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ADVANCED PRACTICE NURSING

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ADVANCED PRACTICE NURSING

Essential Knowledge for the Profession

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Cover Image (Title Page, Part Opener, Chapter Opener): © flovie/Shutterstock
Printing and Binding: McNaughton & Gunn

Library of Congress Cataloging-in-Publication Data

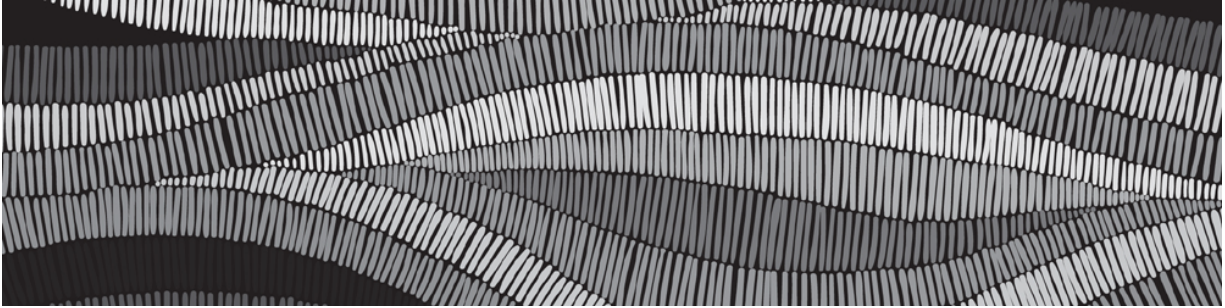
Names: DeNisco, Susan M., editor.
Title: Advanced practice nursing : essential knowledge for the profession / [edited by] Susan M. DeNisco.
Other titles: Advanced practice nursing (Barker)
Description: Fifth edition. | Burlington, MA : Jones & Bartlett Learning, [2024] | Includes bibliographical references and index.
Identifiers: LCCN 2022024600 | ISBN 9781284264661 (paperback)
Subjects: MESH: Advanced Practice Nursing | Nurse's Role
Classification: LCC RT82 | NLM WY 128 | DDC 610.7306/9--dc23/eng/20221017

LC record available at <https://lccn.loc.gov/2022024600>

6048

Printed in the United States of America

26 25 24 23 10 9 8 7 6 5 4 3 2 1



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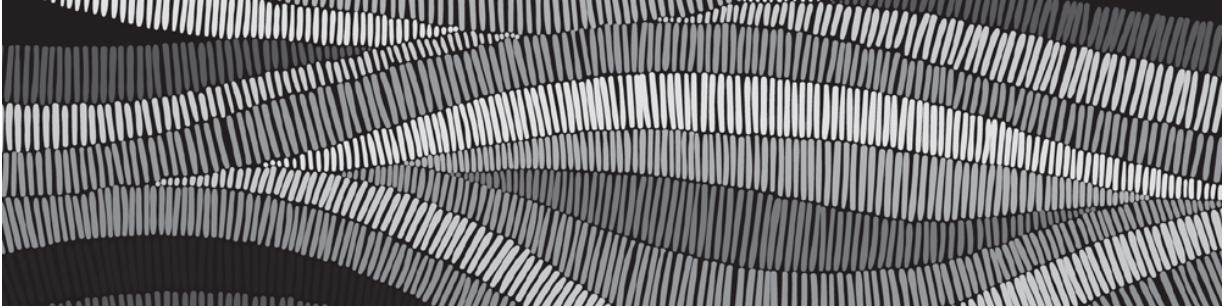
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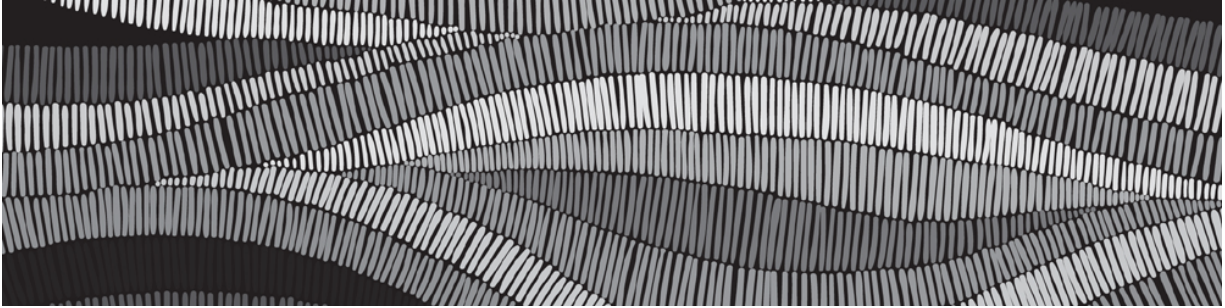
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INTRODUCTION

Advanced practice nursing education has been rapidly evolving over the past 2 decades, with much attention given to the unique differences between advance practice nursing and the four traditional advanced practice roles—that is, certified registered nurse anesthetists (CRNAs), certified nurse–midwives (CNMs), clinical nurse specialists (CNSs), and nurse practitioners (NPs)—as direct care providers. The fifth edition of this book was conceived in response to several new national initiatives, including the evolution and continued growth of the doctor of nursing practice (DNP) degree. The following position papers and task force recommendations were taken into account when selecting new content for this textbook:

- *The Essentials: Core Competencies for Professional Nursing Education* (American Association of Colleges of Nursing [AACN], 2021)

- *Defining Scholarship for Academic Nursing Task Force Consensus Position Statement* (AACN, 2018)
- The NONPF Statement in Support of Telehealth in NP Education (National Organization of Nurse Practitioner Faculties [NONPF], 2018)
- *Nurse Practitioner Role Core Competencies* (NONPF), 2022
- *Diversity, Inclusion, and Equity in Academic Nursing AACN Position Statement* (AACN, 2017b)
- *Common Advanced Practice Registered Nurse Doctoral-Level Competencies* (AACN, 2017a)
- *Advancing Healthcare Transformation: A New Era for Academic Nursing* (AACN, 2016)
- *The Doctor of Nursing Practice: Current Issues and Clarifying Recommendations Report from the Task Force on the Implementation of the DNP* (AACN, 2015b)
- *Re-envisioning the Clinical Education of Advanced Practice Registered Nurses* (AACN, 2015a)

These initiatives address the rapid changes in the healthcare arena and the need for advanced practice nurses to be responsive to a complex health system with an aging population with complex comorbid health conditions at the core. These changes are all encompassing and, in most circumstances, a long time coming. Reforms include the move from volume-based to value-based care, from process to a focus on quality and outcomes, from episodic care to life span care, and from acute care to prevention and population health. Given changes in higher education, student desires, and the aforementioned changes in the healthcare systems, a competency-based educational approach has been endorsed to prepare the nursing workforce for the future decade. On April 6, 2021, AACN-affiliated academic deans across the country endorsed *The Essentials: Core Competencies for Professional Nursing Education*, which delineates competency expectations for graduates of baccalaureate and graduate nursing programs. This historic and bold

move will transform how nurses are educated for both entry-level and advanced roles (AACN, 2021). These “new essentials” are not intended to replace advanced practice core competencies for master’s or doctorally prepared advanced practice registered nurses (APRNs) or nurse practitioner role core competencies (NONPF) but to provide a framework for contemporary advanced nursing practice across each of the previously mentioned APRN roles. Competency-based nursing education is a focused approach putting the individual student at the center of learning. The intent is for entry-level and advanced practice students to work at their own pace and reflect on their performance and the attainment of competencies required for practice. As academic and clinical partnerships continue to intensify, so does the intricacy of healthcare services. Advanced practice nurses are expected to engage in a high level of teamwork that is both intra- and interprofessional in nature. This calls for advanced practice nurses to participate in clinical scholarly activities to enhance best clinical practices and influence health policy and advocacy while educating the next generation of clinicians, scholars, and leaders regardless of the setting and focus of care.

Content on business planning and economics, quality improvement, and the use of metrics to drive clinical decisions have been incorporated. Advanced practice nurses must have a broad overview of how big data, including cost, healthcare outcomes, and patient and provider satisfaction, facilitates decisions and affects outcomes in all arenas. The impending shortage of primary care providers, new healthcare reform legislation, the focus on patient safety, and cost-effective high-quality care have provided curricular guidance to master’s and doctoral programs preparing advanced practice nurses. Given national gains in full independent practice, more NPs are opening their own businesses; thus, entrepreneurship is a trend that will continue to grow and is addressed in this textbook. Given the COVID-19 pandemic, an increased demand for telehealth is another major trend in advanced practice nursing. In April 2020, the number of telehealth visits was 78 times higher than in February 2020. Currently, the use of telehealth is 38 times higher than before the pandemic. Advanced practice nurses need to understand best

practice for conducting telehealth visits as well as reimbursement guidelines for telehealth.

Although diversity, equity, and inclusion are not new, it is imperative that governing bodies and healthcare leaders support healthcare systems to reflect communities they serve and, most important, bring equality into healthcare access and delivery. Promoting the racial and ethnic diversity of the nursing workforce will aid in employee engagement and attract new talent.

New to this edition, the content of this textbook has been cross-referenced with the *Essentials: Core Competencies for Professional Nursing Education* (AACN, 2021). The task force that developed the “new essentials” built their work on the strong foundation of nursing as a practice discipline, the underpinnings of a liberal education, and principles of competency-based education. *The Essentials*, as the framework for preparing nursing’s future workforce, intentionally reflect on and integrate nursing concepts as a discipline. This document was finalized with the input from practice partners and other professionals with the goal of bridging the gap between education and practice. Stakeholders including faculty, students, employers, patients, and families, expect all nursing graduates to complete their educational programs with measurable skills and knowledge. The “new essentials” clearly delineate 8 core nursing concepts, 10 major domains, and competencies representing the essence of professional nursing practice.

In addition, in July 2022, the National Organization of Nurse Practitioner Faculties (NONPF) released the revised *Nurse Practitioner Role Core Competencies*, replacing the prior NP core competencies (2017). They are written to be measured and evaluated at the clinical doctoral level. These competencies are for entry to practice for all nurse practitioners regardless of population focus as the competencies are essential behaviors of all NPs.

Table I-1 displays a comparison of the domains and essential core competencies of professional nursing, select level 2 subcompetencies for graduate nursing students, the NONPF core competencies areas, and select NP role competencies. The last column lists the chapters in this text that address this content.

TABLE I-1 | Comparison of Essentials of Professional Nursing Education, Domains, Competencies and Select Level 2 Subcompetencies for Advanced Practice, Select NONPF Core Competencies, and Book Content

Domains	AACN Competency Statement	AACN Graduate Subcompetency Statement	NONPF NP Role Core Competency Areas	Book Chapter(s)
Domain I: Knowledge for Nursing Practice (AACN)	1.1 Demonstrate an understanding of the discipline of nursing's distinct perspective and where shared perspectives exist with other disciplines.	1.1e Translate evidence from nursing science as well as other sciences into practice. 1.1f Demonstrate the application of nursing science to practice.	NP 1.1h Integrate historical, foundational, and population focused knowledge into NP practice. NP 1.1i Translate evidence from nursing science and other sciences into NP practice. NP 1.1j Evaluate the application of nursing science to NP practice.	1, 2, 18, 19, 20, 21
	NP Domain 1: Knowledge of Practice (NONPF)	1.2 Apply theory and research-based knowledge from nursing, the arts, humanities, and other sciences. 1.3 Demonstrate clinical judgment founded on a broad knowledge base.	1.2f Synthesize knowledge from nursing and other disciplines to inform education, practice, and research. 1.2j Translate theories from nursing and other disciplines to practice. 1.3d Integrate foundational and advanced specialty knowledge into clinical reasoning. 1.3f Analyze decision models from nursing and other knowledge domains to improve clinical judgment.	
Domain II: Person-Centered Care (AACN, NONPF)	2.1 Engage with the individual in establishing a caring relationship. 2.2 Communicate effectively with individuals. 2.3 Integrate assessment skills in practice.	2.1d Promote caring relationships to effect positive outcomes. 2.1e Foster caring relationships. 2.2g Demonstrate advanced communication skills and techniques using a variety of modalities with diverse audiences. 2.2i Apply individualized information, such as genetic/genomic, pharmacogenetic, and environmental exposure information in the delivery of personalized health care. 2.3h Demonstrate that one's practice is informed by a comprehensive assessment appropriate to the functional area of advanced nursing practice.	NP 2.1 Engage with individuals and/or caregivers in establishing a caring relationship. NP 2.1f Practice holistic person-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect. NP 2.1g Engage in shared decision making with consideration of determinants of health. NP 2.2m Communicate findings to the interprofessional team, including the preceptor, in a systematic, concise manner to accurately convey the health status of the patient. NP 2.3i Utilize advanced critical thinking to determine the appropriate focused or comprehensive relevant patient history.	2, 6, 12, 13, 17, 23, 24, 25, 29, 31

	<p>2.4 Diagnose actual or potential health problems and needs.</p> <p>2.5 Develop a plan of care.</p> <p>2.6 Demonstrate accountability for care delivery.</p> <p>2.7 Evaluate outcomes of care.</p>	<p>2.4f Employ context driven, advanced reasoning to the diagnostic and decision-making process.</p> <p>2.4g Integrate advanced scientific knowledge to guide decision making.</p> <p>2.5h Lead and collaborate with an interprofessional team to develop a comprehensive plan of care.</p> <p>2.5j Develop evidence-based interventions to improve outcomes and safety.</p> <p>2.6f Monitor aggregate metrics to assure accountability for care outcomes.</p> <p>2.6g Promote delivery of care that supports practice at the full scope of education.</p> <p>2.7d Analyze data to identify gaps and inequities in care and monitor trends in outcomes.</p> <p>2.7e Monitor epidemiological and system-level aggregate data to determine healthcare outcomes and trends.</p>	<p>NP 2.5k Provide holistic person-centered care by developing a mutually acceptable, cost conscious, and evidence-based plan of care.</p> <p>2.6l Collaborate with the interprofessional team to formulate a plan of care.</p>	
	<p>2.8 Promote self-care management.</p>	<p>2.8f Develop strategies that promote self-care management.</p> <p>2.8g Incorporate the use of current and emerging technologies to support self-care management.</p>	<p>NP 2.8k Integrate the principles of self-care management.</p>	
<p>Domain III: Population Health (AACN, NONPF)</p>	<p>3.1 Manage population health.</p> <p>3.2 Engage in effective partnerships.</p> <p>3.3 Consider the socioeconomic impact of the delivery of health care.</p> <p>3.4 Advance equitable population health policy.</p>	<p>3.1j Assess the efficacy of a system's capability to serve a target subpopulation's healthcare needs.</p> <p>3.1k Analyze primary and secondary population health data for multiple populations against relevant benchmarks.</p> <p>3.2d Ascertain collaborative opportunities for individuals and organizations to improve population health.</p> <p>3.2g Lead partnerships to improve population health outcomes.</p> <p>3.3d Collaborate with partners to secure and leverage resources necessary for effective, sustainable interventions.</p> <p>3.3e Advocate for interventions that maximize cost effective, accessible, and equitable resources for populations.</p> <p>3.4i Contribute to policy development at the system, local, regional, or national levels.</p> <p>3.4l Evaluate the risks to population health associated with globalization.</p>	<p>NP 3.1o Evaluate outcomes of population health using available sources of data to inform NP practice, guidelines, and policies.</p> <p>NP 3.1p Integrate findings of population health data to impact competent care.</p> <p>NP 3.2i Contribute clinical expertise and knowledge from advanced practice to interprofessional efforts to protect and improve health.</p> <p>NP 3.3g Appraise ethical, legal, and social factors to guide population health policy development.</p> <p>NP 3.6k Summarize the unique roles and responsibilities of NPs in emergency preparedness and disaster response.</p>	<p>7, 8, 9, 23, 24, 25, 26, 27</p>

	<p>3.5 Demonstrate advocacy strategies.</p> <p>3.6 Advance preparedness to protect population health during disasters and public health emergencies.</p>	<p>3.5h Engage in relationship-building activities with stakeholders at any level of influence, including system, local, state, national, and/or global.</p> <p>3.5i Demonstrate leadership skills to promote advocacy efforts that include principles of social justice, diversity, equity, and inclusion.</p> <p>3.6g Participate in ethical decision making that includes diversity, equity, and inclusion in advanced preparedness to protect populations.</p> <p>3.6j Contribute to system-level planning, decision making, and evaluation for disasters and public health emergencies.</p>		
<p>Domain IV: Scholarship for Nursing Practice (AACN)</p> <p>Domain 4: Practice Scholarship and Translational Science (NONPF)</p>	<p>4.1 Advance the scholarship of nursing.</p> <p>4.3 Promote the ethical conduct of scholarly activities.</p>	<p>4.1j Discern appropriate applications of quality improvement, research, and evaluation methodologies.</p> <p>4.1l Disseminate one's scholarship to diverse audiences using a variety of approaches or modalities.</p> <p>4.2g Lead the translation of evidence into practice.</p> <p>4.2k Evaluate outcomes and impact of new practices based on the evidence.</p> <p>4.3e Identify and mitigate potential risks and areas of ethical concern in the conduct of scholarly activities.</p> <p>4.3i Apply ethical principles to the dissemination of nursing scholarship.</p>	<p>NP 4.1n Translate advanced practice knowledge to inform practice and patient outcomes.</p> <p>NP 4.1o Lead scholarly activities resulting in the focus of the translation and dissemination of contemporary evidence into practice.</p> <p>NP 4.2l Evaluate quality improvement processes and evidence-based outcomes.</p> <p>NP 4.3j Translate knowledge from clinical practice to improve population health outcomes through diversity, equity, and inclusion.</p> <p>NP 4.3k Utilize ethical principles to ensure participant safety through scholarship activities.</p>	18, 19, 20, 21, 22
<p>Domain V: Quality and Safety Descriptor (AACN)</p> <p>NP Domain 5: Quality and Safety (NONPF)</p>	<p>5.1 Apply quality improvement principles in care delivery.</p> <p>5.2 Contribute to a culture of patient safety.</p> <p>5.3 Contribute to a culture of provider and work environment safety.</p>	<p>5.1k Integrate outcome metrics to inform change and policy recommendations</p> <p>5.1l Collaborate in analyzing organizational process improvement initiatives.</p> <p>5.2g Evaluate the alignment of system data and comparative patient safety benchmarks.</p> <p>5.2h Lead analysis of actual errors, near misses, and potential situations that would affect safety.</p> <p>5.3e Advocate for structures, policies, and processes that promote a culture of safety and prevent workplace risks and injury.</p> <p>5.3f Foster a just culture reflecting civility and respect.</p>	<p>NP 5.1p Systematically evaluate quality and outcomes of care using quality improvement principles.</p> <p>NP 5.1q Evaluate the relationships and influence of access, populations, cost, quality, and safety on health care.</p> <p>NP 5.2k Build a culture of safety through quality improvement methods and evidence-based interventions.</p>	12, 13, 14, 15, 16, 17

<p>Domain VI: Interprofessional Partnerships (AACN)</p> <p>NP Domain 6: Interprofessional Collaboration in Practice (NONPF)</p>	<p>6.1 Communicate in a manner that facilitates a partnership approach to quality care delivery.</p> <p>6.2 Perform effectively in different team roles, using principles and values of team dynamics.</p> <p>6.3 Use knowledge of nursing and other professions to address healthcare needs.</p> <p>6.4 Work with other professions to maintain a climate of mutual learning, respect, and shared values.</p>	<p>6.1g Evaluate effectiveness of interprofessional communication tools and techniques to support and improve the efficacy of team-based interactions.</p> <p>6.1i Role model respect for diversity, equity, and inclusion in team-based communications.</p> <p>6.2g Integrate evidence-based strategies and processes to improve team effectiveness and outcomes.</p> <p>6.2h Evaluate the impact of team dynamics and performance on desired outcomes.</p> <p>6.3d Direct interprofessional activities and initiatives.</p> <p>6.4e Practice self-assessment to mitigate conscious and implicit biases toward other team members.</p> <p>6.4f Foster an environment that supports the constructive sharing of multiple perspectives and enhances interprofessional learning.</p>	<p>NP 6.1m Engage in collaboration with multiple interprofessional stakeholders (e.g., individuals, community, integrated healthcare teams, and policy makers) to impact a diverse and inclusive healthcare system.</p> <p>NP 6.1n Demonstrate equitable and quality health care through interprofessional collaboration with the healthcare team.</p> <p>NP 6.4j Promote a climate of respect, dignity, inclusion, integrity, civility, and trust to foster collaboration within the healthcare team.</p>	<p>3, 4, 5, 6, 27, 28, 29, 31</p>
<p>Domain VII: Systems-Based Practice (AACN)</p> <p>NP Domain 7: Health Systems (NONPF)</p>	<p>7.1 Apply knowledge of systems to work effectively across the continuum of care.</p> <p>7.2 Incorporate consideration of cost-effectiveness of care.</p> <p>7.3 Optimize system effectiveness through application of innovation and evidence-based practice.</p>	<p>7.1f Participate in system-wide initiatives that improve care delivery and/or outcomes.</p> <p>7.1g Analyze system-wide processes to optimize outcomes.</p> <p>7.2g Analyze relevant internal and external factors that drive healthcare costs and reimbursement.</p> <p>7.2k Recommend system-wide strategies that improve cost-effectiveness considering structure, leadership, and workforce needs.</p> <p>7.3f Design system improvement strategies based on performance data and metrics.</p> <p>7.3g Manage change to sustain system effectiveness.</p>	<p>NP 7.1i Apply knowledge of organizational practices and complex systems to improve healthcare delivery.</p> <p>NP 7.2m Demonstrate fiduciary stewardship in the delivery of quality care.</p>	<p>7, 8, 9, 10, 11</p>
<p>Domain VIII: Information and Healthcare Technologies (AACN)</p> <p>NP Domain 8: Technology and Information Literacy (NONPF)</p>	<p>8.1 Describe the various information and communication technology tools used in the care of patients, communities, and populations.</p> <p>8.2 Use information and communication technology to gather data, create information, and generate knowledge.</p>	<p>8.1g Identify best evidence and practices for the application of information and communication technologies to support care.</p> <p>8.2f Generate information and knowledge from health information technology databases.</p> <p>8.2g Evaluate the use of communication technology to improve consumer health information literacy.</p>	<p>NP 8.1l Evaluate technologies and communication platforms in the care of patients.</p> <p>NP 8.2k Analyze data to impact care delivery at the person, population, or systems levels.</p> <p>NP 8.2l Use technology systems to generate, analyze, and interpret data on variables for the evaluation of health care.</p>	

	<p>8.3 Use information and communication technologies and informatics processes to deliver safe nursing care to diverse populations in a variety of settings.</p> <p>8.4 Use information and communication technology to support documentation of care and communication among providers, patients, and all system levels.</p> <p>8.5 Use information and communication technologies in accordance with ethical, legal, professional, and regulatory standards, and workplace policies in the delivery of care.</p>	<p>8.3j Evaluate the potential uses and impact of emerging technologies in health care.</p> <p>8.3k Pose strategies to reduce inequities in digital access to data and information.</p> <p>8.4f Employ electronic health, mobile health, and telehealth systems to enable high-quality, ethical, and efficient patient care.</p> <p>8.4g Evaluate the impact of health information exchange, interoperability, and integration to support patient-centered care.</p> <p>8.5i Recommend strategies to protect health information when using communication and information technology.</p> <p>8.5l Analyze the impact of federal and state policies and regulation on health data and technology in care settings.</p>	<p>NP 8.2m Select appropriate technology and communication tools to promote engagement and share credible information that is congruent with patient needs, values, and learning styles.</p> <p>NP 8.4i Evaluate the design and implementation of clinical information systems within the contexts of quality care, accountability, ethics, and cost-effectiveness.</p> <p>NP 8.5m Use information technology safely, legally, and ethically to manage data to ensure quality care and organizational accountability to promote interprofessional communication.</p>	14, 15, 16, 17
<p>Domain IX: Professionalism (AACN) NP Domain 9: Professional Acumen (NONPF)</p>	<p>9.1 Demonstrate an ethical compartment in one's practice reflective of nursing's mission to society.</p> <p>9.2 Employ participatory approach to nursing care.</p> <p>9.3 Demonstrate accountability to the individual, society, and the profession.</p> <p>9.4 Comply with relevant laws, policies, and regulations.</p> <p>9.5 Demonstrate the professional identity of nursing.</p>	<p>9.1i Model ethical behaviors in practice and leadership roles.</p> <p>9.1k Assume accountability for working to resolve ethical dilemmas</p> <p>9.2i Identify innovative and evidence-based practices that promote person-centered care.</p> <p>9.2k Model professional expectations for therapeutic relationships.</p> <p>9.3l Foster a practice environment that promotes accountability for care outcomes.</p> <p>9.3m Advocate for policies/practices that promote social justice and health equity.</p> <p>9.4d Advocate for polices that enable nurses to practice to the full extent of their education</p> <p>9.4h Participate in the implementation of policies and regulations to improve the professional practice environment and healthcare outcomes.</p> <p>9.5f Articulate nursing's unique professional identity to other interprofessional team members and the public.</p>	<p>NP 9.1l Demonstrate the ability to apply ethical principles in complex healthcare situations.</p> <p>NP 9.1m Develop strategies to prevent one's own personal biases from interfering with delivery of quality care.</p> <p>NP 9.2m Demonstrate an NP professional identity.</p> <p>NP 9.2n Demonstrate accountability to practice within the regulatory standard and scope of educational preparation.</p> <p>NP 9.3p Participate in professional organizations to advance the NP profession and improve health.</p> <p>NP 9.3q Reflect on past experiences to guide present and future practice.</p> <p>NP 9.4i Advocate for policies that support population focus NPs to practice at the full extent of their education.</p> <p>NP 9.5j Articulate NPs' unique professional identity to other interprofessional team members and the public.</p>	1, 2, 3, 4, 5, 9, 23, 24, 26, 28, 29, 30, 32

	9.6 Integrate diversity, equity, and inclusion as core to one's professional identity.	9.5i Engage in professional organizations that reflect nursing's values and identity. 9.6f Analyze the impact of structural and cultural influences on nursing's professional identity. 9.6h Structure the practice environment to facilitate care that is culturally and linguistically appropriate.	NP 9.5k Demonstrate the ability to effectively educate and mentor peers, students, or members of the interprofessional healthcare team.	
Domain X: Personal, Professional, and Leadership Development (AACN) NP Domain 10: Personal and Professional Leadership (NONPF)	10.1 Demonstrate a commitment to personal health and well-being. 10.2 Demonstrate a spirit of inquiry that fosters flexibility and professional maturity. 10.3 Develop capacity for leadership.	10.1c Contribute to an environment that promotes self-care, personal health, and well-being. 10.2h Mentor others in the development of their professional growth and accountability. 10.2i Foster activities that support a culture of lifelong learning. 10.3k Influence intentional change guided by leadership principles and theories. 10.3o Demonstrate leadership skills in times of uncertainty and crisis.	NP 10.1e Create an environment that promotes self-care, health, and well-being. NP 10.1f Support for whole person health and holistic well-being of self. NP 10.2k Demonstrate responsibility to practice in the NP population focus area defined by your education, certification, and license. NP 10.2l Employ empathy to communicate effectively NP 10.3s Execute leadership skills in the translation of new knowledge to improve outcomes. NP 10.3t Provide leadership on teams, and in different team roles, across a variety of practice settings.	5, 6, 9, 22, 28, 30, 32

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National Organization of Nurse Practitioner Faculties (NONPF), 2022. NONPF Role Core Competencies, NONPF. <https://www.nonpf.org/page/14>

Description

The publisher, Jones & Bartlett Learning, under the guidance of editor Susan M. DeNisco, embarked on a quest to produce a fifth edition of an advanced practice textbook that would compile selected chapters from existing books in the Jones & Bartlett Learning collection. The strength of this approach is that experts in each of the content areas wrote each chapter in the book.

The revision of this textbook comprehensively addresses the core curriculum content requirements of the new domains, competencies, and subcompetencies for the master of science in nursing (MSN) and DNP students, recognizing that broad content areas and role competencies cannot be covered in separate courses because of credit limitations. The newly endorsed *Nurse Practitioner Role Core Competencies* (NONPF, 2022) are thoughtfully aligned with the new AACN Essentials (2021). In addition, this book addresses the roles

required, regardless of their specialty or functional focus. This knowledge can then be built upon as graduate students proceed into their specialty foci.

New to this edition are the following topic and content areas:

- Diversity, equity, and inclusion
- Business planning and entrepreneurship
- Resilience and self-care
- Telehealth and the pandemic
- Financing health care
- Emergency preparedness
- Writing for publication and scholarship
- Ethical leadership
- Business essentials for advanced practice nurses
- The impact of big data on healthcare outcomes
- Patient value, quality, safety, and cost-effectiveness

Content areas that have been strengthened for this textbook focus on:

- Both direct and indirect provider roles
- Role of the clinical doctorate in advanced practice nursing
- Reimbursement and credentialing issues for nurse practitioners
- Federal and state regulation of advanced practice nursing
- Budgeting and finances for advanced practice
- Electronic health records and clinical informatics
- Continuous quality improvement strategies to optimize clinical practice
- Phases of health policy development as it pertains to advanced practice nurses
- Economics in the hospital environment
- Strategic career planning

- Lifelong learning
- Mentorship
- Evidence-based practice and clinical scholarship
- Global health, diversity, and healthcare disparities for special populations
- Role transition and professional development

The content of this book has been carefully selected based on the editor's 36 years of experience as a primary care provider, educator, and administrator. This content is crucial to all levels of graduate nursing preparation. With the recent revision and intricacies of the "new essentials" the editor's intent is to align each content area with the new knowledge domains and advanced practice competencies for the reader. Thus, the book can be used in both master's-level and postbaccalaureate doctoral programs in the beginning core courses to lay a foundation for advanced nursing practice. As with any textbook, additional scholarly readings, especially research and evidence-based articles, will enhance the content.

As previously mentioned, some confusion exists regarding the terminology *advanced nursing practice* versus *advanced practice nursing*. Over time, these terms have become commonly used to indicate master's-prepared nurses who provide direct clinical care and include the roles of clinical nurse specialist, nurse practitioner, certified nurse–midwife, and certified registered nurse anesthetist, with the last three roles requiring a license beyond the basic registered nurse license to practice. This book has adopted a broader, more inclusive definition (AACN, 2004), which reflects the current thinking about advanced practice. Advanced practice nursing is defined as follows:

Any form of nursing intervention that influences health care outcomes for individuals or populations, including direct care of individual patients, management of care for individuals and populations, administration of nursing and health care organizations, and the development and implementation of health policy. (p. 3)

In this book, nurses in advanced practice are defined as any nurse who holds a master's degree or higher in nursing and whose role is

consistent with this definition. *Advanced practice nursing, advanced practice nurses, and advanced nursing practice* are used interchangeably throughout the book.

Currently, several major professional forces are influencing graduate education in nursing and promise to have dramatic effects on nursing education both today and into at least the next decade:

- With the endorsement of the new AACN Essentials by the membership in April 2021, academic nursing is moving toward a new competency-based approach for nursing education.
- According to the Bureau of Labor Statistics (2021), the job outlook for advanced practice registered nurses (APRNs), including nurse practitioners, nurse anesthetists, and nurse midwives, is projected to grow 26% from 2018 to 2028, much faster than the average for all occupations. Growth will occur primarily because of an increased emphasis on preventive care and demand for healthcare services from an aging population.
- Given the pressing need for primary care providers and the fact that the National Academy of Medicine and the National Council of State Boards of Nursing both recommend that states provide NPs full practice authority, there is increasing pressure on the remaining states to follow suit.
- In 2016 AACN convened the APRN Competency-Based Education for Doctoral-Prepared APRN Workgroup. This led to the identification of the current state of competency-based education for all four APRN roles. The report, *Advancing Healthcare Transformation: A New Era for Academic Nursing* (AACN, 2016), identified a pathway to strengthen partnerships between the academy of nursing and academic health centers to foster new innovative care models to achieve positive health outcomes.
- The 2010 Affordable Care Act represents the broadest healthcare overhaul legislation passed since the 1965 creation of the Medicare and Medicaid programs.

- The Institute of Medicine report *The Future of Nursing: Leading Change, Advancing Health* (2011) positions nurse regulators to provide leadership on the critically important challenge of assigning accountability for quality and patient safety at the state and local levels.
- The clinical doctorate, designated as a doctor of nursing practice, has been mandated as the entry to advanced nursing practice (see the introduction to Part 1 for more details).
- A consensus model for advanced practice nurse regulations has been developed through work by the APRN Consensus Work Group and the National Council of State Boards of Nursing (NCSBN) (2008).
- A new role in nursing, the clinical nurse leader (CNL), has been introduced. This role is designed to address many of the problems currently evident in health care, including the nursing shortage, patient safety and medical errors, and fragmentation of the healthcare system. The AACN (2007) provides this definition of the CNL:

The CNL functions within a microsystem and assumes accountability for healthcare outcomes for a specific group of clients within a unit or setting through the assimilation and application of research-based information to design, implement, and evaluate client plans of care. The CNL is a provider and a manager of care at the point of care to individuals and cohorts. The CNL designs, implements, and evaluates client care by coordinating, delegating, and supervising the care provided by the health care team, including licensed nurses, technicians, and other health professionals. (p. 6)

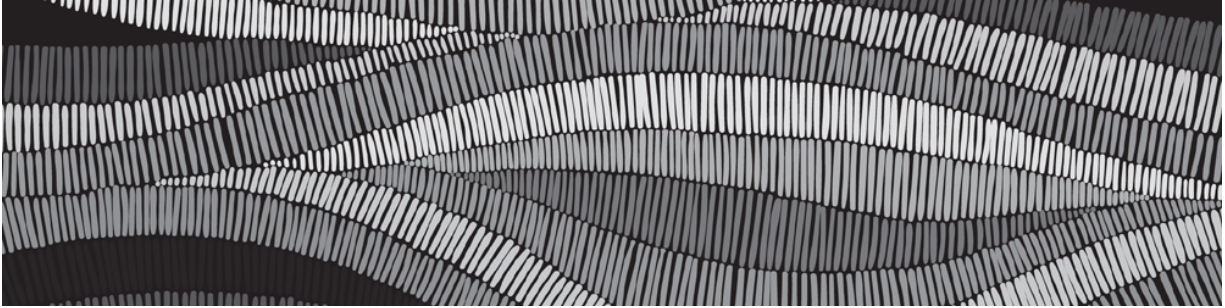
- CNLs are considered generalists who will be prepared at the master's level and require the same core curriculum knowledge as do other master's-prepared nurses.

In the “new essentials,” the AACN lays out the foundation for core knowledge needed by all graduate nursing students. This book provides in one collection a foundation for this core knowledge. It does not address any of the specific content needed by the specialties. Moreover, this foundational content should be further integrated and applied throughout the rest of the curriculum.

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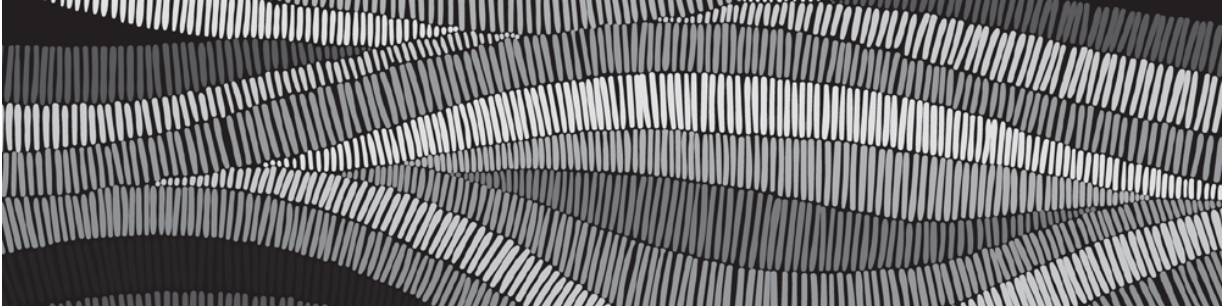
ABOUT THE AUTHOR

Susan M. DeNisco, Professor of Nursing, is the immediate past director of the Post Baccalaureate, Doctor of Nursing Practice/Family Nurse Practitioner Program at Sacred Heart University. She has held a variety of leadership positions including interim director of the School of Nursing and director of Graduate Nursing Programs. She coordinated the Family Nurse Practitioner Program at Sacred Heart from 2000 to 2010. She led the development of the Doctor of Nursing Practice (DNP) Program, which was implemented in 2010. Susan received a DNP degree in clinical leadership from Case Western Reserve University, an MS in the Family Nurse Practitioner Program from Pace University, and a BSN from Western Connecticut State University. Dr. DeNisco served as the executive director of College of Health Professions, Center for Community Health & Wellness. She served on the Executive Board of the Connecticut Advanced Practice Registered Nurse Society in a variety of elected positions including president from 2005 to 2009. She is certified as a Clinical Nurse Leader by the Commission on Nurse Certification

(CNC), an autonomous arm of the American Association of Colleges of Nursing (AACN).

Dr. DeNisco's impressive career includes 36 years of clinical experience as a family nurse practitioner in a variety of primary care settings. Her work has largely focused on medically underserved populations including disenfranchised groups such as migrant farm workers, refugees, and homeless persons. Dr. DeNisco's current clinical practice areas include internal medicine at a large federally qualified health center for medically underserved people in Bridgeport, CT. Her scholarly interests include evidence-based treatment modalities for alternative treatments for pain, depression, and anxiety disorders. She has published several articles and book chapters on these topics. Her doctoral research focused on the relationship between resilience and diabetes outcomes in African American women. She was recently inducted as a Fellow in the American Association of Nurse Practitioners. She is the recipient of numerous state and national awards including the American Academy of Nurse Practitioner Connecticut State Award for Excellence, The National Nursing Center Consortium Primary Care Champion Award, the Connecticut Nurses Association, and the Diamond Jubilee Josephine Dolan Award for Outstanding Contributions to Nursing Education. Most recently she received the Connecticut League for Nursing, Jane E. Murdock "Life-Long" Learning Award for her contributions to nursing education. She has been awarded several grants by the Southwestern Connecticut Agency on Aging to implement health promotion programs for elderly Latinos residing in Bridgeport. Most recently, Dr. DeNisco received funding from the Department of Health and Human Services, Advanced Nursing Education Workforce grant. The project, titled Alternatives to Opioids for Pain (ALTOP), will benefit patients who are at risk for misuse of opioids for noncancer chronic pain.

As a family nurse practitioner, Dr. DeNisco feels she is able to combine her love for clinical practice with teaching because education provides the foundation for all health promotion and wellness activities.



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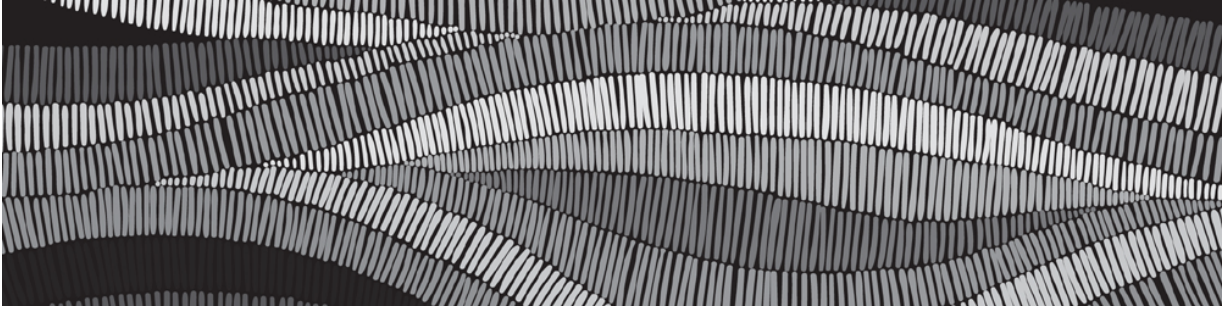
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