

Women's Health Role Specific Competency Self-Assessment

Core Competency	Role Specific Competency	Examples of partial or complete attainment of the competency	Areas needing further development
Scientific Foundation	Integrates research, theory, and evidence-based practice knowledge to develop clinical approaches that address women's responses to physical and mental health and illness across the lifespan.	I am able to integrate, research, theory, and evidence-based practice knowledge learned throughout NU 629, 650, 661, 664, and 665 when providing care to women at various stages of their life cycle to meet both their physical and psychosocial needs. I am able to complete holistic assessments from this knowledge base	I need to learn more about infertility and fertility treatments to be better prepared to care for patients experiencing these medical concerns.
	Integrates best evidence into practice incorporating client values and clinical judgment.	I am educating patients on treatment and management options based on best evidence from ACOG, Up to Date and other peer reviewed resources. From this I support patients in making the determination of which treatment option is the best for them. This takes in to consideration the patients' personal beliefs, values, and culture.	
Leadership	CORE NO role specific 1. Assumes complex and advanced leadership roles to initiate and guide change. 2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care. 3. Demonstrates leadership that uses critical and reflective thinking. 4. Advocates for improved access, quality and cost effective health care.	2. I have had the opportunity to provide patient feedback to key stakeholder as to how certain processes can be improved to improve the patient experience. 4. Pursuing my degree as a WHNP is my first step to helping improve the access and quality of care in a cost-effective healthcare for the women of my community as currently their main option is to go to an MD. There are currently extended waited	1. As a student NP I have not been in the position to initiate and guide practice change as I had in my prior role as a nursing leader. 3. In the future I will be able to utilize my prior leadership experience to utilize critical and reflective thinking as I gain more experience as a provider.

	<p>5. Advances practice through the development and implementation of innovations incorporating principles of change.</p> <p>6. Communicates practice knowledge effectively both orally and in writing.</p> <p>7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.</p>	<p>times for visits at the specialty OB/GYN practice. I am applying what I learned through NU 609 to advocate with senior leaders to advocate for more NPs within the system as care providers.</p> <p>6. I have been able to communicate practice knowledge through completion of case studies and patient presentations in NU 664 and 665. I am going to be presenting a topic of interest to the office staff where I am at clinical during a lunch and learn. I am able to utilize practice knowledge to educate my patients.</p> <p>7. I am a student member of the NPWH. I am also a member of AWHONN and have taken part in developing the Vermont chapter's annual conference. I am also a member of the Northern New England Perinatal Quality Improvement Network that focusing on improving perinatal care.</p>	
Quality	<p>CORE NO role Specific</p> <p>1. Uses best available evidence to continuously improve quality of clinical practice.</p> <p>2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.</p> <p>3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of health care</p> <p>4. Applies skills in peer review to promote a culture of excellence.</p> <p>5. Anticipates variations in practice and is proactive in implanting interventions to ensure quality.</p>	<p>2. Through NU 609 and the field work portion of that course I was able to begin studying about and evaluating the access, cost, quality, and safety of the healthcare locally and far reaching.</p> <p>3. I am able to begin looking at data around patient access, wait times for appointments, and wait time at visits is impacted by organizational structure, practice process, and policy impact quality of care based on defined patient outcomes.</p>	<p>1. As a student NP I am incorporating evidence to provide quality care. As a provider I will be able to bring forth new evidence as it comes forward to change practices and ensure quality care is provided to patients.</p> <p>4. While as a student I have not had the opportunity to directly take part in peer review, I have had the opportunity to observe this being done amongst my preceptors and their colleagues at a monthly</p>

		5. Through my clinical experiences I have observed variations in practice amongst my preceptors. I am able to evaluate these variations and see that patients are still receiving quality care within evidence-based practice guidelines. From this I am able to develop my practice to ensure quality.	meeting in which they review patient cases based on outcomes and identify areas for opportunity or needed practice change.
Practice Inquiry	Integrates of gender-specific evidence into practice.	I am able to apply the information about gender specific findings from pharmacology, pathophysiology, health assessment, NU 661, NU 664, and NU665 to differentiate between normal and abnormal findings in clinical practicum. I am able to review lab results with my preceptor to analyze them with this knowledge as well.	
	Evaluates gender-specific interventions and outcomes.	With the support of my preceptors, I am able to see patients in follow up to evaluate of the treatments prescribed to them are effective and leading to the desired patient outcomes. If the desired outcomes are not achieved, I am able to recommend and change the plan of care and treatment to work towards achieving the desired patient outcomes.	
Technology & Information Literacy	Uses health information and technology tools in providing care for women across the lifespan to communicate, manage knowledge, improve access, mitigate error, and to support clinical decision making locally and globally.	There are several apps that I have on my phone to help guide clinical practice that I am utilizing. A couple examples are the ASCCP cervical cancer screening and management app and the CDC and the CDC app	In the future I hope to be able to provide my patients with telemedicine appointments as appropriate with local tertiary centers. If available in the practice I ultimately end up practicing

		for the US Medical Eligibility for contraceptives. I all utilize Up To Date consistently for assisting with developing treatment plans.	in, I will be able to communicate directly with my patients via email via a secured system. I have not had the opportunity in clinical practicum to utilize and analyze data to improve access, quality and the cost of care.
Policy	Advocates for health care policies and research that support accessible, equitable, affordable, safe and effective health care for women both locally and globally.	I have had the opportunity to attend and take part in a couple of meetings at the state level for Vermont's Women's Health Initiative. I hope to continue to be involved in this work following graduation as well. This initiative has increased access to same LARC insertions and has improved screening for women's mental health, substance abuse, and housing/food concerns within the practice I am completing my practicum.	Following graduation, I hope to be more engaged and active in national organizations such as AWHONN and NPWH to advocate for improved quality and access to care more globally.
Health Delivery System	Demonstrates knowledge of legal/ethical issues and regulatory agencies relevant to gender-specific issues.	I am continuing to learn more about the laws of Vermont around caring for minors in a Women's Health clinic and what is permissible without parental consent.	I have observed my preceptors obtaining informed consent for procedures such as tubal ligation and IUD insertions but as a student NP I have not had the opportunity to do this yet but will following graduation. I am also developing knowledge around the insurance carriers' requirements for obtaining consent prior to sterilization procedures as there are varying requirements for payment.
Ethics	Recognizes the unique ethical dilemmas in women's health care.	I have studied ethical dilemmas in women's health through course work at Regis in NU 629, 661, 664, and 665. This, along with my 20 years of nursing experience in the	

		area of Women's Health I am prepared to recognize these ethical dilemmas and address them when faced with them in practice.	
	Recognize the global ethical challenges in women's health care.	Again, through my studies at Regis and my prior nursing experience I feel I have a strong foundation and are able to recognize these global ethical challenges	
	Develops ethically sound solutions to complex global issues related to women.		I can be more involved in educating others and being an active member of national organizations to work towards increasing awareness and developing solutions for issues such as gender roles, violence against women and cultural variations.
Independent Practice	Provides culturally appropriate reproductive and primary care for women of all ages.	I have gained some knowledge throughout my course work at Regis and incorporate this into my clinical practice as able.	Vermont is not a very culturally diverse state. Therefore, I have not had the opportunity to care for patients of many different cultures. As I have the opportunity to do so I will take the time to learn about their culture and be certain I understand from the patient her beliefs and values to incorporate them into her plan of care.
	Approaches gender-specific developmental events, such as menarche, pregnancy, menopause and senescence, as normative transitions not disease states.	My course work at Regis in NU 661, 664, and 665 along with my years of nursing experience has well prepared me to counsel patients on the normal pathophysiological changes that occur throughout the life cycle of a women. I am able to educate women on what to expect at these various developmental changes to provide reassurance.	
	Recognizes unique health care needs of marginalized women,	I am able to utilize my knowledge of resources	I attended an educational session, along with one of

	including victims of violence and transgendered female clients.	available and experience from caring for women whom are experiencing violence to support and educate them on the resources available to them. I am able to provide the appropriate referrals as indicated while respecting their privacy and independent decisions.	my preceptors, to learn more about providing care to transgendered female patients across the lifespan as this is a patient population that the practice has not had the opportunity to care for frequently. I am going to provide a lunch and learn session to provide education to other healthcare team members to increase our knowledge foundation.
	Recognizes disease manifestations unique to women.	My course work in NU 661, 664, and 665 through discussion boards and case studies has supported the development of women specific disease recognition and the management of these conditions. I have been able to utilize this knowledge in clinical practice when assessing patients presenting for problem visits or in identifying abnormal findings during wellness exams.	
	Manages disease manifestations unique to women.	My course work in NU 661, 664, and 665 through discussion boards and case studies has supported the development of women specific disease recognition and the management of these conditions. In collaboration with my preceptors, I am able to determine appropriate diagnostic testing and management options based on clinical findings and diagnostic testing results. Evidence based guidelines are utilized to guide clinical care decisions. I have frequently reviewed ACOG practice bulletins for guidance along with Up To Date.	

	Provides infertility and sexually transmitted disease services to sexual partners of female patients.		While I gained the knowledge through completing the CDC STD modules in NU 664, I have not had the opportunity to provide this care in clinical practice. I need to learn more about the policies and protocols around this at my clinical practice site.
	Supports a woman's right to make her own decisions regarding her health and reproductive choices within the context of her belief system.		As a student I have observed my preceptors counseling and supporting women through such decisions. I am taking what I am learning and observing from my preceptors and will work to develop my own practice and approach in my independent practice.
	Assesses genetic, social, environmental, physical, and mental health risks through collection of family, social, environmental, and health data.	Assignments in Advanced Health Assessment and case studies in NU 664 and NU 665 have allowed me the opportunity to practice collection of a thorough health history to assess and identify components that may impact my patient's health. I have now been able to put this knowledge into practice in my clinical practicum as I routinely review and collect a thorough health history from my patients.	
	Provides counseling, management, and/or referral based on identified healthcare risk factors.		I have observed my preceptors counsel patients on management options for various disease processes and risk factors, including available referrals to specialist as indicated. I am working to incorporate these experiences into my own practice and will continue to do so through practicum and after graduation.