

Mapping of Advanced Practice Nursing Competencies from Nineteen Respondent Countries against the Strong Model of Advanced Practice Nursing (2000) and the International Council of Nurses (2008) Advanced Practice Nursing Competencies

Executive Summary

Introduction

To bring clarity to the emerging roles of the Nurse Practitioner (NP)/ Advanced Practice Nurse (APN), the ICN Research Sub-Group aligned the Advanced Practice Nursing (NP/APN) competencies of 19 respondent countries with the Strong Model of Advanced Practice Nursing (Mick & Ackerman, 2000) and the ICN APN Competencies (Goodyear, 2008). The focus was to gather data from ICN member countries regarding title, definition, role and related competencies of the roles.

The Strong Model of Advanced Practice Nursing (2000) for Advanced Practice Nursing and the International Council of Nurses Advanced Practice Nursing Competencies (2008) were identified as comparative frameworks in that similar models and domains of practice reflect advanced practice standards globally. The ICN NP/APN Competencies are the internationally accepted 'gold standard' for Advanced Nursing Practice. The Strong Model (2000) was selected because of its focus on the five domains of practice that are commonly used by Advanced Practice Nurses (APNs) in primary care and acute healthcare settings.

Competency is defined by ICN as 'a (nurses) level of performance demonstrating the effective application of knowledge, skill and judgment' (1997:44). *Competencies* relate to 'measures of performance that can also be viewed through difference lenses depending on the appraisers, stakeholder or audience.' (*The Scope of Practice, Standards and Competencies of the Advanced Practice Nurse*, ICN, 2008, p. 12).

The countries represented in this document are reflective of individuals who served on the ICN NP/APN Research Sub-Group from January 2014 through to December 2017, or individuals the SG networked with to identify country specific APN competencies.

Although many countries have advanced practice roles, only nineteen countries were able to make their country-specific competencies available to the project.

Background and Purpose

In line with the research focus of the ICN NP/APNN Research Sub-Group (SG): ‘to gather, analyse and report data on the development of the APN role worldwide’ (<http://icn-apnetwork.org/>), SG members participating in the May 2013 ICN International Congress in Melbourne (Australia), recognized the diversity of the scope of practice, clinical roles, practice settings and formal documentation supporting the extended practice competencies of NPs and APNs internationally. Specifically, this discussion focused on role definition in the context of clinical competencies.

Dr. Rosemary Goodyear and her committee were instrumental in developing ‘*The Scope of Practice, Standards and Competencies of Advanced Practice Nurse*’, published by ICN in 2008.

The Research Sub-Group was composed of the following members over the period of data collection:

- Co-Chairs: Lorna Schumann (USA) 2013-2017; Beverley Bird (Australia) 2012 -2017; Noriyo Colley (Japan) 2017
- Members: Cynthia Pilane (Botswana), Elsie Duff (Canada), Franziska Geese (Switzerland, Republic of Ireland), Monika Jelic (USA), Internet source (Macao), Annie Topping (England and Qatar), Miho Suzuki (Japan), Noriyo Colley (Japan), Pedro Sastre-Fullana (Spain), Lisbeth Fagerstrom, Liaison, (Norway and Finland), 2013 to 2017, Bernadette Rae (England), Deborah Gray (USA).

Research Design and Methods

Research Design

The aim of this research was to align country specific (N=19) NP/APN competencies with the *Strong Model of Advanced Practice Nursing* (Mick & Ackerman, 2000) and the *Scope of Practice, Standards and Competencies of the Advanced Practice Nurse* (ICN 2008).

The Research Sub-Group Co-Chairs developed a proposal for submission to the ICN NP/APN Core Steering Group (CSG) for review and Ethics approval. Following CSG project approval, Research SG members commenced data collection in 2014 and concluded this process in late 2017. This process included gathering role descriptions, standards of practice, and clinical competency documentation from published literature and formal Nursing Boards and Ministries of Health Websites. Data was also obtained from a convenience sample of ICN NP/APN members and contacts through networking at international nursing conferences.

Participant Recruitment

Research SG members contributed NP/ANP competency data from the nursing jurisdictions within their own country and countries where they had established and reliable academic/ regulatory relationships (January 2014 – December 2017). ICN regulations in place during the competency mapping process prohibited implementation of a more comprehensive survey instrument distribution.

Pertinent information was drawn from the following nineteen countries: Australia, Botswana, Canada, England, Finland, Germany, Hong Kong SAR-PRC, Japan, Macau-SAR-PRC, Netherlands, New Zealand, Norway, Republic of Ireland, Scotland, Singapore, Spain, Switzerland, United States of America, Wales.

The Strong Model of Advanced Practice Nursing (2000)

[The Strong Model of Advanced Practice Nursing \(2000\)](#) was used as the framework for this Competency document in that it had the ability to adjust to a range of international communities with advanced practice nursing roles, including Advanced Certified Nurse Midwives, Clinical Nurse Specialists, Nurse Practitioners and Nurse Anesthetists (Mick & Ackerman, 2000).

The five domains of the model are: direct comprehensive care, education, support of systems, research, and publication and

professional leadership. Although the Strong Model of Advanced Practice was originally developed for use in the acute care setting, it has been adapted to the primary care role. Benner's (1982, 1984) concept of novice to expert in terms of role development for Advanced Practice Nurses (APNs) was foundational to the Strong Model. Knowledge, skills, attitudes, and judgment increase as the Advanced Practice Nurse moves from novice to expert.

Direct comprehensive care includes a range of assessments and interventions performed by APNs, including history taking, physical assessment, requesting and/or performing diagnostic studies, performing invasive procedures, interpreting clinical and laboratory data, prescribing medications and other therapies, and case management of complex, critically-ill patients (Sprong, 2013). Direct comprehensive care involves activities for both the patient and family, empowering them to make informed decisions about their health care. NP/APN Direct Comprehensive Care activities include: 1. Conduct and document patient history and physical examination; 2. Assess psychosocial, cultural and religious factors affecting patient needs; 3. Make a medical (health care provider) diagnosis within specialty scope of practice and practice guidelines; 4. Identify and initiate required diagnostic test and procedures; 5. Gather and interpret assessment data to formulate plan of care; 6. Perform specialty-specific procedures; 7. Assess patient or family response to therapy and modify plan of care on the basis of response; 8. Communicate plan of care and response to patient and family; 9. Provide appropriate education to patient and family; 10. Document appropriately on patient record; 11. Serve as a consultant in improving patient care and nursing practice on the basis of expertise in area of specialization; 12. Facilitate the process of ethical decision making in patient care; 13. Coordinate interdisciplinary plan for care of patients; 14. Collaborate with other services to optimize patient's health status; and 15. Facilitate efficient movement of patient(s) through the health care system.

Domains that support the delivery of patient care

Education includes a variety of activities that focus on the education of patients, families, providers, students and public. This domain

has six areas of focus: 1. Evaluate education programs and recommend revision, as needed; 2. Serve as a formal educator and clinical preceptor for nursing and medical students, staff and others; 3. Identify learning needs of various populations and contribute to the development of educational programs and resources; 4. Serve as informal educator to staff, while providing direct care activities; 5. Facilitate professional development of nursing staff (and other staff) through education; and 6. Provide appropriate patient and family education. **Support of systems** incorporates indirect patient care activities that support the clinical setting or organization and serve to improve the quality of care. These activities include consultation, participating or leading strategic planning, quality improvement initiatives, establishing and evaluating standards of practice, precepting students, and promoting APN practice (Strong, 2000). This domain has nine areas of focus: 1. Consult with others regarding conduct of projects or presentations; 2. Actively contribute to medical center (clinics) and school(s) of nursing recruitment and retention activities; 3. Participate in strategic planning for the service, department, or hospital; 4. Provide direction for and participation in unit or service quality improvement programs; 5. Provide leadership and actively participate in the assessment, development, implementation, and evaluation of quality-improvement programs in collaboration with nursing leadership; 6. Provide leadership in the development, implementation, and evaluation of standards of practice, policies, and procedures; 7. Serve as a mentor; 8. Advocate for the role of the Advanced Practice Nurse (Acute and Primary care Nurse Practitioner, Clinical Nurse Specialist, Nurse Anesthetist or Clinical Nurse Midwife); and 9. Serve as a spokesperson for nursing and the medical center (clinic or other site of practice) when interacting with other professionals, patients, families, and the public.

Research is the domain that includes the conduct of scientific inquiry and incorporation of evidence-based practice into comprehensive care. Research has six areas of focus: 1. Conduct and lead clinical investigations; 2. Participate in investigations to monitor and improve quality of patient care practices; 3. Seek out potential funding sources to support investigations of clinical issues or to fund program development; 4. Facilitate clinical research through collaboration with others in investigations, analyze practice problems to generate research questions, and enable access to clients and data; 5. Use research and integrate theory into practice and

recommend policy changes on the basis of research; and 6. Engineer or design clinical information systems that make data available for future research.

Publication and Professional Leadership incorporates a variety of activities that disseminate knowledge about the scope of the APN role that leads to improved health outcomes; participation in professional organizations as a member or leader; influencing health and public policy, and publications. This domain has six areas of focus: 1. Disseminate nursing knowledge through presentation or publication at local, regional, national and international levels; 2. Serve as a resource, leader, or committee member on boards and professional organizations; 3. Serve as a consultant to individuals and groups in the professional and lay communities and other hospitals or institutions; 4. Represent nursing in institutional, governmental, and community forums focused on the educational needs of various populations; 5. Represent a professional nursing image at institutional, governmental, and community forums; and 6. Provide leadership in shaping public policy on health care.

International Council of Nurses: The Scope of Practice, Standards and Competencies of the Advanced Practice Nurse (ICN/Goodyear 2008)

[The ICN APN Scope of Practice, Standards and Competencies for the Advanced Practice Nurse \(APN\) \(2008\)](#) established an Advanced Practice Nursing Framework, also structured around Domains (N = 3), with each Domain supported by conceptual subcategories that reflect the scope and intent of the advanced practice nursing role:

Domain 1: Professional, ethical and legal practice of nurses; **Domain 2:** Care provision and management by nurses; and **Domain 3:** Professional, personal and quality development (p. 9).

[This] ‘framework allows the supplement of new competencies that reflect the expanding scope of practice and provides a distinctive emphasis on patient care at this level of practice. The competencies identified in the generalist nurse position are coherent and comprehensive while, at the same time, *capable of accommodating the nuances of each nation’s cultural context*. The strengths and measures found in this framework provide another rationale for adopting it as the underpinning structure for

specifying the APN competencies. *The framework is also relatively easy to adjust to the international nursing communities of education, practice and regulation* (p. 9 &11).

Assumptions

A set of seven assumptions ‘support the framework of the competencies’ thus serving as the basis for the international applicability of the ICN/ APN role within the Domain Framework (2008):

‘All APNs:

- are practitioners of nursing providing safe and competent patient care;
- have their foundation in registered generalist nurse education;
- have roles which require formal education beyond the preparation of the generalist nurse;
- have roles of increased levels of competency that are measurable;
- have competencies which address the ethical, legal , care giving and professional development of the advanced practice role;
- have competencies and standards which are periodically reviewed for maintaining currency in practice; and,
- are influenced by the global social, political, economic and technological milieu.’ (ICN, 2008, p. 11)

Definitions: Domains, Competence and Competency

APN Practice Domains are defined as ‘groupings of concepts and activities that make up an area of practice that is common to each nurse functioning in a defined role’ (ICN, 2008, p. 11).

Competence is defined as ‘A measure of behavior and performance’ (ICN, 2008) and **Competency** as ‘A level of performance demonstrating the effective application of knowledge, skill and judgement’ (ICN 1997:44; ICN, 2008, p.11) and **Competency**

Identification ‘as a means for interpreting the scope of practice of the APN’ within the supporting framework. (ICN, 2008, p.13).

[Domain 1: Professional, Ethical and Legal Practice](#) incorporating the Domains of Accountability, Ethical Practice, and Legal Practice;
[Domain 2: Care Provision and Management](#) incorporating both the Key Principles of Care within the elements of Health Promotion; Assessment, Planning, Implementation, Evaluation; Therapeutic Communication and Interpersonal Relationships; Leadership and Management; Inter-professional Health Care; Delegation and Supervision, and Safe Environment;
[Domain 3: Professional, Personal and Quality Development](#) set out within the Domains of Enhancement of the Profession; Quality Improvement; and Continuing Education (pp.19-20).

The ICN (2008) document acknowledges that APN Standards, Education, Scope of Practice and Regulation vary internationally and even within countries and jurisdictions. In summary, its stated purpose is to set to ‘provide a framework, competencies and standards’, and ...broad based guidelines for advanced practice nurses and associated stakeholders in the global nursing community to:

‘develop the role within their own nation while meeting the established professional, authorized and regulatory standards and requirements’ (ICN, 2008, p. 23).

Findings/Results

Advanced Practice Nursing Competencies, together with role definitions and scope of practice, were sourced from nineteen countries: Australia, Botswana, Canada, England, Finland, Germany, Hong Kong – SAR – PRC, Republic of Ireland, Japan, Macau, Netherlands, New Zealand, Norway, Scotland, Singapore, Spain, Switzerland, United States of America, Wales. The respondent country competencies were mapped initially against the five Domains of the Strong Model (2000): Domain 1: *Direct Comprehensive Care* (15 competencies); Domain 2: *Education* (6 competencies); Domain 3: *Support of Systems* (9 competencies); Domain 4: *Research* (6 competencies); and *Publication and Professional Leadership* (6 competencies). Additionally, competencies from the respondent countries were aligned with ICN APN Competencies (Goodyear, 2008) sourced from the ICN website.

Expert clinicians reviewed the competency mapping table and identified the following consistent themes.

Summary of Emerging Themes/ Roles

1. Independent Practice/ Autonomy
2. Prescriptive Authority
3. Prescribing Therapeutic Regimens
4. Evidence-based Practice
5. Maintaining Competency
6. Client/Patient Advocacy
7. Health Promotion
8. Critical Thinking
9. Education (patients, families, peers, community)
10. Collaborative Practice/ Interprofessional Collaboration
11. Consultations/Referrals
12. Mentoring
13. Team Building
14. Leadership and Care-coordination
15. Professional Accountability/Responsibility
16. Quality Care
17. Influences Health Care Policy

Conclusion

All nineteen countries were well represented across the Strong Domains 1 – 4. Following a review of the NP/APN mapping table, it was determined that Domain 5 of the Strong Model (2000) (Publication and Professional Leadership: *Represent a professional image at institutional and community forums*) was less likely to form a documented component of the NP/APN role. The structure and less quantifiable elements of the ICN (2008) framework's, *scope of practice. and identifiable standards* limited the ability for a robust comparative analysis of all items within the Strong Model Framework.

Limitations and Recommendations for Further Work

Limitations of the research include:

Limitation 1. Scope: The scope of the research, with respect to wider international access to NP/APNN competency documentation represents the main limitation of this research;

Limitation 2. Research Subgroup Membership: Changes in the Research Subgroup committee membership and structure throughout the four-year data collection process;

Limitation 3. Process Limitations: The data collection process and report writing processes were undertaken by Subgroup members in addition to their full time academic and clinical roles;

Limitation 4. Time Constraints: The data collection process required a significant time commitment on a volunteer basis over a four-year period; and,

Limitation 5. The structure and specific criteria within some Scope of Practice, Standards and Competency items of the Advanced Practice Nurse (ICN/ Goodyear 2008) limited a more robust comparison with Domains of the Strong / Mick & Ackerman (2000) Model Domains.

Recommendations for Further Work

Recommendation 1: Publication of the findings from the competency mapping process in an appropriate refereed journal;

Recommendation 2: Follow-up analyses of country specific NP/APN competences in line with revised ICN NP/APN competencies, when these are available; and,

Recommendation 3: Modification of the competency mapping data, based on contemporary iterations of advanced practice roles.

References

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2014 - 2017: Advanced Practice Nursing Key Competencies by Respondent Country

Australia (NP); Botswana (NP); Canada (NP, CNS); England (NP, CNS); Finland (CNS, NP); Germany (CNS); Hong Kong-SAR-PRC (CNS); Ireland (ANP, AMP); Japan (CNS); Macau, SAR-PRC (CNS); Netherlands (NP); New Zealand (NP, CNS); Norway (CNS); Scotland (NP, CNS); Singapore (APN); Spain (NP); Switzerland (CNS); United States of America (NP, CNM, CNS); Wales (NP, CNS).

GENERAL COUNTRY INFORMATION*

**The following information was submitted by individual country representatives.*

AUSTRALIA

Definition of NP (Australian Nursing and Midwifery Council document on *National Competency Standards for the Nurse Practitioner*)

A nurse practitioner is a registered nurse educated and authorized to function autonomously and collaboratively in advanced and extended clinical role. The nurse practitioner role includes assessment and management of clients using nursing knowledge and skills and may include, but is not limited to the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations.

The nurse practitioner role is grounded in the nursing profession's values, knowledge, theories and practice and provides innovative and flexible health care delivery that complements other health care providers (NMBA, 2013).

'The nurse practitioner: standards (Standards) build on, and expand upon, those required of a registered nurse. When assuming the title and scope of practice of a nurse practitioner, the NP understands the changes in the scope of practice from that of a registered nurse, and the ways that these changes affect responsibilities and accountabilities. Fundamentally, a nurse practitioner provides nursing care within their regulated scope'.

Nurse Practitioner attributes are clinically focused, and NP's are capable in **research, education** and **leadership** (domains) as applied to clinical care. (NMBA, 2014, p1.)

The Nurse Practitioner Standards Framework (Australia) (NMBA, 2014)

Standard 1: Dynamic practice that incorporates application of high-level knowledge and skills in extended practice across stable, unpredictable and complex situations;

Standard 2: Professional efficacy whereby practice is structured in a nursing model and enhanced by autonomy and accountability;

Standard 3: Clinical leadership that influences and progresses clinical care, policy and collaboration through all levels of health service. (3 Descriptive Statements)

Standard 4: Evaluates outcomes and improves practice. (2 Descriptive Statements)

<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/nurse-practitioner-standards-of-practice.aspx>

BOTSWANA (NP/APN Competencies)

1. Client Assessment including comprehensive history, examination and ordering diagnostic tests
2. Making differential and final diagnosis
3. Development and implementation of treatment plan, including drug prescriptions
4. Collaborative practice through referrals and consultation with other stakeholders
5. Ethical, accountable and professional responsibility
6. Client education and advocacy
7. Participation in policy formation, leadership and research utilization

The purpose of the role is to provide direct nursing care services of a sufficient quality to complement, match and enhance specialized medical services and to carry out advanced Clinical procedures essential in the delivery of comprehensive health care services, on a 24-hour basis.

BOTSWANA (NP/APN Competencies (continued))

<http://www.sciencedirect.com/science/article/pii/S1555415512002905>

<http://www.ub.bw/home/ac/1/fac/13/dep/74/School-of-Nursing/>

Botswana Competencies provided by Dr. Cynthia Pilane

CANADA (NP, CNS)

Advanced nursing practice focuses on clinical practice, whether through a direct relationship with clients or through a supportive and consultative role. Nurse educators, researchers and administrators must demonstrate competencies in advanced nursing practice and *must have clinical practice as a significant part of their role* if they are to be considered as functioning within advanced nursing practice. “The CNS is a registered nurse who holds a graduate degree in nursing and has a high level of expertise in a clinical specialty” (Canadian Nurses Association [CAN], 2016). “NPs are educated in both nursing theory and medical skills and possess the knowledge and skills to autonomously diagnose, order and interpret diagnostic tests, prescribe treatment (including drugs) and perform specific procedures (within their legislative scope of practice”); CNA 2010).

NP Framework Competencies/Domains:

a) Professional role, responsibility & accountability; b) Health assessment & diagnosis; c) Therapeutic management; d) Health promotion & prevention of illness & injury.

CNS Core Competencies/Domains

a) Clinical care competencies; b) system leadership; c) advancement of nursing practice; d) evaluation & research.

Mick, D., & Ackerman, M. H. (2000). Advanced practice nursing role delineation in acute and critical care: Application of the Strong model of advanced practice. *Heart & Lung: The Journal of Acute and Critical Care*, 29(3), 210–221. <https://doi.org/10.1067/mhl.2000.106936>

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Canadian Competencies provided by Dr. Elsie Duff

ENGLAND (NP, CNS)

ENGLAND: Advanced Level Nursing: A Position Statement Department Health 2010

- 1.1 Practice autonomously and are self-directed;
- 1.8 Appropriately define the boundaries of their practice;
- 2.3 Are resilient and determined and demonstrate leadership in contexts that are unfamiliar, complex and unpredictable;
- 4.1 Actively seek and participate in peer review of their own practice.

Royal College of Nursing Advanced Nurse Practitioners (ICN Competencies, 2012)

Autonomous: free to make decisions about their own actions. Independent synonymous with self-employed.

‘Nurse Practitioner’ and ‘Advanced Nurse Practitioner’ are not protected titles.

The Royal College of Nursing (RCN) has created a database to recognize nurses working at the advanced level. “Credentialing is the process of assessing the background and legitimacy of nurses to practice at an advanced level through assessing their qualifications, experience and competence. Credentialing allows nurses to gain formal recognition of their level of expertise and skill in their clinical practice, their leadership, their education and their research in a way that is recognizable to colleagues, employers, patients and the public. Credentialing is open to nurse who can demonstrate that they ae working at an advanced level, practice in the NHS or independent sector and are either members or non-members of the RCN. Nurses will require a relevant master’s qualification, non-medical prescribing rights and an active membership of the Nursing and Midwifery Council (NMC) to credential”.

Nursing and Midwifery Council Standards of Proficiency for nurse and midwife prescribes (2006) is currently under review.

- Special thanks to Janet Marsden for materials from United Kingdom, Scotland and Wales.

FINLAND (NP)

Advanced practice nursing is carried out in Finland by Nurse Practitioners, Clinical Nurse Specialists and Registered Nurses with limited prescribing rights (Kotila, Axelin, Fagerström et al. 2015).

Nurse Practitioner

Scope of practice: Extensive and comprehensive nursing care, such as assessing the patient’s care needs independently by conducting health history and a systematic physical assessment, care and treatment of patient’s health problems and symptoms, health promotion and prevention, and initiation and follow-up of symptomatic treatment in both acute and chronic health problems. A Nurse Practitioner can independently diagnose, investigate, care and treat patients with acute or chronic health problems or illnesses. NP has medical expertise that extends their work in nursing. NP may have her/his own nursing clinic and is working in close cooperation with the doctor.

Education on master level is the recommendation. A registered nurse with an additional non-medical prescribing course (45 ECTS)

is registered at the national board VALVIRA and will then have legal rights for limited prescribing in primary health care.

Competency domains of Nurse Practitioner:

1. Advanced clinical practice (health assessment and clinical decision making, therapeutic management, health promotion and prevention of acute and chronic health problems)
2. Ethical decision making;
3. Education, coaching and guidance;
4. Consultation;
5. Cooperation;
6. Case management;
7. Leadership;
8. Research and development

(published in Lisbeth Fagerström (2011): Advanced practice nurse-theory and practice. Studentlitteratur, Lund (In Swedish)

Clinical Nurse Specialist

Scope of practice: Extensive nursing care with the overall purpose to ensure and develop the quality of nursing, to promote evidence-based nursing and to support the organization's strategic work.

CNS is a clinical nursing expert and is responsible for developing the quality of nursing and implementing evidence-based nursing. CNS is a member of a multi-professional team, developing a wide range of nursing and organizational activities, and conduct research and development.

Education on master level is the recommendation.

Competency domains of Clinical Nurse Specialist:

1. Clinical expertise/specialist area;
2. Education;
3. Consultation;
4. Leadership;
5. Research and development

Kotila J, Axelin A, Fagerström L, Flinkman M, Heikkinen K, Jokiniemi K, Korhonen A, Meretoja R, Suutarla A. (2015) Registered Nurses' new work models – quality for future social and health care services (In Finnish: Sairaanhoidajien uudet työnkuvat – laatua tulevaisuuden sote-palveluihin). Report: National workgroup for developing advanced practice nursing. Finnish Nursing Association, Helsinki.

GERMANY (APN)

Advanced Practice Nursing (APN) is an emerging concept. APN decision making at policy level is by and large guided by non-nursing professionals. Historically, there has been a lack of the need for advanced practice nurses, because of an oversupply of physicians in the nation (Sheer & Wong, 2008). Much of current nursing practice in Germany is based on hospital-based diploma training programs.

Due to the lack of a nationally standardized nursing role and education system, this becomes a strong disincentive not only for the advanced practice nurse role, but also the registered nurse role and scope of practice (Robinson & Griffiths, 2007). One federal state (out of 16) in Germany has a nursing board (DBfk 2016). Two other states are due to follow with the establishment of a nursing board (DBfk 2016).

However, since 2004 several national universities have commenced standardized nursing education at the bachelor degree level (Robinson & Griffiths, 2007). These post-registration educational courses allow nurses to specialize in specific subjects and are being offered as 2-year hospital based programs (Robinson & Griffiths, 2007). Another article by De Geest et al. (2008) stated that there is some movement suggesting that physicians and nurses are recognizing that there may be benefit in having nurses with advanced practice skills. Scope of practice is difficult to determine based on the variance of the individual hospital educational systems. The title 'Nursing Expert APN' is gaining popularity in Germany. Core concepts for proposed role are: direct patient care, patient education, nursing staff development and research, similar to the Clinical Nurse Specialist role in other countries.

http://www.vfp-apsi.ch/download/58/page/23760_dl_positionspapier-anp-dbfk-ogkv-sbk-2013-final.pdf

http://www.vfp-apsi.ch/download/58/page/23766_dl_2012%2010%2010%20%20def%20eckpunkte%20anp%20d%20x.pdf

<http://www.dnapn.de/wp-content/uploads/Positionspapier-des-Deutschen-Netzwerkes-APN-und-ANP%20off.pdf>

<http://econtent.hogrefe.com/doi/abs/10.1024/1012-5302.22.3.208>

- Special thanks to Daniela Lehwaldt for materials from Germany and Republic of Ireland.

HONG KONG (SAR PRC): Advanced Practice Nurse The Provisional Hong Kong Nursing Academy Accreditation Manual

Generic Framework with Seven Key Domains:

Domain 1: Managing clients with complex health problems;

Domain 2: Enhancing therapeutic nurse-client relationship;

Domain 3: Demonstrating effective leadership and team work;

Domain 4: Enhancing quality assurance and teamwork;

Domain 5: Managing and negotiating innovative and effective approaches to care delivery;

Domain 6: Enhancing professional attributes of general and advanced practice;

Domain 7: Enhancing personal attributes.

Hong Kong Domain specific competencies include:

Domain 1:

- Manages complete episode of care for complicated health cases and refers of care to own and other health professions;
- Plans and implements diagnostic strategies and therapeutic interventions to help clients with unstable and complex health care problems regain stability and restore health in collaboration with the client and a multidisciplinary team;
- Selects, may perform, and interprets common screening and diagnostic laboratory tests;
- Diagnoses and manages acute and chronic diseases while attending to the illness experience.

Domain 3:

- Demonstrates effective leadership and be able to exert influence in a group.

Domain 5:

- Employs appropriate diagnostic and therapeutic interventions and regimes for specific client groups with respect to safety, cost, acceptability, efficacy and cost-effectiveness.
- <http://www.hkan.hk/main/en/>. Hong Kong Academy of Nursing has 14 colleges representing different specialties.

IRELAND (ANP, AMP)

Advanced Practice Nursing

Advanced nursing practice in Ireland is carried out by Registered Advanced Nurse Practitioners (RANP) and Registered Advanced Midwife Practitioners (RAMP) who are autonomous, experienced practitioners who are competent, accountable and responsible for their own practice. They are highly experienced in clinical practice and are educated to master's degree level (or higher) in an area which reflects the specialist field of practice (educational preparation must include a substantial clinical modular component(s) pertaining to the relevant area of specialist practice) and have substantive hours at supervised advanced practice level (Nursing and Midwifery Board of Ireland, 2017 <https://www.nmbi.ie>).

Competency Domains for Advanced Practice Nursing

1. Professional Values and Conduct Competencies; 2. Clinical-Decision Making Competencies; 3. Knowledge and Cognitive Competencies; 4. Communication and Interpersonal Competences; 5. Management and Team Competences; 6 Leadership and Professional Scholarship Competences (Nursing and Midwifery Board of Ireland, Advanced Practice (Nursing) Standards and Requirements, 2017 <https://www.nmbi.ie/NMBI/media/NMBI/Advanced-Practice-Nursing-Standards-and-Requirements-2017.pdf?ext=.pdf>)

JAPAN (CNS)

Roles of a Certified Nurse Specialist (Master's certified)

A Certified Nurse Specialist fulfills the following roles with prominent competence in nursing practice in a specific area of nursing.

Practice: Outstanding level of nursing practice in care of individual, family or group

Consultation: Consultation for care providers including nursing care providers

Coordination: Coordination of people involved in health, healthcare and welfare to ensure smooth delivery of necessary care

Ethical coordination: For resolution of ethical issues or dilemmas as a right of the individual, family or group

Education: Educational role for nursing care providers to improve their level of care

Research: Research activities at the place of practice for the purpose of development and advancement of specialized knowledge and skills.

Certified Nurse Specialist System (Page 7 of the PDF)

Purpose of the system

The system aims to advance studies of nursing as well as to contribute to the advancement of health, healthcare and welfare by providing society with certified nurse specialist that have gained in-depth knowledge and skills in a specific area of nursing, so that a high level of nursing care can be provided efficiently to individuals, families and groups that face complex and difficult-to-resolve nursing care issues.

MACAU (Special Administration Region, Peoples Republic of China (CNS))

Among the titles and role of APNs, it was viewed that the clinical nurse specialist (CNS) role should be the current focus, as this role was already present in Mainland China and Macao. Mostly, the CNS role involves providing direct nursing service to patients as well as being an educator, collaborator, researcher, consultant, and administrator.

For nurses who are appointed by the Health Bureau, Macao Government, career development is divided into six categories, as nurse of Grade I, Senior Nurse, Nurse Specialist, Senior Nurse Specialist, Head Nurse, and Nurse Supervisor. A nursing career includes two areas of action, *the provision of health care and management*. The categories of nurse of Grade I, Senior Nurse, Nurse Specialist and Senior Nurse Specialist majorly provide direct health care, and head nurse and nurse supervisor deal with management. Nurse Specialist and Senior Nurse Specialist should be viewed as CNS.

No official document can be found to describe the competencies of CNS. In this mapping exercise, the competencies are only described indirectly through the duties and functional content of them. Since Senior Nurse Specialist is assigned inherent functions of the category of Nurse Specialist, and Nurse Specialist is assigned inherent functions of the category of nurse of Grade I and Senior nurse, for describing the competencies of CNS, the category of Nurse of Grade I, Senior Nurse, Nurse Specialist and Senior nurse specialist should be included.

Duties and Functional contents of the categories of nurse specialists and senior nurse specialists in Nursing Career Regime, Macao

Macao is one of Special Administrative Region of the People's Republic of China. For nurses who are appointed by Health Bureau, Macao Government, career development is divided into six categories, as nurse, senior nurse, nurse-specialist, senior nurse-specialist, head nurse, and nurse supervisor.

Nurse - Grade I

- 1.1 Assess the nursing care needs of individuals, families and communities
- 1.2 Plan and provide nursing care
- 1.3 Implement the nursing care plan in establishing trust among the individual, families and the communities and integrate educational activities to promote self-care and public health
- 1.4 Evaluate nursing care provided, recording data and analyzing the factors that contribute to the results obtained
- 1.5 Using the results of studies and research for nursing care improvements
- 1.6 Collaborate with other services in providing nursing care training

Senior nurse

- 2.1 Guide and coordinate teams to provide nursing care
- 2.2 Conduct and participate in research aimed at improving nursing care
- 2.3 Collaborate in basic and vocational training for nurses of grade I
- 2.4 Collaborate in assessing nurses and health care personnel of their unit #
- 2.5 Be designated to replace the head nurse during her/his absence or inability to act when superior nurse is not available #

Nurse-specialist

The nurse-specialist is assigned the duties of the category of senior nurse, and the following functions:

- 3.1 Plan, provide and evaluate nursing care with greater complexity that involves specialized training
- 3.2 Provide specialized nursing care to individual, families and communities during crisis
- 3.3 Conduct and participate in research within their expertise
- 3.4 Collaborate with other services in training nurses and other health care personnel within the health care unit
- 3.5 Be designated to replace the head nurse during her/his absence or inability to act when superior nurse is not available. #

Senior nurse specialist

The senior nurse specialist is assigned inherent functions of the category of nurse-specialist, and also the following functions:

- 4.1 Provide opinions on location, facilities, equipment, personnel and organization within the unit of their expertise
- 4.2 Responsible for training of nurses and other health care personnel and collaborate with the head nurse in planning annual activity
- 4.3 Prepare reports of in-service training
- 4.4 Promote and collaborate in defining or updating nursing care standards and criteria

4.5 Be designated to replace the head nurse during her/his absence or inability to act #

Note: # item cannot be included in Strong Model

Reference

Printing Bureau, Government of Macao Special Administrative Region. Nursing Career Regime (Chinese and Portuguese version). Available: <http://images.io.gov.mo/bo/i/2009/33/lei-18-2009.pdf>.

NETHERLANDS (NP)

The role of Advanced Practice Nurses in the Netherlands is the Nurse Practitioner. Introduction of this role started in 1997 (Storedur & Leonard, 2010). The Nurse Practitioner role in the Netherlands has been focally evaluated as alternatives for general practice physicians based on a general practitioner shortage (Dierick-van Daele, 2010; Stordeur & Leonard, 2010; Zwijnenberg & Bours 2012). According to Zwijnenberg & Bours (2012), on average Nurse Practitioners perform procedures on their patients 20% of the time. As such, they have additionally been seen as a possible route of increasing cost-effectiveness of healthcare in the Netherlands (Dierick-van Daele, 2010; Zwijnenberg & Bours 2012). The scope of practice for Dutch Nurse Practitioners primarily includes:

- Advanced assessment (Dierick-van Daele, 2010)
- Diagnosing and making decisions for further treatment (Dierick-van Daele, 2010)
- Prescriptive Authority (Dierick-van Daele, 2010; Pulcini, Jelic, Gul, & Loke, 2009; Sheer & Wong, 2008)
- Provision of procedures necessary for medication treatment (Zwijnenberg & Bours, 2012)
- Referrals to primary or secondary services (Dierick-van Daele, 2010)

NEW ZEALAND (NP): Nursing Council of New Zealand NP Competencies¹

The New Zealand Nursing council published a new scope of practice document in March of 2017.

“The competencies and elements:

1. align with the role and activities described in the new scope of practice
2. build and expand upon the competencies required for registered nurses and for nurse practitioners

3. apply across diverse practice settings and client populations.

The six competencies are organized into five themes which describe nurse practitioner practice. The themes are:

1. Provides safe and accountable advanced practice
2. Assesses, diagnoses, plans, implements and evaluates care
3. Works in partnership with health consumers
4. Works collaboratively with healthcare teams
5. Works to improve the quality and outcomes of healthcare”.

Nursing Council of New Zealand (2017) Competencies for the nurse practitioner scope of practice.

<http://www.nursingcouncil.org.nz/Nurses/Scopes-of-practice/Nurse-practitioner>

Nursing and Midwifery Board of Australia (NMBA) to adapt The nurse practitioner standards for practice (2014).

NORWAY (NP)

The materials from Norway in this document have been developed by Fagerström et al and they have included the following statement related to their materials:

PROFFNURSE SAS ©– *Norwegian* - PROFFNurse SAS²: The Professional Nurse Self-Assessment Scale of Clinical Core Competencies *** are not allowed to be copied without permission from Fagerström, Wangenstein, Finnbakk & Skovdal.

Competences of Nurse Practitioner (published by Lisbeth Fagerström (2011): Advanced practice nurse – theory and practice. Studentlitteratur, Lund (In Swedish; Norwegian version of the same book will be published in 2018):

1. Advanced clinical practice; 2. Ethical decision making; 3. Education, coaching and guidance; 4. Consultation; 5. Cooperation; 6. Case management; 7. Leadership; 8. Research and development

SCOTLAND

Advanced Level Nursing: A Position Statement DH 2010

- 1.1 Practice autonomously and are self-directed;
- 1.8 Appropriately define the boundaries of their practice;
- 2.3 Are resilient and determined and demonstrate leadership in contexts that are unfamiliar, complex and unpredictable;
- 4.1 Actively seek and participate in peer review of their own practice.

In supporting the Development of Advanced Nursing Practice, the Scottish Government (2008) Advanced Practice is a 'Level of Practice' rather than a role or title:

- Advanced Practice in Nursing can be broadly defined by the International Council of Nurses (2001) definition;
- The NMC definition (2005) articulates the clinical 'advanced nurse practitioner' role within the UK context;
- Advanced Practice is shown across four key themes:
 - Advanced Clinical/Professional Practice
 - Facilitating Learning
 - Leadership/Management
 - Research
- These themes are underpinned by:
 - Autonomous Practice
 - Critical Thinking,
 - High Levels of Decision Making & Problem Solving,
 - Values-Based care, and
 - Improving Practice.
- The skills and knowledge base for Advanced Practice are influenced by the context in which individuals practice.

The 'advanced' role profile is characterized by high levels of clinical skill, competence and autonomous decision-making and reflects a particular benchmark on the career development ladder, as exemplified in the Career Framework for Health (Skills for Health, 2006) and Scottish Government, 2009.

SINGAPORE

The scope of practice of APN entails the cognitive, integrative and technical abilities of the qualified nurse to put into practice ethical and safe acts, procedures, protocols and practice guidelines. The clinical practice of the APN is scientifically based and applicable to health care practice in primary, secondary and tertiary settings. The role also encompasses the dimensions of patient and peer education, mentorship, clinical leadership, and includes the responsibility to translate, utilize and undertake meaningful research to advance and improve nursing practice.¹

Scope of Practice

“The scope of practice of APN entails the cognitive, integrative and technical abilities of the qualified nurse to put into practice ethical and safe acts, procedures, protocols and practice guidelines. The clinical practice of the APN is scientifically based and applicable to health care practice in primary, secondary and tertiary settings. The role also encompasses the dimensions of patient and peer education, mentorship, clinical leadership, and includes the responsibility to translate, utilize and undertake meaningful research to advance and improve nursing practice”.

(Adapted from the International Council of Nurses definition of scope of practice of APN)

Specialised Branch of Nursing

APNs are currently certified in these four specialties: acute, medical/ surgical care, community and mental health.

Acute care APNs practise in the intensive care units and emergency departments;

Medical/ surgical APNs can function in general and specialised clinical settings such as oncology, gerontology, cardiology and neurology;

Community APNs care for patients with common acute conditions & chronic conditions at the polyclinics and the community;

Mental health APNs can function in both inpatient and outpatient psychiatric settings.

http://www.healthprofessionals.gov.sg/content/hprof/snb/en/leftnav/advanced_practice_nurse.html

Taken from the Singapore Nursing Board website.

SPAIN (NP)

The reality of APN in our country is diverse since healthcare competencies were transferred years ago from central government to each one of the 17 autonomous regions of Spain. With 17 independent healthcare systems, the APN development has been completely uneven, being Andalusia the leading region in APN role implementation, especially in the case management context. Other developments also exist, but there is a long way to go until formal recognition and proper master level APN programs are commonplace in our country. No formal APN recognition do exist at central government level at this time.

Due to this, a Spanish general APN model has been developed and validated based on exhaustive literature (with a special focus on competency maps from grey literature) and main APN frameworks and scales review. Proper EFA and CFA leaded us to 8 APN-related competency domains that include: 1- *Research and Evidence Based Practice*; 2- *Clinical and Professional Leadership*; 3- *Professional Autonomy*; 4- *Inter-Professional Relations and Mentoring*; 5- *Quality Management*; 6- *Care Management*; 7- *Professional Teaching and Education*; 8- *Health Promotion*

Sastre-Fullana, P., Pedro-Gómez, D., Bennasar-Veny, M., Serrano-Gallardo, P., & Morales-Asencio, J. M. (2014). Competency frameworks for advanced practice nursing: a literature review. *International nursing review*, 61(4), 534-542.

Sastre-Fullana, P., De Pedro-Gómez, J. E., Bennasar-Veny, M., Fernández-Domínguez, J. C., Sesé-Abad, A. J., & Morales-Asencio, J. M. (2015). Consenso sobre competencias para la enfermería de práctica avanzada en España. *Enfermería Clínica*, 25(5), 267-275.

Sastre-Fullana, P., Morales-Asencio, J. M., Sesé-Abad, A., Bennasar-Veny, M., Fernández-Domínguez, J. C., & De Pedro-Gómez, J. (2017). Advanced Practice Nursing Competency Assessment Instrument (APNCAI): clinimetric validation. *BMJ open*, 7(2), e013659.

The competencies are currently under review by the National Council of Nurses in Spain

The materials from Spain in this document have been developed by Pedro Sastre-Fullana et al and cannot be copied without permission.

These materials were developed as a component of Mr. Sastre-Fullana's Dissertation Project.

SWITZERLAND: (CNS)

The **definition** of Advanced Nursing Practice is adapted to the definition of the ICN, 2002. The Swiss model of Advanced Nursing Practice is adapted to the framework of Hamric, Spross, Hanson (2014). The following description based on the framework of Hamric, Spross, Hanson (2014).

Primary criteria: Five years of general nurse experience plus graduate education e.g. Master of Science (Nursing) or doctoral degree, Practice focus on family/ patient. Minimum of 2 years nursing experience in a specialty.

Elements of the role APN

1. Responsibility, 2. Decision making, 3. Coordination and organization of health services, 4. Development of nursing practice and research

Central competency

Direct clinical practice: The APN dispose of practical experiences to be able to work in different roles in a interprofessional team (Hamric, Spross, Hanson, 2014).

Direct clinical Practice means: formation of therapeutic partnership with patients, Expert clinical thinking and skillful performance, use of reflective practice, use of evidence as a guide to practice, use of diverse approaches to health and illness management (Assessment & screening), use of a holistic perspective.

Core competencies

1. Collaboration, 2. Clinical and professional Leadership, 3. Coaching & Guidance, 4. Ethical decision-making, 5. Evidence based Nursing/Research, 6. Consultation

Swiss Association of Nursing Science (Edt.) (2012). Advanced Practice Nursing Position Paper for the german speaking Nursing Associations (DBfK, ÖGKV, SBK). Retrieved: http://www.vfp-apsi.ch/download/58/page/23766_dl_2012%2010%2010%20%20def%20eckpunkte%20anp%20d%20x.pdf (02.07.2017).

UNITED STATES OF AMERICA: (CNS, NP, CNM, CRNA)

Advanced Practice Registered Nurses (APRNs) in the United States include Clinical Nurse Specialists, Nurse Practitioners, Nurse-midwives, and Nurse Anesthetists. APRNs are educated in one of the four roles and in at least one of six population foci: family, adult-gerontology, pediatrics, neonatal, women's health or psych/mental health. APRN education is nationally accredited requiring a degree either at the masters or doctoral level, and graduates must be eligible for national certification used for state licensure. Each state independently determines the APRN legal scope of practice, the roles that are recognized, the criteria for entry-into advanced practice and the certification examinations accepted for entry-level competence assessment (APRN Consensus Work Group and the NCSBN APRN Advisory Committee, 2008).

Clinical Nurse Specialist: Scope of Practice/Role

Clinical nurse specialists (CNS) are experts in a particular specialty, such as population, type of problem, setting, type of care, or disease and work in any number of settings. CNSs provide leadership in clinical expertise, nursing practice, and systems innovation. CNSs diagnose, develop plans of care for, treat, and provide ongoing management of complex patients. In many states, the CNS can prescribe medications, and durable medical equipment and therapies. They also provide expertise and support to bedside nurses, help drive practice changes throughout the organization, and ensure the use of best practices and evidence-based care to achieve the best possible patient outcomes. CNSs have the skills and expertise to identify gaps in health care delivery and the expertise to help design, implement, assess and evaluate health care interventions to improve health care delivery and outcomes (National Association of Clinical Nurse Specialists, 2017)

Clinical Nurse Specialist: Competency Domains

1. Direct Care Competency, 2. Consultation Competency, 3. Systems Leadership Competency, 4. Collaboration Competency, 5. Coaching Competency, 6. Research Competency, 7. Ethical Decision-Making, Moral Agency and Advocacy Competency

(NACNS – National CNS Competency Task Force (2010) *Clinical Nurse Competencies: Executive Summary*; 2006 – 2008. Retrieved from <http://www.nacns.org/eocs/CNSCoreCompetenciesBroch.pdf>

Nurse Practitioner: Scope of Practice/Role

Nurse practitioners (NPs) are licensed, independent practitioners who practice in ambulatory, acute and long-term care as primary and/or specialty care providers. Nurse practitioners assess, diagnose, treat, and manage acute episodic and chronic illnesses. NPs are experts in health promotion and disease prevention. They order, conduct, supervise, and interpret diagnostic and laboratory tests, prescribe pharmacological agents and non-pharmacologic therapies, as well as teach and counsel patients, among other services. As licensed, independent clinicians, NPs practice autonomously and in coordination with health care professionals and other individuals. They may serve as health care researchers, interdisciplinary consultants, and patient advocates. NPs provide a wide-range of health care services to individuals, families, groups, and communities (American Academy of Nurse Practitioners, 2017).

Nurse Practitioner: Core Competencies

1. Scientific Foundation Competencies, 2. Leadership Competencies, 3. Quality Competencies, 4. Practice Inquiry Competencies, 5. Technology Information Literacy Competencies, 6. Policy Competencies, 7. Health Delivery System Competencies, 8. Ethics Competencies, 9. Independent Practice Competencies (National Organization of Nurse Practitioner Faculty, 2017 Retrieved from http://c.ymcdn.com/sites/www.nonpf.org/resource/resmgr/competencies/2017_NPCoreComps_with_Curric.pdf)

Certified Nurse-Midwife Role and Scope of Practice

Midwifery practice as conducted by certified nurse-midwives (CNM) is the independent management of women's health care, focusing particularly on pregnancy, childbirth, the post-partum period, care of the newborn, and the family planning and gynecologic needs of women. CNMs assume responsibility for the provision of and referral to appropriate health care services, including prescribing, administering, and dispensing of pharmacologic agents. The CNM practices within a health care system that provides for consultation, collaborative management, or referral, as indicated by the health status of the client (American College of Nurse-Midwives, 2012).

Certified Registered Nurse Anesthetists: Nurse Anesthesia Scope of Practice/Role

Certified Registered Nurse Anesthetists (CRNA) are licensed as independent practitioners and practice both autonomously and in collaboration with a variety of health providers on the interprofessional team to deliver high-quality, holistic, evidence-based anesthesia and pain care services. Nurse anesthetists care for patients at all acuity levels across the lifespan in a variety of settings for procedures including, but not limited to, surgical, obstetrical, diagnostic, therapeutic, and pain management. Nurse anesthesia practice may include, but is not limited to, these elements: performing a comprehensive history and physical; conducting a preanesthesia evaluation; obtaining informed consent for anesthesia; developing and initiating a patient-specific plan of care; selecting, ordering, prescribing and administering drugs and controlled substances; and selecting and inserting invasive and noninvasive monitoring modalities. CRNAs provide acute, chronic and interventional pain management services, as well as critical care and resuscitation services; order and evaluate diagnostic tests; request consultations; and perform point-of-care testing. CRNAs plan and initiate anesthetic techniques, including general, regional, local, and sedation. Anesthetic techniques may include the use of ultrasound, fluoroscopy and other technologies for diagnosis and care delivery, and to improve patient safety and comfort. Nurse anesthetists respond to emergency situations using airway management and other techniques; facilitate emergence and recovery from anesthesia; and provide post-anesthesia care, including medication management, conducting a post-anesthesia evaluation, and discharge from the post-anesthesia care area or facility (American Association of Nurse Anesthetists, 2013).

Wales: Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales (2010)

Definition: “A role, requiring a registered practitioner to have acquired an expert knowledge base, complex decision-making skills and clinical competencies for expanded scope of practice, the characteristics of which are shaped by the context in which the individual practices. Demonstrable, relevant Masters level education is recommended for entry level”, and developing higher levels of autonomy.

Advanced Practice Portfolio (NHS Wales/National Leadership and Innovation Agency for healthcare). “Aim to assist advanced practitioners engaged in research, education, management, leadership and clinical activity in the development of a portfolio of evidence that demonstrates advanced level practice”. Designed to be used in annual appraisal for professional development.

Table of Comparison of the Strong Model of Advanced Practice Nursing (Mick & Ackerman, 2000) with the International Council of Nurses Scope of Practice, Standards and Competencies of the Advanced Practice Nurse (ICN/ Goodyear, 2008)

<p style="text-align: center;">STRONG MODEL OF ADVANCED PRACTICE NURSING</p> <p style="text-align: center;">Mick & Ackerman, 2000</p>		<p style="text-align: center;">SCOPE OF PRACTICE, STANDARDS AND COMPETENCIES OF THE ADVANCED PRACTICE NURSE</p> <p style="text-align: center;">ICN/ Dr. Rosemary Goodyear, 2008</p>
<p style="text-align: center;">Strong 1. DIRECT COMPREHENSIVE CARE</p>	<p style="text-align: center;">COUNTRIES</p>	
<p>1. Conduct and document patient history and physical examination.</p>	<p>AUSTRALIA (2014) Assesses diagnostic capability <i>Conducts comprehensive, relevant and holistic health assessment. (6 Cues)</i> -Demonstrates extensive knowledge of human sciences and health assessment; -Demonstrates comprehensive and systematic skill in obtaining relevant, appropriate and accurate data that inform differential diagnoses; -Assess the complex and/or unstable health care needs of the person receiving care through synthesis and prioritization of historical and available data; -Assesses the impact of comorbidities, including the effects</p>	<p>-Participates in policy and system development to increase the levels of confidentiality and security of written verbal and electronic information acquired in a professional capacity.</p> <p>-Gathers accurate and relevant objective and subjective data for client assessment using multiple data collection strategies and</p>

	<p>of co-existing, multiple pathologies and prior treatments in the assessment of the person receiving care;</p> <ul style="list-style-type: none"> -Demonstrates comprehensive skill in clinical examination including physical, mental health social, ethic and cultural dimensions; -Consistently and accurately synthesizes and interprets assessment information, specifically history, including prior and treatment outcomes, physical findings and diagnostic data to -identify normal, at risk and abnormal states of health; <p>Critically evaluates the impact of social determinants on the person and population. (NMBA, 2014, p.3).</p> <p>BOTSWANA</p> <ul style="list-style-type: none"> -Consults and examines patients. Practices independently to comprehensively consult and examine patients -Utilizes critical thinking and clinical decision-making skills to make diagnosis and continuously refines and updates it through subsequent assessment of the patients, -Analyzes assessment data, laboratory and radiographic results and information documented about the patient by other members of the health team to derive client problems. -Refers patients to Medical Practitioners for further investigations as necessary. <p>CANADA (NP)</p> <ul style="list-style-type: none"> -Performs a focused health assessment and/or an advanced comprehensive health assessment, using and adapting assessment tools and techniques based on client needs and relevance to client stage of life. 	<p>information sources, ordering diagnostic tests and procedures as permitted in the scope of advanced nursing practice and legislation.</p>
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	<p>- Performs a complete or focused physical examination, and identifies and interprets normal and abnormal findings as appropriate to client presentation.</p> <p>CANADA (CNS) -Develops multiple advanced assessment and intervention strategies within a client-centered framework for individual clients, communities and populations.</p> <p>FINLAND -Systemic health assessment (health history and physical assessment)</p> <p>HONG KONG (APN) -Rapidly assesses client’s unstable and complex health care problems through synthesis and prioritization of historically and immediately derived data.</p> <p>IRELAND (NP & Advanced Midwife) -Performs a nursing/midwifery assessment, plans and initiates care and treatment modalities within agreed interdisciplinary protocols to achieve patient/client-centered outcomes and evaluates their effectiveness. -Direct care comprises the assessment, planning, delivery and evaluation of care to patients and their families. Indirect care relates to activities that influence others in their provision of direct care.</p> <p>MACAO -Assess the nursing care needs of individuals, families and communities.</p>	
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	<p>NEW ZEALAND Conducts comprehensive assessments and applies diagnostic reasoning to identify health needs/problems and diagnoses.</p> <ul style="list-style-type: none"> -Completes a comprehensive health history relevant and appropriate to the client's presentation. -Actively explores the health consumer's concerns, preferences, health behaviors, attitudes and priorities using a strengths-based health promotion focus and risk identification to identify healthcare needs. -Identifies the level of assessment (focused or comprehensive) required and performs a systematic review based on the client's presenting condition and health history. <p>NORWAY</p> <ul style="list-style-type: none"> -I am independently responsible for health assessment (systematic physical examination), examinations and treatment of patients with complicated medical conditions. -I am independently responsible for health assessment (systematic physical examination), examinations and treatment of patients with uncomplicated medical conditions. -I assess patients' health needs by telephone. <p>SPAIN PROFESSIONAL AUTOMONY</p> <ul style="list-style-type: none"> -Obtains data regarding the context and aetiology (including factors that are related and unrelated to the disease) that are necessary to formulate differential 	
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	<p>diagnoses and care plans, and to identify and assess results.</p> <p>U.S.A. (NP) -Practices independently managing previously diagnosed and undiagnosed patients. -Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.</p> <p>U.S.A. (CNS) -Conducts comprehensive, holistic wellness and illness assessments using known or innovative evidence-based techniques, tools, and direct and indirect methods.</p>	
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<p>2. Assess psychosocial, cultural, and religious factors affecting patient needs.</p>	<p>AUSTRALIA Plans care and engages others <i>Educates and supports others to enable their active participation in care: (4 Cues)</i> -Respects the rights of the person to make informed decisions throughout their health/illness -Uses appropriate teaching/learning strategies to provide diagnostic information that is relevant, theory-based and evidence-informed -Communicates about health assessment findings and/or diagnoses, including outcomes and prognoses -works to meet identified needs for educating others regarding clinical and ongoing care</p> <p>BOTSWANA -Analyzes patient’s problems requiring advanced nursing interventions, and takes appropriate actions. -Determines the relative risk for individual patients on various drug interventions, and acts accordingly. -Prioritizes and assigns work to junior members of the nursing team and other health care personnel. -Provides essential advice and guidance to nurses involved in clinical work, to ensure quality in the delivery of nursing care services.</p> <p>CANADA (NP) -Performs a complete or focused health history appropriate to the client’s situation, including physical, psychosocial, emotional, ethnic, cultural and spiritual dimensions of health. -Incorporates knowledge of diversity, cultural safety and</p>	
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	<p>determinants of health in the assessment, diagnosis and therapeutic management of clients and in the evaluation of outcomes.</p> <p>-Incorporates knowledge of developmental and life stages, pathophysiology, psychopathology, epidemiology, environmental exposure, infectious diseases, behavioral sciences, demographics and family processes when performing health assessments, making diagnoses and providing overall therapeutic management.</p> <p>CANADA (CNS)</p> <p>-Analyze the complex interaction of sociological, psychological and physiological processes; determinants of health and clients' lived experience to develop, implement, evaluate and revise plans of care.</p> <p>FINLAND</p> <p>-Included in a systematic health assessment (health history and physical assessment)</p> <p>NEW ZEALAND</p> <p>Conducts comprehensive assessments and applies diagnostic reasoning to identify health needs/problems and diagnoses.</p> <p>-Completes a comprehensive health history relevant and appropriate to the client's presentation.</p> <p>Consistently involves the health consumer to enable their full partnership in decision making and active participation in care.</p> <p>-Works to establish a relationship with the health consumer</p>	
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	<p>that is characterised by mutual trust and respect, empathy and collaboration.</p> <ul style="list-style-type: none"> -Demonstrates respect for differences in cultural, social and developmental responses to health and illness, and incorporates health beliefs of the health consumer/community into care planning and implementation. <p>Initiates, and participates in, activities that support safe care, community partnership and population health improvements.</p> <ul style="list-style-type: none"> -Incorporates understanding of diversity, cultural safety and socio-economic determinants of health and uses cultural models of care when planning and providing healthcare services. <p>NORWAY</p> <ul style="list-style-type: none"> -I assess patients' symptoms. -I interpret, analyse and reach alternative conclusions about patients' health conditions after a detailed mapping of health history and health assessment (physical examination). -I apply both subjective and objective methods when examining, treating and caring for patients. -I take patients' mental health needs (mood swings, feelings of hopelessness, depression, etc.) into account when assessing and planning for the health and life situation of patients. -I take patients' spiritual health needs (feelings of meaninglessness, existential needs, beliefs, fear of death, etc.) into account when assessing and planning for the health and life situation of patients. 	
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	<p>-I take patients' physical health needs (illness, pain, disabilities, etc.) into account when assessing and planning for the health and life situation of patients.</p> <p>SPAIN Professional Autonomy -Diagnoses and manages acute and chronic diseases while addressing the patients' responses to their disease process.</p> <p>SWITZERLAND (CNS) 5. Evidence based nursing/ Research: Promoting the value and usefulness of evidence in decision making; demonstrating use of Evidence-based practice in delivery of direct clinical care and clinical consultation; fostering change in the organization to promote evidence-base care; evaluate the effectiveness of care after implementation of the practice change from the caregivers and patient's perspective. 6. Consultation: Improve care delivery processes and patient outcomes; enhance health care delivery systems; extend the knowledge available to solve clinical problems; foster the ongoing professional development of the consultee.</p> <p>U.S.A (NP) -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. -Provides patient-centered care recognizing, cultural diversity and the patient or designee as a full partner in</p>	
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	<p>decision-making.</p> <ul style="list-style-type: none"> -Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration. -Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust and respect. -Incorporates the patient’s cultural and spiritual preferences, values, and beliefs into health care. <p>U.S.A. (CNS)</p> <ul style="list-style-type: none"> -Obtains data about context and etiologies (including both non-disease and disease-related factors) necessary to formulate differential diagnoses and plans of care, and to identify and evaluate of outcomes. -Assesses the effects of interactions among the individual, family, community, and social systems on health and illness. 	
<p>3. Make a medical diagnosis within specialty scope of practice and practice guidelines.</p>	<p>AUSTRALIA AUSTRALIA Assesses using diagnostic capability <i>Applies diagnostic reason to formulate diagnoses (4 Cues)</i></p> <ul style="list-style-type: none"> -synthesises knowledge of developmental and life stages, epidemiology, pathophysiology, behavioral sciences, psychopathology, environmental risks, demographics and societal processes when making a diagnosis; -considers the person’s expectations of assessment, diagnosis and cost of health care; 	<p>Draws on knowledge within nursing and across other disciplines and best available evidence to provide a rationale for APN decisions and interventions.</p> <p>Integrates scientific knowledge, best available evidence and expert judgment to guide and advance practice.</p>

	<p>-acts to prevent and/or diagnose urgent and emergent and life-threatening situations; -determines clinical significance in the formulation of an accurate diagnosis from an informed set of differential diagnoses through the integration of the person’s history and best available evidence.</p> <p>BOTSWANA -Undertakes periodic visits to other health care facilities within the region. -Conducts clinic and consults referred patients; -Prescribes treatment for patients; -Makes appropriate referrals of patients to other health care personnel in line with the national referral policy; -Utilizes critical thinking and clinical decision-making skills to make diagnosis and continuously refines and updates it through subsequent assessment of the patients.</p> <p>CANADA (NP) -Synthesizes health assessment information using critical inquiry and clinical reasoning to diagnose health risks and states of health/illness. -Formulates differential diagnoses through the integration of client information and evidence-informed practice. -Diagnoses diseases, disorders, injuries and conditions, and identifies health needs, while considering the client’s response to the health/illness experience.</p> <p>CANADA (CNS) -Synthesizes the assessment data using advanced</p>	<p>Applies critical thinking, clinical reasoning and expert judgement to decision-making in complex areas of practice and across a range of professional and care delivery contexts.</p>
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knowledge, experience, critical thinking, clinical inquiry and clinical judgment to develop a plan of care.

ENGLAND

-Have a health promotion and prevention orientation, and comprehensively assess patients for risk factors and early signs of illness.

FINLAND

-Synthesizes the collected data using theoretical knowledge, clinical skills, personal experiences and intuition; differential diagnostic reasoning, critical thinking.

HONG KONG (APN)

-Diagnoses and manages acute and chronic diseases, while attending to the illness experience.

-Diagnoses unstable and complex health care problems utilizing collaboration and consultation with the multidisciplinary health care team, as indicated by setting, specialty, and individual knowledge and experience.

NETHERLANDS (NP)

Clinical practice

-The nurse practitioner possesses adequate knowledge and skills that match the knowledge level of the specialism they work in.

-Within the specialism concerned, the nurse practitioner applies the diagnostic, therapeutic and preventative arsenal in an evidence-based manner where possible. In doing this, the NP makes use of a combination of nursing and medical methods. In addition, the NP can independently indicate and perform reserved medical procedures.

	<p>-The nurse practitioner provides effective, efficient and ethically responsible patient care.</p> <p>-Based on the patient's care needs, the nurse practitioner provides both 'cure' and 'care' to facilitate the continuity and quality of the nursing care and the medical treatment, the patient's ability to manage his or her own care, and his quality of life.</p> <p>NEW ZEALAND Conducts comprehensive assessments and applies diagnostic reasoning to identify health needs/problems and diagnoses.</p> <p>-Demonstrates comprehensive skill in obtaining and interpreting data that informs clinical judgment and differential diagnosis including prior treatment outcomes, physical findings and test results.</p> <p>-Applies analysis, clinical reasoning and problem solving to assessment findings and synthesizes clinical and human science knowledge to develop differential diagnoses.</p> <p>-Formulates an accurate diagnosis from an informed set of differential diagnoses using clinical reasoning and best available evidence.</p> <p>-Demonstrates a high level of clinical proficiency in managing common and complex client situations, and acts to prevent and/or diagnose urgent, emergent, emergent or life-threatening situations.</p> <p>NORWAY [I] Exclude differential diagnoses when assessing patients' health conditions.</p>	
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	<p>SCOTLAND</p> <ul style="list-style-type: none"> -Decision making/clinical judgment and problem solving. -Critical thinking and analytical skills incorporating critical reflection. -Assessment, diagnosis, referral. -Discharge. -Development of advanced psychomotor skills. <p>SPAIN</p> <p>Professional Autonomy</p> <ul style="list-style-type: none"> -Diagnoses complex, unstable health problems by collaborating and consulting with the multidisciplinary health care team as indicated by the context, the specialty and individual knowledge and experience. <p>SWITZERLAND (CNS)</p> <ul style="list-style-type: none"> -Evidence based nursing/ Research: promoting the value and usefulness of evidence in decision making; demonstrating use of -Evidence-based practice in delivery of direct clinical care and clinical consultation; fostering change in the organization to promote evidence-base care; evaluate the effectiveness of care after implementation of the practice change from the caregivers and patient’s perspective. <p>U.S.A. (NP)</p> <ul style="list-style-type: none"> -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. -Employs screening and diagnostic strategies in the 	
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	<p>development of diagnoses. -Manages the health/illness status of patients and families over time.</p> <p>U.S.A. (CNS) -Employs evidence-based clinical practice guidelines to guide screening and diagnosis.</p> <p>-Synthesizes assessment data, advanced knowledge and experience, using critical thinking and clinical judgment to formulate differential diagnoses for clinical problems amenable to CNS intervention. -Prioritizes differential diagnoses to reflect those conditions most relevant to signs, symptoms and patterns amenable to CNS interventions.</p> <p>WALES -Decision making/clinical judgment and problem solving. -Critical thinking and analytical skills incorporating critical reflection. -Assessment, diagnosis, referral. -Discharge. -Development of advanced psychomotor skills.</p>	
<p>4. Identify and initiate required diagnostic tests and procedures</p>	<p>AUSTRALIA Assesses using diagnostic capability <i>Conducts comprehensive relevant and holistic assessment.</i> <i>(5 Cues)</i> -Makes decisions about the use of person-focused diagnostic investigations that are informed by clinical finding and research evidence</p>	<p>Delivers care consistent with professional guidelines, standards, policies, protocols and procedures applicable to advanced nursing practice. Implements procedures, treatments and interventions</p>

	<ul style="list-style-type: none"> -Demonstrates accountability in considering access, cost, clinical efficacy and informed decision of the person receiving care when ordering diagnostic investigations -Orders and/or performs selected screening and diagnostic investigations -Is responsible and accountable for the interpretation of results and for following-up the appropriate course of action - Uses effective communication strategies to inform the person receiving care and relevant health professionals of the health assessment findings and diagnoses. <p>BOTSWANA</p> <ul style="list-style-type: none"> -Identifies and orders laboratory and radiographic tests, interprets results and correlates them with information documented about the patient by other members of the health team to derive client problems. <p>CANADA (NP)</p> <ul style="list-style-type: none"> -Orders and/or performs screening and diagnostic investigations, interprets results using evidence-informed clinical reasoning and critical inquiry, and assumes responsibility for follow-up. <p>CANADA (CNS)</p> <ul style="list-style-type: none"> -Uses clinical inquiry to identify the need for reassessment match intervention to etiology and choose appropriate methods to evaluate outcomes. <p>FINLAND</p> <ul style="list-style-type: none"> -Synthesizes the collected data using theoretical 	<p>that fall within the legal authority, scope of extended practice and are in accordance with nursing and best practice standards.</p>
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	<p>knowledge, clinical skills, personal experiences and intuition; differential diagnostic reasoning, critical thinking.</p> <p>HONG KONG (APN)</p> <ul style="list-style-type: none"> -Plans and implements diagnostic strategies and therapeutic interventions to help clients with unstable and complex health care problems regain stability and restore health in collaboration with the client and multidisciplinary health care team. -Selects, may perform, and interprets common screening and diagnostic laboratory tests. -Employs appropriate diagnostic and therapeutic interventions and regimens for specific client groups with attention to safety, cost, acceptability, efficacy and cost-effectiveness. <p>IRELAND (NP & Advanced Nurse Midwife)</p> <ul style="list-style-type: none"> -Performs a nursing/midwifery assessment, plans and initiates care and treatment modalities within agreed interdisciplinary protocols to achieve patient/client-centered outcomes and evaluates their effectiveness. <p>NETHERLANDS (NP)</p> <p>Clinical practice</p> <ul style="list-style-type: none"> -The nurse practitioner possesses adequate knowledge and skills that match the knowledge level of the specialism he or she works in. -Within the specialism concerned, the nurse practitioner applies the diagnostic, therapeutic and preventative arsenal in an evidence-based manner where possible. In doing this they make use of a combination of nursing and medical 	
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methods. In addition, they can independently indicate and perform reserved medical procedures.

NEW ZEALAND

Conducts comprehensive assessments and applies diagnostic reasoning to identify health needs/problems and diagnoses.

-Orders or performs diagnostic investigations using evidence to support or rule out diagnoses.

NORWAY

-I utilise medical equipment in an appropriate and accurate manner.

-I make my own decisions in my work.

SPAIN

Professional Autonomy

-Requests, carries out, and interprets the results of customary screen and diagnostic tests.

SWITZERLAND (CNS)

-Evidence based nursing/ Research: promoting the value and usefulness of evidence in decision making; demonstrating use of -Evidence-based practice in delivery of direct clinical care and clinical consultation; fostering change in the organization to promote evidence-base care; evaluate the effectiveness of care after implementation of the practice change from the caregivers and patient's perspective.

	<p>U.S.A. (NP) -Employs screening and diagnostic strategies in the development of diagnoses.</p> <p>U.S.A. (CNS) -Employs evidence-based clinical practice guidelines to guide screening and diagnosis. -Prescribes nursing therapeutics, pharmacologic and non-pharmacologic interventions, diagnostic measures, equipment, procedures, and treatments to meet the needs of patients, families and groups, in accordance with professional preparation, institutional privileges, state and federal laws and practice acts.</p>	
<p>5. Gather and interpret assessment data to formulate plan of care.</p>	<p>AUSTRALIA Plans Care and Engages Others <i>Translates and integrates evidence into planning care (3 Cues).</i> -Takes personal responsibility to critically evaluate and integrate relevant research findings into decision making about health care management and interventions. -Ethically explores therapeutic options considering implications for care through the integration of assessment information, the person’s informed decision, and best available evidence. -Is proactive and analytical in acquiring new knowledge related to nurse practitioner practice.</p>	<p>Applies advanced clinical reasoning, judgment and in-depth knowledge to derive a differential diagnosis and determine a comprehensive care plan.</p> <p>Maintains a current, accurate care plan and related records.</p>

	<p>BOTSWANA</p> <ul style="list-style-type: none"> -Sets short-term and long-term objectives which are realistic in-terms of the individual patient’s prognosis and feasibility in terms of material resources and in compliance with standards for nursing practice, and established patient care standards. -Determines nursing procedures and protocols to be followed by other nurses for effective management of each of the different patient problems, relevant to the clinical area of specialization -Prescribes medications and other therapeutic regimen to treat common acute and chronic illnesses in line with the national guidelines and protocols. -Makes appropriate referrals of patients to other health care personnel in line with the national referral policy. <p>CANADA (NP)</p> <ul style="list-style-type: none"> -Prescribes pharmacotherapy based on the client’s health history, disease, disorder, condition and stage of life, and individual circumstances. -Applies knowledge of pharmacotherapy and evidence-informed practice in prescribing, monitoring and dispensing drugs. -Prescribes and/or dispenses drugs in accordance with provincial, territorial and/or federal standards and legislative requirements. -Uses an evidence-informed approach in the selection or consideration of complementary and alternative therapies, and considers the benefits and risks to clients’ health and safety. -Assesses, identifies and critically analyzes information 	
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	<p>from a variety of sources to determine client and/or population trends and patterns that have health implications.</p> <ul style="list-style-type: none"> -Incorporates knowledge of the clinical manifestations of normal health events, acute illness/ injuries, chronic diseases, comorbidities and emergency health needs, including the effects of multiple etiologies in the assessment, diagnosis and therapeutic management of clients and in the evaluation of outcomes. <p>CANADA (CNS)</p> <ul style="list-style-type: none"> -Synthesizes the assessment data using advanced knowledge, experience, critical thinking, clinical inquiry and clinical judgment to develop a plan of care. -Designs care plans for clients with highly complex and often unpredictable needs. <p>FINLAND</p> <ul style="list-style-type: none"> -Synthesizes the collected data using theoretical knowledge, clinical skills, personal experiences and intuition; differential diagnostic reasoning, critical thinking, and thereafter design a person-centered care plan. <p>HONG KONG (APN)</p> <ul style="list-style-type: none"> -Manages complete episode of care for complicated health cases and refers aspects of care to own and other professions. -Provides case management services to meet multiple client health care needs. <p>IRELAND (NP & Advanced Midwife)</p>	
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	<ul style="list-style-type: none"> -The person must be a registered nurse or midwife. -The person must be registered in the division in which the application is being made. In exceptional circumstances which must be individually appraised, this criterion may not apply. <p>JAPAN (CNS)</p> <ul style="list-style-type: none"> -Consultation: Consultation for care providers including nursing care providers -Coordination: Coordination of people involved in health, healthcare and welfare to ensure smooth delivery of necessary care. <p>MACAO</p> <ul style="list-style-type: none"> -Plan and provide nursing care -Plan, provide and evaluate nursing care, which is greater complexity that involves specialized training. <p>NETHERLANDS (NP)</p> <p>Clinical practice</p> <ul style="list-style-type: none"> -The nurse practitioner possesses adequate knowledge and skills that match the knowledge level of the specialism they work in. -The nurse practitioner provides effective, efficient and ethically responsible patient care. -Based on the patient's care needs, the nurse practitioner provides both 'cure' and 'care' to facilitate the continuity and quality of the nursing care and the medical treatment, the patient's ability to manage his or her own care, and his quality of life. 	
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	<p>NEW ZEALAND Conducts comprehensive assessments and applies diagnostic reasoning to identify health needs/problems and diagnoses.</p> <ul style="list-style-type: none"> -Demonstrates comprehensive skill in obtaining and interpreting data that informs clinical judgement and differential diagnosis including prior treatment outcomes, physical findings and test results. -Applies analysis, clinical reasoning and problem solving to assessment findings and synthesises clinical and human science knowledge to develop differential diagnoses. -Formulates an accurate diagnosis from an informed set of differential diagnoses using clinical reasoning and best available evidence. -Demonstrates a high level of clinical proficiency in managing common and complex client situations, and acts to prevent and/or diagnose urgent, emergent or life threatening situations. <p>NORWAY</p> <ul style="list-style-type: none"> -I identify patients' health problems. -I have knowledge of the effects of medication and treatment for the patients I am responsible for. -I have knowledge of the interactions of various types of medication and what side effects they may cause for the patients I am responsible for. -I take full responsibility for my own actions. <p>SPAIN Professional Autonomy</p>	
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	<p>-Obtains data regarding the context and aetiology (including factors that are related and unrelated to the disease) that are necessary to formulate the differential diagnoses and care plans, and to identify and assess the results.</p> <p>SWITZERLAND (CNS)</p> <p>-Evidence based nursing/ Research: promoting the value and usefulness of evidence in decision making; demonstrating use of Evidence-based practice in delivery of direct clinical care and clinical consultation; fostering change in the organization to promote evidence-base care; evaluate the effectiveness of care after implementation of the practice change from the caregivers and patient's perspective.</p> <p>-Consultation: Improve care delivery processes and patient outcomes; enhance health care delivery systems; extend the knowledge available to solve clinical problems; foster the ongoing professional development of the consultee.</p> <p>U.S.A. (NP)</p> <p>-Prescribes medications within scope of practice.</p> <p>-Manages the health/illness status of patients and families over time.</p> <p>U.S.A. (CNS)</p> <p>-Obtains data about context and etiologies (including both non-disease and disease-related factors) necessary to formulate differential diagnoses and plans of care, and to identify and evaluate of outcomes.</p>	
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	<ul style="list-style-type: none"> -Selects interventions that may include, but are not limited to: Application of advanced nursing therapies. -Prescribes nursing therapeutics, pharmacologic and non-pharmacologic interventions, diagnostic measures, equipment, procedures, and treatments to meet the needs of patients, families and groups, in accordance with professional preparation, institutional privileges, state and federal laws and practice acts. 	
<p>6. Perform specialty-specific Procedures</p>	<p>AUSTRALIA Prescribes and implements therapeutic interventions. <i>Prescribes indicated non-pharmacological and pharmacological interventions. (5 Cues)</i></p> <ul style="list-style-type: none"> - Contributes to health literacy by sharing knowledge with the person receiving care to achieve evidence-informed management plan. -Safely prescribes therapeutic interventions based on accurate knowledge of the characteristics and concurrent therapies of the person receiving them. -Demonstrates professional integrity and ethical conduct in relation to therapeutic product manufacturers and pharmaceutical organizations. -Safely and effectively performs evidence- informed invasive/non-invasive interventions for the clinical management and/or prevention of illness, disease, injuries, disorders or conditions. -Interprets and follows-up the findings of screening and diagnostic investigations in an appropriate time frame during the implementation of care. <p>BOTSWANA</p>	

	<p>-Develops and directs implementation of a nursing care program which is consistent with medical care programs in the relevant clinical area of specialization.</p> <p>-Performs advanced procedures which require a high level of clinical knowledge, skill and judgment including suturing, removal of foreign bodies, incision and drainage, casting and splinting, microscopy and pap smears, within area of specialty.</p> <p>CANADA (NP)</p> <p>-Initiates interventions for the purpose of stabilizing clients in emergent, urgent and life-threatening situations.</p> <p>-Performs invasive/non-invasive procedures for the clinical management and/or prevention of disease, injuries, disorders or conditions.</p> <p>FINLAND</p> <p>-Perform specialty-specific procedures as a part of advanced clinical practice.</p> <p>HONG KONG (APN)</p> <p>-Selects, may perform and interprets common screening and diagnostic laboratory tests.</p> <p>IRELAND (NP & Advanced Nurse Midwife)</p> <p>-Performs a nursing/midwifery assessment, plans and initiates care and treatment modalities within agreed interdisciplinary protocols to achieve patient/client-centered outcomes and evaluates their effectiveness.</p>	
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	<p>MACAO</p> <ul style="list-style-type: none"> -Implement the nursing care plan in establishing trust among the individual, families and the communities and integrate educational activities to promote self-care and public health. -Plan, provide and evaluate nursing care with greater complexity that involves specialized training. -Provide specialized nursing care to individual, families and communities during crisis. <p>NETHERLANDS (NP)</p> <ul style="list-style-type: none"> -Within the specialism concerned, the nurse practitioner applies the diagnostic, therapeutic and preventative arsenal in an evidence-based manner where possible. In doing this, the NP makes use of a combination of nursing and medical methods. In addition, the NP can independently indicate and perform reserved medical procedures. <p>NEW ZEALAND</p> <p>Develops, plans, implements and evaluates therapeutic interventions when managing episodes of care.</p> <ul style="list-style-type: none"> -Safely and effectively performs evidence-informed invasive/non-invasive interventions for the clinical management and/or prevention of illness, disease, injuries, disorders or conditions. <p>SWITZERLAND (CNS)</p> <ul style="list-style-type: none"> -Evidence based nursing/ Research: promoting the value and usefulness of evidence in decision making; demonstrating use of evidence-based practice in delivery of direct clinical care and clinical consultation; fostering 	
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	<p>change in the organization to promote evidence-base care; evaluate the effectiveness of care after implementation of the practice change from the caregivers and patient's perspective.</p> <p>-Consultation: improve care delivery processes and patient outcomes; extend the knowledge available to solve clinical problems; foster the ongoing professional development of the consultee.</p> <p>U.S.A. (CNS)</p> <p>-Selects interventions that may include, but are not limited to: Application of advanced nursing therapies.</p> <p>-Provides direct care to selected patients based on the needs of the patient and the CNS's specialty knowledge and skills.</p>	
<p>7. Assess patient or family response to therapy and modify plan of care based on response</p>	<p>AUSTRALIA Prescribes and Implements Therapeutic Interventions <i>Maintains relationships with people at the centre of care (6 Cues)</i></p> <p>-Supports, educates, coaches and counsels the person receiving care regarding diagnoses, prognoses and self-management, including their personal responses to illness, injuries, risk factors and therapeutic interventions.</p> <p>-Advises the person receiving care on the therapeutic interventions including benefits, potential side effects, unexpected effects, interactions, importance of compliance and recommended follow-up.</p> <p>-Shares information with others in consultation with the person receiving care.</p> <p>-Coordinates care with other health, disability and aged-</p>	<p>Recognizes breaches and intervenes at the practice and system levels to ensure that care is sensitive to cultural needs.</p> <p>Searches for evidence to support claims for the beneficial effects of traditional healing practices and incorporates as appropriate.</p> <p>Implements a mechanism to assure the presence of an advocate when clients, families or carers request support or</p>

	<p>care providers, agencies and community resources.</p> <ul style="list-style-type: none"> -Discloses the facts of adverse events to the person receiving care and other health professionals; mitigates harm, and reports adverse events to appropriate authorities in keeping with relevant legislation and organizational policy. - Advocates for improved health care, the health care system and policy decisions that affect health and quality of life. <p>BOTSWANA</p> <ul style="list-style-type: none"> -Determines the degree to which prescribed nursing intervention resolve identified health problems, -Modifies the plan of care as necessary. <p>CANADA (NP)</p> <ul style="list-style-type: none"> -Explores therapeutic options, considering implications for clients through the integration of client information and evidence-informed practice. -Determines care options and initiates therapeutic interventions in collaboration with clients, while considering client perspectives, feasibility and best outcomes. -Collaborates with clients in monitoring their response to therapeutic interventions and in adjusting interventions, as needed. -Monitors, evaluates and revises the plan of care and therapeutic intervention based on current evidence-informed practice and on client goals, preferences, health status and outcomes. 	<p>have limited abilities in decision-making, giving informed consent or where there is a language barrier.</p> <p>Regularly reviews and revises the care plan, where possible in collaboration with other members of the health/social health team, clients and/or carers.</p> <p>Adapts interventions to the needs of the client and/or the environment in unexpected or rapidly changing situations.</p>
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	<p>CANADA (CNS) -Collaborates with clients and appropriate interprofessional team members within the clinical area to achieve optimal health outcomes.</p> <p>FINLAND -Assessment of patient or family responses to therapy and modify plan of care based on response as a part of advanced clinical practice -Education, coaching and guidance -Cooperation</p> <p>HONG KONG (APN) -Assesses and adjusts plans for continuous management of client's health status by monitoring variation in wellness and illness. -Monitors client database for follow-up, consultation, referral, and outcomes. -Provides emotional and informational support to clients and their families.</p> <p>IRELAND (NP & Advanced Nurse Midwife) -Enables patients/clients, families and communities to participate in decisions about their health needs.</p> <p>JAPAN (CNS) -Practice: Outstanding level of nursing practice in care of individual, family or group.</p> <p>MACAO</p>	
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	<p>-Evaluate nursing care provided, recording data and analyzing the factors that contribute to the results obtained</p> <p>-Plan, provide and evaluate nursing care with greater complexity that involves specialized training.</p> <p>NETHERLANDS (NP)</p> <p>-Based on the patient's care needs, the nurse practitioner provides both 'cure' and 'care' to facilitate the continuity and quality of the nursing care and the medical treatment, the patient's ability to manage his or her own care, and his quality of life.</p> <p>NEW ZEALAND (NP)</p> <p>Develops, plans, implements and evaluates therapeutic interventions when managing episodes of care.</p> <p>-Monitors, critically evaluates and documents treatments/interventions in accordance with health-consumer-determined goals and healthcare outcomes.</p> <p>-Considers a plan for appropriately ceasing and/or modifying treatment in partnership with the health consumer, and other members of the healthcare team.</p> <p>Consistently involves the health consumer to enable their full partnership in decision making and active participation in care.</p> <p>-Supports, educates, coaches, motivates, counsels and works in partnership with the health consumer and their family/whānau where relevant regarding diagnoses, prognoses and self-management, including their personal responses to illness, injuries, risk factors and therapeutic</p>	
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	<p>interventions.</p> <ul style="list-style-type: none"> -Advises the health consumer and their family/whānau where relevant on therapeutic interventions including benefits, potential side effects, unexpected effects, interactions, importance of compliance and recommended follow-up. -Discloses the facts of adverse events to the health consumer and other health professionals; mitigates harm and reports adverse events to appropriate authorities. -Respects the rights of the health consumer to make informed decisions whilst taking accountability to ensure access to accurate and appropriately interpreted information. <p>NORWAY</p> <ul style="list-style-type: none"> -I plan and prioritise nursing and medical interventions. -I evaluate and modify patients’ medical treatment. -I identify changes in patients’ health and medical conditions. <p>SPAIN</p> <p>Professional Autonomy</p> <ul style="list-style-type: none"> -Provides users with the necessary information regarding the effects and potential adverse effects of the therapies prescribed. Also offers information concerning the costs, as well as alternative treatments and procedures, where necessary. <p>SWITZERLAND (CNS)</p> <ul style="list-style-type: none"> -Consultation: improve care delivery processes and patient outcomes; enhance health care delivery systems; extend the 	
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	<p>knowledge available to solve clinical problems; foster the ongoing professional development of the consultee.</p> <p>U.S.A. (NP)</p> <ul style="list-style-type: none"> -Manages the health/illness status of patients and families over time. -Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making. -Incorporates the patient’s cultural and spiritual preferences, values, and beliefs into health care. -Preserves the patient’s control over decision making by negotiating a mutually acceptable plan of care. <p>U.S.A. (CNS)</p> <ul style="list-style-type: none"> -Identifies potential risks to patient safety, autonomy and quality of care based on assessments across the patient, nurse and system spheres of influence. -Selects interventions that may include, but are not limited to: Management of patient medications, clinical procedures and other interventions. -Determines when evidence based guidelines, policies, procedures and plans of care need to be tailored to the individual -Differentiates between outcomes that require care process modification at the individual patient level and those that require modification at the system level. 	
<p>8. Communicate plan of care and response to patient and family</p>	<p>AUSTRALIA Plans Care and Engages Others <i>Educates and supports others to enable their active</i></p>	<p>Respects the client’s right to privacy and dignity.</p>

	<p><i>participation in care. (4 Cues)</i></p> <ul style="list-style-type: none"> -Respects the rights of the person to make informed decisions throughout their health/illness. -Uses appropriate teaching/learning strategies to provide diagnostic information that is relevant, theory-based and evidence-informed. -Communicates about health assessment findings and/or diagnoses, including outcomes and prognosis. -Works to meet identified needs for educating others regarding clinical and ongoing care. <p>BOTSWANA</p> <ul style="list-style-type: none"> -Communicates care plan to patient and family regarding nursing procedures and protocols to be followed by other nurses for effective management of each of the different patient problems, within the clinical area of specialization. <p>CANADA (NP)</p> <ul style="list-style-type: none"> -Communicates with clients about health assessment findings and/or diagnosis, including outcomes and prognosis. -Creates an environment in which effective communication of diagnostic and therapeutic intervention can take place. -Counsels clients on medication therapy, benefits, potential side effects, interactions, importance of compliance and recommended follow-up. -Provides client diagnostic information and education that are relevant, theory-based and evidence-informed, using appropriate teaching/learning strategies. <p>CANADA (CNS)</p>	<p>Initiates, develops and discontinues therapeutic relationships through the use of advanced communication and interpersonal skills.</p> <p>Maintains a relationship that respects the boundary between clients and self.</p> <p>Listens to others in an unbiased manner, respects points of view of others, and promotes the expression of diverse opinions and perspectives.</p> <p>Communicates clear, consistent and accurate information verbally, or in written and electronic forms, that falls within professional responsibility and maintains confidence in care.</p> <p>Interacts in a manner that is respectful and culturally appropriate to the clients, family and/or carers from diverse cultural backgrounds.</p>
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	<p>-Recognizes potential and existing gaps in clinical care to influence client and organizational decision-making and change.</p> <p>FINLAND</p> <ol style="list-style-type: none"> 1. Communicate care plan and responses to patient or family as a part of advanced clinical practice 3. Education, coaching and guidance 5. Cooperation <p>HONG KONG (APN)</p> <ul style="list-style-type: none"> -Provides emotional and informational support to clients and their families. -Uses human skills to enhance effectiveness of relationship. -Applies principles of self-efficacy/empowerment in promoting behavior change. -Monitors and reflects own emotional response to client interaction and uses as data to further therapeutic interaction. -Facilitates staff to debrief on overwhelming emotion and grief associated with nurse-client relationship. -Communicates a sense of “being present” with the client. <p>IRELAND (NP & Advanced Nurse Midwife)</p> <ul style="list-style-type: none"> -Enables patients/clients, families and communities to participate in decisions about their health needs. <p>Implements changes in healthcare service in response to patient/client need and service demand.</p> <p>JAPAN (CNS)</p> <ul style="list-style-type: none"> -Consultation: Consultation for care providers including 	<p>Advocates for and assists with establishing policies that facilitate access for clients to information relevant to their situation.</p> <p>Takes measures to create effective mechanisms for communicating and sharing information with other health team members involved in providing services.</p>
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	<p>nursing care providers</p> <ul style="list-style-type: none"> -Coordination: Coordination of people involved in health, healthcare and welfare to ensure smooth delivery of necessary care. <p>NETHERLANDS (NP)</p> <p>Communication</p> <ul style="list-style-type: none"> -The nurse practitioner builds up a collaborative relationship with the patient aimed at the nursing care and medical treatment. -The NP communicates from the perspective of the patient and interprets information in the correct context. -The nurse practitioner informs the patient in such a manner that they have the knowledge needed to be able to make choices with respect to the nursing care and medical treatment, including possible alternatives. -The nurse practitioner contributes to the continuity of care in the chain by providing (or arranging the organisation of) a satisfactory verbal, written and/or electronic transfer of patients. <p>NEW ZEALAND</p> <p>Develops, plans, implements and evaluates therapeutic interventions when managing episodes of care.</p> <ul style="list-style-type: none"> -Works in partnership with the health consumer to determine therapeutic goals and options. -Develops an individual plan of care and communicates this to the health consumer and appropriate members of the healthcare team and relevant agencies. -Safely prescribes therapeutic interventions based on accurate knowledge of the characteristics and concurrent 	
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	<p>therapies of the health consumer.</p> <ul style="list-style-type: none"> -Monitors, critically evaluates and documents treatments/interventions in accordance with health-consumer-determined goals and healthcare outcomes. -Considers a plan for appropriately ceasing and/or modifying treatment in partnership with the health consumer, and other members of the healthcare team. <p>NORWAY</p> <ul style="list-style-type: none"> -I give health promotion advice and recommendations to patients by telephone. -I have a supportive ongoing dialogue with patients about their needs and wishes. <p>SPAIN</p> <p>Professional Autonomy</p> <ul style="list-style-type: none"> -Plans and develops follow-up visits in an appropriate way to monitor patients and assess the health/disease process. <p>SWITZERLAND (CNS)</p> <ul style="list-style-type: none"> -Coaching & Guidance: articulate the nuances of coaching to preceptors, protégés and staff; attend to the patterns of encounters and strategies the APNs have used to coach. -Evidence based nursing/ Research: promoting the value and usefulness of evidence in decision making; demonstrating use of -Evidence-based practice in delivery of direct clinical care and clinical consultation; fostering change in the organization to promote evidence-base care; evaluate the effectiveness of care after implementation of the practice change from the caregivers and patient's perspective. 	
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	<p>-Consultation: improve care delivery processes and patient outcomes; enhance health care delivery systems; extend the knowledge available to solve clinical problems; foster the ongoing professional development of the consultee.</p> <p>U.S.A. (NP)</p> <ul style="list-style-type: none"> -Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making. -Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration. -Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect. <p>U.S.A. (CNS)</p> <ul style="list-style-type: none"> -Selects interventions that may include, but are not limited to: Psychosocial support including patient counseling and spiritual interventions -Uses advanced communication skills within therapeutic relationships to improve patient outcomes. -Leads development of evidence-based plans for meeting individual, family, community, and population needs. 	
<p>9. Provide appropriate education to patient and family</p>	<p>AUSTRALIA</p> <p>Plans Care and Engages Others</p> <p><i>Educates and supports others to enable their active participation in care. (4 Cues)</i></p> <ul style="list-style-type: none"> -Respects the rights of the person to make informed decisions throughout their health/illness. 	<p>Involves clients where possible in care planning ensuring that they receive accurate, understandable information on which to base consent for care.</p>

	<ul style="list-style-type: none"> -Uses appropriate teaching/learning strategies to provide diagnostic information that is relevant, theory-based and evidence-informed. -Communicates about health assessment findings and/or diagnoses, including outcomes and prognosis. -Works to meet identified needs for educating others regarding clinical and ongoing care. <p>BOTSWANA</p> <ul style="list-style-type: none"> -Provides emotional and information support to patient, family and significant others as required by the client population groups within an area of specialization. <p>CANADA (NP)</p> <ul style="list-style-type: none"> -Supports, educates, coaches and counsels clients regarding diagnoses, prognoses and self-management, including their personal responses to diseases, disorders, conditions, injuries, risk factors, lifestyle changes and therapeutic interventions. -Promotes client self-efficacy in navigating the health-care system and in identifying and accessing the necessary resources. <p>FINLAND</p> <ul style="list-style-type: none"> -Person- and family centered education, coaching and guidance. <p>HONG KONG (APN)</p> <ul style="list-style-type: none"> -Reviews medication regime and counsel's clients concerning drug regimens, drug side effects, and interactions. 	
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	<p>-Demonstrates skills in promoting interaction to effect clients' change in health behavior. -Provides guidance and counseling regarding symptom management.</p> <p>JAPAN (CNS) -Practice: Outstanding level of nursing practice in care of individual, family or group. -Ethical coordination: For resolution of ethical issues or dilemmas as a right of the individual, family or group.</p> <p>MACAO -Implement the nursing care plan in establishing trust among the individual, families and the communities and integrate educational activities to promote self-care and public health.</p> <p>NETHERLANDS (NP) Communication -The nurse practitioner builds up a collaborative relationship with the patient aimed at the nursing care and medical treatment. -The NP communicates from the perspective of the patient and interprets information in the correct context. -The nurse practitioner informs the patient in such a manner that they have the knowledge needed to be able to make choices with respect to the nursing care and medical treatment, including possible alternatives.</p>	
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	<p>NEW ZEALAND</p> <p>Consistently involves the health consumer to enable their full partnership in decision making and active participation in care.</p> <ul style="list-style-type: none"> -Supports, educates, coaches, motivates, counsels and works in partnership with the health consumer and their family/whānau where relevant regarding diagnoses, prognoses and self-management, including their personal responses to illness, injuries, risk factors and therapeutic interventions. -Advises the health consumer and their family/whānau where relevant on therapeutic interventions including benefits, potential side effects, unexpected effects, interactions, importance of compliance and recommended follow-up. -Discloses the facts of adverse events to the health consumer and other health professionals; mitigates harm and reports adverse events to appropriate authorities. -Respects the rights of the health consumer to make informed decisions whilst taking accountability to ensure access to accurate and appropriately interpreted information. -Assesses and contributes to health literacy by sharing knowledge with the health consumer to achieve an evidence-informed management plan. -Uses appropriate teaching/learning strategies and style to provide diagnostic information, health promotion and health education to meet the health consumers learning needs. 	
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	<p>NORWAY</p> <ul style="list-style-type: none"> -I identify and assume responsibility for patients’ own health resources in planning nursing care. -I take patients’ social health needs (leisure activities, friends, financial situation, etc.) into account when assessing and planning for the health and life situation of patients. -I support and guide patients in mastering their illnesses and health problems. -I put emphasis on patients’ own wishes when assessing and planning for nursing care and medical treatment. -I focus on relatives’ need for support and guidance. <p>SPAIN</p> <p>Health Promotion</p> <ul style="list-style-type: none"> -Acts to empower individuals, groups and communities about the adoption of healthy lifestyles and self-care. <p>Professional Autonomy</p> <ul style="list-style-type: none"> -Provides users with the necessary information regarding the effects and potential adverse effects of the therapies prescribed. <p>Also offers information concerning the costs, as well as alternative treatments and procedures, where necessary.</p> <p>SWITZERLAND (CNS)</p> <ul style="list-style-type: none"> -Coaching & Guidance: articulate the nuances of coaching to preceptors, protégés and staff; attend to the patterns of encounters and strategies the APNs have used to coach patients; provide positive reinforcement; communicate effectively to establish therapeutic caring relationships; engage in self-reflection as a component of interactions 	
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	<p>with patients.</p> <ul style="list-style-type: none"> -Consultation: Improve care delivery processes and patient outcomes; enhance health care delivery systems; extend the knowledge available to solve clinical problems; foster the ongoing professional development of the consultee. <p>U.S.A. (NP)</p> <ul style="list-style-type: none"> -Translates technical and scientific health information appropriate for various users' needs. -Assesses the patient and caregiver's educational needs to provide effective, personalized health care. -Coaches the patient and caregiver for positive behavioral change. <p>U.S.A. (CNS)</p> <ul style="list-style-type: none"> -Selects interventions that may include, but are not limited to: Psychosocial support including patient counseling and spiritual interventions. -Uses advanced communication skills within therapeutic relationships to improve patient outcomes. -Provides education to individuals, families, groups and communities to promote knowledge, understanding and optimal functioning across the wellness-illness continuum. 	
<p>10. Document appropriately on patient record</p>	<p>BOTSWANA</p> <ul style="list-style-type: none"> -Documents patient data, results of diagnostic investigations and treatment plan appropriately on patient record, in compliance with standards for nursing practice, and established patient care standards. 	<p>Shares and documents findings accurately and in a timely manner complying with professional standards and organisational policies.</p> <p>Documents interventions and</p>

	<p>CANADA (NP) -Documents clinical data, assessment findings, diagnoses, plans of care, therapeutic interventions, client responses and clinical rationale in a timely and accurate manner.</p> <p>FINLAND 1.Appropriate documentation on patient record as a part of advanced clinical practice.</p> <p>MACAO -Evaluate nursing care provided, recording data and analyzing the factors that contribute to the results obtained.</p> <p>NEW ZEALAND Initiates, and participates in, activities that support safe care, community partnership and population health improvements. -Utilises systems thinking and critical inquiry skills to audit, evaluate and improve the quality of health services. -Uses relevant tools to monitor and measure the effectiveness of strategies, services and interventions to promote safe practice. -Monitors and minimises risks to health consumers and healthcare service providers at the individual and systems level.</p> <p>NORWAY -I am correct and accurate in speech and writing -I document the steps taken in assessing patients’ needs for nursing, care and treatment.</p>	<p>client responses accurately and in a timely manner.</p>
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	<p>U.S.A. (NP)</p> <ul style="list-style-type: none"> -Integrates appropriate technologies for knowledge management to improve health care. -Uses technology systems that capture data on variables for the evaluation of nursing care. 	
<p>11. Serves as a consultant in improving patient care and nursing practice based on expertise in area of specialization</p>	<p>AUSTRALIA</p> <p>Evaluates Outcomes and Improves Practice</p> <p><i>Advocates for, participate in, or leads systems that support safe care, partnership with professional growth. (6 Cues)</i></p> <ul style="list-style-type: none"> - Advocates and provides evidence for expansion to nurse practitioner service where it is believed that such and expansion will improve access to quality and cost-effective health care for specific populations. -Demonstrate clinical leadership in the design and evaluation of services for health promotion, or the prevention of injury and/or illness. - Articulates and promotes the nurse practitioner role in clinical, political and professional contexts. -Acts as an educator and/or mentor to nursing colleagues and others in the healthcare team. -Critiques health care policies for their implications on the nurse practitioner role and the populations for whom they care. -Influence health, disability and aged-care policy and practice through leadership and active participation in workplace and professional organizations. <p>BOTSWANA</p> <ul style="list-style-type: none"> -Determines the degree to which prescribed nursing intervention resolve identified health problems, -Modifies the plan of care as necessary. 	<p>Acts in an advocacy role to protect human rights and questions violations of client in accordance with jurisdictional and the ICN Code of Ethics.</p> <p>Participates in establishing policies that confirm the client’s right to information, choice and self-determination in nursing and health care and applies these in practice.</p> <p>Participates in creating mechanisms to monitor and respond to situations where behaviour or health care practice may compromise client safety, privacy or dignity.</p>

	<ul style="list-style-type: none"> -Implements the nursing plan of care in collaboration with other members of the nursing team, -Assumes direct responsibility for the care of the most critically ill patients. <p>CANADA (NP)</p> <ul style="list-style-type: none"> -Advocates for clients in relation to therapeutic intervention, health-care access, the health-care system and policy decisions that affect health and quality of life. -Promotes safe client care by mitigating harm and addressing immediate risks for clients and others affected by adverse events and near misses. <p>CANADA (CNS)</p> <ul style="list-style-type: none"> -Provides consultations in highly complex and often unpredictable clinical situations that require advanced specialized knowledge and skills. <p>ENGLAND</p> <ul style="list-style-type: none"> -Use their professional judgement in managing complex and unpredictable care events and capture the learning from these experiences to improve patient care and service delivery; -Develop practices and roles that are appropriate to patient and service need through understanding the implications of and applying epidemiological, demographic, social, political and professional trends and developments; -Identify the need for change, proactively generate practice innovations and lead new practice and service redesign solutions to better meet the needs of patients and the service. 	
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	<p>FINLAND -Four forms of consultation: person-centered consultation; colleague-centered consultation; colleague and administrative centered consultation; program-centered consultation; with the purpose to improve patient care and nursing practice based on expertise in area of specialization.</p> <p>IRELAND (NP & Advanced Midwife) -Possesses specially focused knowledge and skills in a defined area of nursing or midwifery practice at a higher level than that of a staff nurse/midwife. -The CNS/CMS role involves communication, negotiation and representation of the patient/client values and decisions in collaboration with other health care workers and community resource providers.</p> <p>JAPAN (CNS) -Consultation: Consultation for care providers including nursing care providers. -Coordination: Coordination of people involved in health, healthcare and welfare to ensure smooth delivery of necessary care.</p> <p>MACAO -Implement the nursing care plan in establishing trust among the individual, families and the communities and integrate educational activities to promote self-care and public health.</p>	
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	<p>NORWAY</p> <ul style="list-style-type: none"> -I improve routines/systems that fail to meet the needs of patients at my workplace. -I understand the consequences my decisions may have for patients. <p>SCOTLAND</p> <ul style="list-style-type: none"> -Developing confidence <p>SPAIN</p> <p>Clinical and Professional Leadership</p> <ul style="list-style-type: none"> -Provides consultancy services on the basis of the clinical data, theoretical frameworks and evidence-based practice. -Makes recommendations based on the consultancy process. <p>SWITZERLAND (CNS)</p> <ul style="list-style-type: none"> -Ethical decision making; gain knowledge; create an ethical environment; engage all involved parties in active interaction and consensus building; use support of the ethics committee or other professional colleagues with respect to ethical issues. -Consultation: improve care delivery processes and patient outcomes; enhance health care delivery systems; extend the knowledge available to solve clinical problems; foster the ongoing professional development of the consultee. <p>U.S.A. (CNS)</p> <ul style="list-style-type: none"> -Designs strategies, including advanced nursing therapies, to meet the multifaceted needs of complex patients and groups of patients. 	
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	<ul style="list-style-type: none"> -Evaluates nursing practice that considers Safety, Timeliness, Effectiveness, Efficiency, Efficacy and Patient-centered care. -Leads development of evidence-based plans for meeting individual, family, community, and population needs. -Provides leadership for collaborative, evidence-based revision of diagnoses and plans of care, to improve patient outcomes. -Provides consultation to staff nurses, medical staff and interdisciplinary colleagues. <p>WALES</p> <ul style="list-style-type: none"> -Developing confidence. 	
<p>12. Facilitate the process of ethical decision making in patient care</p>	<p>AUSTRALIA Plans Care and Engages Others <i>Educates and supports others to enable their active participation in care. (4 Cues)</i></p> <ul style="list-style-type: none"> -Respects the rights of the person to make informed decisions throughout their health/illness. -Uses appropriate teaching/learning strategies to provide diagnostic information that is relevant, theory-based and evidence-informed. -Communicates about health assessment findings and/or diagnoses, including outcomes and prognosis. -Works to meet identified needs for educating others regarding clinical and ongoing care. <p>BOTSWANA</p> <ul style="list-style-type: none"> -Monitors patient’s progress or response to treatment and care relative to quality standards. 	<p>Demonstrates professional integrity, probity and ethical conduct in response to industry marketing strategies when prescribing drugs and other products.</p>

	<p>-Analyzes observations and conclusions made by other members of the nursing staff, enforces application of ethical and legal principles in practice.</p> <p>CANADA (NP)</p> <p>-Demonstrates awareness of, and is mindful of, marketing strategies used to promote health products, medical devices, medications, alternative therapies and health programs.</p> <p>-Intervenes, as appropriate, when potential or actual problematic substance use and/or misuse of drugs, including complementary and alternative therapies, is identified.</p> <p>-Discloses the facts of adverse events to clients, and reports adverse events to appropriate authorities, in keeping with relevant legislation and organizational policies.</p> <p>FINLAND</p> <p>-Ethical decision making from four main nursing theoretical perspectives: holism, health, ethos (caritas, dignity and respect) and caring as the core of nursing care.</p> <p>HONG KONG (APN)</p> <p>-Promotes and fosters ethical practice and advocacy for clients.</p> <p>JAPAN (CNS)</p> <p>-Ethical coordination: For resolution of ethical issues or dilemmas as a right of the individual, family or group.</p> <p>NETHERLANDS (NP)</p> <p>-The nurse practitioner contributes to the continuity of care</p>	
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	<p>in the chain by providing (or arranging the organisation of) a satisfactory verbal, written and/or electronic transfer of patients.</p> <p>NEW ZEALAND -Demonstrates safe and accountable nurse practitioner practice incorporating strategies to maintain currency and competence. -Practises in accordance with legislation, professional standards and health policy relevant to nurse practitioner practice. -Practises within safe boundaries of an area of practice (client/population group) and demonstrates timely referral and consultation when an issue is outside scope, area of practice, experience or competence. -Demonstrates accountability in considering access, cost and clinical efficacy, and applies ethical decision making when providing health services.</p> <p>NORWAY -I act ethically when caring for patients. -I report all incidents in accordance with the actual patient safety system</p> <p>SCOTLAND -Ethical decision making.</p> <p>SWITZERLAND (CNS) -Ethical decision making: gain knowledge; create an ethical environment; engage all involved parties in active interaction and consensus building; use support of the</p>	
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	<p>ethics committee or other professional colleagues with respect to ethical issues.</p> <p>U.S.A. (NP)</p> <ul style="list-style-type: none"> -Integrates ethical principles in decision-making. -Evaluates the ethical consequences of decisions. -Applies ethically sound solutions to complex issues related to individuals, populations and systems of care. <p>U.S.A. (CNS)</p> <ul style="list-style-type: none"> -Facilitates resolution of ethical conflicts. -Identifies ethical implications of complex care situations. -Considers the impact of scientific advances, cost, clinical effectiveness, patient and family values and preferences, and other external influences. -Applies ethical principles to resolving concerns across the three spheres of influence. -Promotes a practice climate conducive to providing ethical care. -Facilitates interdisciplinary teams to address ethical concerns, risks or considerations, benefits and outcomes of patient care. <p>WALES</p> <ul style="list-style-type: none"> -Ethical decision making. 	
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<p>13. Coordinate interdisciplinary plan for care of patients</p>	<p>AUSTRALIA Evaluates Outcomes and Improves Practice <i>Advocates for, participate in, or leads systems that support safe care, partnership with professional growth. (6 Cues)</i></p> <ul style="list-style-type: none"> - Advocates and provides evidence for expansion to nurse practitioner service where it is believed that such and expansion will improve access to quality and cost-effective health care for specific populations. -Demonstrate clinical leadership in the design and evaluation of services for health promotion, or the prevention of injury and/or illness. - Articulates and promotes the nurse practitioner role in clinical, political and professional contexts. -Acts as an educator and/or mentor to nursing colleagues and others in the healthcare team. -Critiques health care policies for their implications on the nurse practitioner role and the populations for whom they care. -Influence health, disability and aged-care policy and practice through leadership and active participation in workplace and professional organizations. <p>BOTSWANA</p> <ul style="list-style-type: none"> -Determines nursing procedures and protocols to be followed by other nurses for effective management of each of the different patient problems, relevant to the clinical area of specialization -Confers and collaborates with senior members of the health team to ensure a concerted multi-disciplinary approach to patient care. 	<p>Formulates and mobilizes resources for a coordinated comprehensive care plan with identified care outcomes and based on advanced nursing practice standards, and informed decisions about preventive, diagnostic and therapeutic interventions.</p>
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	<p>CANADA (NP) -Coordinates and facilitates client care with other health-care providers, agencies and community resources.</p> <p>CANADA (CNS) -Collaborates with clients and appropriate interprofessional team members within the clinical area to achieve optimal health outcomes.</p> <p>ENGLAND -Draw upon an appropriate range of multi-agency and inter-professional resources in their practice.</p> <p>FINLAND -Coordination -Case management</p> <p>HONG KONG (APN) -Obtains specialist and referral care for clients, while remaining the primary care provider. -Coordinates human and environmental resources necessary to manage rapidly changing situations. -Leads hospital/community health education and promotional activities -Empowers staff to assume increasing responsibilities for complicated client care with delegation, support and supervision. -Provides leadership in the interdisciplinary team through the development of collaborative practices or innovative partnerships. -Demonstrate effective leadership skills and be able to exert</p>	
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	<p>influence in a group. -Provides leadership in professional activities.</p> <p>IRELAND (NP & Advanced Midwife) -Provides leadership in clinical practice and acts as a resource and role model for specialist practice. -Inter and intra-disciplinary consultations, across sites and services are recognized as key functions of the clinical nurse/ midwife specialist. This consultative role also contributes to improved patient/client management.</p> <p>JAPAN (CNS) -Practice: Outstanding level of nursing practice in care of individual, family or group. -Consultation: Consultation for care providers including nursing care providers. -Coordination: Coordination of people involved in health, healthcare and welfare to ensure smooth delivery of necessary care. -Ethical coordination: For resolution of ethical issues or dilemmas as a right of the individual, family or group.</p> <p>MACAO -Guide and coordinate teams to provide nursing care.</p> <p>NETHERLANDS (NP) Collaboration -The nurse practitioner consults (and if necessary sets up a consultative structure) with others involved so that a continuity of care for the patient arises. The nurse practitioner facilitates the collaboration between colleagues</p>	
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	<p>and the coordination between the members of the multidisciplinary and interdisciplinary care team so that the patient can gain optimal benefit from the team's overall experience.</p> <ul style="list-style-type: none"> -The nurse practitioner understands the boundaries of their own expertise and refers to other experts where necessary with due regard to legislation and regulations and ensures that the continuity of care is guaranteed. -The nurse practitioner provides inter-collegial consultation, and in so doing acts from the patient's perspective, to facilitate the continuity and quality of the nursing care and medical treatment, the patient's ability to manage his or her own care, and quality of life. <p>NEW ZEALAND Works collaboratively to optimise health outcomes for health consumers /population groups.</p> <ul style="list-style-type: none"> -Establishes and maintains effective collegial relationships as a senior member of interprofessional teams. -Collaborates with other health professionals and agencies to ensure timely access and smooth transition to quality services for the health consumer. -Demonstrates advanced interpersonal, leadership and management skills to foster and maintain collegial relationships by communicating and engaging effectively and professionally with diverse groups and communities to improve healthcare. <p>NORWAY -I experience a division of responsibility between the physician and me as a nurse.</p>	
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	<p>SPAIN</p> <p>Inter-Professional Relations and Mentoring</p> <ul style="list-style-type: none"> -Collaborates with health care team members in order to provide inter-professional health care, focused on the patients, relatives, and /or communities s/he works with at an individual, organizational and systemic level. -Acts as a link (mediating function) between the different professionals involved in the field of health care. <p>Care Management</p> <p>Organizes the components of the care plan and coordinates health care.</p> <p>SWITZERLAND (CNS)</p> <ul style="list-style-type: none"> -Leadership: create a more empowering and humane work environment; manage and bridge boundaries among other nursing groups; take on the responsibility of moving toward an integrative and unified understanding of the APN role; affirm the importance of motivation and empowerment in developing innovators. -Collaboration: identify stakeholders and involve them; partnership with medical doctors, general practitioner, pharmacy, social worker, psychologist, physiotherapist, family members, and caregivers; develop a community of attentiveness, skill and collaboration. <p>U.S.A. (NP)</p> <ul style="list-style-type: none"> -Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community integrated health care teams, and policy makers) to improve health care. -Leads practice inquiry, individually or in partnership with others. 	
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	<p>U.S.A. (CNS)</p> <ul style="list-style-type: none"> -Selects interventions that may include, but are not limited to: Initiation of interdisciplinary team meetings, consultations and other communications to benefit patient care. -Provides leadership for collaborative, evidence-based revision of diagnoses and plans of care, to improve patient outcomes. -Facilitates interdisciplinary teams to address ethical concerns, risks or considerations, benefits and outcomes of patient care. 	
<p>14. Collaborate with other services to optimize patient's health status</p>	<p>AUSTRALIA Plans and Engages Others <i>Refers and consults for care decisions to obtain optimal outcomes for the person receiving care. (2 Cues)</i></p> <ul style="list-style-type: none"> -Collaborates with other health professionals to make and accept referrals as appropriate. <ul style="list-style-type: none"> - Consults with and/or refers to other health services, disability services, aged-care providers and community agencies at any point in the care continuum. <p>BOTSWANA</p> <ul style="list-style-type: none"> -Develops and directs implementation of a nursing care program which is consistent with medical care programs in the relevant clinical area of specialization. 	<p>Contributes to planning and policy development designed to promote self- sufficiency and independent living skills.</p> <p>Monitors and documents progress toward expected outcomes accurately and completely.</p> <p>In consultation with clients, families and/or carers, participates in interdisciplinary evaluation</p>

	<p>CANADA (NP) -Anticipates and diagnoses emergent, urgent and life-threatening situations.</p> <p>CANADA (CNS) -Facilitates knowledge translation in a clinical setting to support the care plan in highly complex and often unpredictable situations.</p> <p>ENGLAND -Have a health promotion and prevention orientation, and comprehensively assess patients for risk factors and early signs of illness.</p> <p>FINLAND -Cooperation -Case management</p> <p>JAPAN (CNS) -Practice: Outstanding level of nursing practice in care of individual, family or group. -Consultation: Consultation for care providers including nursing care providers. -Coordination: Coordination of people involved in health, healthcare and welfare to ensure smooth delivery of necessary care. -Ethical coordination: For resolution of ethical issues or dilemmas as a right of the individual, family or group.</p>	<p>of progress towards planned outcomes.</p> <p>Uses evaluation data to influence care strategies and inform future practice trends.</p>
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	<p>HONG KONG (APN) -Provides leadership in the interdisciplinary team through the development of collaborative practices or innovative partnerships. -Initiates and implements quality improvement strategies and clinical audits in collaboration with various health disciplines.</p> <p>IRELAND (NP & Advanced Midwife) -Articulates and represents patient/client interests in collaboration with the interdisciplinary team.</p> <p>NETHERLANDS (NP) Collaboration -The nurse practitioner consults (and if necessary sets up a consultative structure) with others involved so that a continuity of care for the patient arises. The nurse practitioner facilitates the collaboration between colleagues and the coordination between the members of the multidisciplinary and interdisciplinary care team so that the patient can gain optimal benefit from the team's overall experience. -The nurse practitioner provides inter-collegial consultation, and in so doing acts from the patient's perspective, to facilitate the continuity and quality of the nursing care and medical treatment, the patient's ability to manage his or her own care, and his quality of life.</p> <p>NEW ZEALAND Works collaboratively to optimise health outcomes for health consumers /population groups.</p>	
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	<p>-Collaborates with other health professionals and agencies to ensure timely access and smooth transition to quality services for the health consumer.</p> <p>NORWAY</p> <p>-I am cognisant of when my medical knowledge is insufficient when assessing patients' health conditions.</p> <p>-I perceive opportunities and have visions for how nursing and clinical paths for patients can be developed.</p> <p>SCOTLAND</p> <p>-Higher level communication skills.</p> <p>SPAIN</p> <p>Inter-Professional Relations and Mentoring</p> <p>-Collaborates with health care team members to provide inter-professional health care, focused on the patients, relative and/or communities s/he work with, at an individual, organizational and systemic level.</p> <p>-Acts as a link (mediating function) between the different professionals involved in the field of health care.</p> <p>SWITZERLAND (CNS)</p> <p>-Coaching and Guidance: Articulate the nuances of coaching to preceptors, protégés and staff; attend to the patterns of encounters and strategies the APNs have used to coach and apply or adapt these experiences to coach patients; provide positive reinforcement; communicate effectively to establish therapeutic, caring relationships; self-reflection as a component of interactions with patients.</p> <p>-Collaboration: Identify stakeholders and involve them;</p>	
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	<p>partnership with medical doctors, general practitioner, pharmacy, social worker, psychologist, physiotherapist and family members, caregivers; develop a community of attentiveness, skill and collaboration.</p> <p>U.S.A. (NP) -Functions as a licensed independent practitioner. -Demonstrates the highest level of accountability for professional practice.</p> <p>U.S.A. (CNS) -Initiation of interdisciplinary team meetings, consultations and other communications to benefit patient care. -Provides leadership for collaborative, evidence-based revision of diagnoses and plans of care, to improve patient outcomes. -Initiates consultation to obtain resources as necessary to facilitate progress toward achieving identified outcomes. -Communicates consultation findings to appropriate parties consistent with professional and institutional standards. -Uses effective strategies for changing clinician and team behavior to encourage adoption of evidence-based practices and innovations in care delivery.</p> <p>WALES -Higher level communication skills.</p>	
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<p>15. Facilitate efficient movement of patient(s) through health care system</p>	<p>AUSTRALIA Prescribes and Implements Therapeutic Interventions <i>Maintains relationships with people at the centre of care (6 Cues)</i></p> <ul style="list-style-type: none"> -Supports, educates, coaches and counsels the person receiving care regarding diagnoses, prognoses and self-management, including their personal responses to illness, injuries, risk factors and therapeutic interventions. -Advises the person receiving care on the therapeutic interventions including benefits, potential side effects, unexpected effects, interactions, importance of compliance and recommended follow-up. -Shares information with others in consultation with the person receiving care. -Coordinates care with other health, disability and aged-care providers, agencies and community resources. -Discloses the facts of adverse events to the person receiving care and other health professionals; mitigates harm, and reports adverse events to appropriate authorities in keeping with relevant legislation and organizational policy. - Advocates for improved health care, the health care system and policy decisions that affect health and quality of life. <p>BOTSWANA</p> <ul style="list-style-type: none"> -Refers patients to Medical Practitioners for further investigations as necessary. -Makes appropriate referrals of patients to other health care personnel and receives referrals in line with the national referral policy. 	<p>Applies critical thinking and complex clinical reasoning underpinned by in depth theoretical, scientific and contemporary clinical and health system knowledge to the care planning process.</p> <p>Uses regular assessments to identify actual and potential environmental, patient, personnel safety and security risks and reports concerns to the relevant authority.</p> <p>Uses multiple interventions and risk management strategies to initiate change and maintain safe environments within the system and that meet national legislation and health and safety requirements.</p> <p>Ensure that policies and procedures are in place for the safe and proper storage, administration and recording of therapeutic substances.</p> <p>In accordance with prescriptive authority</p>
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	<p>CANADA (NP) -Integrates the principles of resource allocation and cost-effectiveness into clinical decision-making.</p> <p>CANADA (CNS) -Coordinates health care to facilitate safe and seamless transitions among points of care in highly complex and often unpredictable situations.</p> <p>ENGLAND -Use financial acumen in patient/client, team, organizational and system level decision-making and demonstrate appropriate strategies to enhance quality, productivity and value.</p> <p>FINLAND -Case management</p> <p>HONG KONG (APN) -Develops a tracking system within the practice to ensure that clients receive appropriate preventive services. -Monitors peers, self and delivery system through Quality Assurance, Total Quality management, as part of Continuous Quality Improvement. -Manages complaints and monitors malpractice. -Benchmarks various care programs with outcome measures and advise on clinical management or recommend review of intervention as indicated.</p>	<p>selects/prescribes/ administers medication, including accurate dosage, routes and frequency pattern, based upon accurate knowledge of the pharmacological effect, patient characteristics and concurrent therapies.</p> <p>Is proactive in highlighting and proposing improvements to infection control strategies for all practice sites.</p> <p>Contributes to the formulation of service disaster and recovery plans.</p>
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	<p>JAPAN (CNS)</p> <ul style="list-style-type: none"> -Practice: Outstanding level of nursing practice in care of individual, family or group. -Consultation: Consultation for care providers including nursing care providers. -Coordination: Coordination of people involved in health, healthcare and welfare to ensure smooth delivery of necessary care. -Ethical coordination: For resolution of ethical issues or dilemmas as a right of the individual, family or group. <p>NETHERLANDS (NP)</p> <ul style="list-style-type: none"> -The nurse practitioner contributes to the continuity of care in the chain by providing (or arranging the organisation of) a satisfactory verbal, written and/or electronic transfer of patients. <p>NEW ZEALAND</p> <p>Initiates, and participates in, activities that support safe care, community partnership and population health improvements.</p> <ul style="list-style-type: none"> -Utilises systems thinking and critical inquiry skills to audit, evaluate and improve the quality of health services <p>NORWAY</p> <ul style="list-style-type: none"> -I have a vision of how nursing should be developed at my workplace <p>SPAIN</p> <p>Care Management</p> <ul style="list-style-type: none"> -Organizes the components of the care plan and coordinates 	
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	<p>health care.</p> <ul style="list-style-type: none"> -Facilitates continued care and evaluates the status of the users when adjusting to their health problems in their own life context. <p>SWITZERLAND (CNS)</p> <ul style="list-style-type: none"> -Collaboration: identify stakeholders and involve them; partnership with medical doctors, general practitioner, pharmacy, social worker, psychologist, physiotherapist and family members, caregivers; develop a community of attentiveness, skill and collaboration. -Consultation: improve care delivery processes and patient outcomes; enhance health care delivery systems; extend the knowledge available to solve clinical problems; foster the ongoing professional development of the consultee. <p>U.S.A. (NP)</p> <ul style="list-style-type: none"> -Advocates for improved access, quality and cost-effective health care. -Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of health care. -Generates knowledge from clinical practice to improve practice and patient outcomes. <p>U.S.A. (CNS)</p> <ul style="list-style-type: none"> -Assesses the impact of environmental/system factors on care. -Differentiates between outcomes that require care process modification at the individual patient level and those that require modification at the system level. 	
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	<ul style="list-style-type: none"> -Analyzes data from consultations to implement practice improvements. -Coordinates the care of patients with use of system and community resources to assure successful health/illness/wellness transitions, enhance delivery of care, and achieve optimal patient outcomes. -Facilitates intra-agency and inter-agency communication. -Coaches patients and families to help them navigate the healthcare system. 	
Strong 2: EDUCATION Mick & Ackerman	COUNTRIES	ICN APN COMPETENCIES 2008 Developed by Dr. Rosemary Goodyear
1. Evaluate education programs and recommend revision as needed.	<p>CANADA (NP) -The Canadian Nurse Practitioner Framework (2010) can be either adopted or modified to support: reviewing & approving/recognizing NP education programs. Nurse practitioner educators may use it for curriculum development.</p> <p>ENGLAND -Advocate and contribute to the development of an organizational culture that supports continuous learning and development, evidence-based practice and succession planning.</p> <p>FINLAND -Education, coaching and guidance;</p>	<p>Provides leadership in developing the evidence base for professional standards and best practice and leads in developing and adapting standards to the practice context.</p> <p>Articulates and promotes the advanced practice nursing role in the clinical, political and professional contexts.</p> <p>Acts as an effective role model for students and within the care team.</p> <p>Acts as a resource on advanced</p>

	<p>HONG KONG (APN) -Leads the on-going process of setting and revising guidelines, protocols, standards and contingency plan.</p> <p>JAPAN (CNS) -Education: Educational role for nursing care providers to improve their level of care.</p> <p>SCOTLAND -Principles of teaching and learning.</p> <p>SPAIN Professional Teaching and Education -Promotes and advocates programs that support the interdisciplinary education of health care.</p> <p>SWITZERLAND (CNS) -Leadership: create a more empowering and humane work environment; manage and bridge boundaries among other nursing groups; take on responsibility of moving toward an integrative and unified understanding of APN; affirm the importance of motivation and empowerment in developing innovators.</p> <p>U.S.A. (CNS) -Participates in pre-professional, graduate and continuing education of nurses and other health care providers. -Completes a needs assessment as appropriate to guide interventions with staff. -Promotes professional development of staff nurses and continuing education activities.</p>	<p>nursing practice for student, other members of the health team, health planners and the public.</p> <p>Contributes new knowledge to practice development by conducting research, dissemination and incorporating findings into practice.</p> <p>Advocates for and participates in obtaining public, legal and employer recognition of advanced practice nursing qualifications, title protection and scope of practice.</p> <p>Scans the global environment for emerging trends in advanced practice and health care.</p> <p>Leads advocacy activities through professional organization to influence health and social care service policies that impact on the availability and access to advanced nursing practice services.</p>
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	<p>WALES -Principles of teaching and learning.</p>	
<p>2. Serves as a formal educator and clinical preceptor for nursing and medical students, staff, and others</p>	<p>BOTSWANA (NP) -Teaches physical assessments and assists staff nurses to develop clinical skills that are essential for identifying patient problems and developing care plans which are consistent with identified problem and prescribed medical plan of care. -Participates in the clinical teaching of students and other health care workers as a resource person, guest lecturer and/or preceptor.</p> <p>CANADA (NP) -Acts as a preceptor, mentor and coach to nursing colleagues, other members of the health-care team and students.</p> <p>CANADA (CNS) -Fosters an organizational culture of learning, quality and safety through preceptorship, role modelling, mentorship and coaching of nurses and other members of the health-care team and students.</p> <p>FINLAND -Education, coaching and guidance</p> <p>HONG KONG (APN) -Leads hospital/community health education and promotional activities.</p>	<p>Recognizes breaches and intervenes at the practice and systems levels to ensure that care is sensitive to cultural needs.</p> <p>Interacts in a manner that is respectful and culturally appropriate to the clients, family and/or carers from diverse cultural backgrounds.</p> <p>Acts as an effective role model for students and within the care team.</p>

	<p>IRELAND (NP & Advanced Midwife) -Educates patients/clients, families and communities in relation to their healthcare needs in the specialist area of practice.</p> <p>JAPAN (CNS) -Education: Educational role for nursing care providers to improve their level of care.</p> <p>NETHERLANDS (NP) -The nurse practitioner facilitates the expertise of students, colleagues, patients and others involved in healthcare and plays a leading role in this.</p> <p>NEW ZEALAND Works collaboratively to optimise health outcomes for health consumers /population groups. -Establishes and maintains effective collegial relationships as a senior member of interprofessional teams. -Collaborates with other health professionals and agencies to ensure timely access and smooth transition to quality services for the health consumer. -Demonstrates advanced interpersonal, leadership and management skills to foster and maintain collegial relationships by communicating and engaging effectively and professionally with diverse groups and communities to improve healthcare. -Effects nursing practice and healthcare change using broad-based skills, including negotiating, consensus building and partnering.</p>	
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	<p>-Articulates the nurse practitioner role and promotes nursing in clinical, political and professional contexts. -Contributes to the healthcare team by supporting, directing, educating and mentoring colleagues, students and others (adapted).</p> <p>Initiates, and participates in, activities that support safe care, community partnership and population health improvements.</p> <p>-Applies knowledge of health systems, socio-political issues, new technologies and funding/business practices to advocate, influence and manage innovative changes to healthcare services to improve access, equity of outcomes, quality and cost-effective healthcare for specific groups or populations. -Influences and critiques health policy and nursing practice through leadership and active participation in workplace and professional organisations.</p> <p>SCOTLAND</p> <p>-Teaching, mentorship and coaching. -Supporting others to develop knowledge and skills.</p> <p>SPAIN</p> <p>Inter-Professional Relationship and Mentoring</p> <p>-Tutors, health care workers, university students and others acquiring new knowledge and skills to help them in their professional practice.</p> <p>SWITZERLAND (CNS)</p> <p>-Coaching & Guidance: articulate the nuances of coaching</p>	
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	<p>to preceptors, protégés and staff; attend to the patterns of encounters and strategies the APN have used to coach and apply or adapt these experiences to coach patients; provide positive reinforcement; communicate effectively to establish therapeutic, caring relationship; self-reflection as a part during interactions with patients.</p> <p>U.S.A. (NP)</p> <ul style="list-style-type: none"> -Advocates for improved access, quality and cost effective health care. -Translates technical and scientific health information appropriate for various users' needs. -Assesses the patient's and caregiver's educational needs to provide effective, personalized health care. -Coaches the patient and caregiver for positive behavioral change. -Contributes to the design of clinical information systems that promote safe, quality and cost-effective care. -Uses technology systems that capture data on variables for the evaluation of nursing care. <p>U.S.A. (CNS)</p> <ul style="list-style-type: none"> -Participates in pre-professional, graduate and continuing education of nurses and other health care providers. -Completes a needs assessment as appropriate to guide interventions with staff. -Promotes professional development of staff nurses and continuing education activities. -Implements staff development and continuing education activities. -Mentors nurses to translate research into practice. 	
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	<ul style="list-style-type: none"> -Mentors staff nurses, graduate students and others to acquire new knowledge and skills and develop their careers. -Mentors health professionals in applying the principles of evidence-based care. <p>WALES</p> <ul style="list-style-type: none"> -Teaching, mentorship and coaching. -Supporting others to develop knowledge and skills. 	
<p>3. Identify learning needs of various populations and contribute to the development of educational programs and resources</p>	<p>CANADA (NP)</p> <ul style="list-style-type: none"> -Acts as a preceptor, mentor and coach to nursing colleagues, other members of the health-care team and students. <p>CANADA (CNS)</p> <ul style="list-style-type: none"> -Leads initiatives to promote professional growth, continuous learning and collaborative practices of nurses and other members of the health-care team to ensure client safety and quality of care. <p>ENGLAND</p> <ul style="list-style-type: none"> -Enable patients/clients to learn by designing and coordinating the implementation of plans appropriate to their preferred approach to learning, motivation and developmental stage. <p>FINLAND</p> <ul style="list-style-type: none"> -Education, coaching and guidance 	<p>Promotes and encourages programmes that support interdisciplinary health care education.</p> <p>Contributes new knowledge to practice development by conducting research, dissemination and incorporating findings into practice.</p> <p>Scans the global environment for emerging trends in advanced practice and health care.</p>

	<p>JAPAN (CNS) -Education: Educational role for nursing care providers to improve their level of care.</p> <p>NEW ZEALAND Initiates, and participates in, activities that support safe care, community partnership and population health improvements. -Critically appraises scientific literature and shares new knowledge and research through discussions, presentations and publications, and the development of best-practice guidelines. -Incorporates understanding of diversity, cultural safety and socio-economic determinants of health and uses cultural models of care when planning and providing healthcare services.</p> <p>HONG KONG (APN) -Leads hospital/community health education and promotional activities.</p> <p>IRELAND (NP & Advanced Midwife) -Identifies own Continuing Professional Development (CPD) needs and engages accordingly. -The person must provide evidence that they engage in continuing professional development.</p> <p>NETHERLANDS (NP) -The nurse practitioner facilitates the expertise of students, colleagues, patients and others involved in healthcare and plays a leading role in this.</p>	
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	<p>SCOTLAND</p> <ul style="list-style-type: none"> -Service user focus/public involvement. -Developing service user/carer education materials. <p>SWITZERLAND (CNS)</p> <ul style="list-style-type: none"> -Collaboration: Identify stakeholders and involve them; partnership with medical doctors, general practitioners, pharmacists, social workers, psychologists, physiotherapists, family members and caregivers; develop a community of attentiveness, skill and collaboration. -Coaching and Guidance: Articulate the nuances of coaching to preceptors, protégés and staff; attend to the patterns of encounters and strategies that APNs have used to coach, and apply or adapt these experiences to coach patients; provide positive reinforcement; communicate effectively to establish therapeutic, caring relationships; self-reflection as a component of interactions with patients. -Evidence based nursing/ Research: promoting the value and usefulness of evidence in decision making; demonstrating use of Evidence-Based Practice in delivery of direct clinical care and clinical consultation; fostering change in the organization to promote evidence-base care; evaluate the effectiveness of care after implementation of the practice change from the caregivers and patient’s perspective. <p>U.S.A. (CNS)</p> <ul style="list-style-type: none"> -Designs health information and patient education appropriate to the patient’s developmental level, health literacy level, learning needs, readiness to learn, and cultural values and beliefs. 	
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	<p>WALES -Service user focus/public involvement. -Developing service user/carer education materials.</p>	
<p>4. Serve as informal educator to staff while providing direct care activities</p>	<p>BOTSWANA -Participates in general in-service and orientation programs for nurses as a resource person.</p> <p>CANADA (NP) -Acts as a preceptor, mentor and coach to nursing colleagues, other members of the health-care team and students.</p> <p>CANADA (CNS) -Improves nursing practice through mentoring role modelling, consultation and education.</p> <p>FINLAND -Education, coaching and guidance;</p> <p>IRELAND (NP & Advanced Midwife) -Provides mentorship, preceptorship, teaching, facilitation and professional supervisory skills for nurses and midwives and other healthcare workers.</p> <p>JAPAN (CNS) -Education: Educational role for nursing care providers to improve their level of care.</p>	<p>Acts as a resource on practice for students, other members of the health team, health planners and the public advanced nursing.</p>

	<p>NEW ZEALAND</p> <p>Consistently involves the health consumer to enable their full partnership in decision-making and active participation in care.</p> <ul style="list-style-type: none"> -Supports, educates, coaches, motivates, counsels and works in partnership with the health consumer and their family/whānau where relevant regarding diagnoses, prognoses and self-management, including their personal responses to illness, injuries, risk factors and therapeutic interventions. -Advises the health consumer and their family/whānau where relevant on therapeutic interventions including benefits, potential side effects, unexpected effects, interactions, importance of compliance and recommended follow-up. -Discloses the facts of adverse events to the health consumer and other health professionals; mitigates harm and reports adverse events to appropriate authorities. -Respects the rights of the health consumer to make informed decisions whilst taking accountability to ensure access to accurate and appropriately interpreted information. -Assesses and contributes to health literacy by sharing knowledge with the health consumer to achieve an evidence-informed management plan. -Uses appropriate teaching/learning strategies and style to provide diagnostic information, health promotion and health education to meet the health consumers learning needs. 	
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	<p>Works collaboratively to optimise health outcomes for health consumers /population groups.</p> <ul style="list-style-type: none"> -Establishes and maintains effective collegial relationships as a senior member of interprofessional teams. -Collaborates with other health professionals and agencies to ensure timely access and smooth transition to quality services for the health consumer. -Demonstrates advanced interpersonal, leadership and management skills to foster and maintain collegial relationships by communicating and engaging effectively and professionally with diverse groups and communities to improve healthcare. -Effects nursing practice and healthcare change using broad-based skills, including negotiating, consensus building and partnering. -Contributes to the healthcare team by supporting, directing, educating and mentoring colleagues, students and others (adapted). <p>Initiates, and participates in, activities that support safe care, community partnership and population health improvements.</p> <ul style="list-style-type: none"> -Applies knowledge of health systems, socio-political issues, new technologies and funding/business practices to advocate, influence and manage innovative changes to healthcare services to improve access, equity of outcomes, quality and cost-effective healthcare for specific groups or populations. 	
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	<p>NETHERLANDS (NP) -The nurse practitioner facilitates the expertise of students, colleagues, patients and others involved in healthcare and plays a leading role in this.</p> <p>SCOTLAND -Promotion of learning/creation of learning environment.</p> <p>SPAIN Inter-Professional Relations and Mentoring -Collaborates with health care team members in order to provide inter-professional health care focused on patients, relatives, and /or communities s/he works with at an individual, organizational and systemic level.</p> <p>SWITZERLAND (CNS) -Coaching & Guidance: articulate the nuances of coaching to preceptors, protégés and staff; attend to the patterns of encounters and strategies the APN have used to coach and apply or adapt these experiences to coach patients; provide positive reinforcement; communicate effectively to establish therapeutic, caring relationship; self-reflection as a part during interactions with patients -Ethical decision-making: gain knowledge; create an ethical environment; engage all involved parties in active interaction and consensus building; use support of the ethics committee or other professional colleagues in ethical issues.</p>	
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	<p>NETHERLANDS (NP) -The nurse practitioner facilitates the expertise of students, colleagues, patients and others involved in healthcare and plays a leading role in this.</p> <p>U.S.A. (CNS) -Mentors staff nurses, graduate students and others to acquire new knowledge and skills and develop their careers. -Mentors health professionals in applying the principles of evidence-based care.</p> <p>WALES -Promotion of learning/creation of learning environment.</p>	
<p>5. Facilitate professional development of nursing staff through education</p>	<p>BOTSWANA -Teaches physical assessments and assists staff nurses to develop clinical skills that are essential for identifying patient problems and developing care plans which are consistent with identified problem and prescribed medical plan of care.</p> <p>CANADA (NP) -Engages in ongoing professional development and accepts personal responsibility for maintaining nurse practitioner competence.</p> <p>CANADA (CNS) -Improves nursing practice through mentoring role modelling, consultation and education.</p>	<p>Undertakes regular review of own practice by engaging in reflection, critical examination and evaluation and seeking peer review.</p> <p>Assumes responsibility for lifelong learning, own professional development and maintenance of competence.</p>

	<p>ENGLAND -Work in collaboration with others to plan and deliver interventions to meet the learning and development needs of their own and other professions.</p> <p>FINLAND -Education, coaching and guidance;</p> <p>HONG KONG (APN) -Coordinates human and environmental resources necessary to manage rapidly changing situations. -Leads hospital/community health education and promotional activities -Empowers staff to assume increasing responsibilities for complicated client care with delegation, support and supervision. -Provides leadership in the interdisciplinary team through the development of collaborative practices or innovative partnerships. -Demonstrate effective leadership skills and can exert influence in a group. -Provides leadership in professional activities.</p> <p>IRELAND (NP & Advanced Midwife) -Provides mentorship, preceptorship, teaching, facilitation and professional supervisory skills for nurses and midwives and other healthcare workers.</p> <p>JAPAN (CNS) -Education: Educational role for nursing care providers to improve their level of care.</p>	
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	<p>NEW ZEALAND Works collaboratively to optimise health outcomes for health consumers /population groups. -Demonstrates advanced interpersonal, leadership and management skills to foster and maintain collegial relationships by communicating and engaging effectively and professionally with diverse groups and communities to improve healthcare. -Contributes to the healthcare team by supporting, directing, educating and mentoring colleagues, students and others (adapted).</p> <p>NORWAY -I am actively responsible for my own professional development. -I reflect on my actions. -I analyse and evaluate my work continuously.</p> <p>SCOTLAND -Promotion of learning/creation of learning environment. -Negotiation and influencing skills. -Networking. -Team development.</p> <p>SPAIN Professional Teaching and Education -Assumes responsibility for lifelong learning for his/her professional development and maintenance of his/her professional competencies. -Uses the information obtained in training activities to improve professional performance.</p>	
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	<p>SWITZERLAND (CNS)</p> <ul style="list-style-type: none"> -Coaching & Guidance: articulate the nuances of coaching to preceptors, protégés and staff; attend to the patterns of encounters and strategies the APN have used to coach and apply or adapt these experiences to coach patients; provide positive reinforcement; communicate effectively to establish therapeutic, caring relationship; self-reflection as a part during interactions with patients. -Ethical decision-making: gain knowledge; create an ethical environment; engage all involved parties in active interaction and consensus building; use support of the ethics committee or other professional colleagues in ethical issues. <p>NETHERLANDS (NP)</p> <ul style="list-style-type: none"> -The nurse practitioner facilitates the expertise of students, colleagues, patients and others involved in healthcare and plays a leading role in this. <p>U.S.A. (CNS)</p> <ul style="list-style-type: none"> -Facilitates the provision of clinically competent care by staff/team through education, role modeling, teambuilding, and quality monitoring. <p>WALES</p> <ul style="list-style-type: none"> -Promotion of learning/creation of learning environment. -Negotiation and influencing skills. -Networking. -Team development. 	
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<p>6. Provide appropriate patient and family education</p>	<p>BOTSWANA -Observes performance directly, analyses documented information and judges the adequacy with which conclusions about patients are supported by relevant information. Provides anticipatory guidance, teaching and counselling for self-care to patient, family and groups.</p> <p>CANADA (NP) -Supports, educates, coaches and counsels clients regarding diagnoses, prognoses and self-management, including their personal responses to diseases, disorders, conditions, injuries, risk factors, lifestyle changes and therapeutic interventions.</p> <p>CANADA (CNS) -Advocates for client-centered care to meet their needs in highly and often unpredictable situations.</p> <p>FINLAND -Education, coaching and guidance;</p> <p>HONG KONG (APN) -Reviews medication regime and counsel's clients concerning drug regimens, drug side effects, and interactions. -Demonstrates skills in promoting interaction to effect clients' change in health behavior. -Provides guidance and counseling regarding symptom management.</p>	<p>Develops resources, programmes and formulates implementation strategies designed to promote health life styles, and adoption of illness/injury prevention activities of individuals, families or communities.</p>
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	<p>IRELAND (NP & Advanced Midwife)</p> <ul style="list-style-type: none"> -Educates patients/clients, families and communities in relation to their healthcare needs in the specialist area of practice. -Identifies health promotion priorities in the area of specialist practice. -Implements health promotion strategies for patient/client groups in accordance with public health agenda. <p>JAPAN (CNS)</p> <ul style="list-style-type: none"> -Practice: Outstanding level of nursing practice in care of individual, family or group. -Education: Educational role for nursing care providers to improve their level of care. <p>MACAO</p> <ul style="list-style-type: none"> -Implement the nursing care plan in establishing trust among the individual, families and the communities and integrate educational activities to promote self-care and public health. <p>NETHERLANDS (NP)</p> <ul style="list-style-type: none"> -The nurse practitioner facilitates the expertise of students, colleagues, patients and others involved in healthcare and plays a leading role in this. <p>NEW ZEALAND</p> <p>Consistently involves the health consumer to enable their full partnership in decision making and active participation in care.</p> <ul style="list-style-type: none"> -Works to establish a relationship with the health consumer 	
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	<p>that is characterised by mutual trust and respect, empathy and collaboration.</p> <ul style="list-style-type: none"> -Demonstrates respect for differences in cultural, social and developmental responses to health and illness, and incorporates health beliefs of the health consumer/community into care planning and implementation. -Supports, educates, coaches, motivates, counsels and works in partnership with the health consumer and their family/whānau where relevant regarding diagnoses, prognoses and self-management, including their personal responses to illness, injuries, risk factors and therapeutic interventions. -Advises the health consumer and their family/whānau where relevant on therapeutic interventions including benefits, potential side effects, unexpected effects, interactions, importance of compliance and recommended follow-up. -Discloses the facts of adverse events to the health consumer and other health professionals; mitigates harm and reports adverse events to appropriate authorities. -Respects the rights of the health consumer to make informed decisions whilst taking accountability to ensure access to accurate and appropriately interpreted information. -Assesses and contributes to health literacy by sharing knowledge with the health consumer to achieve an evidence-informed management plan. -Uses appropriate teaching/learning strategies and style to provide diagnostic information, health promotion and health education to meet the health consumers learning 	
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	<p>needs.</p> <p>SCOTLAND -Service user/carer teaching and information giving.</p> <p>SPAIN Care Management -Promotes the ability of the patients, relatives, and/or communities s/he works with to participate in decisions related to the care process and managing their health needs; in accordance with the assessment of preferences of the patients, relatives and/or communities s/he works with and the resources available.</p> <p>SWITZERLAND (CNS) -Consultation: Improve care delivery processes and patient outcomes; enhance health care delivery systems; extend the knowledge available to solve clinical problems; foster ongoing professional development of the consultee.</p> <p>U.S.A. (NP) -Integrates appropriate technologies for knowledge management to improve health care. -Translates technical and scientific health information appropriate for various users' needs. -Assesses the patient's and caregiver's educational needs to provide effective, personalized health care. -Coaches the patient and caregiver for positive behavioral change. -Demonstrates information literacy skills in complex decision making.</p>	
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	<p>U.S.A. (CNS) -Designs health information and patient education appropriate to the patient’s developmental level, health literacy level, learning needs, readiness to learn, and cultural values and beliefs.</p> <p>-Facilitates patient and family understanding of the risks, benefits, and outcomes of proposed healthcare regimen to promote informed decision-making.</p> <p>WALES -Service user/carer teaching and information giving.</p>	
<p>Strong 3: SUPPORT OF SYSTEMS Mick &Ackerman</p>	<p>COUNTRIES</p>	<p>ICN APN COMPETENCIES 2008 Developed by Dr. Rosemary Goodyear</p>
<p>1. Consult with others regarding conduct of projects or presentations</p>	<p>AUSTRALIA Evaluates Outcomes and Improves Practice <i>Advocates for, participate in, or leads systems that support safe care, partnership with professional growth. (6 Cues)</i> - Advocates and provides evidence for expansion to nurse practitioner service where it is believed that such and expansion will improve access to quality and cost-effective health care for specific populations. -Demonstrate clinical leadership in the design and evaluation of services for health promotion, or the prevention of injury and/or illness. - Articulates and promotes the nurse practitioner role in</p>	<p>Negotiates to meet priorities for care within available health resources and the system capabilities.</p>

	<p>clinical, political and professional contexts.</p> <ul style="list-style-type: none"> -Acts as an educator and/or mentor to nursing colleagues and others in the healthcare team. -Critiques health care policies for their implications on the nurse practitioner role and the populations for whom they care. -Influence health, disability and aged-care policy and practice through leadership and active participation in workplace and professional organizations. <p>BOTSWANA</p> <ul style="list-style-type: none"> -Confers and collaborates with senior members of the health team to ensure a concerted multi-disciplinary approach to patient care. <p>CANADA (NP)</p> <ul style="list-style-type: none"> -Acts as a consultant to and/or refers and accepts referrals from health-care providers, community agencies and allied non-health-care professionals. <p>JAPAN (CNS)</p> <ul style="list-style-type: none"> -Consultation: Consultation for care providers including nursing care providers. -Education: Educational role for nursing care providers to improve their level of care. <p>NEW ZEALAND</p> <p>Works collaboratively to optimise health outcomes for health consumers /population groups.</p> <ul style="list-style-type: none"> -Establishes and maintains effective collegial relationships as a senior member of interprofessional teams. 	
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	<ul style="list-style-type: none"> -Collaborates with other health professionals and agencies to ensure timely access and smooth transition to quality services for the health consumer. -Demonstrates advanced interpersonal, leadership and management skills to foster and maintain collegial relationships by communicating and engaging effectively and professionally with diverse groups and communities to improve healthcare. -Effects nursing practice and healthcare change using broad-based skills, including negotiating, consensus building and partnering. -Articulates the nurse practitioner role and promotes nursing in clinical, political and professional contexts. -Contributes to the healthcare team by supporting, directing, educating and mentoring colleagues, students and others (adapted). <p>Initiates, and participates in, activities that support safe care, community partnership and population health improvements.</p> <ul style="list-style-type: none"> -Critically appraises scientific literature and shares new knowledge and research through discussions, presentations and publications, and the development of best-practice guidelines. <p>NORWAY</p> <ul style="list-style-type: none"> -I cooperate well with the physician. -I consult other professional experts when required -I cooperate actively with other health professionals when coordinating patients' nursing, care and treatment. 	
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	<p>U.S.A. (CNS)</p> <ul style="list-style-type: none"> -Analyzes data from consultations to implement practice improvements. -Provides leadership in promoting interdisciplinary collaboration to implement outcome-focused patient care programs meeting the clinical needs of patients, families, populations and communities. <p>SPAIN</p> <p>Clinical and Professional Leadership</p> <ul style="list-style-type: none"> -Provides consultancy services on the basis of clinical data, theoretical frameworks and evidence-based practice. -Makes the recommendations based on the consultancy process. <p>SWITZERLAND (CNS)</p> <ul style="list-style-type: none"> -Leadership: Create a more empowering and humane work environment; manage and bridge boundaries among other nursing groups; take on the responsibility of moving toward an integrative and unified understanding of APN; affirm the importance of motivation and empowerment in developing innovators. -Consultation: improve care delivery processes and patient outcomes; enhance health care delivery systems; extend the knowledge available to solve clinical problems; foster the ongoing professional development of the consultee. <p>U.S.A. (CNS)</p> <ul style="list-style-type: none"> -Analyzes data from consultations to implement practice improvements. -Provides leadership in promoting interdisciplinary 	
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	<p>collaboration to implement outcome-focused patient care programs meeting the clinical needs of patients, families, populations and communities.</p>	
<p>2. Actively contribute to medical center and school of nursing recruitment and retention activities</p>	<p>CANADA (NP) -Collaborates with members of the health-care team to provide and promote interprofessional client-centred care at the individual, organizational and systems levels.</p> <p>HONG KONG (APN) -Leads hospital/community health education and promotional activities.</p> <p>NEW ZEALAND Works collaboratively to optimise health outcomes for health consumers /population groups. -Contributes to the healthcare team by supporting, directing, educating and mentoring colleagues, students and others (adapted).</p> <p>NORWAY -I maintain an ethical approach towards my colleagues.</p> <p>SPAIN Clinical and Professional Leadership -Leads the promotion of interdisciplinary collaborations to implement result driven oriented patient care programmes that can meet the clinical needs of patients, families, populations and communities.</p>	<p>Creates a vision and acts to provide all members of the team with a sense of ownership and control over their work.</p>

<p>3. Participate in strategic planning for the service, department, or hospital</p>	<p>BOTSWANA -Confers and collaborates with senior members of the health team to ensure a concerted multi-disciplinary approach to patient care.</p> <p>CANADA (NP) -Collaborates with members of the health-care team to promote and guide continuous quality improvement initiatives at the individual, organizational and systems levels. -Initiates or participates in the development of strategies to address identified client and/or population health implications.</p> <p>ENGLAND -Engage stakeholders and use high-level negotiating and influencing skills to develop and improve practice.</p> <p>HONG KONG (APN) -Provides leadership in the interdisciplinary team through the development of collaborative practices or innovative partnerships.</p> <p>IRELAND (NP & Advanced Midwife) -Initiates, participates in and evaluates audit. -Uses the outcomes of audit to improve service provision. -Contributes to service planning and budgetary processes through use of audit data and specialist knowledge.</p>	<p>Participates in creating, and establishing evidence-based implementation strategies for education programmes designed to encourage learning about health promotion and illness/injury prevention, and stimulate participation of clients to meet own health needs.</p> <p>Prioritizes caseload, manages time effectively and allocates resources to optimise outcomes.</p> <p>Develops and implements mechanisms for periodic monitoring and evaluation of policies that impact on nursing services and translates these into health plans, structures, and programmes.</p> <p>Promotes policies and advocates for resources to support education and professional development in the work setting.</p> <p>Introduces, evaluates and</p>
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	<p>MACAO</p> <ul style="list-style-type: none"> -Collaborate with other services in providing nursing care training. -Collaborate with other services in training nurses and other health care personnel within the health care unit. -Provide opinions on location, facilities, equipment, personnel and organization within the unit of their expertise. -Responsible for training of nurses and other health care personnel and collaborate with the head nurse in planning annual activity. -Prepare reports of in-service training. <p>NETHERLANDS (NP)</p> <p>Organisation</p> <ul style="list-style-type: none"> -The nurse practitioner sets priorities and knows how to find a balance between the different aspects of the job: patient care and the organisation of the care as well as education and research. -The nurse practitioner designs and redesigns the care process (process redesign) based on the care need to realise a permanent improvement that is translated into indicators such as costs, continuity, quality, service and speed. -The nurse practitioner is aware of the possibilities of information and communication technology for optimum organisation of the care process and applies these as well. <p>Public duty</p> <ul style="list-style-type: none"> -The nurse practitioner identifies factors that threaten patients and/or specific groups, and formulates policy proposals in the area of prevention and realises these. -The nurse practitioner encourages the patient to act as a 	<p>manages innovation and change in the health system through encouraging creativity.</p>
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	<p>critical consumer and puts related themes up for discussion.</p> <ul style="list-style-type: none"> -The nurse practitioner contributes to patient safety at both the individual level of the patient and at the level of the organisation and/or care chain. -The nurse practitioner implements the quality requirements from legislation and regulations that the treatment and care process must comply with. <p>NEW ZEALAND</p> <p>Initiates, and participates in, activities that support safe care, community partnership and population health improvements.</p> <ul style="list-style-type: none"> -Utilises systems thinking and critical inquiry skills to audit, evaluate and improve the quality of health services. -Uses relevant tools to monitor and measure the effectiveness of strategies, services and interventions to promote safe practice. -Monitors and minimises risks to health consumers and healthcare service providers at the individual and systems level. -Applies knowledge of health systems, socio-political issues, new technologies and funding/business practices to advocate, influence and manage innovative changes to healthcare services to improve access, equity of outcomes, quality and cost-effective healthcare for specific groups or populations. -Critically appraises scientific literature and shares new knowledge and research through discussions, presentations and publications, and the development of best-practice guidelines. -Incorporates understanding of diversity, cultural safety and 	
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	<p>socio-economic determinants of health and uses cultural models of care when planning and providing healthcare services.</p> <ul style="list-style-type: none"> -Demonstrates commitment to the Treaty of Waitangi/Tiriti o Waitangi and applies advanced knowledge of Māori health and socio-economic disparities when working in partnership with Māori health consumers and local iwi/Māori health providers to improve access to healthcare and health outcomes. -Influences and critiques health policy and nursing practice through leadership and active participation in workplace and professional organisations. <p>NORWAY</p> <ul style="list-style-type: none"> -I participate in quality development at my workplace. -I take responsibility for competence development at my workplace. -I take active responsibility for creating a good working environment. <p>SPAIN</p> <p>Quality Management</p> <ul style="list-style-type: none"> -Anticipates the variability of clinical practice and acts proactively in the implementation of interventions that ensure quality. <p>Care Management</p> <ul style="list-style-type: none"> -Contributes to the development of the global health care system and adopts nursing models used in the system to obtain optimal results. 	
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	<p>SWITZERLAND (CNS) -Leadership: Create a more empowering and humane work environment; manage and bridge boundaries among other nursing groups; take on responsibility of moving toward an integrative and unified understanding of APN; affirm the importance of motivation and empowerment in developing innovators.</p> <p>U.S.A. (NP) -Applies knowledge of organizational practices and complex systems to improve health care delivery. -Effects health care change using broad based skills including negotiating, consensus-building, and partnering. -Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders. -Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.</p>	
<p>4. Provide direction for and participation in unit or service quality improvement programs</p>	<p>AUSTRALIA Evaluates Outcomes and Improves Practice <i>Advocates for, participate in, or leads systems that support safe care, partnership with professional growth. (6 Cues)</i> - Advocates and provides evidence for expansion to nurse practitioner service where it is believed that such and expansion will improve access to quality and cost-effective health care for specific populations. -Demonstrate clinical leadership in the design and evaluation of services for health promotion, or the prevention of injury and/or illness. - Articulates and promotes the nurse practitioner role in</p>	<p>Develops resources, programmes and formulates implementation strategies designed to promote healthy life styles, and adoption of illness/injury prevention activities of individuals, families or communities.</p> <p>Identifies and responds creatively to new opportunities</p>

	<p>clinical, political and professional contexts.</p> <ul style="list-style-type: none"> -Acts as an educator and/or mentor to nursing colleagues and others in the healthcare team. -Critiques health care policies for their implications on the nurse practitioner role and the populations for whom they care. -Influence health, disability and aged-care policy and practice through leadership and active participation in workplace and professional organizations. <p>BOTSWANA</p> <ul style="list-style-type: none"> -Interprets broad objectives and policy, pertinent to nursing care services in the clinical area of specialization. -Evaluates clinical performance of subordinates and takes appropriate measure to help bridge performance gaps where there is an indication to do so. <p>CANADA (NP)</p> <ul style="list-style-type: none"> -Initiates or participates in the design of services/ interventions for health promotion, health protection, and the prevention of injury, illness, disease and complications. <p>CANADA (CNS)</p> <ul style="list-style-type: none"> -Collaborates with clients and appropriate interprofessional team members within the clinical area to achieve optimal health outcomes. -Leads initiatives to promote professional growth, continuous learning and collaborative practices of nurses and other members of the health-care team to ensure client safety and quality of care. -Applies knowledge of existing resources and the cost 	<p>for health education/patient education based on client and community needs, and available resources, and using strategies based on the best evidence available.</p> <p>Incorporates a perspective that takes into account the multiple determinants of health when developing illness prevention, health promotion and capacity building strategies for individuals, families and communities.</p>
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	<p>effectiveness of interventions to inform resources decisions at the practice setting, organizational and system levels.</p> <ul style="list-style-type: none"> -Develops and leads strategies to promote the uptake of evidence-informed practices to optimize identified client outcomes. -Evaluates gaps and operational issues at the organizational and community levels to contribute to the development of innovative solutions. -Collaborates in the development of strategic program planning and evaluation to foster innovative care for specific client populations. <p>ENGLAND</p> <ul style="list-style-type: none"> -Continually assess and monitor risk in their own and others’ practice and challenge others about wider risk factors. <p>HONG KONG (APN)</p> <ul style="list-style-type: none"> -Initiates and implements quality improvement strategies and clinical audits in collaboration with various health disciplines. <p>IRELAND (NP & Advanced Midwife)</p> <ul style="list-style-type: none"> -Articulates and demonstrates the concept of nursing and midwifery specialist practice within the framework of relevant legislation, the Scope of Nursing and Midwifery Practice Framework (An Bord Altranais 2000a), The Code of Professional Conduct (An Bord Altranais 2000c) and Guidelines for Midwives (An Bord Altranais 2001). -Identifies, critically analyses, disseminates and integrates nursing/midwifery and other evidence into the area of 	
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	<p>specialist practice.</p> <ul style="list-style-type: none"> -Initiates, participates in and evaluates audit. -Implements changes in healthcare service in response to patient/client need and service demand. <p>JAPAN (CNS)</p> <ul style="list-style-type: none"> -Education: Educational role for nursing care providers to improve their level of care. <p>NEW ZEALAND</p> <p>Initiates, and participates in, activities that support safe care, community partnership and population health improvements.</p> <ul style="list-style-type: none"> -Utilises systems thinking and critical inquiry skills to audit, evaluate and improve the quality of health services. -Uses relevant tools to monitor and measure the effectiveness of strategies, services and interventions to promote safe practice. <p>NORWAY</p> <ul style="list-style-type: none"> -I develop and administer health-promoting and illness-preventive actions for patients. <p>SCOTLAND</p> <ul style="list-style-type: none"> -Clinical governance. -Assessing and managing risk. <p>SPAIN</p> <p>Quality Management</p> <ul style="list-style-type: none"> -Designs innovations to bring about changes in clinical practice and improvements in the results of health care. 	
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	<p>-Uses the results of quality improvement to initiate changes in nursing practice and the health care system.</p> <p>SWITZERLAND (CNS)</p> <p>-Leadership: create a more empowering and humane work environment; manage and bridge boundaries among other nursing groups; take on responsibility of moving toward an integrative and unified understanding of APN; affirm the importance of motivation and empowerment in developing innovators.</p> <p>-Coaching and Guidance: Articulate the nuances of coaching to preceptors, protégés and staff; attend to the patterns of encounters and strategies APNs have used to coach, and apply or adapt these experiences to coach patients; provide positive reinforcement; communicate effectively to establish therapeutic, caring relationships; self-reflection as a component of interactions with patients.</p> <p>U.S.A. (NP)</p> <p>-Applies knowledge of organizational practices and complex systems to improve health care delivery.</p> <p>-Minimizes risk to patients and providers at the individual and systems level.</p> <p>-Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.</p> <p>-Analyzes organizational structure, functions and resources to improve the delivery of care.</p> <p>U.S.A. (CNS)</p> <p>-Uses effective strategies for changing clinician and team behavior to encourage adoption of evidence-based practices</p>	
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	<p>and innovations in care delivery.</p> <ul style="list-style-type: none"> -Develops age-specific clinical standards, policies and procedures. -Considers fiscal and budgetary implications in decision making regarding practice and system modifications. -Evaluates use of products and services for appropriateness and cost/benefit in meeting care needs. -Conducts cost/benefit analysis of new clinical technologies. -Evaluates impact of introduction or withdrawal of products, services, and technologies. -Leads system change to improve health outcomes through evidence based practice. -Specifies expected clinical and system level outcomes. -Designs programs to improve clinical and system level processes and outcomes. -Facilitates the adoption of practice change. -Disseminates outcomes of system-level change internally and externally. -Assesses the quality and effectiveness of interdisciplinary, intra-agency, and inter-agency communication and collaboration. -Establishes collaborative relationships within and across departments that promote patient safety, culturally competent care, and clinical excellence. -Practices collegially with medical staff and other members of the healthcare team so that all providers' unique contributions to health outcomes will be enhanced. -Uses coaching and advanced communication skills to facilitate the development of effective clinical teams. -Fosters an interdisciplinary approach to quality 	
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	<p>improvement, evidence-based practice, research, and translation of research into practice. -Participates in establishing quality improvement agenda for unit, department, program, system, or population.</p> <p>WALES -Clinical governance. -Assessing and managing risk.</p>	
<p>5. Provide leadership and actively participate in the assessment, development, implementation, and evaluation of quality-improvement programs in collaboration with nursing leadership</p>	<p>AUSTRALIA Evaluates Outcomes and Improves Practice <i>Advocates for, participate in, or leads systems that support safe care, partnership with professional growth. (6 Cues)</i> - Advocates and provides evidence for expansion to nurse practitioner service where it is believed that such and expansion will improve access to quality and cost-effective health care for specific populations. -Demonstrate clinical leadership in the design and evaluation of services for health promotion, or the prevention of injury and/or illness. - Articulates and promotes the nurse practitioner role in clinical, political and professional contexts. -Acts as an educator and/or mentor to nursing colleagues and others in the healthcare team. -Critiques health care policies for their implications on the nurse practitioner role and the populations for whom they care. -Influence health, disability and aged-care policy and practice through leadership and active participation in workplace and professional organizations.</p>	<p>1. Monitors educational programme implementation and evaluates outcomes and impact on behavior.</p> <p>2. Uses evaluation data to improve educational programme outcomes.</p>

	<p>BOTSWANA</p> <ul style="list-style-type: none"> -Attends relevant committee meetings at the Ministry and hospital levels and gives technical advice on issues pertinent to the clinical area of specialization. -Provides direction for health promotion and disease prevention services as required by the client population groups, within an area of specialization. <p>CANADA (NP)</p> <ul style="list-style-type: none"> -Applies advanced knowledge and skills in communication, negotiation, coalition building, change management and conflict-resolution, including the ability to analyze, manage and negotiate conflict. -Initiates or participates in the development and implementation of evaluation processes, including identification of indicators for ongoing monitoring of strategies, services and interventions. <p>CANADA (CNP)</p> <ul style="list-style-type: none"> -Evaluates and critiques current practice against best available/benchmarks. -Evaluated the need for practice improvement to promote safe, effective and reliable care that has a positive impact on client and system outcomes. <p>ENGLAND</p> <ul style="list-style-type: none"> -Identify the need for change, proactively generate practice innovations and lead new practice and service redesign solutions to better meet the needs of patients and the service. 	
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	<ul style="list-style-type: none"> -Are proactively involved in developing strategies and undertaking activities that monitor and improve the quality of healthcare and the effectiveness of their own and others' practice. -Continually evaluate and audit the practice of self and others at individual and systems levels, selecting and applying valid and reliable approaches and methods which are appropriate to needs and context, and acting on the findings. <p>HONG KONG (APN)</p> <ul style="list-style-type: none"> -Initiates and implements quality improvement strategies and clinical audits in collaboration with various health disciplines. -Suggests implementation of evidenced-based practice and facilitates changes. <p>IRELAND (NP & Advanced Midwife)</p> <ul style="list-style-type: none"> -Initiates, participates in and evaluates audit. -Uses the outcomes of audit to improve service provision. -Identifies health promotion priorities in the area of specialist practice. -Implements health promotion strategies for patient/client groups in accordance with public health agenda. -Possesses specially focused knowledge and skills in a defined area of nursing or midwifery practice at a higher level than that of a staff nurse/midwife. <p>NETHERLANDS (NP)</p> <p>Public duty</p> <ul style="list-style-type: none"> -The nurse practitioner identifies factors that threaten patients and/or specific groups, and formulates policy 	
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	<p>proposals in the area of prevention and realises these.</p> <ul style="list-style-type: none"> -The nurse practitioner encourages the patient to act as a critical consumer and puts related themes up for discussion. -The nurse practitioner contributes to patient safety at both the individual level of the patient and at the level of the organisation and/or care chain. -The nurse practitioner implements the quality requirements from legislation and regulations that the treatment and care process must comply with. <p>NEW ZEALAND Initiates, and participates in, activities that support safe care, community partnership and population health improvements.</p> <ul style="list-style-type: none"> -Utilises systems thinking and critical inquiry skills to audit, evaluate and improve the quality of health services. -Uses relevant tools to monitor and measure the effectiveness of strategies, services and interventions to promote safe practice. -Monitors and minimises risks to health consumers and healthcare service providers at the individual and systems level. -Applies knowledge of health systems, socio-political issues, new technologies and funding/business practices to advocate, influence and manage innovative changes to healthcare services to improve access, equity of outcomes, quality and cost-effective healthcare for specific groups or populations. <p>SPAIN Clinical and Professional Leadership</p>	
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	<p>-Leads the promotion of inter-disciplinary collaborations in order to implement result oriented patient care programmes that can meet the clinical needs of patients, families, population and communities.</p> <p>Care Management</p> <p>-Keeps up-to-date knowledge of the organization s/he works for as well as the financing of health care systems and the way in which these affect health care activity.</p> <p>SWITZERLAND (CNS)</p> <p>-Leadership: create a more empowering and humane work environment; manage and bridge boundaries among other nursing groups; take on responsibility of moving toward an integrative and unified understanding of APN; affirm the importance of motivation and empowerment in developing innovators.</p> <p>-Evidence-Based Nursing/ Research: Promoting the value and usefulness of evidence in decision making; demonstrating use of Evidence Based Practice in delivery of direct clinical care and clinical consultation; fostering change in the organization to promote evidence-based care; evaluate the effectiveness of care after implementation of the practice change – from the caregivers and patient’s perspective.</p> <p>U.S.A. (NP)</p> <p>Health Delivery System Competencies</p> <p>-Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.</p> <p>-Analyzes organizational structure, functions and resources to improve the delivery of care.</p>	
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	<p>-Collaborates in planning for transitions across the continuum of care.</p> <p>U.S.A. (CNS)</p> <ul style="list-style-type: none"> -Develops evidence-based clinical interventions and systems to achieve defined patient and system outcomes. -Performs system level assessments to identify variables that influence nursing practice and outcomes, including but not limited to: <ul style="list-style-type: none"> -Population variables (age distribution, health status, income distribution, culture); -Environment (schools, community support services, housing availability, employment opportunities); -System of health care delivery; -Regulatory requirements; -Internal and external political influences/stability; -Health care financing; -Recurring practices that enhance or compromise patient or system outcomes. -Determines nursing practice and system interventions that will promote patient, family and community safety. -Provides leadership in maintaining a supportive and healthy work environment. -Evaluates impact of CNS and other nursing practice on systems of care using nurse-sensitive outcomes. -Provides leadership for establishing, improving, and sustaining collaborative relationships to meet clinical needs. -Provides leadership in conflict management and negotiation to address problems in the healthcare system. -Analyzes research finding and other evidence for their 	
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	<p>potential application to clinical practice.</p> <ul style="list-style-type: none"> -Integrates evidence into the health, illness, and wellness management of patients, families and communities and groups. -Applies principles of evidence-based practice and quality improvement to all patient care. -Assesses system barriers and facilitators to adoption of evidence based practices. -Uses quality monitory data to assess the quality and effectiveness of clinical programs in meeting outcomes. 	
<p>6. Provide leadership in the development, implementation, and evaluation of standards of practice, policies, and procedure</p>	<p>AUSTRALIA Evaluates Outcomes and Improves Practice <i>Advocates for, participate in, or leads systems that support safe care, partnership with professional growth. (6 Cues)</i></p> <ul style="list-style-type: none"> - Advocates and provides evidence for expansion to nurse practitioner service where it is believed that such and expansion will improve access to quality and cost-effective health care for specific populations. -Demonstrate clinical leadership in the design and evaluation of services for health promotion, or the prevention of injury and/or illness. - Articulates and promotes the nurse practitioner role in clinical, political and professional contexts. -Acts as an educator and/or mentor to nursing colleagues and others in the healthcare team. -Critiques health care policies for their implications on the nurse practitioner role and the populations for whom they care. -Influence health, disability and aged-care policy and practice through leadership and active participation in 	<p>1. Identifies opportunities for and participates in the assessments of new communication/health technologies to practice prior to introduction into the practice context.</p>

	<p>workplace and professional organizations.</p> <p>BOTSWANA -Sets standards for nursing practice in the area of specialization in collaboration with the Matron, other relevant senior nurses of the hospital and senior management of the Ministry of Health and in line with the regulations of the nursing council</p> <p>CANADA (NP) -Advocates for and participates in creating an organizational environment that supports safe client care, collaborative practice and professional growth. -Guides, initiates and provides leadership in the development and implementation of standards, practice guidelines, quality assurance, and education and research initiatives.</p> <p>CANADA (CNS) -Integrates knowledge of clients' perspective during policy development and planning. -Leads the development and implementation of •standards of nursing practice, •practice guidelines, •education strategies, •quality management, •research initiatives, and/or • system change. -Engages in reflective practice to ensure that professional standards of practice are met. -Uses research and outcome data to formulate, evaluate and/or revise policies, procedure, protocols, client-specific programs and client standards of care.</p>	
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	<p>ENGLAND -Engage stakeholders and use high-level negotiating and influencing skills to develop and improve practice.</p> <p>HONG KONG (APN) -Leads the on-going process of setting and revising guideline, protocols, standards and contingency plan.</p> <p>IRELAND (NP & Advanced Midwife) -Provides leadership in clinical practice and acts as a resource and role model for specialist practice. -Generates and contributes to the development of clinical standards and guidelines. -Uses specialist knowledge to support and enhance generalist nursing/midwifery practice.</p> <p>JAPAN (CNS) -Practice: Outstanding level of nursing practice in care of individual, family or group. -Education: Educational role for nursing care providers to improve their level of care.</p> <p>MACAO -Promote and collaborate in defining or updating nursing care standards and criteria.</p> <p>NETHERLANDS (NP) Knowledge and science -The nurse practitioner possesses an up-to-date expertise and has a critical attitude that is expressed during the assessment of new knowledge, research results and new</p>	
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	<p>procedures.</p> <ul style="list-style-type: none"> -The nurse practitioner facilitates the development and deepening of scientific knowledge in the NP discipline through practice-oriented research and innovation projects. -The nurse practitioner independently and proactively pursues their own professional development and the expansion of own expertise. -The nurse practitioner facilitates the expertise of students, colleagues, patients and others involved in healthcare and plays a leading role in this. <p>NEW ZEALAND</p> <p>Works collaboratively to optimise health outcomes for health consumers /population groups.</p> <ul style="list-style-type: none"> -Demonstrates advanced interpersonal, leadership and management skills to foster and maintain collegial relationships by communicating and engaging effectively and professionally with diverse groups and communities to improve healthcare. <p>Initiates, and participates in, activities that support safe care, community partnership and population health improvements.</p> <ul style="list-style-type: none"> -Influences and critiques health policy and nursing practice through leadership and active participation in workplace and professional organisations. <p>SPAIN</p> <p>Clinical and Professional Leadership</p> <ul style="list-style-type: none"> -Develops and implements mechanisms for regular supervision and assessment of policies that influence health care services and transforms them into health plans, 	
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	<p>structures and programmes.</p> <ul style="list-style-type: none"> -Assumes complex, advanced leadership positions with the purpose of initiating and channeling the evolution of work. <p>SWITZERLAND (CNS)</p> <ul style="list-style-type: none"> -Leadership: create a more empowering and humane work environment; manage and bridge boundaries among other nursing groups; take on responsibility of moving toward an integrative and unified understanding of APN; affirm the importance of motivation and empowerment in developing innovators. <p>U.S.A. (NP)</p> <ul style="list-style-type: none"> -Demonstrates an understanding of the interdependence of policy and practice. -Advocates for ethical policies that promote access, equity, quality, and cost. -Analyzes ethical, legal, and social factors influencing policy development. -Contributes in the development of health policy. -Analyzes the implications of health policy across disciplines. -Evaluates the impact of globalization on health care policy development. <p>U.S.A. (CNS)</p> <ul style="list-style-type: none"> -Assists staff in the development of innovative, cost effective programs or protocols of care. -Leads development of evidence-based plans for meeting individual, family, community, and population needs. -Facilitates the provision of clinically competent care by 	
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	<p>staff/team through education, role modeling, teambuilding, and quality monitoring.</p> <ul style="list-style-type: none"> -Provides leadership in planning data collection and quality monitoring. -Develops quality improvement initiatives based on assessments. -Provides leadership in the design, implementation and evaluation of process improvement initiatives. -Provides leadership in the system-wide implementation of quality improvements and innovations. 	
<p>7. Serve as a mentor</p>	<p>BOTSWANA</p> <ul style="list-style-type: none"> -Participates in general in-service and orientation programs for nurses as a resource person, and serves in multiple roles including care provider, case manager, educator, preceptor mentor, client advocate and administrator. <p>CANADA (NP)</p> <ul style="list-style-type: none"> -Acts as a preceptor, mentor and coach to nursing colleagues, other members of the health-care team and students. <p>CANADA (CNS)</p> <ul style="list-style-type: none"> -Fosters an organizational culture of learning, quality and safety through preceptorship, role modelling, mentorship and coaching of nurses, other members of the health-care team and students. <p>HONG KONG (APN)</p> <ul style="list-style-type: none"> -Acts as a role model and sets exemplary standard of professional behaviors. 	<p>Engages in succession planning and active preparation of future leaders through education, coaching and mentoring.</p> <p>Acts as an effective role model for students and within the care team.</p>

	<p>-Supports socialization, education, and training of novice practitioners by serving as a preceptor, role model and mentor.</p> <p>-Motivates and supports staff to be self-developing and achieve higher professional goals.</p> <p>IRELAND (NP & Advanced Midwife)</p> <p>-Provides mentorship, preceptorship, teaching, facilitation and professional supervisory skills for nurses and midwives training and other healthcare workers.</p> <p>JAPAN (CNS)</p> <p>-Consultation: Consultation for care providers including nursing care providers.</p> <p>MACAO</p> <p>-Collaborate in basic and vocational training for nurses of grade I.</p> <p>NEW ZEALAND</p> <p>Works collaboratively to optimise health outcomes for health consumers /population groups.</p> <p>-Contributes to the healthcare team by supporting, directing, educating and mentoring colleagues, students and others (adapted).</p> <p>SPAIN</p> <p>Inter-Professional Relationship and Mentoring</p> <p>-Finds time to address the professional concerns and request of his/her colleagues.</p> <p>-Encourages individuals to share with him/her any issues or</p>	
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	<p>problems that may affect their personal development and any idea or suggestion related to this, helping them solve their problems in an objective or constructive way.</p> <p>SWITZERLAND (CNS)</p> <ul style="list-style-type: none"> -Leadership: create a more empowering and humane work environment; manage and bridge boundaries among other nursing groups; take on responsibility of moving toward an integrative and unified understanding of APN; affirm the importance of motivation and empowerment in developing innovators -Coaching and Guidance: Articulate the nuances of coaching to preceptors, protégés and staff; attend to the patterns of encounters and strategies APNs have used to coach, and apply or adapt these experiences to coach patients; provide positive reinforcement; communicate effectively to establish therapeutic, caring relationships; self-reflection as a component of interactions with patients. <p>U.S.A. (CNS)</p> <ul style="list-style-type: none"> -Participates in pre-professional, graduate and continuing education of nurses and other health care providers. -Completes a needs assessment as appropriate to guide interventions with staff. -Promotes professional development of staff nurses and continuing education activities. -Implements staff development and continuing education activities. -Mentors nurses to translate research into practice. -Mentors staff nurses, graduate students and others to acquire new knowledge and skills and develop their 	
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	<p>careers.</p> <ul style="list-style-type: none"> -Mentors health professionals in applying the principles of evidence-based care. -Fosters professional accountability in self or others. 	
<p>8. Advocate for the role of the acute care NP</p>	<p>AUSTRALIA Evaluates Outcomes and Improves Practice <i>Advocates for, participate in, or leads systems that support safe care, partnership with professional growth. (6 Cues)</i></p> <ul style="list-style-type: none"> - Advocates and provides evidence for expansion to nurse practitioner service where it is believed that such and expansion will improve access to quality and cost-effective health care for specific populations. -Demonstrate clinical leadership in the design and evaluation of services for health promotion, or the prevention of injury and/or illness. - Articulates and promotes the nurse practitioner role in clinical, political and professional contexts. -Acts as an educator and/or mentor to nursing colleagues and others in the healthcare team. -Critiques health care policies for their implications on the nurse practitioner role and the populations for whom they care. -Influence health, disability and aged-care policy and practice through leadership and active participation in workplace and professional organizations. <p>BOTSWANA</p> <ul style="list-style-type: none"> -Maintains professional excellence through continuous education and adhering to the NP practice standards in the clinical area of specialization. 	<p>Advocates for and implements policies and strategies within the health system to establish positive practice environments, including the use of best practices in recruiting, retaining and developing human resources.</p> <p>Articulates and promotes the advanced practice nursing role in the clinical, political and professional contexts.</p> <p>Advocates for and participates in obtaining public, legal and employer recognition of advanced practice nursing qualifications, title protection and scope of practice.</p>

	<p>CANADA (NP) -Articulates and promotes the role of the nurse practitioner to clients, other health-care providers, social and public service sectors, the public, legislators and policy-makers.</p> <p>CANADA (CNS) -Advocates for and implements changes that optimize the development of RNs in their roles.</p> <p>HONG KONG (APN) -Interprets and markets the advanced practicing nurse role to the public and other health care professionals.</p> <p>JAPAN (CNS) -Ethical coordination: For resolution of ethical issues or dilemmas as a right of the individual, family or group.</p> <p>NEW ZEALAND Works collaboratively to optimise health outcomes for health consumers /population groups. -Articulates the nurse practitioner role and promotes nursing in clinical, political and professional contexts.</p> <p>NORWAY -I generate a creative learning environment for staff at my workplace</p> <p>IRELAND (NP & Advanced Midwife)</p>	
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	<p>-Articulates and demonstrates the concept of nursing and midwifery specialist practice within the framework of relevant legislation, the Scope of Nursing and Midwifery Practice Framework (An Bord Altranais 2000a), The Code of Professional Conduct (An Bord Altranais 2000c) and Guidelines for Midwives (An Bord Altranais 2001).</p> <p>SWITZERLAND (CNS) -Leadership: create a more empowering and humane work environment; manage and bridge boundaries among other nursing groups; take on responsibility of moving toward an integrative and unified understanding of APN; affirm the importance of motivation and empowerment in developing innovators.</p> <p>U.S.A. (CNS) <i>Advocates for role of CNS</i> -Promotes the role and scope of practice of the CNS to legislators, regulators, other health care providers, and the public. -Communicates information that promotes nursing, the role of the CNS and outcomes of nursing and CNS practice through the use of the media, advanced technologies, and community networks. -Advocates for the CNS/APRN role and for positive legislative response to issues affecting nursing practice.</p>	
<p>9. Serves as a spokesperson for nursing and the medical center when interacting with other professionals, patients,</p>	<p>CANADA (NP) -Provides leadership in the development and integration of the nurse practitioner role within the health-care system.</p>	<p>Mobilizes and coordinates resources and assumes leadership in emergency and/or disaster situations.</p>

<p>families, and the public</p>	<p>CANADA (CNS) -Negotiates complex relationships at the individual, practice setting and organizational levels with the goal of optimizing client outcomes.</p> <p>HONG KONG (APN) -Interprets and markets the advanced practicing nurse role to the public and other health care professionals.</p> <p>IRELAND (NP & Advanced Midwife) -Articulates and represents patient/client interests in collaboration with the interdisciplinary team.</p> <p>NEW ZEALAND Works collaboratively to optimise health outcomes for health consumers /population groups. -Demonstrates advanced interpersonal, leadership and management skills to foster and maintain collegial relationships by communicating and engaging effectively and professionally with diverse groups and communities to improve healthcare. -Effects nursing practice and healthcare change using broad-based skills, including negotiating, consensus building and partnering.</p> <p>SPAIN Clinical and Professional Leadership -Assumes complex, advanced leadership positions with the purpose of initiating and channeling the evolution of work. -Contributes to the advancement of nursing practice through the development and implementation of</p>	<p>Addresses conflicts promptly and creatively, recognizing the potential for opportunities for new solutions.</p> <p>Creates confidence in self and in the organisation to inspire others by tailoring leadership behaviours to maximise the contribution of others.</p>
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	<p>innovations.</p> <p>U.S.A. (NP) Health Delivery System Competencies HDSC 2. Effects health care change using broad based skills including negotiating, consensus building, and partnering.</p> <p>U.S.A. (CNS) -Provides leadership in conflict management and negotiation to address problems in the healthcare system.</p>	
<p>Strong 4: RESEARCH Mick &Ackerman</p>	<p>COUNTRIES NOTE: <i>Research is no longer a separate domain in New Zealand as the NP is viewed as being in an advanced practice role, utilizing, but not necessarily producing independent research projects.</i></p>	<p>ICN APN COMPETENCIES 2008 Developed by Dr. Rosemary Goodyear</p>
<p>1. Conduct clinical investigations.</p>	<p>BOTSWANA -Investigates morbidity and mortality patterns and uses information to review and modify nursing care programs in collaboration with stakeholders.</p> <p>CANADA (NP) -Develops utilizes and evaluates processes within the practice setting to ensure that clients receive coordinated health services that identify client outcomes and contribute to knowledge development.</p> <p>CANADA (CNP) -Leads and participates in research initiatives that facilitate the generation of new evidence.</p>	<p>Translates and integrates research to produce evidence based practice to improve safety, efficiency and effectiveness of care.</p>

	<p>FINLAND -Research and development</p> <p>HONG KONG (APN) -Attains self-advancement professionally through initiating and involving in evidence based practice and research activities. -Applies/conducts research studies pertinent to primary care and/or specialty practice management.</p> <p>JAPAN (CNS) -Research: Research activities at the place of practice for development and advancement of specialized knowledge and skills.</p> <p>MACAO -Conduct and participate in research aimed at improving nursing care. -Conduct and participate in research within their expertise.</p> <p>NETHERLANDS (NP) Knowledge and science -The nurse practitioner possesses an up-to-date expertise and has a critical attitude that is expressed during the assessment of new knowledge, research results and new procedures. -The nurse practitioner facilitates the development and deepening of scientific knowledge in their discipline through practice-oriented research and innovation projects. -The nurse practitioner independently and proactively</p>	
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	<p>pursues their own professional development and the expansion of the expertise. -The nurse practitioner facilitates the expertise of students, colleagues, patients and others involved in healthcare and plays a leading role in this.</p> <p>SCOTLAND -Involvement in research. -Involvement in audit and service evaluation.</p> <p>SPAIN Research and Evidence Based Practice -Acts either as a primary researcher or as a collaborator with other health practitioners on the team or in a community context; identifies, leads and supports research that promotes or benefits health care.</p> <p>SWITZERLAND (CNS) -Evidence based nursing/ Research: promoting the value and usefulness of evidence in decision making; demonstrating use of Evidence-based practice in delivery of direct clinical care and clinical consultation; fostering change in the organization to promote evidence-base care; evaluate the effectiveness of care after implementation of the practice change from the caregivers and patient's perspective.</p> <p>U.S.A. (NP) Practice Inquiry Competencies -Leads practice inquiry, individually or in partnership with</p>	
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	<p>others.</p> <p>WALES</p> <ul style="list-style-type: none"> -Involvement in research. -Involvement in audit and service evaluation. 	
<p>2. Participate in investigations to monitor and improve quality of patient care practices.</p>	<p>AUSTRALIA</p> <p>Evaluates Outcomes and Improves Practice</p> <p><i>Evaluates the outcomes of own practice (7 Cues)</i></p> <ul style="list-style-type: none"> - Monitors, evaluates and documents treatments/ interventions in accordance with person0determined goals and health care system outcomes - Considers a plan for appropriately ceasing and/or modifying treatment in consultation with the person receiving care and other members of the health care team. -Applies the best available evidence to identify and select appropriate outcomes measure of practice. -Uses indicators to monitor and measure the effectiveness of strategies, services and interventions to promote safe practice. -Participates in clinical supervision and review. -Implements research-based innovations for improving care. -Contributes to research that addresses identified gaps in the provision of care and/or services. <p>BOTSWANA</p> <ul style="list-style-type: none"> -Observes performance directly, analyses documented information and judges the adequacy with which 	<p>Provides leadership in developing the evidence base for professional standards and best practice and leads in developing and adapting standards to the practice context.</p> <p>Participates in intra- and inter-disciplinary peer supervision and review to improve client experience and outcomes.</p>

	<p>conclusions about patients are supported by relevant information.</p> <p>CANADA (NP) -Identifies, collects data on, and evaluates the outcomes of, nurse practitioner practice for clients and the health-care system.</p> <p>CANADA (CNS) -Uses research and outcome data to formulate, evaluate and/or revise policies, procedures, protocols, client-specific programs and client standards of care. -Participates in outcome evaluation of nurse-sensitive indicators.</p> <p>ENGLAND -Involvement in research. -Involvement in audit and service evaluation.</p> <p>FINLAND -Research and development</p> <p>HONG KONG (APN) -Attains self-advancement professionally through initiating and involving in evidence based practice and research activities. -Applies/conducts research studies pertinent to primary care and/or specialty practice management.</p> <p>JAPAN (CNS) -Research: Research activities at the place of practice for</p>	
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	<p>development and advancement of specialized knowledge and skills.</p> <p>MACAO -Conduct and participate in research aimed at improving nursing care. -Conduct and participate in research within their expertise.</p> <p>IRELAND (NP & Advanced Midwife) -Identifies, critically analyses, disseminates and integrates nursing/ midwifery and other evidence into the area of specialist practice.</p> <p>NETHERLANDS (NP) -Knowledge and science -The nurse practitioner possesses an up-to-date expertise and has a critical attitude that is expressed during the assessment of new knowledge, research results and new procedures. -The nurse practitioner facilitates the development and deepening of scientific knowledge in their discipline through practice-oriented research and innovation projects.</p> <p>SCOTLAND -Ability to access research/use information systems. -Involvement in research. -Involvement in audit and service. -Evaluation.</p> <p>SPAIN Research and Evidence Based Practice</p>	
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	<p>-Assesses current clinical practice, on an individual and systemic level based on the latest research findings. -Identifies research based priorities in his/her area of professional practice.</p> <p>SWITZERLAND (CNS)</p> <p>-Leadership: create a more empowering and humane work environment; manage and bridge boundaries among other nursing groups; take on responsibility of moving toward an integrative and unified understanding of APN; affirm the importance of motivation and empowerment in developing innovators.</p> <p>-Coaching and Guidance: Articulate the nuances of coaching to preceptors, protégés and staff; attend to the patterns of encounters and strategies the APNs have used to coach and apply or adapt these experiences to coach patients; provide positive reinforcement; communicate effectively to establish therapeutic, caring relationships; self-reflection as a component of interaction with patients.</p> <p>-Evidence based nursing/ Research: promoting the value and usefulness of evidence in decision making; demonstrating use of Evidence-based practice in delivery of direct clinical care and clinical consultation; fostering change in the organization to promote evidence-base care; evaluate the effectiveness of care after implementation of the practice change from the caregivers and patient’s perspective.</p> <p>U.S.A. (NP)</p> <p>-Effects health care change using broad based skills including negotiating, consensus-building, and partnering.</p>	
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	<ul style="list-style-type: none"> -Minimizes risk to patients and providers at the individual and systems level. -Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders. <p>WALES</p> <ul style="list-style-type: none"> -Ability to access research/use information systems. -Involvement in research. -Involvement in audit and service. -Evaluation. 	
<p>3. Seek out potential funding sources to support investigations of clinical issues or to fund program development.</p>	<p>CANADA (NP)</p> <ul style="list-style-type: none"> -Identifies and implements research-based innovations for improving client care at the individual, organizational and systems levels. <p>CANADA (CNS)</p> <ul style="list-style-type: none"> -Uses a wide range of strategies to encourage health-care teams to engage in clinical inquiry. <p>MACAO</p> <ul style="list-style-type: none"> -Conduct and participate in research aimed at improving nursing care. <p>SWITZERLAND (CNS)</p> <ul style="list-style-type: none"> -Evidence based nursing/ Research: promoting the value and usefulness of evidence in decision making; demonstrating use of Evidence-based practice in delivery of direct clinical care and clinical consultation; fostering change in the organization to promote evidence-base care; 	

	<p>evaluate the effectiveness of care after implementation of the practice change from the caregivers and patient's perspective.</p> <p>U.S.A. (NP) -Applies knowledge of organizational practices and complex systems to improve health care delivery.</p>	
<p>4. Facilitate clinical research through collaboration with others in investigations, analyze practice problems to generate research questions, and enable access to clients and data.</p>	<p>AUSTRALIA Evaluates Outcomes and Improves Practice <i>Evaluates the outcomes of own practice (7 Cues)</i></p> <ul style="list-style-type: none"> - Monitors, evaluates and documents treatments/ interventions in accordance with person0determined goals and health care system outcomes - Considers a plan for appropriately ceasing and/or modifying treatment in consultation with the person receiving care and other members of the health care team. -Applies the best available evidence to identify and select appropriate outcomes measure of practice. -Uses indicators to monitor and measure the effectiveness of strategies, services and interventions to promote safe practice. -Participates in clinical supervision and review. -Implements research-based innovations for improving care. -Contributes to research that addresses identified gaps in the provision of care and/or services. <p>BOTSWANA -Identifies possible areas of research through analysis of clinical records and review of literature, and</p>	<p>Works collaboratively with other health care professionals, planners, policy makers and community leaders to improve service access, clinical efficacy and quality of care.</p>

	<p>participates in conducting clinical research in collaboration with other health care team members.</p> <p>CANADA (NP) -Collaborates with other members of the health-care team or the community to identify research opportunities and to conduct and/or support research.</p> <p>CANADA (CNP) -Leads and participates in research initiatives that facilitate the generation of new evidence.</p> <p>ENGLAND -Plan and seize opportunities to generate and apply new knowledge to their own and others' practice in structured ways which are capable of evaluation.</p> <p>FINLAND -Research and development</p> <p>JAPAN (CNS) -Research: Research activities at the place of practice for development and advancement of specialized knowledge and skills.</p> <p>SPAIN Research and Evidence Based Practice -Directs the development of evidence-based plans to achieve the needs of individuals, families, the community, and the population.</p>	
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	<p>SWITZERLAND (CNS) -Evidence based nursing/ Research: promoting the value and usefulness of evidence in decision making; demonstrating use of Evidence-based practice in delivery of direct clinical care and clinical consultation; fostering change in the organization to promote evidence-base care; evaluate the effectiveness of care after implementation of the practice change from the caregivers and patient’s perspective.</p> <p>U.S.A. (NP) -Critically analyzes data and evidence for improving advanced nursing practice. -Integrates knowledge from the humanities and sciences within the context of nursing science. -Translates research and other forms of knowledge to improve practice processes and outcomes. -Develops new practice approaches based on the integration of research, theory, and practice knowledge.</p> <p>U.S.A. (CNS) -Participates in conduct of or implementation of research which may include one or more of the following: -Identification of questions for clinical inquiry; -Conduct of literature reviews’ -Study design and implementation; -Data collection; -Data analysis; and, -Dissemination of findings.</p>	
<p>5. Use research and integrate</p>	<p>AUSTRALIA</p>	<p>Uses advocacy skills to</p>

<p>theory into practice and recommend policy changes on the basis of research.</p>	<p>Evaluates Outcomes and Improves Practice <i>Advocates for, participate in, or leads systems that support safe care, partnership with professional growth. (6 Cues)</i></p> <ul style="list-style-type: none"> - Advocates and provides evidence for expansion to nurse practitioner service where it is believed that such and expansion will improve access to quality and cost-effective health care for specific populations. -Demonstrate clinical leadership in the design and evaluation of services for health promotion, or the prevention of injury and/or illness. - Articulates and promotes the nurse practitioner role in clinical, political and professional contexts. -Acts as an educator and/or mentor to nursing colleagues and others in the healthcare team. -Critiques health care policies for their implications on the nurse practitioner role and the populations for whom they care. -Influence health, disability and aged-care policy and practice through leadership and active participation in workplace and professional organizations. <p>BOTSWANA</p> <ul style="list-style-type: none"> -Utilizes research information to improve the quality of nursing care services and practice relative to an area of specialization. -Applies the significance of nursing informatics and other information technologies and takes appropriate measure to help bridge performance gaps where there is an indication to do so. -Utilizes evidence-based practice in the provision of care within the clinical area of specialization. 	<p>influence health policy and planning and service access on behalf of clients unable to represent or speak for themselves.</p> <p>Contributes new knowledge to practice development by conducting research, dissemination and incorporating findings into practice.</p> <p>Advocates for and implements policies and strategies within the health system to establish positive practice environments, including the use of best practices in recruiting, retaining and developing human resources.</p> <p>Engages in succession planning and active preparation of future leaders through education, coaching and mentoring.</p> <p>Addresses conflicts promptly and creatively, recognizing the potential for opportunities for new solutions.</p> <p>Creates confidence in self and in the organization to inspire</p>
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	<p>CANADA (NP) -Engages in evidence-informed practice by critically appraising and applying relevant research, best practice guidelines and theory when providing health-care services.</p> <p>CANADA (CNS) -Uses research and outcome data to formulate, evaluate and/or revise policies, procedures, protocols, client-specific programs and client standards of care. -Integrates new evidence into the practice setting and with specific client populations. -Participates in outcome evaluation of nurse-sensitive indicators.</p> <p>ENGLAND -Critically appraise and synthesize the outcomes of relevant research, evaluations and audits and apply the information when seeking to improve practice.</p> <p>FINLAND -Research and development</p> <p>HONG KONG (APN) -Applies principles of epidemiology and demography in clinical practice. -Applies/develops a theory-based conceptual framework to guide practice. -Attains self-advancement professionally through initiating and involving in evidence based practice and research activities.</p>	<p>others by tailoring leadership behaviors to maximise the contribution of others.</p> <p>Creates a vision and acts to provide all member of the team with a sense of ownership and control over their work.</p> <p>Prioritizes caseload, manages time effectively and allocates resources to optimise outcomes.</p> <p>Develops and implements mechanisms for periodic monitoring and evaluation of policies that impact on nursing services and translates these into health plans, structures, and programmes.</p> <p>Promotes policies and advocates for resources to support education and professional development in the work setting.</p> <p>Introduces, evaluates and manages innovation and change in the health system through encouraging creativity.</p>
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	<p>-Masters the application of advanced health care technology in specific area and shows knowledge on the evidence found.</p> <p>-Critically evaluates and applies research studies pertinent to client care management and outcomes.</p> <p>-Applies/conducts research studies pertinent to primary care and/or specialty practice management.</p> <p>IRELAND (NP & Nurse Midwife)</p> <p>-Identifies, critically analyses, disseminates and integrates nursing/midwifery and other evidence into the area of specialist practice.</p> <p>-Initiates, participates in and evaluates audit. Uses the outcomes of audit to improve service provision.</p> <p>-Contributes to service planning and budgetary processes through use of audit data and specialist knowledge.</p> <p>JAPAN (CNS)</p> <p>-Research: Research activities at the place of practice for development and advancement of specialized knowledge and skills.</p> <p>MACAO</p> <p>-Using the results of studies and research for nursing care improvements.</p> <p>NETHERLANDS (NP)</p> <p>Knowledge and science</p> <p>-The nurse practitioner possesses an up-to-date expertise and has a critical attitude that is expressed during the assessment of new knowledge, research results and new</p>	
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	<p>procedures.</p> <ul style="list-style-type: none"> -The nurse practitioner facilitates the development and deepening of scientific knowledge in their discipline through practice-oriented research and innovation projects. <p>NEW ZEALAND Initiates, and participates in, activities that support safe care, community partnership and population health improvements.</p> <ul style="list-style-type: none"> -Utilises systems thinking and critical inquiry skills to audit, evaluate and improve the quality of health services. -Uses relevant tools to monitor and measure the effectiveness of strategies, services and interventions to promote safe practice. -Applies knowledge of health systems, socio-political issues, new technologies and funding/business practices to advocate, influence and manage innovative changes to healthcare services to improve access, equity of outcomes, quality and cost-effective healthcare for specific groups or populations. - Critically appraises scientific literature and shares new knowledge and research through discussions, presentations and publications, and the development of best-practice guidelines <p>NORWAY</p> <ul style="list-style-type: none"> -I systematically gather information from each patient about her/his health resources. 	
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	<p>SCOTLAND</p> <ul style="list-style-type: none"> -Ability to access research/use information systems. -Critical appraisal/evaluation skills. -Ability to implement research findings into practice - including use of and development of policies/protocols and guidelines. <p>SPAIN</p> <p>Research and Evidence Based Practice</p> <ul style="list-style-type: none"> -Uses effective strategies to change professional conduct and team work, thereby promoting the adoption of evidence-based practices and innovations in the performance of health care. <p>SWITZERLAND (CNS)</p> <ul style="list-style-type: none"> -Evidence based nursing/ Research: promoting the value and usefulness of evidence in decision making; demonstrating use of Evidence-based practice in delivery of direct clinical care and clinical consultation; fostering change in the organization to promote evidence-base care; evaluate the effectiveness of care after implementation of the practice change from the caregivers and patient’s perspective. <p>U.S.A. (NP)</p> <ul style="list-style-type: none"> -Applies knowledge of organizational practices and complex systems to improve health care delivery. -Effects health care change using broad based skills including negotiating, consensus-building and partnering. -Minimizes risk to patients and providers at the individual 	
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	<p>and systems level.</p> <ul style="list-style-type: none"> -Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders. <p>U.S.A. (CNS)</p> <ul style="list-style-type: none"> -Designs programs for effective implementation of research findings and other evidence in clinical practice. -Cultivates a climate of clinical inquiry across spheres of influence. -Evaluates the need for improvement or redesign of care delivery processes to improve safety, efficiency, reliability, and quality. -Fosters an interdisciplinary approach to quality improvement, evidence-based practice, research, and translation of research into practice. <p>WALES</p> <ul style="list-style-type: none"> -Ability to access research/use information systems. -Critical appraisal/evaluation skills. -Ability to implement research findings into practice - including use of and development of policies/protocols and guidelines. 	
<p>6. Engineer or design clinical information systems that make data available for future research.</p>	<p>BOTSWANA</p> <ul style="list-style-type: none"> -Applies information and communication technologies in collaboration with other team members to monitor patient care, review standards of practice, and determine gaps which may warrant clinical research. <p>CANADA (NP)</p>	<p>Uses advocacy skills to influence health policy and planning and service access on behalf of clients unable to represent or speak for themselves.</p>

	<p>-Develops utilizes and evaluates processes within the practice setting to ensure that clients receive coordinated health services that identify client outcomes and contribute to knowledge development.</p> <p>CANADA (CNS) -Uses systematic approaches to redesign care delivery to promote safe, effective and reliable care that has a positive impact on client and system outcomes. -Identifies and incorporates relevant data needed for quality management.</p> <p>ENGLAND -Alert appropriate individuals and organizations to gaps in evidence and/or practice knowledge and, as either a principal investigator or in collaboration with others support and conduct research that is likely to enhance practice.</p> <p>FINLAND -Research and development</p> <p>JAPAN (CNS) -Research: Research activities at the place of practice for development and advancement of specialized knowledge and skills.</p> <p>JAPAN (NP) -Nursing education and administration. -Research and development related to healthcare.</p>	<p>Contributes new knowledge to practice development by conducting research, dissemination and incorporating findings into practice.</p> <p>Advocates for and implements policies and strategies within the health system to establish positive practice environments, including the use of best practices in recruiting, retaining and developing human resources.</p> <p>Engages in succession planning and active preparation of future leaders through education, coaching and mentoring.</p> <p>Addresses conflicts promptly and creatively, recognizing the potential for opportunities for new solutions.</p> <p>Creates confidence in self and in the organization to inspire others by tailoring leadership behaviors to maximise the contribution of others.</p> <p>Creates a vision and acts to</p>
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	<p>SPAIN Research and Evidence Based Practice -Implements evidence-based algorithms, clinical guides, protocols and paths of action for the population.</p> <p>SWITZERLAND (CNS) -Evidence Based Nursing/Research: Promoting the value and usefulness of evidence in decision making; demonstrating use of evidence-based practice in delivery of direct care and clinical consultation; fostering change in the organization to promote evidence-based care; evaluation the effectiveness of care after implementation of the practice change from the caregivers and the patient’s perspective. -Consultation: improve care delivery processes and patient outcomes; enhance health care delivery systems; extend the knowledge available to solve clinical problems; foster the ongoing professional development of the consultee.</p> <p>U.S.A. (NP) -Generates knowledge from clinical practice to improve practice and patient outcomes.</p>	<p>provide all member of the team with a sense of ownership and control over their work.</p> <p>Prioritizes caseload, manages time effectively and allocates resources to optimise outcomes.</p> <p>Develops and implements mechanisms for periodic monitoring and evaluation of policies that impact on nursing services and translates these into health plans, structures, and programmes.</p> <p>Promotes policies and advocates for resources to support education and professional development in the work setting.</p> <p>Introduces, evaluates and manages innovation and change in the health system through encouraging creativity.</p>
<p>Strong 5: PUBLICATION & PROFESSIONAL LEADERSHIP Mick &Ackerman</p>	<p>COUNTRIES</p>	<p>ICN APN COMPETENCIES 2008 Developed by Dr. Rosemary Goodyear</p>
<p>1. Disseminate nursing knowledge through</p>	<p>BOTSWANA -Attends relevant committee meetings at the Ministry and</p>	<p>Contributes new knowledge to practice development by</p>

<p>presentation or publication at local, regional, national, and international levels.</p>	<p>hospital levels and gives technical advice on issues pertinent to the clinical area of specialization.</p> <p>CANADA (NP) -Acts as a change agent through knowledge translation and dissemination of new knowledge that may include formal presentations, publication, informal discussions and the development of best practice guidelines and policies.</p> <p>CANADA (CNS) -Disseminates knowledge from continuous learning to advance practice at the local, regional and national level.</p> <p>FINLAND -Clinical, professional, system and health policial leadership</p> <p>NEW ZEALAND Works collaboratively to optimise health outcomes for health consumers /population groups. -Articulates the nurse practitioner role and promotes nursing in clinical, political and professional contexts. -Initiates, and participates in, activities that support safe care, community partnership and population health improvements. -Critically appraises scientific literature and shares new knowledge and research through discussions, presentations and publications, and the development of best-practice guidelines -Influences and critiques health policy and nursing practice through leadership and active participation in workplace and professional organisations.</p>	<p>conducting research, dissemination and incorporating findings into practice.</p>
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	<p>U.S.A. (CNS) -Contributes to the advancement of the profession by disseminating outcomes of CNS practice through presentations and publications.</p>	
<p>2. Serve as a resource or committee member in professional organizations.</p>	<p>AUSTRALIA Evaluates Outcomes and Improves Practice <i>Advocates for, participate in, or leads systems that support safe care, partnership with professional growth. (6 Cues)</i> - Advocates and provides evidence for expansion to nurse practitioner service where it is believed that such and expansion will improve access to quality and cost-effective health care for specific populations. -Demonstrate clinical leadership in the design and evaluation of services for health promotion, or the prevention of injury and/or illness. - Articulates and promotes the nurse practitioner role in clinical, political and professional contexts. -Acts as an educator and/or mentor to nursing colleagues and others in the healthcare team. -Critiques health care policies for their implications on the nurse practitioner role and the populations for whom they care. -Influence health, disability and aged-care policy and practice through leadership and active participation in workplace and professional organizations.</p>	<p>Creates an environment that fosters trust among health care providers, and familiarity of the knowledge and skills that different professions and disciplines bring to health service delivery.</p> <p>Utilizes leadership, team building, negotiation and conflict resolution skills to build intra-/inter-professional, agency and community partnerships to improve quality of care and address gaps/barriers to access.</p> <p>Engages in active promotion of inter- and intra-professional collaborative</p>

	<p>BOTSWANA -Confers and collaborates with senior members of the health team to ensure a concerted multi-disciplinary approach to patient care.</p> <p>CANADA (NP) -Guides, initiates and provides leadership in the development and implementation of standards, practice guidelines, quality assurance, and education and research initiatives. -Guides, initiates and provides leadership in policy-related activities to influence practice, health services and public policy. -Coordinates and facilitates client care with other health-care providers, agencies and community resources.</p> <p>CANADA (CNS) -Applies knowledge of existing resources and the cost effectiveness of interventions to inform resource decisions at the practice setting, organizational and system levels.</p> <p>FINLAND -Clinical, professional, system and health policial leadership</p> <p>NEW ZEALAND Initiates, and participates in, activities that support safe care, community partnership and population health improvements. -Influences and critiques health policy and nursing practice through leadership and active participation in workplace and professional organisations.</p>	<p>working practices within the practice environment.</p> <p>Presents the views of clients, families and/or carers in inter- and intra-professional team decisions and assists and/or leads in the negotiation of mutually agreed decisions.</p>
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	<p>HONG KONG (APN) -Interprets and markets the advanced practicing nurse role to the public and other health care professionals.</p> <p>IRELAND (NP & Advanced Midwife) -Provides leadership in clinical practice and acts as a resource and role model for specialist practice. -Generates and contributes to the development of clinical standards and guidelines.</p> <p>NETHERLANDS (NP) Professionalism -The nurse practitioner provides excellent patient care in an honest, upright and committed manner. In doing this they assume the patient's right to self-determination, facilitate patient autonomy and adopt the principle 'do not harm, do good and act justly'. -The nurse practitioner demonstrates satisfactory personal and interpersonal professional behaviour. -The nurse practitioner knows the boundaries of their own competencies and acts within these. -The nurse practitioner accepts responsibility for and is open to criticism about their professional conduct.</p> <p>NEW ZEALAND Works collaboratively to optimise health outcomes for health consumers /population groups. -Establishes and maintains effective collegial relationships as a senior member of interprofessional teams. -Collaborates with other health professionals and agencies</p>	
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	<p>to ensure timely access and smooth transition to quality services for the health consumer.</p> <ul style="list-style-type: none"> -Demonstrates advanced interpersonal, leadership and management skills to foster and maintain collegial relationships by communicating and engaging effectively and professionally with diverse groups and communities to improve healthcare. -Effects nursing practice and healthcare change using broad-based skills, including negotiating, consensus building and partnering. -Articulates the nurse practitioner role and promotes nursing in clinical, political and professional contexts. <p>SWITZERLAND (CNS)</p> <ul style="list-style-type: none"> -Evidence Based Nursing/Research: Promoting the value and usefulness of evidence in decision making; demonstrating use of evidence-based practice in delivery of direct care and clinical consultation; fostering change in the organization to promote evidence-based care; evaluation the effectiveness of care after implementation of the practice change from the caregivers and the patient’s perspective. <p>U.S.A. (CNS)</p> <ul style="list-style-type: none"> -Uses leadership, team building, negotiation, and conflict resolution skills to build partnerships within and across systems including communities. 	
<p>3. Serve as a consultant to individuals and groups in the professional and lay communities and other</p>	<p>AUSTRALIA Evaluates Outcomes and Improves Practice <i>Advocates for, participate in, or leads systems that support safe care, partnership with professional growth. (6 Cues)</i></p>	<p>Consults with or refers to the appropriate others when encountering situations beyond own knowledge, competence or</p>

<p>hospitals or institutions.</p>	<ul style="list-style-type: none"> - Advocates and provides evidence for expansion to nurse practitioner service where it is believed that such and expansion will improve access to quality and cost-effective health care for specific populations. -Demonstrate clinical leadership in the design and evaluation of services for health promotion, or the prevention of injury and/or illness. - Articulates and promotes the nurse practitioner role in clinical, political and professional contexts. -Acts as an educator and/or mentor to nursing colleagues and others in the healthcare team. -Critiques health care policies for their implications on the nurse practitioner role and the populations for whom they care. -Influence health, disability and aged-care policy and practice through leadership and active participation in workplace and professional organizations. <p>BOTSWANA</p> <ul style="list-style-type: none"> -Confers and collaborates with senior members of the health team to ensure a concerted multi-disciplinary approach to patient care. <p>CANADA (NP)</p> <ul style="list-style-type: none"> -Acts as a consultant to and/or refers and accepts referrals from health-care providers, community agencies and allied non-health-care professionals. -Collaborates with members of the health-care team to provide and promote interprofessional client-centered care 	<p>scope of practice.</p> <p>Recognizes and respects different levels of accountability for the range of available personnel.</p> <p>Makes referrals to and receives referrals from other health care providers to promote continuity of care and ensure offer best available intervention.</p> <p>Accepts accountability and responsibility for caseload management.</p>
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	<p>at the individual, organizational and stems levels.</p> <p>CANADA (CNS) -Improves nursing practice through mentoring, role modelling, consultation and education. -Provides consultations in highly complex and often unpredictable clinical situations that require advanced specialized knowledge and skills.</p> <p>FINLAND -Clinical, professional, system and health policial leadership</p> <p>HONG KONG (APN) -Demonstrates expertise on area(s) of nursing. Be a resource person for referrals in this area. -Supports socialization, education, and training of novice practitioners by serving as a preceptor, role model and mentor.</p> <p>IRELAND (NP & Advanced Midwife) -Uses specialist knowledge to support and enhance generalist nursing/midwifery practice.</p> <p>NETHERLANDS (NP) -The nurse practitioner provides inter-collegial consultation, and in so doing acts from the patient's perspective, to facilitate the continuity and quality of the nursing care and medical treatment, the patient's ability to manage his or her own care, and his quality of life.</p>	
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	<p>SWITZERLAND (CNS)</p> <ul style="list-style-type: none"> -Evidence Based Nursing/Research: Promoting the value and usefulness of evidence in decision making; demonstrating use of evidence-based practice in delivery of direct care and clinical consultation; fostering change in the organization to promote evidence-based care; evaluation the effectiveness of care after implementation of the practice change from the caregivers and the patients’ perspective. -Consultation: improve care delivery processes and patient outcomes; enhance health care delivery systems; extend the knowledge available to solve clinical problems; foster the ongoing professional development of the consultee. <p>U.S.A. (CNS)</p> <ul style="list-style-type: none"> -Uses leadership, team building, negotiation, and conflict resolution skills to build partnerships within and across systems including communities. -Advocates for equitable patient care by: <ul style="list-style-type: none"> - Participating in organizational, local, state, national, or international level of policy-making activities for issues related to their expertise; -Evaluating the impact of legislative and regulatory policies as they apply to nursing practice and patient or population outcomes. 	
<p>4. Represent nursing in institutional and community forums focused on the</p>	<p>CANADA (NP)</p> <ul style="list-style-type: none"> -Provides leadership in the management of clinical care and is a resource person, educator and role model. 	<p>Delegates to others, activities according to ability, level of preparation, proficiency and legal scope of practice.</p>

<p>educational needs of various populations.</p>	<p>FINLAND -Clinical, professional, system and health policial leadership</p> <p>HONG KONG (APN) -Leads hospital/community health education and promotional activities.</p> <p>IRELAND (NP & Advanced Midwife) -Articulates and demonstrates the concept of nursing and midwifery specialist practice within the framework of relevant legislation, the Scope of Nursing and Midwifery Practice Framework (An Bord Altranais 2000a), The Code of Professional Conduct (An Bord Altranais 2000c) and Guidelines for Midwives (An Bord Altranais 2001).</p> <p>JAPAN (CNS) -Practice: Outstanding level of nursing practice in care of individual, family or group. -Education: Educational role for nursing care providers to improve their level of care.</p> <p>SWITZERLAND (CNS) -Leadership: create a more empowering and humane work environment; manage and bridge boundaries among other nursing groups; take on responsibility of moving toward an integrative and unified understanding of APN; affirm the importance of motivation and empowerment in developing innovators. -Coaching and Guidance: Articulate the nuances of couching to preceptors, protégés and staff; attend to the</p>	<p>Offers supportive strategies including mentoring, coaching and precepting as part of supervisory responsibilities.</p> <p>Maintains accountability and responsibility when delegating aspects of care to others.</p>
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	<p>patterns of encounters and strategies the APNs have used to coach patients and apply or adapt these experiences to coach patients; provide positive reinforcement; communicate effectively to establish therapeutic, caring relationships; self-reflection as a component of interaction with patients.</p> <p>U.S.A. (CNS) -USES leadership, team building, negotiation, and conflict resolution skills to build partnerships within and across systems, including communities.</p>	
<p>5. Represent a professional nursing image at institutional and community forums.</p>	<p>AUSTRALIA Statement 4: Evaluates Outcomes and Improves Practice Statement 4.2: Advocates for, participate in, or leads systems that support safe care, partnership with professional growth. (6 Cues) -Advocates and provides evidence for expansion to nurse practitioner service where it is believed that such and expansion will improve success to quality and cost-effective health care for specific populations. -Demonstrate clinical leadership in the design and evaluation of service for health promotion, or the prevention of injury and/or illness. -Articulates and promotes the nurse practitioner role in clinical, political and professional contexts. -Acts as an educator and/or mentor to nursing colleagues and others in the healthcare team. -Critiques health care policies for their implication on the nurse practitioner role and the populations for whom they</p>	<p>Accepts accountability for increased role responsibilities, own professional judgement, actions, outcomes of care and continued competence in accordance with changing scope of practice, legislative acts and regulations.</p> <p>Sets boundaries that acknowledge practice changes and developments as well as conform to legal requirements, policies and own level of competence.</p> <p>Practises in a manner that conforms to the ICN Code of Ethics, the professional code in</p>

	<p>care.</p> <ul style="list-style-type: none"> - Influences health, disability and aged-care policy and practice through leadership and active participation in workplace and professional organizations. <p>BOTSWANA</p> <ul style="list-style-type: none"> -Participates in setting standards for nursing practice in specialization in collaboration with the Matron, other relevant senior nurses of the hospital and senior management of the Ministry of Health and in line with the regulations of the nursing council. <p>CANADA (NP)</p> <ul style="list-style-type: none"> -Practices in accordance with federal and provincial/territorial legislation, professional and ethical standards, and policy relevant to nurse practitioner practice. -Understands the changes in scope of practice from that of a registered nurse and the ways that these changes affect responsibilities and accountabilities when assuming the reserved title and scope of practice of a nurse practitioner. -Adheres to federal and provincial/territorial legislation, policies and standards related to privacy, documentation and information management (this applies to verbal, written or electronic records). <p>CANADA (CNS)</p> <ul style="list-style-type: none"> -Promotes the role of the CNS through involvement in academic pursuits, professional associations and special-interest groups. -Promotes the role and the relevance of the CNS to educators, policy-makers, administrative decision-makers, 	<p>force in the jurisdiction and the employer’s code of conduct.</p> <p>Engages in effective ethical decision-making and contributes to resolution and the positive promotion of ethical practice in the health system.</p> <p>Practices independently in accordance with professional, relevant civil legislation and regulations including those specific to the advanced practice.</p> <p>Practices in accordance with jurisdictional and local policies and procedural guidelines pertaining to the advanced practice nursing role.</p> <p>Recognizes and acts upon breaches of law relating to the professional role and/or professional code of conduct/code of practice.</p> <p>Maintains own health and personal fitness for/at work.</p>
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	<p>regulators, other health-care providers and the public.</p> <p>FINLAND -Clinical, professional, system and health policial leadership</p> <p>IRELAND (NP & Advanced Midwife) -Articulates and demonstrates the concept of nursing and midwifery specialist practice within the framework of relevant legislation, the Scope of Nursing and Midwifery Practice Framework (An Bord Altranais 2000a), The Code of Professional Conduct (An Bord Altranais 2000c) and Guidelines for Midwives (An Bord Altranais 2001).</p> <p>SWITZERLAND (CNS) -Leadership: create a more empowering and humane work environment; manage and bridge boundaries among other nursing groups; take on responsibility of moving toward an integrative and unified understanding of APN; affirm the importance of motivation and empowerment in developing innovators.</p> <p>U.S.A. (CNS) -Uses leadership, team building, negotiation, and conflict resolution skills to build partnerships within and across systems including communities.</p>	<p>Scans the global environment for emerging trends in advanced practice and health care.</p> <p>Leads advocacy activities through professional organisation to influence health and social care service policies that impact on the availability and access to advanced nursing practice service.</p>
<p>6. Provide leadership in shaping public policy on health care.</p>	<p>AUSTRALIA Evaluates Outcomes and Improves Practice <i>Advocates for, participate in, or leads systems that support safe care, partnership with professional growth. (6 Cues)</i></p>	<p>Engages actively with other health professionals, planners, policymakers, advocacy and community groups to</p>

	<ul style="list-style-type: none"> - Advocates and provides evidence for expansion to nurse practitioner service where it is believed that such and expansion will improve access to quality and cost-effective health care for specific populations. -Demonstrate clinical leadership in the design and evaluation of services for health promotion, or the prevention of injury and/or illness. - Articulates and promotes the nurse practitioner role in clinical, political and professional contexts. -Acts as an educator and/or mentor to nursing colleagues and others in the healthcare team. -Critiques health care policies for their implications on the nurse practitioner role and the populations for whom they care. -Influence health, disability and aged-care policy and practice through leadership and active participation in workplace and professional organizations. <p>BOTSWANA</p> <ul style="list-style-type: none"> -Provide leadership in shaping public policy on health care. <p>CANADA (NP)</p> <ul style="list-style-type: none"> -Guides, initiates and provides leadership in policy-related activities to influence practice, health services and public policy. <p>CANADA (CNS)</p> <ul style="list-style-type: none"> -Critically analyzes socio-political, demographic and economic issues, trends and policies and contributes to the political process to influence change for optimizing health 	<p>formulate strategies and mobilize resources for improving the health status of the community.</p>
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	<p>outcomes. -Integrates knowledge of clients' perspective during policy development and planning.</p> <p>ENGLAND -Work across professional, organizational and system boundaries and proactively develop and sustain new partnerships and networks to influence and improve health, outcomes and healthcare delivery systems.</p> <p>FINLAND -Clinical, professional, system and health policial leadership</p> <p>HONG KONG (APN) -Participates in legislative and policy-making activities which influence advanced nursing practice and health services.</p> <p>IRELAND (NP & Advanced Midwife) -Provides leadership in clinical practice and acts as a resource and role model for specialist practice. Generates and contributes to the development of clinical standards and guidelines.</p> <p>JAPAN (CNS) -Consultation: Consultation for care providers including nursing care providers. -Education: Educational role for nursing care providers to improve their level of care.</p>	
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	<p>NETHERLANDS (NP) -The nurse practitioner identifies factors that threaten patients and/or specific groups, and formulates policy proposals in prevention and realises these.</p> <p>NEW ZEALAND Initiates, and participates in, activities that support safe care, community partnership and population health improvements. -Influences and critiques health policy and nursing practice through leadership and active participation in workplace and professional organisations.</p> <p>SCOTLAND -Developing therapeutic interventions to improve service user outcomes. -Identifying need for change, leading innovation and managing change, including service development.</p> <p>SPAIN Quality Management -Supervises the results of health care programmes and advises on clinical management and appropriate interventions. Care Management -Organizes the components of the care plan and co-ordinates health care. -Supervises the results of health care programmes and advices on clinical management and appropriate interventions.</p>	
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	<p>SWITZERLAND (CNS) -Leadership: create a more empowering and humane work environment; manage and bridge boundaries among other nursing groups; take on responsibility of moving toward an integrative and unified understanding of APN; affirm the importance of motivation and empowerment in developing innovators.</p> <p>U.S.A. (CNS) -Advocates for equitable patient care by: -Participating in organizational, local, state, national, or international level of policy-making activities for issues related to their expertise; -Evaluating the impact of legislative and regulatory policies as they apply to nursing practice and patient or population outcomes.</p> <p>WALES -Developing therapeutic interventions to improve service user outcomes. -Identifying need for change, leading innovation and managing change, including service development.</p>	
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