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# Competencies for the Nurse Practitioner Working with Adult Urology Patients

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It is widely recognized that with the aging population in the United States there is a growing need for urologic care that exceeds the capacity of presently available urologists (American Urological Association [AUA], 2014). Nurse practitioners (NPs) are ideally situated to fill this mounting need that has been created, in part, by changes in resident training programs and funding for graduate medical education. In response to this need, the AUA (2014) has published a consensus statement on the role of advanced practice providers (APPs) (NPs and physician assistants) within the specialty. However, the only urology competencies that exist are from the *Milestones* project for assessing and evaluating resident physicians, and are not constructed for NP practice (see Table 1) (Accreditation Council for Graduate Medical Education [ACGME] & the American Board of Urology, 2012).

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*The role of the nurse practitioner (NP) has expanded into specialty domains. This document proposes 24 competencies specific to the urology NP, which are also consistent with the recommendations of National Organization of Nurse Practitioner Faculties (NONPF) and compliment the American Urologic Association (AUA) 2014 white paper on the incorporation of advanced practice providers in urology practices. It describes three levels of practice and experience progression for the urology NP working with adult patients, independent of specific clinical setting. These urology-specific competencies supplement and complement the core competencies and population-focused competencies of generalist nurse practitioners.*

**Key Words:** Nurse practitioner role, advanced practice providers, advanced practice registered nurse (APRN) consensus model, American Urological Association (AUA).

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This increasing demand for urology services in the U.S. and the decline in available urologists, combined with restrictions on resident work hours and changes to primary care training requirements at a time of decreasing reimbursement for graduate medical education, have created an opportunity for NPs. The Institute of Medicine (IOM) (2010) supports NP expansion to specialty services. However, this movement is happening without formal didactic education within NP programs, which has been cited as a barrier to practice

(Albaugh, 2012), as well as to assessing and evaluating the urology NP.

A growing body of literature supports the high-quality, cost-effective, patient-centered care that NPs provide (Newhouse et al., 2011). According to the American Association of Nurse Practitioners (AANP) (2015), NPs are becoming the health care provider of choice for millions of Americans, including specialty populations. NPs are now practicing in a number of sub-specialty areas, from allergy and immunology to urology; in 2012, there

**Table 1.**  
**Comparison of NP Competencies and the AUA Resident Milestone Concepts**

NP Competency	Resident Urology Milestone Concepts
Scientific foundation	Foundation in urologic/medical and scientific knowledge
Leadership	Leadership
Quality, scientific foundation	Evidence-based practice
Practice inquiry	Quality improvement and research
Technology and information literacy	Use of technology in patient care
Policy	Health care policy, regulation
Health delivery system, quality, ethics, health, delivery system	Organizational practice/resource allocation
Independent practice, healthcare delivery system	Role as part of health care delivery team
Ethics, quality	Patient care/professional ethics
Independent practice	Scope of practice
Independent practice, scientific foundation	Procedural competencies

**Notes:** NP = nurse practitioner, AUA = American Urological Association.

were 3,338 NPs functioning in urology (AUA, 2014). The present document proposes a set of 24 urology NP competencies that define the continuum between novice and expert and that are consistent with both the AUA Advance Practice Provider consensus statement and primary care NP competencies.

### **Education and Certification for Advance Practice Urology Nurses**

As highly educated and qualified providers, NPs provide comprehensive health care. They are clinical experts in managing disease and promoting health of the whole person (AANP, 2015). They are registered nurses who complete advanced education and clinical training (minimum of 500 hours) at the master's or doctoral level. NPs must pass a national certification examination upon completion of their program of study and must be licensed in the state where they practice as both a registered nurse (RN) and an NP (or state equivalent).

Specialty designation as a urology NP requires additional post-graduate education and training both independently and as part of a urology team. The new graduate NP has significant

knowledge deficits when entering this specialty field because genitourinary (GU) issues are minimally covered in the NP curricula. Albaugh (2012) highlighted this lack of standardized curricula for advanced nursing roles in urology. His discussion of the various educational backgrounds encountered across the globe that represented "urology APNs" included 33 distinct titles across the world, with NP the most common. Crowe (2014) brought this lack of education for NPs and others in advanced nursing practice in urology to the forefront in her opinion piece, noting that this expansion of nursing into urology has occurred without any formal role definitions or curricula changes to formally incorporate didactic content. Therefore, NPs working in urology environments (or other specialty environments) or seeking to move into urology environments must pursue information from a variety of sources in order to deliver high-quality care to these special populations. In response, the AUA has developed educational modules on topics such as overactive bladder, sexual dysfunction, surgical assistance, and stone management to augment the knowledge base of APPs.

For experienced urology NPs, the Certification Board for Urology Nurses and Associates (CBUNA) offers a specialty certification for NP recognition as a Certified Urology Nurse Practitioner (CUNP). To be eligible to sit for this examination, the NP must have completed his or her educational program, hold a national certification and be state licensed as a NP, have worked for two years as an NP, and have a minimum of 800 clinical practice hours in providing urology care (www.CBUNA.org). Certification is valid for three years, and there are currently 160 CUNPs in the U.S. (M. Borch, personal communication, May 21, 2015).

### **Role and Scope of Practice for the Urology Nurse Practitioner**

Access to subspecialty services is improved by NPs working within specialty environments. A nursing specialty is characterized by a unique body of knowledge and skill set, with nurses providing care focused on phenomena unique to the practice (Stewart-Amidei et al., 2010). Urology nursing is recognized as "a unique nursing specialty that addresses the needs of individuals with urologic health care con-

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cerns due to injury, aging, cancer, neurologic, genetic, reproductive, and medical illnesses” (Society of Urologic Nurse and Associates [SUNA], 2013, p. 6). However, a similar concise definition for the role of the *urology nurse practitioner* does not yet exist. In the rapidly evolving environment of the Patient Protection and Affordable Care Act (2010) and other health care demands, formal acknowledgment of the specialty practice of NPs in urology becomes imperative.

The 24 competencies presented here help establish standards for practice, which are currently absent for urology NPs except as represented by extrapolation from generalist NP certification. The AUA (2014) recognizes APPs as integral members of a physician-led team to provide high-quality urologic care. Their specific role, however, is highly variable and will depend on the type of practice, setting, location, and the experience of both the urologist and the NP (AUA, 2014). A wide range of expected activities in the urology environment can be completed by NPs, such as comprehensive history and physical examinations, ordering and interpreting diagnostic studies, diagnosing and treating illness, promoting wellness, and providing patient and family education and counseling. In addition, NPs also engage in GU research, advocacy, and administration, all while functioning as part of an interdisciplinary collaborative team. Further, urology NPs may perform procedures, such as prostate ultrasounds, urodynamics, cystoscopy, vasectomy, and stent removal, as part of their role (AUA, 2014). Such activities will require additional education, training, and supervision as designated uniquely by each state’s scope of practice. Despite training and licensing differences, NPs are held to the same level of care as physicians.

## **Theoretical Framework**

These urology NP competencies represent expectations along a continuum from the graduate NP to those of an experienced NP. As such, this framework is deeply rooted in the work of Benner (1982), whose influence can be seen in the progression from a novice to an expert urology clinician. This distinction in progress is so vital to the urology nursing specialty that Benner’s theory provides the foundation for the Certification Board for Urologic Nurses and Associates (CBUNA) certification examinations (Quallich, 2011), an important step in defining urology nursing and urology NP practice. Although these proposed competencies do not fully depict the gradual progression detailed by Benner (1982), they are consistent with advanced beginner, proficient, and expert levels described in her work.

Benner’s theory (1982) provides an impetus for describing and detailing the nuances of expert urology NP practice. The categorization of expertise described herein acknowledges the difference between “practical and theoretical knowledge” (Cash, 1995, p. 527) in clinical applications. We acknowledge that within the context of these proposed guidelines, progression between the three tiers is not guaranteed. Yet practice-based experience is vital to the ongoing growth and development of the expert urology practitioner. Benner’s (1982) model supports lifelong learning as a clinician; this reflects the ideals not only of nurse practitioner practice, but of nursing practice as well.

## **Process of Competency Development**

Providing care to urology patients requires a thorough understanding of GU pathophysiology, knowledge of medical and surgical treatment options, and the ability to preserve the

nursing role in effective patient management, especially education. It involves knowledge of acute and chronic urologic disease and the capacity to manage specialty and primary care needs simultaneously. These proposed urology NP competencies represent a synthesis of multiple resources, including the National Organization of Nurse Practitioner Faculties (NONPF) 2014 NP core competencies, the 2010 adult-gerontology NP competencies, the 2013 family NP competencies, the AANP (2013) *Standards of Practice for Nurse Practitioners* and SUNA’s (2013) *Urologic Nursing: Scope and Standards of Practice* (2nd edition). The adult-gero and family NP competencies were included because these two NP groups comprise the majority of NPs who self-identify as a “urology NP” (Quallich, 2011).

These urology-specific competencies are modeled after the American Medical Directors Association (2011) paper, the AUA consensus statement on Advanced Practice Providers (2014), and informed by *The Urology Milestone Project* (ACGME & the American Board of Urology, 2012). These new urology NP-specific competencies maintain fidelity with SUNA’s competencies, and serve to move specialty urology practice forward for NPs by creating a framework for assessing and acquiring skills essential to the discipline. SUNA’s competencies are not NP-focused and do not accommodate the more advanced patient interaction skills of the NP or the NP post-graduation GU knowledge deficit. These 24 urology NP-specific competencies fill a gap in knowledge and practice, and are also consistent with NONPF and the Advanced Practice Registered Nurses (APRN) Consensus Work Group and the National Council of State Boards of Nursing APRN Advisory Committee (2008) consensus guidelines. These competencies offer congruency with the existing

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APRN regulatory model, and are consistent with the nurse practitioners' focus on providing "nursing and medical services to individuals, families and groups accordant with their practice specialties...diagnosing and managing acute episodic and chronic illnesses, NPs emphasize health promotion and disease prevention" (AANP, 2013).

### Overview of the Proposed Advance Practice Urology Nursing Competencies

These 24 urology NP competencies compliment the AUA (2014) white paper as well as the NONPF documents and APRN consensus model. The competencies cover three general content areas (patient care, professional issues, and health system role) and three levels of progression for the urology NP from advanced beginner to proficient, and finally, to expert. This detailed description of responsibilities offers a more in-depth manner in which to establish "mentorship, a baseline assessment of clinical skill and knowledge in general urology or a specific dimension within an area of urology" (AUA, 2014, p. 8). This provides guidance to relate the population-based skills and knowledge of an NP's generalist certification toward urology care, while building upon the core competencies for all NPs (NONPF, 2014). These competencies address the specific care needs of a urology population, reflecting the knowledge base, scope of practice, and interdisciplinary nature of the emerging model for care delivery, and emphasize the NP's ability to provide both chronic and acute GU care. The competencies acknowledge the independent role of the NP, while accommodating the role of professional collaboration and a urology team in the efficient and cost-effective care of urology patients.

These 24 competencies repre-

sent specific aspects of NP practice unique to the care of patients with GU issues, and promote the NP role in the care of GU patients. Many issues and concerns are related to parts of the body or their functions that may be considered taboo in many cultures and religious contexts. Therefore, these competencies reflect the vital role of cultural sensitivity in the care of urology patients, highlighting the approach of the NP in recognizing the unique needs of GU patients.

These urology NP competencies offer a framework for progression, rather than offering distinct criteria for measurement. Each level includes and builds upon the tenants of the previous level (see Table 2). No specific time frame is proposed for transition between levels. In fact, progression along this continuum will be unique to each practice environment. Progression through these competencies may not be linear; that is, some NPs may attain "level 2" in a short time for some of the competencies but not others.

These competencies represent another step toward describing and detailing the nuances of expert urology NP practice, and work toward defining specialty NP practice; few specialty NP groups have competency documents (e.g., oncology). These competencies provide evidence that urology NPs can offer increasingly complex care in a variety of primary, acute, and tertiary settings.

### Limitations

While these competencies offer guidance, they *must* be viewed in the context of individual state laws and individual state practice acts, which must be considered when utilizing these competencies. Because there is no national NP license, individual state Boards of Nursing regulate entry into NP practice and determine the legal scope of practice for NPs in each state. These

competencies do not describe a scope of practice because that is a legal description of NP practice determined by individual states and national certifying bodies. Further, these competencies are not permitted to expand one's NP practice beyond the bounds of the original generalist certification; that is, they are not a mechanism for a women's health nurse practitioner to care for adult male patients with urology concerns. These competencies are designed to support nurse practitioners seeking a role or clarifying a current role within urology practice environments. These 24 competencies can be placed in the additional setting of community and institutional practice environments, and employer needs and requirements. While these competencies could be adapted for other APRN groups with roles in urology environments, there may be potential reimbursement issues related to the individual's primary certification and licensure. There may also be considerations related to the degree of detail that may be required, by other APRN groups, within the competencies themselves.

These competencies do not suggest specific didactic or practice content that may be beneficial to the NP working in urology. Such content would be inspired by a particular work environment or job description, or agreed upon in consultation with colleagues and team members. This reflects the need for an NP to both recognize the need for specific didactic content and be responsible to the needs of a particular clinic population.

### Summary

These 24 urology NP competencies will standardize and improve urology education for NPs because they blend the nursing and medical aspects of the NP role. Keough, Stevenson, Martinovich, Young, and Tanabe (2011) highlighted the "importance of assessing NP proficiency with

**Table 2.**  
**Proposed Urology NP Competencies for Adult Populations (Older Than 18 Years)**

Competency (NONPF Competency)	Level 3 Newly Graduated, and/or New to Urology	Level 2 Experienced NP New to Urology	Level 1 Expert Urology NP
<b>Patient Care Activities</b>			
1. Obtains relevant health history, focused to genitourinary complaints, as comprehensive as needed to evaluate present issue. (Scientific foundation, independent practice.)	Incorporates knowledge of pediatric urologic issues and their impact on the care of adult urology patients. Evaluates signs and symptoms within context of a GU complaint to formulate plan of care. Developing skill with male and female GU examination.	Sensitive to complex patient and family needs when transitioning from pediatric urology to adult urology environment. Prioritizes history and physical findings within context of GU complaint. Recognizes relevant history to prioritize evaluation of complaint. Developing skill in recognizing specifics of male and female GU examination, appropriately targeted to a patient's genitourinary complaints and medical condition. Developing skill with recognition of subtle GU physical examination findings.	Distinguishes GU complaints that are a symptom of other health concerns from GU complaints that represents a specific GU health issue. Able to routinely identify subtle or unusual physical findings within context of GU complaints. Highly efficient at gathering pertinent information necessary to formulate specific GU plan of care.
2. Integrates diagnostic tests and procedures into culturally sensitive genitourinary care. (Scientific foundation, independent practice.)	Selects appropriate diagnostic tests and/or imaging procedures pertinent to current GU complaints in the context of relevant co-morbidities. Revises plan of care in consultation with a urologist or more experienced colleague as appropriate.	Demonstrates understanding of appropriate application of advanced GU imaging and procedures. Continues to revise plan of care and clinical decisions in consultation with a urologist or more experienced colleague as needed.	Integrates routine and advanced diagnostic tests and imaging procedures based on GU complaints and co-morbidities. Revises plan of care in consultation with a urologist as needed. Assesses concerns relative to sexual function and fertility issues with GU diagnoses.
3. Analyzes data, formulates and initiates plan of care for urology-based complaint. (Scientific foundation, independent practice.)	Recognizes deviance from normal. Formulates and validates differential diagnosis and plan of care based on common GU presentations. Prepares plans that acknowledge an individual's risk factors with specific urologic health conditions. Implements specific GU screening as appropriate for the individual.	Formulates differential diagnosis and plan of care based on common and uncommon GU presentations. Develops increasingly comprehensive GU differentials when evaluating patients. Prioritizes list of differentials based on suspected GU etiology.	Synthesizes data to arrive at management, consultation, and/or education plan. Formulates differential diagnosis and plan of care based on complex knowledge of common and uncommon GU presentations. Able to generate complex differentials and an appropriate strategy to finalize plan of care. Incorporates the potential role of polypharmacy on GU complaints and management.
4. Develops a plan of care that includes medical, surgical, and/or radiological interventions as appropriate. (Scientific foundation, independent practice.)	Develops plan for routine GU clinical problem with typical treatment recommendations in individuals who are otherwise healthy. Addresses GU disease prevention, GU health promotion, GU health maintenance issues. Provides informed consent for routine, low-risk interventions. Prescribes medication with consideration for GU specifics (e.g., renal excretion, bladder effects).	Promotes GU self-care as appropriate (e.g., post-coital antibiotics, low purine diet). Manages complex GU problems in the patient with multiple comorbid conditions. Identifies impact of GU treatment on normal physiology. Provides informed consent for routine and intermediate risk urologic interventions.	Extensive knowledge of age and age-related changes and their potential impact on GU conditions and management. Develops plan for individuals experiencing multiple or complex GU clinical problem(s), while incorporating patient co-morbid conditions. Provides informed consent and counsels patients for urologic interventions that are considered high risk. Emphasizes quality-of-life impact throughout discussions.

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**Table 2. (continued)**  
**Proposed Urology NP Competencies for Adult Populations (Older Than 18 Years)**

Competency (NONPF Competency)	Level 3 Newly Graduated, and/or New to Urology	Level 2 Experienced NP New to Urology	Level 1 Expert Urology NP
<b>Patient Care Activities</b>			
5. Integrates knowledge of urologic issues with nursing principles to provide perioperative management from the nurse practitioner perspective. (Scientific foundation, independent practice.)	Identifies common post-operative issues. Manages common peri-operative complaints, with input of urologist more experienced colleague as needed. Promotes return to maximum functional status.	Identifies and manages common post-operative issues. Independently identifies and manages most outpatient post-operative complaints and surgical complications with input of urologist more experienced colleague as needed.	Identifies and manages common post-discharge and post-operative complaints and surgical complications. Identifies and manages later complications of urologic interventions and procedures. Collaboration with urologist as needed.
6. Acknowledges role of cognition, culture, spirituality and ethnicity when communicating in the healthcare setting. (Health delivery system.)	Displays effective communication skills in establishing therapeutic relationships with patients and families. Effectively communicates in non-stressful situations.	Consistently exhibits effective communication skills in a variety of clinical and team contexts. Adjust communication style to each individual patient interaction. Adapts teaching to environment and resources.	Adjust communication style to be respectful of cultural, ethnic, or cognitive status. Provides model of effective communication for other team members.
7. Manages established plan of GU care, assuming leadership as appropriate. (Independent practice, leadership.)	Recognizes need for consistent and concise communication in prevention of patient harm. Cognizant of medicolegal perspectives regarding accurate GU documentation.	Functions largely independently, seeking input from more senior team members, urologists, or other disciplines for management of complex GU patients as necessary. Works to ensure continuity in GU care whenever possible. Develops mastery in responding to the changing demands of GU patient care needs.	Mainly collaborative relationship with urologist(s) due to high skill level and experience. Partners with other health care professionals in specific aspects of patient management. Able to anticipate the needs of a particular clinical or patient situation.
8. Incorporates compassion, integrity, and respect for spiritual and cultural beliefs into GU care. (Ethics, independent practice.)	Assists diverse panel of patients to obtain GU care. Honors requests for same gender provider when possible. Sensitive to psychological factors in GU conditions. Identifies need for background information (e.g., SES, sexual orientation) as issues emerge in GU patient care.	Demonstrates sensitivity to cultural, ethnic and spiritual context when faced with patient or family emotions, within context of providing GU care.	Willingness to express concerns regarding team behaviors that are inconsistent with culturally and spiritually sensitive care.
9. Strives for patient-centered care based on respect and collaboration among team members. (Health delivery system, leadership.)	Responsive to patient needs and consistent follow up based on results of evaluation. Communicates and coordinates plan of care with appropriate team members.	Consistently prompt and responsive to patient care issues. Completes tasks and charting on time. Communicates with patient and family, and other team members, as needed.	Consistent in maintaining obligations to patient care. Always accepts feedback willingly. Plan of care issues completed in a careful and thorough manner, and communicated to patient and family.
10. Demonstrates respect for the autonomy of the patient in negotiating his or her own GU care. (Ethics, independent practice.)	Almost always mindful of patient and respects patient autonomy and right to refuse plan of care. Honors requests for same gender provider when possible.	Recognizes and honors patient privacy concerns, especially in GU care context. Seeks to balance patient autonomy and patient safety issues.	Education of other team members in prevention of behaviors that threaten patient privacy or autonomy.

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**Table 2. (continued)**  
**Proposed Urology NP Competencies for Adult Populations (Older Than 18 Years)**

Competency (NONPF Competency)	Level 3 Newly Graduated, and/or New to Urology	Level 2 Experienced NP New to Urology	Level 1 Expert Urology NP
<b>Professional Activities</b>			
11. Seeks training and privileging for office-based procedures as permitted by practice environment. (Independent practice, policy.)	Performs routine GU and generalist NP procedures (e.g., suture removal, wound culture, catheter change post-operatively).	Performs routine outpatient procedures under supervision, or as specified by state practice act or state collaborative practice requirements (e.g., wound incision and drainage).	Performs GU outpatient procedures, independently or under supervision, or as specified by state practice act or state collaborative practice requirements (e.g., cystoscopy with stent removal).
12. Provides GU care in cost-aware fashion while accommodating risk-benefit issues. (Independent practice, health delivery system.)	Understands coding issues that are specific to GU care. Acknowledges socio-economic barriers that influence patient-centered GU care. Minimizes unnecessary care by adhering to established guidelines.	Understands and follows established guidelines for GU management. Focuses on patient-centered care by assessing economic impact of commonly performed GU procedures. Able to envision long-term goals of GU care, and plan for patients and their support systems.	Well-versed in coding issues specific to NP role within urology. Leads and explores mechanism for cost containment, such as utilization of urologic supplies. Practices within GU environment in a cost-effective fashion, including minimizing inappropriate medical resource use.
13. Evaluates one's practice against established standards for NP care, locally/regionally/nationally. (Quality, ethics.)	Responds productively to feedback from all members of the health care team and patients. Performs continuous self-assessment.	Responds to the needs of the team and clinical environment. Demonstrates improvement via self-assessment.	Incorporates feedback from all members of the health care team into self-improvement. Reflects on feedback to ensure highest quality of care. Participates in development of guidelines and professional standards for GU care.
14. Evaluates evidence for value and appropriateness to decision-making for individual patients, to generate knowledge and improve clinic practice and patient outcomes. (Practice inquiry, quality, scientific foundation.)	Understands basic research designs used in clinical research. Uses research evidence to guide clinical decision-making in individual patients, asking for clarification as needed.	Formulates evidence-based plan of care, based on knowledge from previous clinical scenarios. Incorporates evidence into patient-centered GU care. Relates clinical evidence to an individual GU patient. Seeks to integrate a body of evidence for a specific clinical question in reaching a clinical decision. Demonstrates knowledge of relevant GU epidemiology.	Appraises a specific clinical context, patient's values and preferences, and the quality of evidence to develop a plan of care. Distinguishes roles of various stakeholders (e.g., family, insurance payors) in patient management. Identifies process issues on the system level and proposes interventions to facilitate patient care.
15. Continuously strives for evidence-based practice. (Practice inquiry, quality, scientific foundation.)	Able to identify and utilize resources that promote evidence-based practice. Identifies and refers patients as appropriate.	Demonstrates ability to perform searches of the literature for evidence-based information. Collaborates for GU research. Aware of appropriate clinical trials or research studies, recruiting patients as appropriate.	Synthesizes information by effectively and efficiently performing relevant reviews of literature. Incorporates evidence base into helping patients to make informed decisions about GU care. Promotes translational research to benefit GU patients.

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**Table 2. (continued)**  
**Proposed Urology NP Competencies for Adult Populations (Older Than 18 Years)**

Competency (NONPF Competency)	Level 3 Newly Graduated, and/or New to Urology	Level 2 Experienced NP New to Urology	Level 1 Expert Urology NP
<b>Professional Activities</b>			
16. Advocates for quality care for GU patients. (Ethics, policy, health delivery system.)	Develops knowledge of regulatory issues unique to urology. Interfaces with insurance companies on behalf of GU patients as necessary and appropriate. Identifies safety issues, both real and potential. Committed to high-quality GU care.	Works with team to develop evidence-based, team-based quality improvement interventions. Formulates teaching plans specific to the NP role in the care of GU patients.	Collaborates with providers within the system and informal caregivers to promote a plan of care. Seeks to improve the processes and outcomes of care. Contributes to knowledge development relative to the overall care of GU patients.
17. Acts as clinical preceptor and promotes the education of all team members. (Practice inquiry, leadership.)	Seeks educational opportunities to advance own working knowledge of urology.	Precepts NP and nursing students, and other health professions students. Acts as a mentor for other team members. Provides education and support to caregivers of GU patients.	Involved in developing education for all team members, including APRNs, residents and PAs. Contributes to knowledge and development of the urology NP role. Disseminates knowledge specific to the urology NP via publication and presentation.
18. Practices with highest ethical standards. (Ethics, policy, independent practice.)	Demonstrates critical thinking. Acknowledges legal limits of NP scope. Asks for input and help from colleagues as needed. Uses both internal (e.g., risk management) and external resources (e.g., professional organizations) to resolve issues.	Works with more experienced colleagues to improve skills and knowledge base. Seeks opportunities for learning and improving own skills. Seeks specialty certification as a urologic NP (CUNP).	Monitors quality of own practice as an NP within urology. Express concerns regarding team behaviors that are below accepted standard, represent inappropriate task selection or scope of practice issues. Seeks and/or maintains specialty certification as a urologic NP (CUNP).
19. Applies tenets of nursing science to diverse populations (e.g., gender, age, culture, race, religion, disabilities, sexual orientation) demonstrating cultural sensitivity and responsiveness to their unique needs. (Independent practice, scientific knowledge.)	Strives for sensitivity to diversity issues. Recognizes own comfort level with issues of diversity. Identifies potential GU health issues in families and individuals.	Sensitive to potential ethical dilemmas related to cultural differences. Comfortable managing needs of diverse patient groups within GU context.	Always provides culturally sensitive care. Mentors team members and students regarding observed behaviors that threaten acknowledgement of diversity or culturally sensitivity care.
<b>Health System Activities</b>			
20. Demonstrates leadership in the clinical environment. (Leadership, practice inquiry.)	Participates in development of own orientation to urologic clinical environment. Takes responsibility for actions and behavior and admits mistakes. Recognizes conflicts of interest. Seeks mentorship from GU providers with a complementary skill set.	Seeks feedback on clinical role and emerging expertise. Consistent in timely completion of medical records and patient communications.	Willingness to function in an oversight capacity of the care team in the clinical environment. Provides leadership for quality improvement initiatives.

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**Table 2. (continued)**  
**Proposed Urology NP Competencies for Adult Populations (Older Than 18 Years)**

Competency (NONPF Competency)	Level 3 Newly Graduated, and/or New to Urology	Level 2 Experienced NP New to Urology	Level 1 Expert Urology NP
<b>Health System Activities</b>			
21. Uses knowledge of health care environment to provide care within and across a health delivery system to deliver both patient centered and population centered GU care. (Policy, health delivery system.)	Provides guidance regarding access to care based on identified GU needs. Develops knowledge of community-based resources (e.g., support groups for GU cancers).	Manages and coordinates care across delivery systems, as appropriate to specific clinical role. Advocates for patient-centered GU care. Bases care plan on analysis of multiple factors (age, SES, co-morbidities).	Promotes non-pharmacologic and non-procedural patient management options (e.g., physical therapy, alternative medicine providers) with patients and families as culturally appropriate. Participates fully in interdisciplinary teams.
22. Demonstrates collaborative approach to communication with other health professionals and health-related agencies. (Health delivery system, leadership, policy.)	Delivers necessary information as required by established system protocols and standards. Uses appropriate GU terminology.	Maintains patient privacy and autonomy when managing conflicts. Consistent and effective communication in a wide variety of clinical scenarios. Works with community organizations in the care of GU patients.	Relays appropriate information to necessary stakeholders to promote GU patient care issues.
23. Uses technology, such as EMRs, to accomplish safe health care delivery within specific work environment. (Practice inquiry, technology.)	Efficient and competent in the use of EMR, while considering risks and limitations common with EMR.	Demonstrates increased efficiency and competency in the use of EMR, compensating for the risks and limitations common with EMR.	Demonstrates consistently high-quality care with efficient use of EMR and other technology. Skilled at using data management systems to improve clinical practice.
24. Effective member or leader of a health care team and/or other professional group(s). (Health delivery system, leadership.)	Demonstrates communication and interpersonal behaviors that foster effective teamwork. Promotes current and evolving urology NP role to other providers and the public.	Works toward creation and maintenance of shared values and mutual respect among urologic care team. Expresses him/herself in an objective, straightforward manner. Demonstrates respect for team members during disagreements or conflicts.	Demonstrates reliable leadership skills, including managing conflict. Leads by example, focusing on collaborative relationships. Promotes collaboration among all members of care team, by fostering the culture of shared values and promotion of highest quality GU care. Exemplifies urology NP role.

**Notes:** GU = genitourinary, SES = socioeconomic status, PA = physician assistant, APRN = advanced practice registered nurse, NP = nurse practitioner, EMR = electronic medical records, NONPF = National Organization of Nurse Practitioner Faculties, SES = socioeconomic status.

core-based competencies and developing a plan to provide additional education and mentoring” (p. 199) because NPs are moving into non-traditional clinical settings (not specific to their population-based certification). Primary care NP programs prepare NPs with sufficient clinical and didactic components to be effective primary care providers.

These urology-specific competencies take that groundwork and focus the primary care skills toward GU care and management. Many GU conditions benefit from episodic but long-term medical management, which is a role well-suited to the NP. As the role of the urology NP continues to evolve, we can anticipate increasing responsibility and interdisci-

plinary collaboration in clinical decision-making and patient management.

Proficiency in patient management comes with time and exposure: “clinical judgments and human responses to patients are developed through habits of thought and practice rather than through the mastery of information or technical skills alone”

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(Benner, 2011, p. 8). These 24 competencies are intended to describe and promote urology NP practice across the entire spectrum of adult (over 18 years)/older adult care, with the goal of providing cost-effective, patient-centered quality GU care, while creating a hallmark for advancing urology NP practice. ■

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