Supplemental Digital Content 1

Round 1 Results

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| Competency | Median | Interquartile Range | N | Comments | |
| 1. Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues. | 3 | 1 | 27 | Clarify, comprehensive contextual analysis?; analytical systems thinking | |
| 2. Participates in the development, use, and evaluation of professional standards and evidence-based care. | 4 | 1 | 27 | Don’t include both EBC and professional standards; develop is too high level | |
| 3. Demonstrate leadership, trustworthiness, and self-assurance that inspire the confidence of patients and colleagues. | 4 | 0 | 27 | How measured; move leadership; Demonstrate consistency, trustworthiness, integrity, and respect to inspire the confidence of patients and colleagues | |
| 4. Perform a comprehensive evidence-based assessment. | 4 | 0 | 27 | Ambiguous; clinical or practice change, if practice overlaps with 1 | |
| 5. Critically analyzes data and evidence for improving advanced nursing practice. | 4 | 0 | 27 |  | |
| 6. Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice. | 4 | 1 | 27 | Unclear; what’s measured; change organizational science to implementation science | |
| 7. Develop and evaluate care delivery approaches that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic sciences. | 4 | 1 | 27 | Make succinct and clear; too high level, need content expertise to do; break into 2 competencies: 1 Develop and evaluate care delivery approaches that meet current and future needs of patient populations based on scientific finding in nursing and other clinical sciences. 2 Develop and evaluate care delivery approaches that meet current and future needs of patient populations in the context of organizational, political, and economic science | |
| 8. Provides leadership in the translation of new knowledge into practice. | 4 | 0 | 27 | Cannot all be leaders, need good followers; need content expertise to be able to do | |
| 9. Demonstrate interpersonal and communication skills that result in effective exchange of information and collaboration with patients. | 4 | 0 | 27 | Essential for all levels of nursing; add interprofessional team | |
| 10. Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy. | 3 | 1 | 27 | Too broad and grandiose; too high level; not lead; focus on institutional and engaged at state; how measured; Use expertise to influence local, state, federal, or institutional health policy to advocate for the health of individuals, families, communities and populations. | |
| 11. Demonstrates the highest level of accountability for professional practice. | 4 | 0 | 27 | Applies to all levels of nursing; missing leadership/system lens; how measured; what is highest level | |
| 12. Collaborate in the development, implementation, and evaluation of systems level strategies to reduce errors and optimize safe, effective healthcare delivery. | 4 | 1 | 26 | Collaborate to develop, implement and evaluate health care strategies which reduce error and optimize safe, effective systems of healthcare delivery | |
| 13. Educate patients, families, and communities to empower themselves to participate in their care and enable shared decision making. | 4 | 0 | 27 | RN skill; change to leading teams; Empower patients, families and communities to share in health care decision making | |
| 14. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research. | 4 | 1 | 27 | Too much variation from practice to practice; need more clarity on expectations; too high level; not entry to practice; needs or; IRB job for research issues | |
| 15. Applies knowledge of organizational practices and complex systems to improve health care delivery. | 4 | 1 | 27 | Be more clear and deliberate; too high level; not entry to practice | |
| 16. Assumes complex and advanced leadership roles to initiate and guide change. | 3 | 1 | 27 | Does not apply to all; how can one be advanced as a new grad; not reasonable; need clarity; remove complex and advanced | |
| 17. Apply science-based theories and concepts to guide one’s overall practice. | 4 | 0 | 27 | Redundant | |
| 18. Lead interprofessional teams in the analysis of complex practice and organizational issues. | 4 | 1 | 27 | What is complex? What’s an issue? Not realistic for all | |
| 19. Translates research and other forms of knowledge to improve practice processes and outcomes. | 4 | 0 | 27 | What other forms of knowledge | |
| 20. Engage in the education and mentoring of students, peers and other health team members. | 4 | 1 | 27 | New grads are being mentored not mentoring; not a requisite to practice | |
| 21. Disseminate findings from evidence-based practice and research to improve healthcare outcomes. | 4 | 1 | 27 |  | |
| 22. Collaborates in planning for transitions across the continuum of care. | 4 | 1 | 27 | May not always happens; transitions of what? | |
| 23. Promote a climate of respect, dignity, inclusion, integrity, civility and trust to foster collaboration within the healthcare team. | 4 | 0 | 26 |  | |
| 24. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice. | 4 | 1 | 27 | What type of analytical method | |
| 25. Educates professional and lay caregivers to provide culturally and spiritually sensitive, appropriate care. | 4 | 1 | 27 | RN skill not DNP; change to include leadership or policy implementation; other issues to address | |
| 26. Continuously assess strengths and weaknesses of one’s own knowledge and skills and actively seek opportunities for continuous improvement. | 4 | 0 | 27 | Change to ongoing assessment; remove strengths and weaknesses | |
| 27. Evaluates the relationships among access, cost, quality, and safety and their influence on health care. | 4 | 1 | 27 | Redundant | |
| 28. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care. | 4 | 0 | 27 | Redundant; Improve the quality of patient centered care through innovative designs that are effective, equitable, sustainable and cost-effective | |
| 29. Integrates appropriate technologies for knowledge management to improve health care. | 3 | 1 | 27 | Not clear; ?EMR; not able to integrate; what types of technology; limiting; include diagnostic technologies to facilitate self-sufficient clinical decision making; more use of technology for timely efficient point of care decision making | |
| 30. Evaluates the impact of globalization on health care policy development. | 3 | 1 | 27 | How achieved; why globalization singled out | |
| 31. Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, and services that have been demonstrated to improve outcomes. | 4 | 1 | 27 | Redundant; multiple concepts; change continually to ongoing identification | |
| **32. Use science-based theories and concepts to: determine the nature and significance of health and health care delivery phenomena; describe the actions and advanced strategies to enhance, alleviate, and ameliorate health and health care delivery phenomena as appropriate; and evaluate outcomes.** | **3** | **2** | **26** | **Too much; unclear; too vague; what is a healthcare phenomena; delete; redundant; 3 separate concepts** | |
| 33. Evaluates the ethical consequences of decisions. | 4 | 0 | 26 |  | |
| 34. Evaluate care delivery models and/or strategies using concepts related to community, environmental and occupational health, and cultural and socioeconomic dimensions of health. | 3 | 1 | 26 | A lot of dimensions to one competency; evaluating to what end; lengthy, unclear, redundant; delete; socioeconomic dimensions of health is vague; use social determinants of health or health equity/inequities | |
| 35. Functions as a licensed independent practitioner. | 4 | 0 | 27 | Practice determined state by state; need to follow state practice laws; new grad not practice independently within scope of own knowledge base know when to ask for help; collaborative practice; Function as a certified autonomous practitioner | |
| **36. Use information technology and research methods appropriately to: collect appropriate and accurate data to generate evidence for nursing practice; inform and guide the design of databases that generate meaningful evidence for nursing practice; analyze data from practice; design evidence-based interventions; predict and analyze outcomes; examine patterns of behavior and outcomes; identify gaps in evidence for practice** | **3** | **2** | **27** | **Too long; too many concepts; PhD focused; redundant; delete; separate out; repeat of 29; include use of diagnostic technologies and telehealth modalities** | |
| 37. Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology. | 3 | 1 | 26 | Lengthy, unclear, redundant, delete; don’t need analyze; Participate in the evaluation and selection of healthcare information systems and patient care technologies | |
| 38. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making. | 4 | 0 | 27 |  | |
| 39. Demonstrate compassion and accountability to patients, society, and the profession. | 4 | 0 | 26 |  | |
| 40. Advocate for the nursing profession within the policy and healthcare communities. | 4 | 0 | 27 |  | |
| 41. Assume different roles (e.g. member, leader) within the interprofessional, healthcare team to establish, develop, and continuously enhance the team to provide and improve patient-centered care. | 4 | 0 | 27 | Assume different roles (eg. Member, leader) as needed, within the interprofessional health care team to improve the provision of patient centered care | |
| 42. Synthesize concepts, including psychosocial dimensions and cultural diversity, related to clinical prevention and population health in developing, implementing, and evaluating interventions to address health promotion/disease prevention efforts, improve health status/access patterns, and/or address gaps in care of individuals, aggregates, or populations. | 4 | 1 | 26 | Too long; too complex; redundant; simplify; a lot of variables, separate | |
| 43. Applies skills in peer review to promote a culture of excellence. | 4 | 0 | 27 | Unclear; utilizes peer review | |
| 44. Contributes to the design of clinical information systems that promote safe, quality and cost effective care. | 4 | 1 | 27 | Not likely all will participate in design | |
| 45. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders. | 4 | 1 | 27 | Redundant; development not only approach; too lofty for new grad | |
| 46. Manage care across the health continuum including prescribing, ordering, and evaluating therapeutic interventions | 4 | 0 | 27 | Within their population based scope of practice | |
| 47. Advocate for social justice, equity, and ethical policies within all healthcare arenas. | 4 | 1 | 27 | Go beyond advocacy; leverage their role to create social change promote health equity and apply social justice to practice | |
| 48. Design, select, use, and evaluate programs that evaluate and monitor outcomes of care, care systems, and quality improvement including consumer use of health care information systems. | 3 | 1 | 27 | Redundant, just address consumer health care information systems | |
| 49. Use technology for effective exchange of information and collaboration with patients and the health care team. | 4 | 1 | 27 | Unclear; Uses effective communication skills in collaboration with the healthcare team | |
| 50. Function as a practice specialist/consultant in collaborative knowledge-generating research. | 4 | 1 | 27 | Unclear; Collaborate with research and CQI teams | |
| **51. Provide leadership in the evaluation and resolution of ethical and legal issues within healthcare systems relating to the use of information, information technology, communication networks, and patient care technology.** | **3** | **2** | **25** | **Need to be more clear and direct; redundant; yes to ethical issue resolution not legal issues** | |
| 52. Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes. | 4 | 1 | 26 | What is core focus | |
| 53. Design, implement, and evaluate therapeutic interventions based on nursing science and other sciences. | 4 | .5 | 25 | Redundant | |
| 54. Uses advanced health assessment skills to differentiate between normal, variations of normal, and abnormal findings. | 4 | 0 | 26 |  | |
| 55. Advances practice through the development and implementation of innovations incorporating principles of change. | 4 | 1 | 26 | Need more clarity and goal here | |
| 56. Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums. | 3 | 1 | 26 | Redundant; multiple concepts; only consumers and nursing perspective | |
| 57. Disseminates evidence from inquiry to diverse audiences using multiple modalities. | 3.5 | 1 | 26 | Ambiguous, broad | |
| 58. Demonstrate a commitment to ethical principles pertaining to the provision or withholding of care in compliance with relevant laws, policies and regulations. | 4 | 1 | 25 | Not as worded; specific; an end of life statement | |
| 59. Demonstrate healthy coping mechanisms to responds to the demands of professional practice. | 4 | 1 | 25 | Not a competency; what does coping mean, who is coping well? | |
| 60. Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health. | 4 | 1 | 25 | Redundant; to do what? | |
| 61. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care. | 4 | 1 | 24 | Define ethically sound decisions |
| 62. Applies clinical investigative skills to improve health outcomes. | 4 | .75 | 24 | Unclear |
| 63. Use information technology to optimize one’s own learning. | 4 | 1 | 24 | Irrelevant; why technology to learn |
| 64. Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches. | 4 | .75 | 24 | 2 statements- one for complex assessment other to incorporate culturally sensitive approaches when appropriate for all aspects of care |
| 65. Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect. | 4 | 0 | 24 | Redundant |
| 66. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus. | 4 | 1 | 26 | Delete “of population focus” |
| 67. Demonstrates an understanding of the interdependence of policy and practice. | 4 | 1 | 26 | Unclear; not measurable; go beyond understanding |
| 68. Contributes in the development of health policy. | 3 | 1 | 25 | What is expectation |
| 69. Develop and/or monitor budgets for practice initiatives. | 3 | 1 | 26 | Budgeting not NP; for admin; keep in mind cost-sharing make clinical decisions based on financial constraints |
| **70. Integrates knowledge from the humanities and sciences within the context of nursing science.** | **3** | **1.25** | **26** | **Unclear; what does it mean** |
| 71. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes. | 4 | 0 | 26 | Too many concepts; what is advanced judgment |
| 72. Addresses cultural, spiritual, and ethnic influences that potentially create conflict among individuals, families, staff, and caregivers. | 4 | 1 | 26 |  |
| 73. Demonstrate stewardship of financial and other resources for the delivery of quality care that is effective and affordable. | 4 | 1 | 26 | Add what is effective and affordable within the healthcare and patient centered team |
| 74. Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems. | 4 | 1 | 26 | What are advanced communication skills or processes |
| 75. Preserves the patient’s control over decision-making by negotiating a mutually acceptable plan of care. | 4 | 0 | 26 |  |
| 76. Use effective communication tools and techniques that include a nonjudgemental attitude, respect, and compassion when addressing sensitive issues to promote therapeutic relationships. | 4 | 1 | 26 | Applies across all levels of nursing |
| 77. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care. | 4 | 1 | 25 | Collaborate not lead; not reasonable for new grad |
| 78. Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery. | 4 | 1 | 25 | Not for NP; not reasonable for new grad |
| 79. Demonstrate an investigatory, analytic approach to clinical situations | 4 | 1 | 25 | Implement instead of demonstrate not clear |
| 80. Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes. | 3 | 1 | 25 | Not clear; not realistic |
| 81. Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end-of-life care. | 4 | 0 | 26 | Provide to who?; not applicable to all NP populations; provides care across the healthcare continuum; within population boundaries | |
| 82. Coordinates transitional care services in and across care settings. | 4 | 1 | 25 | As a member of transition care team; more clarity, within population boundaries | |
| 83. Apply relevant findings to develop practice guidelines and improve practice and the practice environment. | 4 | 1 | 26 | Collaborate with group to do; requires large group of interprofessionals, national panel for development; internal protocols? | |
| 84. Integrates ethical principles in decision making. | 4 | .25 | 26 | Redundant | |
| 85. Use advanced clinical judgment to diagnose | 4 | 0 | 25 | To diagnosis and develop a treatment plan | |
| 86. Develops new practice approaches based on the integration of research, theory, and practice knowledge. | 4 | 1 | 26 | Too vague; too grandiose for practice entry | |
| 87. Demonstrates information literacy skills in complex decision making. | 4 | 1 | 26 | Not clear | |
| 88. Develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes. | 4 | .25 | 26 |  | |
| 89. Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration. | 4 | 0 | 26 | RN skills; obtain prior to DNP | |
| **90. Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends.** | **3** | **1.25** | **26** | **Divide, loses focus, too wordy; use a system to monitor and evaluate own or groups practice system level for executives; competent at microcare level** | |
| 91. Analyzes clinical guidelines for individualized application into practice. | 4 | 1 | 26 |  | |
| 92. Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers. | 4 | 1 | 26 |  | |
| 93. Leads scholarship activities which focus on the translation and dissemination of contemporary evidence into practice. | 4 | 1 | 26 |  | |
| 94. Develops strategies to prevent one’s own personal biases from interfering with delivery of quality care. | 4 | 1 | 26 | Unclear; better than self-reflection earlier; not measurable | |
| 95. Assesses the patient’s and caregiver’s educational needs to provide effective, personalized health care. | 4 | 1 | 26 | RN focused | |
| 96. Provide leadership of an interprofessional team to address complex care issues. | 3 | 1 | 26 | Complex; good idea but difficult to do | |
| **97. Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases.** | **3** | **2** | **26** | **Not clear; not specific; only for an informatics grad; DNP knows what to extract and what to do with data** | |
| 98. Incorporates the patient’s cultural and spiritual preferences, values, and beliefs into health care. | 4 | .25 | 26 | All levels of nursing | |
| 99. Evaluate consumer health information sources for accuracy, timeliness, and appropriateness. | 4 | 1 | 26 | All levels of nursing | |
| 100. Effects health care change using broad based skills including negotiating, consensus-building, and partnering. | 3 | 1 | 26 | As part of healthcare team; don’t expect mastery of negotiating etc. with clinical focus; not new grad | |
| 101. Manages the health/illness status of patients and families over time. | 4 | 1 | 26 | Not appropriate to all NP populations- Acute care | |
| **102. Influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes.** | **3** | **1.25** | **26** | **How measure** | |
| 103. Use current evidence from a variety of sources to continually improve one’s practice. | 4 | .25 | 26 |  | |
| 104. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment. | 4 | 1 | 26 |  | |
| 105. Prescribes medications with scope of practice. | 4 | 0 | 26 | Within scope of practice; practice laws within state | |
| 106. Ensure accountability for quality of health care and patient safety for populations with whom they work. | 4 | 1 | 26 | Not realistic, not measurable | |
| 107. Collaborates with both professional and other caregivers to achieve optimal care outcomes. | 4 | 0 | 26 |  | |
| 108. Synthesize relevant data to develop a patient-centered, evidence-based plan of care. | 4 | 0 | 26 | Redundant | |
| 109. Demonstrates leadership that uses critical and reflective thinking. | 4 | 1 | 25 | How measure | |
| 110. Guide, mentor, and support other nurses to achieve excellence in nursing practice. | 4 | 1 | 26 |  | |
| 111. Employs screening and diagnostic strategies in the development of diagnoses. | 4 | 0 | 26 |  | |
| 112. Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery. | 3 | 1 | 26 | Unclear; unrealistic for new grads; can evaluate not develop or lead | |
| 113. Uses best available evidence to continuously improve quality of clinical practice. | 4 | 0 | 25 | Ongoing instead of continuously | |
| 114. Analyzes ethical, legal, and social factors influencing policy development. | 4 | 1 | 25 | Where and how; what to measure | |
| 115. Employ consultative and leadership skills with intraprofessional and interprofessional teams to create change in health care and complex healthcare delivery systems. | 3 | 1 | 25 | Too wordy; complex care too high | |
| 116. Analyzes the implications of health policy across disciplines. | 3 | 1 | 26 | Ambiguous; what does it mean | |
| 117. Demonstrate integrity and respect for others. | 4 | 0 | 26 | All levels of nursing | |
| 118. Coaches the patient and caregiver for positive behavioral change. | 4 | .25 | 26 | Vague; what is positive change | |
| 119. Advocate for patients and populations considering social justice and equity. | 4 | 1 | 26 | Go beyond advocacy | |
| 120. Uses technology systems that capture data on variables for the evaluation of nursing care. | 4 | 1 | 26 | Poorly written; what is being asked; for nurse informatist; create and assure HIT has these capacities | |
| 121. Practice flexibility and maturity in adjusting to rapidly changing professional environments | 4 | 1 | 26 | All levels of nursing; can demonstrate flexibility how measure maturity; highly variable; should already have | |
| 122. Analyzes organizational structure, functions and resources to improve the delivery of care. | 4 | 1 | 26 |  | |
| 123. Educate and guide individuals and groups through complex health and situational transitions. | 4 | 1 | 25 | All levels nursing | |
| 124. Minimizes risk to patients and providers at the individual and systems level. | 4 | 1 | 25 |  | |
| **125. Shape healthcare policy at local, state, and national levels to optimize access to and delivery of quality, cost-effective, health care.** | **3.5** | **2** | **24** | **Not realistic; instead of shape attempts to influence or advocates for** | |
| 126. Generates knowledge from clinical practice to improve practice and patient outcomes. | 4 | 1 | 26 | PhD generate knowledge; if practice based knowledge; too high level | |
| 127. Demonstrate a commitment to the nursing profession. | 4 | 0 | 26 | Unclear; demonstrate in what way | |
| 128. Advocates for improved access, quality and cost effective health care. | 4 | 0 | 26 |  | |
| 129. Employ effective communication and collaborative skills in the development and implementation of practice models, peer review, practice guidelines, health policy, standards of care, and/or other scholarly products. | 4 | 1 | 26 | Many concepts; address communication and collaboration in separate competencies | |
| 130. Advocates for policies for safe and healthy practice environments. | 4 | 0 | 26 |  | |
| 131. Leads practice inquiry, individually or in partnership with others. | 4 | 1 | 26 |  | |
| 132. Develop and evaluate new practice approaches based on nursing theories and theories from other disciplines. | 3.5 | 1 | 26 |  | |
| 133. Evaluates how organizational structure, care processes, financing, marketing, and policy decisions impact the quality of health care. | 4 | 1 | 26 | Too wordy | |
| 134. Advocate for the role of the patient as a member of the healthcare team. | 4 | .25 | 26 |  | |
| 135. Practices independently managing previously diagnosed and undiagnosed patients. | 4 | 1 | 26 | Practice autonomously managing previously diagnosed and undiagnosed conditions; state variation by practice law | |
| 136. Advocates for ethical policies that promote access, equity, quality, and cost. | 4 | 1 | 26 | Don’t promote cost, maybe cost effectiveness | |
| 137. Communicates practice knowledge effectively, both orally and in writing. | 4 | 1 | 26 |  | |
| 138. Anticipates variations in practice and is proactive in implementing interventions to ensure quality. | 4 | 1 | 25 | Not clear; what variations in practice- caused by NP, patient, environment | |
| 139. Translates technical and scientific health information appropriate for various users’ needs. | 4 | 1 | 26 |  | |

Note. Bolded items consensus was not reached