

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.		
2.1d 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. Validate others' experiences and emotions in health care. 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. Tailor interventions to respect the cultural, ethical, and spiritual preferences of patients and families.
2.2 Communicate effectively with individuals.		
2.2g Demonstrate advanced communication skills and techniques using a variety of modalities with diverse audiences.	Use advanced communication strategies to communicate ideas. Demonstrate accuracy and clarity in electronic and written documentation, ensuring information is accessible and actionable for interdisciplinary teams. 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. Leverage advanced technologies to enhance communication efficacy and accessibility for diverse populations. Develop and implement innovative methods to educate, inform, and engage diverse audiences, ensuring complex health information is accessible and empowering to all stakeholders.

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2.2h Design evidence-based, person-centered engagement materials.	Identify evidence-based guidelines to develop engagement materials. 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. 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. Consult with specialists to ensure accurate interpretation and application of complex data. 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. Utilize advanced tools and resources to optimize clinical decisions impacting patient care. 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. 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. Address conflicts arising during difficult conversations using advanced communication skills.

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2.3 Integrate assessment skills in practice.		
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.	Synthesize and prioritize data to guide practice decisions effectively.
	Apply advanced nursing knowledge to interpret assessment findings within specific functional areas.	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.		
2.4f Employ context driven, advanced reasoning to the diagnostic and decision-making process.	Analyze practice situations holistically using an unbiased and systematic approach.	Synthesize contextual factors into diagnostic and care decisions.
	Ask targeted, evidence-based questions to assess diagnostic priorities.	Anticipate potential complications or barriers to formulate diagnoses and implement proactive strategies to address them.
	Recognize emerging patterns in patient data to identify potential diagnoses using advanced reasoning frameworks.	Reassess diagnoses and decisions based on evolving clinical evidence.
2.4g Integrate advanced scientific knowledge to guide decision making.	Develop initial differential diagnoses aligning with the patient, system, or population context.	
	Incorporate the best available scientific evidence, clinical guidelines, and research findings into decision-making.	Seek out and integrate new scientific knowledge into practice to enhance patient care.
	Apply advanced scientific concepts to healthcare delivery.	Engage in reflective practice to evaluate decision-making processes and assess for potential biases.
2.5 Develop a plan of 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.
		Synthesize input from all team members into a cohesive, comprehensive plan.

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2.5i Prioritize risk mitigation strategies to prevent or reduce adverse outcomes.	Collaborate with the team to reduce patient risks and prevent harm. 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. 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. Prioritize interventions enhancing patient safety and minimizing potential harm.	Evaluate data and measure the impact of interventions on patient outcomes, safety, and satisfaction. Adjust interventions based on data and outcomes to improve effectiveness. Lead the care team in implementing strategies to optimize patient safety and outcomes.
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. Advocate for the adoption and evaluation of innovative use of technologies or practices.
2.6 Demonstrate accountability for care delivery.		
2.6e Model best care practices to the team.	Analyze evidence-based protocols and best practices during care implementation. Implement evidence-based practices. Advocate for evidence-based and best practices in healthcare delivery. 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. Address gaps in team practices, suggesting actionable improvements to enhance care quality.

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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. 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. 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. 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. 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. 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. 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. Evaluate the effectiveness of implemented care tools by analyzing patient outcomes and refining guidelines based on emerging evidence. Advocate for including diverse, high-quality evidence from interdisciplinary fields to develop culturally competent, individualized care tools.

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2.6j Ensure accountability throughout transitions of care across the health continuum.	Provide comprehensive handoffs during transitions of care using standardized communication tools. Develop follow-up plans to ensure continuity of care post-transition. Keep all relevant team members informed about transitions to prevent gaps in care.	Implement transition plans anticipating and mitigating risks across the care continuum. Manage transitions effectively, ensuring all roles are clearly defined and executed.
2.7 Evaluate outcomes of care.		
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. Recognize patterns in data suggesting disparities or inconsistencies in outcomes among different groups. 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. 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. Utilize data analysis tools to monitor trends effectively.	Present epidemiological findings on healthcare outcomes. Engage with the team to interpret epidemiological and system-level data and develop strategies to address emerging trends.

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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. 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. Advocate for system-wide adoption of practices informed by synthesized data to enhance patient outcomes. Monitor the implementation of evidence-based guidelines and evaluate their impact, refining practices as needed.
2.8 Promote self-care management.		
2.8f Develop strategies that promote self-care management.	Conduct comprehensive assessments to identify self-care management needs and barriers. 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. 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. Assess selected technologies to align with the individual's technical skills and access. 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. 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. Describe counseling techniques. 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. Apply effective counseling techniques, adjusting strategies based on individual responses.

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		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. 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.
2.8j Foster partnerships with community organizations to support self-care management.	Identify community organizations aligning with the patient's self-care needs. Maintain accurate records of community partnerships utilized in care planning.	Establish partnerships with community organizations to enhance self-care support networks. Assess the impact of community partnerships on patient self-care outcomes and identify areas for improvement.
2.9 Provide care coordination.		
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. Assess the efficiency and clarity of current communication processes through observation and feedback. Recognize common barriers to effective communication and develop strategies to address them.	Critically analyze communication pathways, considering technological, interpersonal, and systemic factors. Propose actionable recommendations to optimize communication pathways across diverse care settings.

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2.9g Develop strategies to optimize care coordination and transitions of care.	Identify gaps in current care coordination processes during transitions of care. 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. 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. Validate that care coordination efforts prioritize patient goals and preferences. 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. Track and analyze care coordination outcomes to refine processes and enhance efficiency. 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. 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. Monitor and evaluate the ongoing impact of system-level and policy changes on care coordination.
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. Engage stakeholders in discussions about the benefits and challenges of proposed changes. 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. Utilize systems to monitor the impact of implemented changes and refine strategies. Advocate for the widespread adoption of successful care coordination models across health systems.