of the entry-level nurse practitioner and of the guidelines on how the competencies will be measured on the CNPE: F/AA. These guidelines can be found in Table 4, Summary Chart: CNPE: F/AA Development Guidelines.

It is recognized that nurse practitioner practice will continue to evolve. As this occurs, the Blueprint (i.e., the competencies identified for examination purpose and the test development guidelines) may require revision to accurately reflect the scope of practice, roles and responsibilities of the entry-level family/all ages nurse practitioner. The CNPE: F/AA will be regularly reviewed and revised to ensure relevance to nurse practitioner practice and to respond to changes in the Canadian health-care environment, progress in evidence-based knowledge and changing Canadian demographics.

Table 4: Summary chart: CNPE: F/AA development guidelines

STRUCTURAL VARIABLES		
Exam length		180-190 questions
Question format	Format:	Multiple-choice questions
Presentation	Case-based questions	25-30%
	Independent question	70-75%
Competencies by category	I. Client Care	91-93%
	A. Client Relationship Building And Communication	7-9%
	B. Assessment	26-30%
	C. Diagnosis	16-20%
	D. Management	20-24%
	E: Collaboration, Consultation, And Referral	8-12%
	F. Health Promotion	5-7%
	II, III, IV	7-8%
Percentage of questions by level of cognitive ability	Knowledge/Comprehension	Maximum of 10%
	Application	Minimum of 30%
	Critical Thinking	Minimum of 50%
CONTEXTUAL VARIABLES		
Health-care client	Individual clients Families Groups, populations and communities	
Lifespan	The exam will include questions related to the lifespan, from preconception through to advanced age, including end of life. Exam questions will reflect health situations relevant to all life phases.	
Health situation/focus	Family/all ages nurse practitioners provide health-care services to address health needs that are acute, chronic and emergent/urgent. These services also include health promotion and illness and injury prevention. From this context, the exam will include questions on the body systems or aspects of health identified under, but not limited to, health situation/focus.	
Diversity	Questions will be included that measure awareness, sensitivity and respect for different cultural values, beliefs and practices.	
Practice environment	The practice environment of the family/all ages nurse practitioners can be any setting or circumstance within which advanced nursing is practised. Most of the competencies are not setting-dependent. The health-care environment will be specified where necessary.	

GLOSSARY OF TERMS

Accountability

The obligation to answer for the professional, ethical and legal responsibilities of one's activities and duties.

Advanced Nursing Practice

An umbrella term describing an advanced level of clinical nursing practice that maximizes the use of graduate educational preparation and in-depth nursing knowledge and expertise to meet the health needs of individuals, families, groups, communities and populations. It involves analyzing and synthesizing knowledge; understanding, interpreting and applying nursing theory and research; and developing and advancing nursing knowledge and the profession as a whole.

Adverse Event

An event that results in unintended harm to the client and is related to the care and/or service provided to the client rather than the client's underlying condition.

Advocate

To actively support a right and good cause; to support others in speaking for themselves or speaking on behalf of those who cannot speak for themselves.

Client

The beneficiary of care; may be an individual, family, group, population or entire community.

Collaboration

The joint communication and decision-making processes among the client, nurse practitioner and other members of a health-care team who work together to use their separate and shared knowledge and skills to provide optimum client-centred care. The health-care team works with clients toward identified health outcomes while respecting the unique qualities and abilities of each member of the group or team.

Collaborate

Building consensus and working together on common goals, processes and outcomes.

Competencies

Specific knowledge, skills and personal attributes required for a nurse practitioner to practise safely and ethically in a designated role and setting.

Competence

The integrated knowledge, skills, judgment and attributes required of a nurse practitioner to practise safely and ethically in a designated role and setting. Attributes include, but are not limited to, attitudes, values and beliefs.

Complementary and Alternative Therapies

Those modalities or interventions that complement mainstream medicine and are used to address clients' health needs across the continuum of health care and are not met by conventional approaches. Complementary therapies tend to be those that are used *alongside* traditional health care, while alternative therapies tend to be those used *in place of* traditional health care.

Consultation

Seeking the advice of others who have the required expertise.

Criterion-referenced examination

A test that measures the degree of command of a specified content domain or skill domain. Scores are interpreted in comparison with a predetermined performance standard (i.e., percentage of correct answers) and are interpreted independently of the results obtained by other candidates

Critical Appraisal

The process of systematically examining research evidence to assess its validity and reliability, results and relevance before using it to make an informed decision. It is an essential part of evidence-informed practice.

Cultural Safety

A manner that affirms, responds to and fosters the cultural expression of clients, and addresses power relationships between the service provider and the people who use the service. This usually requires nurses to have undertaken a process of reflection on their own cultural identity and to have learned to practise in a way that affirms the culture of clients and nurses. Unsafe cultural practice is any action that demeans, diminishes or disempowers the cultural identity and well-being of people.

Determinants of Health

Definable entities that are associated with or induce health outcomes. These entities include health behaviours, lifestyles and coping abilities, biology, gender and genetics, income and social status, culture, education, employment and working conditions, access to appropriate health services and the physical environment.

Disease and Injury Prevention

Measures to prevent the occurrence of disease and injury, such as risk factor reduction, but also to arrest the progress and reduce the consequences of disease or injury once established.

Diversity

The variation between people in terms of a range of factors such as ethnicity, national origin, race, gender, ability, age, physical characteristics, religion, values, beliefs, sexual orientation, socio-economic class or life experiences.

Evidence-Informed Practice

An approach to decision-making in which the clinician conscientiously integrates critically appraised evidence, clinical practice experience and knowledge of contextual factors in consultation with the client to decide upon the option that best suits the client. Evidence may include, but is not limited to, published and grey literature research, clinical practice guidelines, consensus statements, clinical experts, quality assurance and client safety data.

Health

A state of complete physical, mental (spiritual) and social well-being, not merely the absence of disease.

Health Promotion

The process of enabling people to increase control over and improve their health. It embraces not only actions directed at strengthening the skills and capabilities of individuals, but also actions directed toward changing social, environmental, political and economic conditions to alleviate their impact on public and individual health.

Health Protection

Activities in food hygiene, water purification, environmental sanitation, drug safety and other areas that eliminate as far as possible the risk of adverse consequences to health attributable to environmental hazards.

Interprofessional Care

The provision of comprehensive health service to clients by multiple health-care providers who work collaboratively to deliver quality care within and across settings.

Near Miss

An event with the potential for harm that did not result in harm because it did not reach the client due to timely intervention or good fortune (sometimes called a close call).

Pharmacotherapy

Treatment and prevention of diseases, disorders and/or symptoms by means of drug therapy.

Pharmacotherapeutics

Consideration of the characteristic interactions of a drug with the body in terms of its absorption, distribution, metabolism and excretion, and the interactions that may occur between drugs.

Population Health

The health of a population whose needs are influenced by social, cultural, political, contextual, geographical, environmental and financial factors.

Problematic Substance Use

When the use of a substance negatively impacts a person's work or personal life (e.g., relationships, financial situation, problems with the law). Problematic substance use can develop into chemical dependency and/or addiction in some individuals.

Referral

The practice of requesting a consultation or service from another health-care provider on behalf of a client.

Safe Client Care

Reduction or mitigation of unsafe acts within the health-care system, as well as through the use of best practices shown to lead to optimal client outcomes.

Scope of Practice

The activities that nurse practitioners are educated and authorized to perform, as established through legislated definitions of nursing practice, complemented by standards, guidelines and policy positions issued by professional nursing bodies.

Standard

An authoritative statement that describes the required behaviour of every nurse practitioner and is used to evaluate individual performance.

Therapeutic Management

The pharmaceuticals, non-pharmaceuticals, therapies and interventions that nurse practitioners prescribe to provide health promotion and protection; disease prevention; and treatment of diseases, injuries, illnesses and conditions.

APPENDIX A: CNPE: F/AA COMPETENCIES

COMPETENCY AREA I. CLIENT CARE

A. Client Relationship Building and Communication

The competent, entry-level nurse practitioner uses appropriate communication strategies to create a safe and therapeutic environment for client care.

1. Use developmentally- and culturally-appropriate communication techniques and tools	I.A.1
2. Utilise clients' cultural beliefs and values in all client interactions	I.A.2
3. Recognize moral or ethical dilemmas, and take appropriate action if necessary (e.g., consult with others, involve legal system)	I.A.3
4. Document relevant aspects of client care in client record	1.A.4

B. Assessment

The competent, entry-level nurse practitioner integrates an evidence-informed knowledge base with advanced assessment skills to obtain the necessary information to identify client diagnoses, strengths, and needs.

1. Establish the reason for the client encounter

a. Review information relevant to the client encounter (e.g., referral information, information from other healthcare providers, triage notes) if available	I.B.1.a
b. Perform initial observational assessment of the client's condition	I.B.1.b
c. Ask pertinent questions to establish the context for client encounter and chief presenting issue	I.B.1.c
d. Identify urgent, emergent, and life-threatening situations	I.B.1.d
e. Establish priorities of client encounter	I.B.1.e

2. Complete relevant health history appropriate to the client's presentation

a. Collect health history such as symptoms, history of presenting issue, past medical and mental health history, family health history, pre-natal history, growth and development history, sexual history, allergies, prescription and OTC medications, and complementary therapies	I.B.2.a
b. Collect relevant information specific to the client's psychosocial, behavioral, cultural, ethnic, spiritual, developmental life stage, and social determinants of health	I.B.2.b
c. Determine the client's potential risk profile or actual risk behaviors (e.g., alcohol, illicit drugs and/or controlled substances, suicide or self-harm, abuse or neglect, falls, infections)	I.B.2.c
d. Assess client's strengths and health promotion, illness prevention, or risk reduction needs	I.B.2.d

3. Perform assessment

a. Based on the client's presenting condition and health history, identify level of assessment (focused or comprehensive) required, and perform review of relevant systems	I.B.3.a
b. Select relevant assessment tools and techniques to examine the client	I.B.3.b
c. Perform a relevant physical examination based on assessment findings and specific client characteristics (e.g., age, culture, developmental level, functional ability)	I.B.3.c
d. Assess mental health, cognitive status, and vulnerability using relevant assessment tools	I.B.3.d
e. Integrate laboratory and diagnostic results with history and physical assessment findings	I.B.3.e

C. Diagnosis

The competent, entry-level nurse practitioner is engaged in the diagnostic process and develops differential diagnoses through identification, analysis, and interpretation of findings from a variety of sources.

1. Determine differential diagnoses for acute, chronic, and life-threatening conditions	
a. Analyze and interpret multiple sources of data, including results of diagnostic and screening tests, health history, and physical examination	I.C.1.a
b. Synthesize assessment findings with scientific knowledge, determinants of health, knowledge of normal and abnormal states of health/illness, patient and population-level characteristics, epidemiology, health risks	I.C.1.b
c. Generate differential diagnoses	I.C.1.c
d. Inform the patient of the rationale for ordering diagnostic tests	I.C.1.d
e. Determine most likely diagnoses based on clinical reasoning and available evidence	I.C.1.e
f. Order and/or perform screening and diagnostic investigations using best available evidence to support or rule out differential diagnoses	I.C.1.f
g. Assume responsibility for follow-up of test results	I.C.1.g
h. Interpret the results of screening and diagnostic investigations using evidence-informed clinical reasoning	I.C.1.h
i. Confirm most likely diagnoses	I.C.1.i
2. Explain assessment findings and communicate diagnosis to client	
a. Explain results of clinical investigations to client	I.C.2.a
b. Communicate diagnosis to client, including implications for short- and long-term outcomes and prognosis	I.C.2.b
c. Ascertain client understanding of information related to findings and diagnoses	I.C.2.c

D. Management

The competent, entry-level nurse practitioner, on the basis of assessment and diagnosis, formulates the most appropriate plan of care for the client, implementing evidence-informed therapeutic interventions in partnership with the client to optimize health.

1. Initiate interventions for the purpose of stabilizing the client in, urgent, emergency, and life-threatening situations (e.g., establish and maintain airway, breathing and circulation; suicidal ideation).	I.D.1.
2. Formulate plan of care based on diagnosis and evidence-informed practice.	
a. Determine and discuss options for managing the client's diagnosis, incorporating client considerations (e.g., socioeconomic factors, geography, developmental stage)	I.D.2.a
b. Select appropriate interventions, synthesizing information including determinants of health, evidence-informed practice, and client preferences	I.D.2.b
c. Initiate appropriate plan of care (e.g., non-pharmacological, pharmacological, diagnostic tests, referral)	I.D.2.c
d. Consider resource implications of therapeutic choices (e.g., cost, availability)	I.D.2.d
3. Provide pharmacological interventions, treatment, or therapy	
a. Select pharmacotherapeutic options as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference	I.D.3.a
b. Counsel client on pharmacotherapeutics, including rationale, cost, potential adverse effects, interactions, contraindications and precautions as well as reasons to adhere to the prescribed regimen and required monitoring and follow up	I.D.3.b
c. Complete accurate prescription(s) in accordance with applicable jurisdictional and institutional requirements	I.D.3.c
d. Establish a plan to monitor client's responses to medication therapy and continue, adjust or discontinue a medication based on assessment of the client's response	I.D.3.d
e. Apply strategies to reduce risk of harm involving controlled substances, including medication abuse, addiction, and diversion	I.D.3.e

4. Provide non-pharmacological interventions, treatment, or therapies	
a. Select therapeutic options (including complementary and alternative approaches) as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference	I.D.4.a
b. Counsel client on therapeutic option(s), including rationale, potential risks and benefits, adverse effects, required after care, and follow-up	I.D.4.b
c. Order required treatments (e.g., wound care, phlebotomy)	I.D.4.c
d. Discuss and arrange follow-up	I.D.4.d
5. Perform invasive and non-invasive procedures	
a. Inform client about the procedure, including rationale, potential risks and benefits, adverse effects, and anticipated aftercare and follow-up	I.D.5.a
b. Obtain and document informed consent from the client	I.D.5.b
c. Perform procedures using evidence-informed techniques	I.D.5.c
d. Review clinical findings, aftercare, and follow-up	I.D.5.d
6. Provide oversight of care across the continuum for clients with complex and/or chronic conditions	I.D.6
7. Follow up and provide ongoing management	
a. Develop a systematic and timely process for monitoring client progress	I.D.7.a
b. Evaluate response to plan of care in collaboration with the client	I.D.7.b
c. Revise plan of care based on client's response and preferences	I.D.7.c

E. Collaboration, Consultation, and Referral

The competent, entry-level nurse practitioner identifies when collaboration, consultation, and referral are necessary for safe, competent, and comprehensive client care.

1. Provide recommendations or relevant treatment in response to consultation requests or incoming referrals	I.E.1
2. Identify need for consultation and/or referral (e.g., to confirm a diagnosis, to augment a plan of care, to assume care when a client's health condition is beyond the NP's individual competence or legal scope of practice)	I.E.2
3. Initiate a consultation and/or referral, specifying relevant information (e.g., client history, assessment findings, diagnosis) and expectations	I.E.3
4. Review consultation and/or referral recommendations with the client and integrate into plan of care as appropriate	I.E.4

F. Health Promotion

The competent, entry-level nurse practitioner uses evidence and collaborates with community partners and other healthcare providers to optimize the health of individuals, families, communities, and populations.

1. Identify individual, family, community and/or population strengths and health needs to collaboratively develop strategies to address issues	I.F.1
2. Select and implement evidence-informed strategies for health promotion and primary, secondary, and tertiary prevention	I.F.2
3. Evaluate outcomes of selected health promotion strategies and revise the plan accordingly	I.F.3

COMPETENCY AREA II. QUALITY IMPROVEMENT AND RESEARCH

The competent, entry-level nurse practitioner uses evidence-informed practice, seeks to optimize client care and health service delivery, and participates in research.

1. Identify, appraise, and apply research, practice guidelines, and current best practice	II.1
2. Analyze the implications (e.g., opportunity costs, unintended consequences) for the client and/or the system of implementing changes in practice	II.2
3. Analyze factors that contribute to the occurrence of adverse events and near misses and develop strategies to mitigate risks	II.3

COMPETENCY AREA III. LEADERSHIP

The competent entry-level nurse practitioner demonstrates leadership by using the NP role to improve client care and facilitate system change.

1. Utilize theories of and skill in communication, negotiation, conflict resolution, coalition building, and change management	III.1
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COMPETENCY AREA IV. EDUCATION

The competent, entry-level nurse practitioner integrates formal and informal education into practice. This includes but is not limited to educating self, clients, the community, and members of the healthcare team.

A. Client, Community, and Healthcare Team Education	
1. Assess and prioritize learning needs of intended recipients	IV.A.1
2. Apply relevant, theory-based, and evidence-informed content when providing education	IV.A.2