American Association of Colleges of Nursing
The Voice of Academic Nursing

**Domain 2: Person-Centered Care**

| Sub-competency | Progression Indicators (Observable Behaviors) | |
|---|---|---|
| | **Developing** | **Developed (Competence)** |
| **2.1 Engage with the individual in establishing a caring relationship.** | | |
| **2.1a** Demonstrate qualities of empathy. | Listen to patients using verbal and nonverbal cues to understand their needs and concerns.<br><br>Use simple, person-centered language when explaining procedures or plans of care.<br><br>Use open-ended questions to elicit patient values and preferences, documenting them accurately in the medical record. | Anticipate patients' needs based on non-verbal cues and the clinical context, responding with appropriate emotional and clinical support.<br><br>Leverage communication skills to elicit verbal and nonverbal information to inform the plan of care.<br><br>Ensure patient preferences are consistently revisited and reflected in interdisciplinary team discussions. |
| **2.1b** Demonstrate compassionate care. | Demonstrate presence through eye contact, active listening, and appropriate verbal/nonverbal actions.<br><br>Identify individual preferences to begin incorporating them into actions and conversations. | Remain fully present even in high-stakes or emotionally charged situations.<br><br>Integrate individual patient preferences and emotional support into every interaction.<br><br>Engage with healthcare team members to create a seamless, person-centered care experience, respecting holistic needs. |
| **2.1c** Establish mutual respect with the individual and family. | Use clear, patient-centered language and encourage patients to ask questions and clarify misunderstandings.<br><br>Identify culture, values, beliefs, background, and developmental needs.<br><br>Seek input and affirmation from the patient and significant others. | Adjust communication approaches in real-time as needed, ensuring concerns from the patient and their significant others are addressed.<br><br>Integrate understanding of patients and significant others into actions and conversations.<br><br>Engage family members or other key support individuals in conversations to ensure understanding and two-way communication. |

American Association of Colleges of Nursing
The Voice of Academic Nursing

**Domain 2: Person-Centered Care**

| | | |
|---|---|---|
| **2.1d** Promote caring relationships to effect positive outcomes. | Demonstrate active listening, understanding, therapeutic communication, support, and trust in the context of holistic care. | Adjust the care environment to align with patient and significant others' preferences, ensuring emotional and physical comfort while involving them in holistic care decisions. |
| **2.1e** Foster caring relationships. | Engage with patients to explore questions and concerns, using open-ended questions to gain a comprehensive view of their situation.<br><br>Validate others' experiences and emotions in health care.<br><br>Build trust by maintaining eye contact and acknowledging concerns with appropriate verbal and non-verbal affirmations to demonstrate understanding and relatability in patient interactions. | Use patient concerns and situations to individualize holistic care.<br><br>Tailor interventions to respect the cultural, ethical, and spiritual preferences of patients and families. |
| **2.2 Communicate effectively with individuals.** | | |
| **2.2a** Demonstrate relationship-centered care. | Use therapeutic communication strategies and demonstrate empathy when interacting with patients, families, and caregivers, ensuring clear and respectful communication.<br><br>Collaborate with patients and other healthcare team members to identify patient preferences, values, and cultural considerations without making assumptions.<br><br>Contribute to team discussions by sharing insights from patient interactions to support a holistic care approach. | Integrate patients' cultural, emotional, and social needs into care plans.<br><br>Facilitate patient autonomy by involving them in decision-making and providing relevant resources to support informed choices.<br><br>Advocate for the patient's needs and preferences within the care team, ensuring they are reflected in care decisions. |

**Domain 2: Person-Centered Care**

| | | |
|---|---|---|
| **2.2b** Consider individual beliefs, values, and personalized information in communications. | Acknowledge patients' beliefs, values, and cultural practices during care.<br><br>Incorporate patient preferences into communication. | Apply cultural humility and cultural competence in care discussions, fostering mutual understanding and respect.<br><br>Resolve potential misunderstandings with cultural humility, mitigating implicit biases. |
| **2.2c** Use a variety of communication modes appropriate for the context. | Identify standard communication methods to share and receive information effectively with patients and team members.<br><br>Adjust communication style based on the needs of patients.<br><br>Demonstrate respect and professionalism when communicating with diverse individuals. | Apply appropriate communication methods to share clear and comprehensive information tailored to diverse healthcare settings.<br><br>Customize communication approaches to align with the patient's needs to ensure understanding.<br><br>Demonstrate skills in interdisciplinary communication, fostering effective teamwork and mutual understanding. |
| **2.2d** Demonstrate the ability to conduct sensitive or difficult conversations. | Prepare for sensitive conversations by reviewing relevant patient information and considering cultural and emotional factors affecting the interaction.<br><br>Use empathetic language and demonstrate active listening, ensuring patients or families feel heard and understood.<br><br>Convey information clearly and respectfully, using simple language to discuss complex topics while ensuring comprehension. | Create an environment fostering trust, privacy, and emotional safety, ensuring patients and families feel comfortable expressing their thoughts and concerns.<br><br>Handle conversations involving conflicting perspectives or heightened emotions with professionalism and composure, focusing on the patient's needs and goals.<br><br>Utilize reflection, validation, and de-escalation techniques to navigate sensitive or emotionally charged topics effectively. |

**Domain 2: Person-Centered Care**

| | | |
|---|---|---|
| **2.2e** Use evidence-based patient teaching materials, considering health literacy, vision, hearing, and cultural sensitivity. | Identify and select evidence-based education materials aligning with the patient's health literacy levels and preferences.<br><br>Demonstrate cultural humility by selecting materials that are respectful and relevant to the patient's cultural background and values.<br><br>Ensure understanding by asking open-ended questions and encouraging patients to repeat key information in their own words. | Tailor evidence-based teaching materials to meet individual patients' or families' specific educational needs, cultural context, and preferences.<br><br>Anticipate and address barriers to understanding using interpreters and/or culturally appropriate resources. |
| **2.2f** Demonstrate emotional intelligence in communications. | Identify and respond appropriately to verbal and non-verbal emotional expressions from patients, families, and team members.<br><br>Identify appropriate strategies to deliver bad news. | Demonstrate self-awareness and self-regulation while communicating.<br><br>Lead sensitive discussions confidently and tactfully, ensuring all parties feel respected and supported. |
| **2.2g** Demonstrate advanced communication skills and techniques using a variety of modalities with diverse audiences. | Use advanced communication strategies to communicate ideas.<br><br>Demonstrate accuracy and clarity in electronic and written documentation, ensuring information is accessible and actionable for interdisciplinary teams.<br><br>Solicit and integrate patient, family, and team feedback to refine communication approaches and enhance mutual understanding. | Lead interdisciplinary discussions by employing advanced facilitation skills, ensuring alignment with objectives, and fostering team collaboration.<br><br>Leverage advanced technologies to enhance communication efficacy and accessibility for diverse populations.<br><br>Develop and implement innovative methods to educate, inform, and engage diverse audiences, ensuring complex health information is accessible and empowering to all stakeholders. |

**Domain 2: Person-Centered Care**

| | | |
|---|---|---|
| **2.2h** Design evidence-based, person-centered engagement materials. | Identify evidence-based guidelines to develop engagement materials.<br><br>Create materials using clear, concise language and visuals to accommodate health literacy levels and ensure comprehension across diverse populations. | Design tailored materials integrating individual goals, values, and contexts.<br><br>Implement systematic methods to evaluate the impact of materials on outcomes. |
| **2.2i** Apply individualized information, such as genetic/genomic, pharmacogenetic, and environmental exposure information in the delivery of personalized health care. | Explain the importance of integrating genetic/genomic, pharmacogenetic, and environmental exposure information into patient assessments and care plans.<br><br>Consult with specialists to ensure accurate interpretation and application of complex data.<br><br>Educate patients and others on the relevance of genetic and environmental information using clear and accessible language to promote understanding and informed decision-making. | Incorporate advanced genetic/genomic, pharmacogenetic, and environmental data into comprehensive individual or system-level plans, ensuring alignment with the latest evidence-based guidelines.<br><br>Utilize advanced tools and resources to optimize clinical decisions impacting patient care.<br><br>Develop and deliver tailored communication strategies to explain complex genetic and environmental data to patients, families, and team members, ensuring their understanding and active participation in care decisions. |
| **2.2j** Facilitate difficult conversations and disclosure of sensitive information. | Deliver sensitive information clearly and compassionately, ensuring the patient, family, or team understands the content.<br><br>Use empathetic verbal and nonverbal communication strategies to create a supportive and nonjudgmental environment during difficult discussions. | Lead difficult conversations with diverse patients, families, and healthcare teams while acknowledging different perspectives.<br><br>Address conflicts arising during difficult conversations using advanced communication skills. |
| **2.3 Integrate assessment skills in practice.** | | |

American Association of Colleges of Nursing
The Voice of Academic Nursing

**Domain 2: Person-Centered Care**

| | | |
|---|---|---|
| **2.3a** Create an environment during assessment that promotes a dynamic interactive experience. | Initiate assessments using professional communication to build trust and encourage open dialogue.<br><br>Utilize open-ended questions to actively engage patients in sharing health history, concerns, and goals. | Tailor communication to create a caring and respectful environment based on patient needs.<br><br>Identify and address communication barriers by using innovative strategies and tools. |
| **2.3 b** Obtain a complete and accurate history in a systematic manner. | Employ focused questioning techniques to gather essential information about the patient's chief complaint, medical history, and lifestyle factors. | Synthesize comprehensive histories incorporating social, behavioral, physical, and cultural influences.<br><br>Use open-ended questions to encourage patients to describe their health experiences in their own words. |
| **2.3c** Perform a clinically relevant, holistic health assessment. | Identify and prioritize assessments addressing the patient's immediate needs and presenting symptoms.<br><br>Collect subjective and objective data to support clinical decision-making. | Apply clinical judgment to determine assessment sequencing and urgency.<br><br>Adjust assessment priorities in real-time based on clinical judgment and patient feedback.<br><br>Prioritize assessments based on the patient's immediate needs and presenting symptoms. |
| **2.3d** Perform point of care screening/diagnostic testing (e.g., blood glucose, PO2, EKG). | Follow policies and procedures when utilizing equipment and conducting point-of-care testing.<br><br>Determine the necessity of point-of-care testing based on clinical indications. | Identify and manage errors in point-of-care testing.<br><br>Collect and handle specimens according to established policies and procedures. |

**Domain 2: Person-Centered Care**

| | | |
|---|---|---|
| **2.3e** Distinguish between normal and abnormal health findings. | Recognize and analyze normal and abnormal health findings.<br><br>Consult clinical guidelines and evidence-based resources to verify deviations from normal findings.<br><br>Differentiate between findings requiring urgent versus routine follow-up and communicate appropriately with healthcare team members. | Identify patterns in abnormal findings and correlate them with potential underlying conditions.<br><br>Use abnormal findings to prioritize interventions and refine care plans.<br><br>Synthesize normal and abnormal findings in relation to the patient's disease process. |
| **2.3f** Apply nursing knowledge to gain a holistic perspective of the person, family, community, and population. | Incorporate family dynamics and support systems into the assessment process.<br><br>Identify community-level factors affecting holistic patient care. | Analyze data trends to assess their influence on patient well-being.<br><br>Integrate clinical findings with environmental and societal data to develop comprehensive, person-centered care plans. |
| **2.3g** Communicate findings of a comprehensive assessment. | Document accurate assessment findings in the patient's health record.<br><br>Provide patients with clear and comprehensible explanations of assessment findings to ensure their active involvement in care decisions. | Communicate key findings to the healthcare team during handoffs and case discussions.<br><br>Collaborate with healthcare team members to discuss and interpret findings, contributing to informed clinical decision-making. |
| **2.3h** Demonstrate that one's practice is informed by a comprehensive assessment appropriate to the functional area of advanced nursing practice. | Gather assessment data relevant to the patient's condition and advanced practice specialty.<br><br>Apply advanced nursing knowledge to interpret assessment findings within specific functional areas. | Synthesize and prioritize data to guide practice decisions effectively.<br><br>Demonstrate clinical reasoning and decision-making skills in analyzing complex cases and refining patient care plans. |
| **2.4 Diagnose actual or potential health problems and needs.** | | |

**Domain 2: Person-Centered Care**

| | | |
|---|---|---|
| **2.4a** Synthesize assessment data in the context of the individual's current preferences, situation, and experience. | Obtain relevant physical assessment data from patients and other sources. | Make evidence-informed decisions based on an understanding of the individual needs of the patient.<br><br>Refine data continuously by integrating feedback from diverse sources and adjusting for the evolving patient status. |
| **2.4b** Create a list of problems/health concerns. | Identify key health concerns to generate a problem list based on assessment data from the patient and other sources.<br><br>Share the problem list with the healthcare team to facilitate collaborative planning. | Incorporate input from interdisciplinary team members to prioritize the problem list and integrate it into the care plan.<br><br>Update the problem list as new information becomes available, ensuring its accuracy and relevance. |
| **2.4c** Prioritize problems/health concerns. | Organize health concerns based on immediacy and potential impact on the patient's well-being.<br><br>Consider patient preferences when prioritizing identified health problems. | Analyze the interplay of multiple health concerns to anticipate and mitigate potential complications.<br><br>Facilitate team discussions to ensure alignment on prioritization and care strategies. |
| **2.4d** Understand and apply the results of social screening, psychological testing, laboratory data, imaging studies, and other diagnostic tests in actions and plans of care. | Interpret basic diagnostic results, distinguishing normal from abnormal findings.<br><br>Interpret abnormal diagnostic findings in the context of individual health status and conditions.<br><br>Integrate diagnostic data into the initial plan of care, ensuring alignment with the patient's clinical needs. | Recognize the interactions between multiple diagnostic findings and their cumulative impact on patient health.<br><br>Engage in interdisciplinary discussions on diagnostic findings to inform and guide care decisions. |

**Domain 2: Person-Centered Care**

| | | |
|---|---|---|
| **2.4e** Contribute as a team member to the formation and improvement of diagnoses. | Identify the etiology and underlying factors of various conditions.<br><br>Communicate key findings from assessments clearly to team members. | Anticipate relevant assessment and diagnostic tests for different health conditions.<br><br>Provide informed recommendations regarding diagnoses to the healthcare team. |
| **2.4f** Employ context driven, advanced reasoning to the diagnostic and decision-making process. | Analyze practice situations holistically using an unbiased and systematic approach.<br><br>Ask targeted, evidence-based questions to assess diagnostic priorities.<br><br>Recognize emerging patterns in patient data to identify potential diagnoses using advanced reasoning frameworks.<br><br>Develop initial differential diagnoses aligning with the patient, system, or population context. | Synthesize contextual factors into diagnostic and care decisions.<br><br>Anticipate potential complications or barriers to formulate diagnoses and implement proactive strategies to address them.<br><br>Reassess diagnoses and decisions based on evolving clinical evidence. |
| **2.4g** Integrate advanced scientific knowledge to guide decision making. | Incorporate the best available scientific evidence, clinical guidelines, and research findings into decision-making.<br><br>Apply advanced scientific concepts to healthcare delivery. | Seek out and integrate new scientific knowledge into practice to enhance patient care.<br><br>Engage in reflective practice to evaluate decision-making processes and assess for potential biases. |
| **2.5 Develop a plan of care.** | | |
| **2.5a** Engage the individual and the team in plan development. | Gather perspectives from both the patient and team members.<br><br>Respectfully acknowledge the contributions of all team members to the planning process.<br><br>Encourage patient participation in plan development to foster ownership and autonomy. | Collaborate with the healthcare team to make informed healthcare decisions.<br><br>Advocate for the patient in healthcare team planning. |

**Domain 2: Person-Centered Care**

| | | |
|---|---|---|
| **2.5b** Organize care based on mutual health goals. | Collaborate with patients and stakeholders to set achievable goals reflecting their priorities and capabilities.<br><br>Organize activities logically to address prioritized goals efficiently. | Implement care activities to monitor progress toward health goals, adjusting as needed.<br><br>Incorporate patient feedback to refine care organization and enhance goal achievement. |
| **2.5c** Prioritize care based on best evidence. | Refer to the best available evidence to prioritize interventions with the most significant impact on patient outcomes.<br><br>Explain the rationale for prioritized interventions.<br><br>Identify necessary resources to meet goals. | Synthesize short- and long-term care priorities based on patient feedback, evidence, and goals.<br><br>Revise priorities as new evidence, conditions, or team input emerge.<br><br>Synthesize evidence to support prioritization and decision-making.<br><br>Advocate for evidence-based priorities aligning with stakeholders' needs. |
| **2.5d** Incorporate evidence-based intervention to improve outcomes and safety. | Identify interventions supported by clinical or policy guidelines.<br><br>Ensure chosen interventions prioritize safety.<br><br>Assess patient responses to interventions and adjust as needed to ensure safety and effectiveness. | Implement evidence-based interventions to address complex healthcare delivery issues.<br><br>Evaluate interventions for effectiveness and safety, contributing to continuous quality improvement.<br><br>Apply emerging evidence and innovations to enhance patient care outcomes. |
| **2.5e** Anticipate outcomes of care (expected, unexpected, and potentially adverse). | Identify potential outcomes of planned interventions.<br><br>Monitor for signs of adverse or unintended outcomes and take prompt action when needed. | Develop plans to prevent and mitigate potential adverse outcomes.<br><br>Utilize clinical reasoning to anticipate complex or unexpected outcomes of care. |

**Domain 2: Person-Centered Care**

| | | |
|---|---|---|
| **2.5f** Demonstrate rationale for plan. | Identify relevant evidence to support decision-making.<br><br>Align plan of care rationales with patient preferences and values. | Reflect on the plan of care rationales to ensure alignment with best practices and goals of care. |
| **2.5g** Address individuals' experiences and perspectives in designing plans of care. | Explore the patient's lived experiences and perspectives.<br><br>Consider cultural, social, and emotional factors when designing care plans. | Maintain an ongoing dialogue with the patient to adapt the care plan as their needs evolve.<br><br>Seek opportunities to understand experiences different from one's own to ensure comprehensive care. |
| **2.5h** Lead and collaborate with an interprofessional team to develop a comprehensive plan of care. | Communicate clearly and effectively with the team to ensure a shared understanding of goals and interventions. | Contribute to interprofessional discussions to ensure efficient collaboration and alignment with evidence-based practices.<br><br>Synthesize input from all team members into a cohesive, comprehensive plan. |
| **2.5i** Prioritize risk mitigation strategies to prevent or reduce adverse outcomes. | Collaborate with the team to reduce patient risks and prevent harm.<br><br>Educate the patient and other stakeholders on strategies to minimize risks and promote adherence to preventive measures. | Lead the healthcare team in prioritizing risk mitigation strategies.<br><br>Implement strategies to reduce healthcare risks through team collaboration and leadership. |
| **2.5j** Develop evidence-based interventions to improve outcomes and safety. | Document relevant evidence to inform intervention selection.<br><br>Prioritize interventions enhancing patient safety and minimizing potential harm. | Evaluate data and measure the impact of interventions on patient outcomes, safety, and satisfaction.<br><br>Adjust interventions based on data and outcomes to improve effectiveness.<br><br>Lead the care team in implementing strategies to optimize patient safety and outcomes. |

**Domain 2: Person-Centered Care**

| | | |
|---|---|---|
| **2.5k** Incorporate innovations into practice when evidence is not available. | Identify gaps in evidence and explore innovative approaches to improve healthcare outcomes. | Communicate potential person-centered solutions in the absence of established evidence.<br><br>Advocate for the adoption and evaluation of innovative use of technologies or practices. |
| **2.6 Demonstrate accountability for care delivery.** | | |
| **2.6a** Implement individualized plan of care using established protocols. | Follow established protocols and guidelines to implement the plan of care accurately and efficiently, ensuring it is tailored to the patient's needs.<br><br>Coordinate with team members to ensure seamless implementation of the care plan. | Implement protocol-driven care based on the patient's specific context.<br><br>Anticipate and address barriers to care implementation, evaluating continuity, patient outcomes, and effectiveness. |
| **2.6b** Communicate care delivery through multiple modalities. | Provide concise, clear verbal updates to team members during shift handoffs and interdisciplinary meetings.<br><br>Document and communicate care delivery using electronic health records (EHRs) and other digital tools.<br><br>Explain care activities to the patient to ensure understanding and engagement while soliciting feedback. | Use appropriate communication tools and strategies to effectively share patient care updates, ensuring clarity and collaboration across healthcare teams.<br><br>Facilitate real-time communication among team members across multiple modalities to enhance care delivery.<br><br>Deliver patient education to empower individuals to participate actively in their care. |

**Domain 2: Person-Centered Care**

| | | |
|---|---|---|
| **2.6c** Delegate appropriately to team members. | Identify tasks suitable for delegation based on the scope of practice and team members' competencies to ensure patient safety.<br><br>Provide clear instructions when delegating tasks to team members.<br><br>Verify team members' understanding of delegated tasks.<br><br>Monitor delegated tasks and provide feedback as needed. | Delegate tasks according to expertise and roles within the team.<br><br>Foster a collaborative environment where delegation is structured and well-coordinated.<br><br>Address and resolve delegation-related issues promptly and constructively. |
| **2.6d** Monitor the implementation of the plan of care. | Observe patient responses to care interventions and compare them to expected outcomes.<br><br>Identify and address deviations from the plan promptly to maintain continuity of care.<br><br>Communicate observations to the care team to support coordinated monitoring efforts. | Monitor data and implement interventions to mitigate potential complications.<br><br>Incorporate feedback from patients and team members to refine the care plan. |
| **2.6e** Model best care practices to the team. | Analyze evidence-based protocols and best practices during care implementation.<br><br>Implement evidence-based practices.<br><br>Advocate for evidence-based and best practices in healthcare delivery.<br><br>Seek and incorporate constructive feedback from peers and supervisors to foster continuous learning and improvement. | Apply best care practices within the team, ensuring alignment with current evidence.<br><br>Address gaps in team practices, suggesting actionable improvements to enhance care quality. |

**Domain 2: Person-Centered Care**

| | | |
|---|---|---|
| **2.6f** Monitor aggregate metrics to assure accountability for care outcomes. | Share relevant data trends and metrics with team members to promote awareness of care outcomes and suggest potential improvements. | Compare care outcomes against institutional or national benchmarks to assess performance.<br><br>Develop and implement action plans to address identified gaps in care outcomes based on metric analysis. |
| **2.6g** Promote delivery of care that supports practice at the full scope of education**.** | Demonstrate an understanding of the roles and capabilities of all team members, ensuring their full utilization within the care team.<br><br>Validate care delivery alignment with institutional policies and professional standards. | Advocate for team members' ability to practice at their full scope of education and training.<br><br>Participate in reviewing and refining policies to support full-scope practice within the care team. |
| **2.6h** Contribute to the development of policies and processes that promote transparency and accountability. | Provide constructive feedback on policies and processes to enhance transparency and accountability.<br><br>Identify and address ethical implications in care policies to promote fairness and transparency. | Collaborate with key stakeholders to ensure policies reflect person-centered care principles.<br><br>Evaluate the effectiveness of policies and propose evidence-based improvements. |
| **2.6i** Apply current and emerging evidence to the development of care guidelines/tools. | Use current literature to identify gaps in existing care guidelines by analyzing current literature and opportunities, recognizing areas for improvement.<br><br>Collaborate with interdisciplinary teams to review emerging evidence and adjust care tools accordingly. | Lead the integration of current and emerging research into evidence-based care guidelines to enhance patient-centered care.<br><br>Evaluate the effectiveness of implemented care tools by analyzing patient outcomes and refining guidelines based on emerging evidence.<br><br>Advocate for including diverse, high-quality evidence from interdisciplinary fields to develop culturally competent, individualized care tools. |

**Domain 2: Person-Centered Care**

| | | |
|---|---|---|
| **2.6j** Ensure accountability throughout transitions of care across the health continuum. | Provide comprehensive handoffs during transitions of care using standardized communication tools.<br><br>Develop follow-up plans to ensure continuity of care post-transition.<br><br>Keep all relevant team members informed about transitions to prevent gaps in care. | Implement transition plans anticipating and mitigating risks across the care continuum.<br><br>Manage transitions effectively, ensuring all roles are clearly defined and executed. |
| **2.7 Evaluate outcomes of care.** | | |
| **2.7a** Reassess the individual to evaluate health outcomes/goals. | Conduct routine reassessments to evaluate progress toward health goals.<br><br>Compare current findings with baseline data to identify changes in the individual's condition.<br><br>Share reassessment results with the healthcare team to facilitate coordinated evaluation and decision-making. | Integrate physical, emotional, social, and cultural factors into reassessments to comprehensively evaluate health outcomes.<br><br>Synthesize patterns and trends in reassessment data, linking them to the effectiveness of interventions. |
| **2.7b** Modify plan of care as needed. | Identify necessary adjustments to the plan of care based on feedback from the patient and team members.<br><br>Propose changes based on clinical guidelines and emerging patient needs.<br><br>Engage the individual in discussions about plan of care adjustments to align with their preferences and values. | Collaborate with the interdisciplinary team to ensure care plan modifications are holistic and evidence-based.<br><br>Provide a clear, evidence-supported rationale when modifying the care plan in discussions with the team or patient. |

**Domain 2: Person-Centered Care**

| | | |
|---|---|---|
| **2.7c** Recognize the need for modifications to standard practice. | Identify specific patient factors that may necessitate deviations from standard practice.<br><br>Suggest potential adjustments to care practices to better suit the individual's context and goals in collaboration with the team. | Propose evidence-based alternatives based on the evaluation of current standard practices, meeting the individual's needs.<br><br>Consider ethical implications when deviating from standard practices, ensuring ethical and patient-centered decision-making. |
| **2.7d** Analyze data to identify gaps and inequities in care and monitor trends in outcomes. | Collect and review patient data to identify variations in care delivery and outcomes across different populations.<br><br>Recognize patterns in data suggesting disparities or inconsistencies in outcomes among different groups.<br><br>Engage with team members to validate observed gaps and explore their potential causes and solutions. | Conduct in-depth evaluations to determine the underlying causes of gaps in care and inequities.<br><br>Analyze trend data to assess the impact on healthcare outcomes. |
| **2.7e** Monitor epidemiological and system-level aggregate data to determine healthcare outcomes and trends. | Recognize how system-level factors impact healthcare outcomes.<br><br>Utilize data analysis tools to monitor trends effectively. | Present epidemiological findings on healthcare outcomes.<br><br>Engage with the team to interpret epidemiological and system-level data and develop strategies to address emerging trends. |

**Domain 2: Person-Centered Care**

| | | |
|---|---|---|
| **2.7f** Synthesize outcome data to inform evidence-based practice, guidelines, and policies. | Gather and organize outcome data to identify key findings relevant to practice and policy.<br><br>Evaluate the quality and applicability of outcome data to current evidence-based practices, identifying areas where updates or refinements may be necessary. | Translate complex outcome data into actionable insights for practice improvement and policy development.<br><br>Advocate for system-wide adoption of practices informed by synthesized data to enhance patient outcomes.<br><br>Monitor the implementation of evidence-based guidelines and evaluate their impact, refining practices as needed. |
| **2.8 Promote self-care management.** | | |
| **2.8a** Assist the individual to engage in self-care management. | Provide step-by-step instructions and demonstrations for specific self-care activities.<br><br>Communicate ways individuals can take small, achievable steps toward self-care independence using positive reinforcement.<br><br>Assess the patient's ability to perform self-care tasks, offering assistance and support as needed. | Design personalized self-care management plans aligned with the individual's health goals and lifestyle, adjusting the plan as needed.<br><br>Support individuals in making informed decisions and encourage ownership of their self-care practices.<br><br>Help individuals identify and overcome barriers to effective self-care.<br><br>Collaborate with families or caregivers to support the individual's self-care efforts in a coordinated and sustainable manner. |

**Domain 2: Person-Centered Care**

| | | |
|---|---|---|
| **2.8b** Employ individualized educational strategies based on learning theories, methodologies, and health literacy. | Identify the individual's preferred learning style, literacy level, and learning readiness.<br><br>Use plain language and visual aids to convey complex health information effectively.<br><br>Employ standard educational materials and strategies to enhance understanding. | Develop individualized educational plans informed by learning theories and methodologies.<br><br>Adapt materials and approaches to align with the individual's developmental stage, cultural background, and values.<br><br>Assess the effectiveness of educational strategies and adjust them as needed to support self-care. |
| **2.8c** Educate individuals and families regarding self-care for health promotion, illness prevention, and illness management. | Provide clear, step-by-step instructions for health promotion and illness prevention practices.<br><br>Distribute valid and reliable educational materials to support understanding of self-care practices. | Develop comprehensive education plans addressing health promotion, prevention, and disease management.<br><br>Incorporate the latest research, guidelines, and cultural considerations into educational content for individuals and families. |
| **2.8d** Respect individuals and families' self-determination in their healthcare decisions. | Honor the individual's right to make healthcare decisions, even when they differ from professional recommendations.<br><br>Use empathetic and nonjudgmental language when discussing healthcare choices.<br><br>Ensure individuals and families have all the necessary information to make informed decisions. | Advocate for the individual's and family's right to self-determination.<br><br>Reflect on personal biases to ensure respect for diverse perspectives in healthcare decisions. |
| **2.8e** Identify personal, system, and community resources available to support self-care management. | Guide individuals and families to access healthcare resources.<br><br>Identify when additional resources or referrals are needed to support self-care management. | Create personalized resource plans integrating personal, system, and community assets.<br><br>Advocate for expanded access to resources to address gaps in care and support. |

**Domain 2: Person-Centered Care**

| | | |
|---|---|---|
| **2.8f** Develop strategies that promote self-care management. | Conduct comprehensive assessments to identify self-care management needs and barriers.<br><br>Design individualized, evidence-based self-care strategies that align with the patient's preferences, goals, and capabilities. | Develop multi-faceted self-care strategies integrating behavioral, clinical, and environmental components.<br><br>Align evidence-based self-care strategies with broader care plans to ensure continuity of care. |
| **2.8g** Incorporate the use of current and emerging technologies to support self-care management. | Provide instructions for using self-care technologies effectively and safely.<br><br>Assess selected technologies to align with the individual's technical skills and access.<br><br>Explain the benefits and limitations of using technology for self-care management. | Utilize technology for self-care management based on the patient's needs and preferences.<br><br>Monitor the impact of technology use on self-care behaviors and health outcomes, adjusting as needed. |
| **2.8h** Employ counseling techniques, including motivational interviewing, to advance wellness and self-care management. | Demonstrate active listening and empathetic responses during counseling sessions.<br><br>Describe counseling techniques.<br><br>Identify barriers to self-care and develop strategies to address them. | Utilize comprehensive counseling strategies integrating multiple therapeutic techniques to advance wellness and self-care management.<br><br>Apply effective counseling techniques, adjusting strategies based on individual responses.<br><br>Manage resistance or ambivalence during counseling, fostering trust and collaboration. |
| **2.8i** Evaluate adequacy of resources available to support self-care management. | Identify existing personal, community, and system resources available to the patient for self-care management.<br><br>Recognize limitations in available resources that may hinder effective self-care. | Conduct thorough resource adequacy assessments to promote self-care and address gaps as needed. |

**Domain 2: Person-Centered Care**

| | | |
|---|---|---|
| **2.8j** Foster partnerships with community organizations to support self-care management. | Identify community organizations aligning with the patient's self-care needs.<br><br>Maintain accurate records of community partnerships utilized in care planning. | Establish partnerships with community organizations to enhance self-care support networks.<br><br>Assess the impact of community partnerships on patient self-care outcomes and identify areas for improvement. |
| **2.9 Provide care coordination.** | | |
| **2.9a** Facilitate continuity of care based on assessment of assets and needs. | Identify the individual's care needs, available resources, and potential barriers to continuity during transitions.<br><br>Participate in follow-up care to support seamless transitions and ensure all stakeholders are informed. | Develop continuity supportive plans of care addressing immediate needs and long-term goals, integrating input from the individual and their family.<br><br>Collaborate with the care team to align continuity efforts and ensure a smooth handoff. |
| **2.9b** Communicate with relevant stakeholders across health systems. | Identify appropriate communication tools and techniques to support continuity of care. | Communicate effectively with stakeholders through multiple modalities to ensure seamless care transitions. |
| **2.9c** Promote collaboration by clarifying responsibilities among individual, family, and team members. | Identify the roles and responsibilities of each care team member to the patient and family. | Communicate each care team member's roles and responsibilities to facilitate care coordination.<br><br>Monitor the effectiveness of team collaboration and refine actions as needed to clarify roles. |
| **2.9d** Recognize when additional expertise and knowledge is needed to manage the patient. | Acknowledge when additional expertise is required and seek assistance as needed. | Utilize available resources and services to access the necessary expertise. |
| **2.9e** Provide coordination of care of individuals and families in collaboration with care team. | Facilitate communication and coordination among team members to ensure consistency in care delivery.<br><br>Identify and organize resources needed to support individuals and families during care transitions. | Track the effectiveness of care coordination efforts and make necessary adjustments to improve outcomes.<br><br>Maintain clear and updated documentation of care coordination efforts in the patient's health record. |

**Domain 2: Person-Centered Care**

| | | |
|---|---|---|
| **2.9f** Evaluate communication pathways among providers and others across settings, systems, and communities. | Utilize communication pathways among providers, systems, and community organizations to support patient care coordination.<br><br>Assess the efficiency and clarity of current communication processes through observation and feedback.<br><br>Recognize common barriers to effective communication and develop strategies to address them. | Critically analyze communication pathways, considering technological, interpersonal, and systemic factors.<br><br>Propose actionable recommendations to optimize communication pathways across diverse care settings. |
| **2.9g** Develop strategies to optimize care coordination and transitions of care. | Identify gaps in current care coordination processes during transitions of care.<br><br>Ensure strategies align with available resources, evidence-based practices, support services, and technological tools. | Leverage advanced tools and technologies to enhance care coordination and transitions.<br><br>Test strategies to evaluate feasibility and impact before broader application. |
| **2.9h** Guide the coordination of care across health systems. | Facilitate communication and collaboration among providers across different systems.<br><br>Validate that care coordination efforts prioritize patient goals and preferences.<br><br>Gather feedback on the coordination process to identify areas for improvement. | Engage with cross-system teams to coordinate care for complex cases, ensuring consistency and alignment.<br><br>Track and analyze care coordination outcomes to refine processes and enhance efficiency.<br><br>Guide peers and teams in adopting best practices for cross-system care coordination. |
| **2.9i** Analyze system-level and public policy influence on care coordination. | Demonstrate an understanding of how public policies and system-level regulations affect care coordination.<br><br>Use data to assess the impact of system-level factors on care coordination outcomes. | Develop recommendations based on data analysis to inform policy and organizational decision-making.<br><br>Monitor and evaluate the ongoing impact of system-level and policy changes on care coordination. |

**Domain 2: Person-Centered Care**

| | | |
|---|---|---|
| **2.9j** Participate in system-level change to improve care coordination across settings. | Contribute to proposals for system-level changes aimed at improving care coordination.<br><br>Engage stakeholders in discussions about the benefits and challenges of proposed changes.<br><br>Support efforts to track the impact of system-level changes on care coordination. | Develop plans for sustainable improvements in care coordination at the organizational level.<br><br>Utilize systems to monitor the impact of implemented changes and refine strategies.<br><br>Advocate for the widespread adoption of successful care coordination models across health systems. |