| Based on International Family Nursing Association Advanced Family Nursing Practice Competencies | | | |
|---|---|-------------|-------------|
| | | | |
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| | 0= I have neither knowledge nor skill in this area | | |
| | 1= I have minimal knowledge but no experience (novice) | | |
| | 2 = I have minimal knowledge and minimal experience | | |
| | (advanced beginner) | | |
| | 3 = I have adequate knowledge and experience | | |
| | (competent) | Pre- | Post- |
| | | - | |
| | 4 = I have advanced knowledge and expertise (expert) | course | course self |
| | | self rating | rating |
| DOMAIN | DESCRIPTORS | | |
| I. Advanced Practice Family Nursing Care | | | |
| 1. Establishes a relationship with the | 1. Approaches the family with curiosity and maintains | | |
| family for health promotion, disease | openness to the family needs and responses | | |
| prevention, and symptom management | throughout the nurse-family relationship. | | |
| during complex health transitions. | 2. Promotes co-construction of the family's health | | |
| | beliefs, strengths, challenges, and desired outcomes. | | |
| | 3. Promotes family conversations that support the | | |
| | family in defining health goals and outcomes. | | |
| | Focuses on family strengths in all health interactions. | | |
| | 5. Engages with the family in designing interventions to | | |
| | promote, maintain, and restore the health of the family. | | |
| | promote, maintain, and restore the nearth of the failing. | | |
| 2. Collects comprehensive data pertinent | 1. Solicits current health and family symptoms, family | | |
| to the family's health status. | history, health and genetic history, family structure and | | |
| | functioning, and environmental risk factors affecting | | |
| | health status. | | |
| | 2. Integrates data from multiple sources in | | |
| | assessment, including interaction/observation, verbal, | | |
| | non-verbal, and written data. | | |
| | 3. Employs family assessment instruments & other | | |
| | inventories as appropriate. | | |
| | 4. Explores the family's culture and beliefs to | | |
| | understand their impact on health behaviors and decision-making. | | |
| | 5. Identifies family strengths and resilience responses | | |
| | to previous and current acute and chronic illness | | |
| | experiences, stress, and crises. | | |
| | 6. Incorporates interventive questioning to facilitate | | |
| | family-nurse conversations and achievement of health | | |
| | goals. | | |
| 3. Determines the family's response to | 1. Applies knowledge from family nursing and other | | |
| health and illness during complex health | sciences for clinical reasoning pertaining to health | | |
| transitions. | transitions. | | |
| | 2. Analyzes comprehensive data about family's | | |
| | background and relationships, health status, and | | |
| | patterns to complex health transitions. | | |

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| | 3. Posits how family and individual developmental | | |
| | stages and tasks, cultural/spiritual beliefs and practices, | | |
| | environmental factors, and family resources influence | | |
| | the family response to complex health transitions. | | |
| | | | |
| | 4. Appraises the complex reciprocity among | | |
| | individuals, the family, health, and the environment. | | |
| 4. Systematically formulates advanced | 1. Collaborates with families to set family health | | |
| practice family nursing clinical | behavior change goals and outcomes. | | |
| reasoning and judgments. | 2. Facilitates a family-nurse conversation of even the | | |
| | most difficult topics. | | |
| | 3. Uses systemic thinking and hypothesizing to extend | | |
| | multiple understandings of the family and expand the | | |
| | focus of family nursing assessments and interventions. | | |
| | 4. Integrates research and practice evidence into family | | |
| | nursing interventions. | | |
| | 5. Synthesizes how family dynamics, health/illness | | |
| | dynamics, environmental, and health system dynamics | | |
| | impact family care. | | |
| | 6. Formulates a tentative plan of care to address | | |
| | identified family health) goals and outcomes in | | |
| | collaboration with the family. | | |
| 5. Consistently intervenes with the | 1. Engages family through in-depth family-nurse | | |
| family in preventing, maintaining and | conversations to facilitate progress toward family health | | |
| restoring wellbeing during complex | outcome achievement. | | |
| health transitions | 2. Incorporates interventive questioning as purposeful | | |
| | interventions with families. | | |
| | 3. Co-develops and evaluates family nursing | | |
| | interventions to address complex health transitions with | | |
| | the family involved. | | |
| | 4. Strategizes with the family ways to resolve conflicts | | |
| | and reduce harm in areas of family health interactions. | | |
| | 5. Ensures safety and quality of care in complex health | | |
| | transitions | | |
| | 6. Advocates for safe and healthy environments for all | | |
| | families, including reduction of environmental and | | |
| 6. Facilitates the resolution of family | lifestyle related health risks. | | |
| - | 1. Invites the family to relate their health narrative. | | |
| responses to complex health transitions. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | family functioning and facilitates supportive interactions | | |
| | that resolve these difficulties. | | |

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| | | self rating | rating |
| | 3. Identifies and analyzes linkages between a variety of | | |
| | systems levels: individual, family, larger systems and | | |
| | targets interventions for the greatest leverage of | | |
| | change. | | |
| | 4. Incorporates affective, cognitive, and behavioral | | |
| | responses of the family in family nursing interventions. | | |
| | | | |
| | 5. Addresses with family the resources required to | | |
| | meet family health needs and facilitates the acquisition | | |
| | of these resources. | | |
| | 6. Provides feedback to families that focuses on family | | |
| | strengths and competencies during family interactions | | |
| | and evaluations. | | |
| | 7. Regularly discusses with the family progress toward | | |
| | family health goals analysis of challenges to goal | | |
| | achievement and invites family feedback. | | |
| | 8. Documents plan of care, care provided, family | | |
| | progress and achievement of outcomes, and integration | | |
| | of health, family, and environmental resources. | | |
| 7. Actively engages in deliberate family | 1. Continuously evaluates and acquires knowledge | | |
| nursing practice. | regarding the consistent performance of APFN. | | |
| nursing practice. | 2. Reflects on nurse-family interactions, and evaluates | | |
| | their overall effectiveness regarding progress toward | | |
| | family goals and outcomes. | | |
| | 3. Self-mediates family nursing performance by | | |
| | cognitive self-monitoring | | |
| | 4. Practices family nursing according to performance | | |
| | standards. | | |
| | 5. Deliberately constructs and seeks out family | | |
| | nursing educational situations and personal study to | | |
| | exceed current level of family nursing performance. | | |
| | 6. Displays competence in reporting thought | | |
| | processes and critical aspects of family nursing | | |
| | encounters | | |
| | 7. Examines the results of family nursing colleagues | | |
| | who solve difficult, complex family nursing problems. | | |
| 8. Draws on a formal approach to | 1. Provides leadership in inviting family feedback about | | |
| monitor and evaluate family responses | satisfaction with the nurse-family relationship and | | |
| to interventions | family nursing interventions offered. | | |
| | 2. Enacts evaluation processes that measure the | | |
| | efficacy of practice to achieving family goals and | | |
| | outcomes. | | |

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| | (competent) | Pre- | Post- |
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| | | self rating | |
| | 3. Integrates research and practice evidence into | | |
| | planning family nursing interventions. | | |
| II. Collaboration and Leadership | plaining laining haroning interventioner | | |
| 1. Collaborates with inter-professional | 1. Facilitates interdisciplinary health team collaboration | | |
| health teams to mobilize resources to | in delivery of family care. | | |
| support family care provision. | 2. Refers family to other health care professionals and | | |
| | community resources. | | |
| | 3. Provides consultation to enhance quality and cost- | | |
| | effective services for families and to effect change in | | |
| | organizational systems. | | |
| | 4. Seeks consultation to enhance one's own advanced | | |
| | family nursing practice. | | |
| | 5. Shares with other providers (with family permission) | | |
| | details of care to allow continuity of care. | | |
| | 6. Mentors other nurses and other health care | | |
| | providers in family health promotion and intervention. | | |
| 2. Champions family health care at the | 1. Leads and participates in the planning, development, | | |
| larger systems levels | and implementation of organization, public and | | |
| | community health programs and policy related to family | | |
| | health. | | |
| | 2. Fosters an organizational culture of continuous inter- | | |
| | professional education, practice, research, and policy | | |
| | development for family care. | | |
| | 3. Utilizes available information systems and | | |
| | technologies to improve family healthcare outcomes. | | |
| | 4. Provides mentorship, coaching and education to | | |
| | support interdisciplinary team members in improving | | |
| | family nursing care outcomes. | | |
| | 5. Creates and sustains a shared vision for family | | |
| | nursing in varied practice systems. | | |
| | 6. Sets and maintains standards for cultural and | | |
| | linguistic competence in providing safe and effective | | |
| | care to families. | | |
| | 7. Works within multiple systems to eliminate practices | | |
| | that may harm families and violate their fundamental | | |
| | rights. | | |
| | 8. Assumes leadership in legislative and social policy | | |
| | development related to family health and family rights. | | |
| | 9. Uses technology/informatics/social media to | | |
| | promote family nursing knowledge and make family | | |
| | nursing more visible. | | |
| III. Evidence-based family nursing | | | |
| | | | |

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| | 3 1 1 1 1 | self rating | rating |
| 1. Develops research and integrates | | | |
| practice-based evidence into APFN | 1. Leads and facilitates nurses in the design, | | |
| practice care provided to families. | implementation, and evaluation of care of the family | | |
| | based on family nursing and other scientific knowledge. | | |
| | 2. Develops models of family nursing care delivery, | | |
| | standards of family care, educational programs to | | |
| | facilitate the growth of nurses and health | | |
| | 3. Maintains a solid foundation in evidence based | | |
| | practice and research to provide safe and competent | | |
| | care to families. | | |
| | 4. Designs and implements family nursing research to | | |
| | facilitate study of family health and illness phenomena | | |
| | and outcomes. | | |
| | 5. Takes a systematic approach to evaluating quality of | | |
| | care and family nursing interventions through research. | | |
| | | | |
| IV. Professional responsibility and ac | | | |
| 1. Provides leadership in ethical conduct | 1. Interprets principles from professional ethical codes | | |
| in the care of families at the systems | to analyze ethical problems and resolve moral dilemmas | | |
| level | in the provision of family health care. | | |
| | 2. Advocates at all systems level for the rights of | | |
| | families for equity, justice, and solidarity as the basis for | | |
| | access to care for all families and the provision of | | |
| | quality family care. | | |
| | 3. Sets and maintains standards for cultural sensitivity | | |
| | and linguistic competence for safe and effective care of | | |
| | families. | | |
| | 4. Promotes community environments that safeguard the health of families. | | |
| | 5. Seeks to understand the impact of race, class | | |
| | | | |
| | gender, sexual orientation, religion and national origin | | |
| | on families and family nursing . | | |
| | 6. Establishes and upholds standards of professional | | |
| | accountability in nursing practice, research, education | | |
| 2 Engagos in roflactivo practico with | and management. 1. Commits to self-reflective evaluation of care with | 1 | |
| 2. Engages in reflective practice with | each family to determine personal beliefs, biases, and | | |
| families | | | |
| | areas of needed growth or change. 2. Continuously identifies personal beliefs, values, | | |
| | | | |
| | attitudes, and judgments; as well as strengths and | | |
| | limitations regarding responses to families. 3. Shows willingness to challenge one's own beliefs. | | |
| | a. anows winnighess to chanenge one's own beliefs. | | |

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| 4. Adopts a world view that acknowledges multiple realities and the legitimacy of family beliefs, particularly those the nurse may not embrace or agree with. | | |
| 5. Seeks feedback from families and colleagues on | | |
| one's own practice with families. | | |
| 6. Redirects responses to families as a result of self- | | |
| reflection. | | |
| 7. Engages in professional development activities to | | |
| improve family nursing practice. | | |