

PRIME-NP: Where Competency Meets Confidence in Clinical Practice

MCIRN was established by the University of Nebraska Medical Center (UNMC) College of Nursing.

Rita D'Aoust. PhD, ACNP. ANP-BC, CNE, FAANP, FNAP, FAAN
Johns Hopkins School of Nursing



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Objective:

Match PRIME NP concepts with appropriate indicators



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Challenges Clinical Competency Assessment

1. Assessment Standardization Challenges

- Inconsistent evaluation tools across programs
- Lack of validated measurement instruments
- Variable faculty and preceptor assessment standards

2. Competency Framework Implementation

- Need for clear, measurable benchmarks
- Setting-independent assessment criteria
- Integration with practice demands

3. Performance Evaluation Methods

- Multi-modal assessment approaches (simulation, direct clinical, etc.)
- Structured feedback mechanisms
- Progressive performance tracking across courses

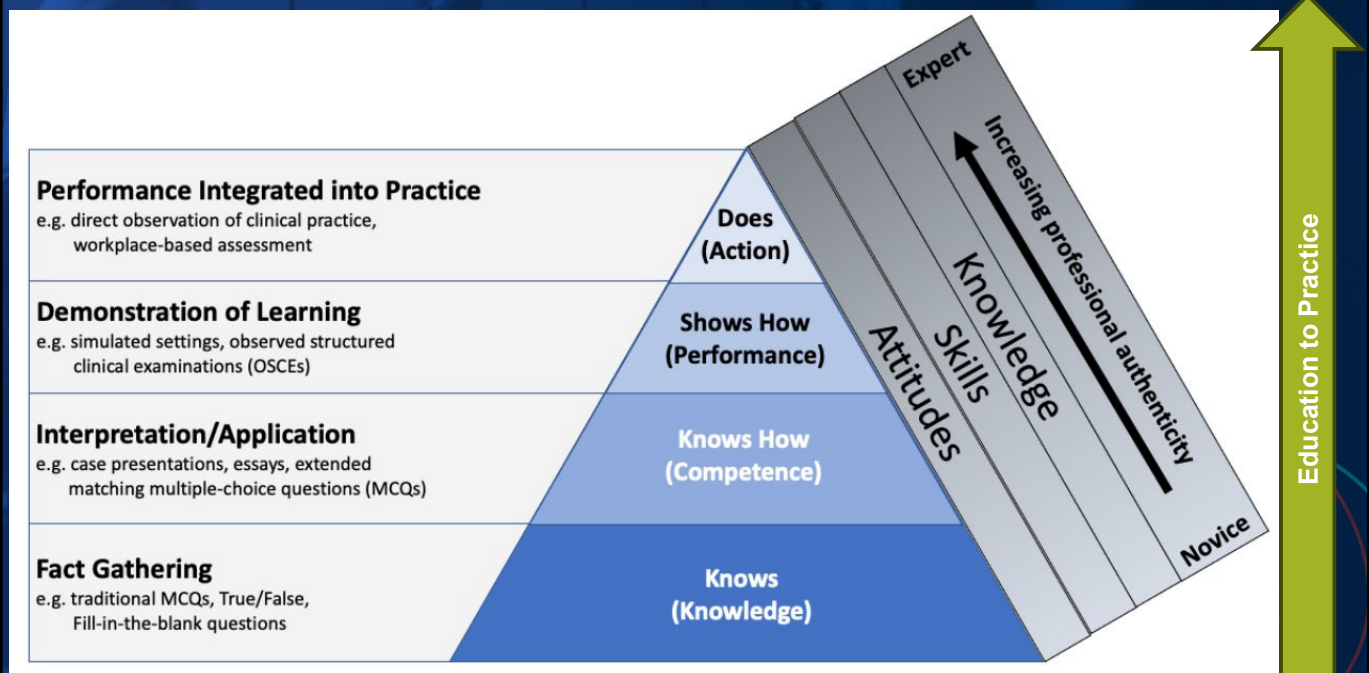
4. Quality Assurance

- Professional organization accountability
- Accreditation standards alignment
- Continuous improvement processes

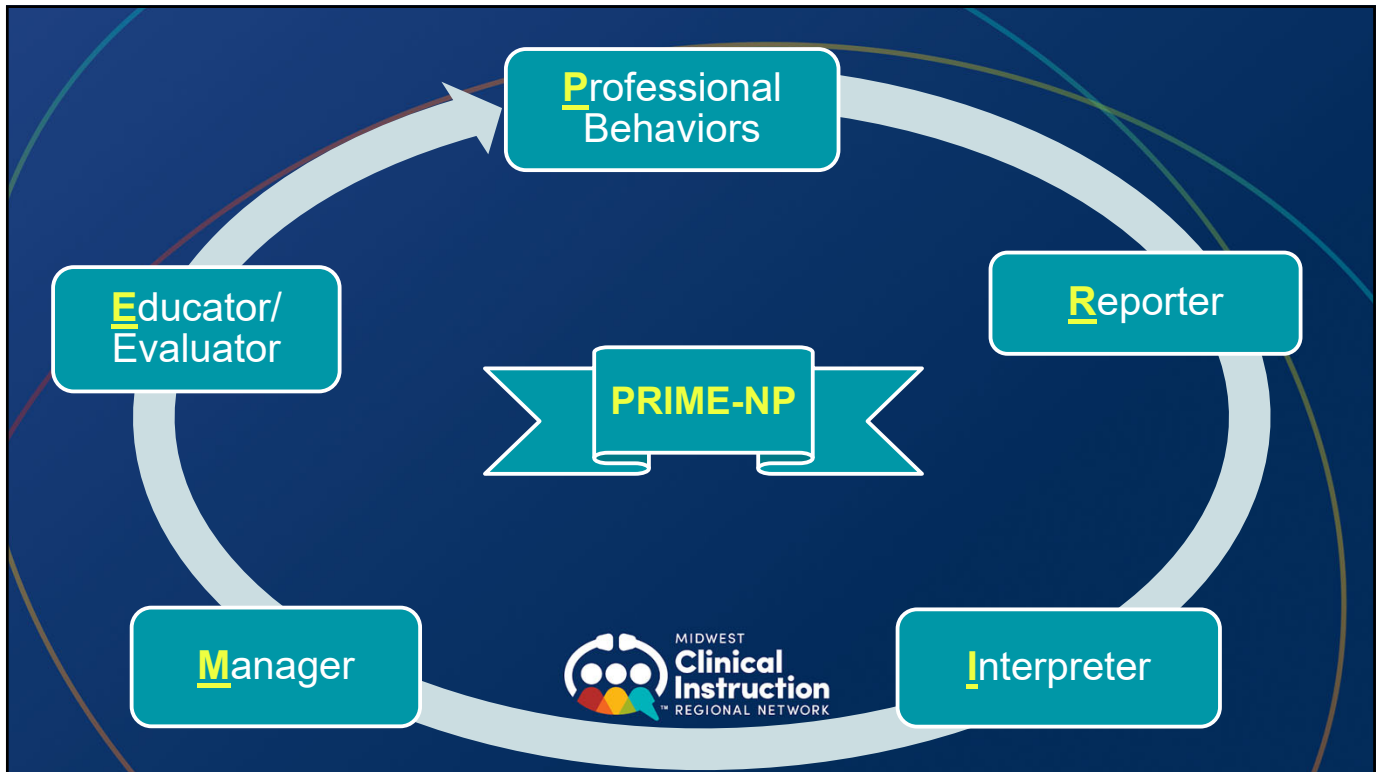


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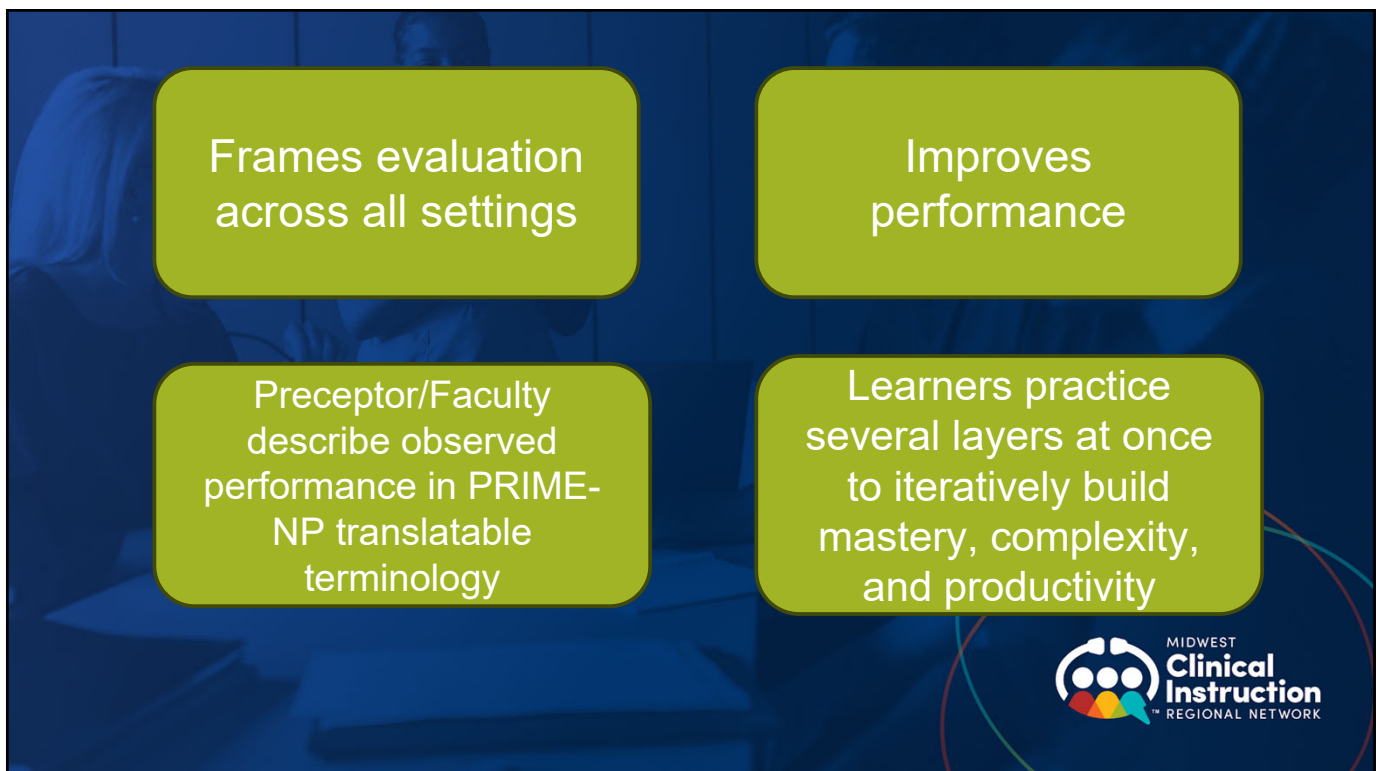
Competency Development – Miller's Pyramid



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Domain	Definition	Performance Expectations
Professional	Demonstrates Professional behaviors	Respectful demeanor and focus on patient. Appropriate health literacy Professional language and comportment
Reporter	Accurate and comprehensive data collector and reporter	Health History, Review of Systems, Physical Exam Requests appropriate EHR information Cogent Case Presentation
Interpreter	Can analyze, identify, defend, and prioritize patient needs	Obtains required information and interprets findings States differentials Provides succinct rationale for working diagnosis
Manager	Able to identify evidence based therapeutic and diagnostic plans to manage patients and health care team.	Identifies and defends therapeutic and diagnostic plan to EBP guidelines and patient factors Performs diagnostic tests and procedures Uses shared decision making Discusses collaborative care
Educator/ Evaluator	Demonstrates educator abilities Sets milestones for course of treatment	Educates patients and others Identifies expected outcomes and timing to patient/others Confirms patient/family understanding with selected teach back method with patients Provides appropriate referrals and follow planning

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Professional Behaviors

Displays a professional demeanor and interacts appropriate with the patient

- a. Introduces self
- b. Presents professional appearances and manner
- c. Avoids primarily yes/no questions
- d. Avoids unnecessary repetition/jargon
- e. Controls pace of interview
- f. Is directive when necessary
- g. Appropriately uses cognitive aids and resources (i.e Harriet Lane, Sanford, etc.)

Demonstrates humanistic quality

- a. Empathy, compassion, respect and consideration
- b. Interacts with patient and not instruments
- c. Places patient's problems in the context of the patient's life and history
- d. Is sensitive to privacy, comfort, and dignity
- e. Establishes a comfortable atmosphere and places the patient at ease
- f. Displays attentiveness to the patient

Washes hands before beginning examination

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Reporter

Health History

- Allergies (medications, food, latex, environmental)
- Medications (duration, frequency, reason)
 - Prescription, OTC, supplements/herbals, cannabis
- Biographic Past Medical History, Past Surgical History
 - Social History
 - Sexual Reproductive History (if applicable)
 - Health Promotion/Immunizations History
 - Immunizations
 - Last dental and eye exam
 - Last PE and age-appropriate screenings
- ROS (in context of complaint)
- Physical exam
- Cogent accurate and complete patient presentation

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Interpreter

States Differentials

- Succinctly discusses diagnosis/impression with the patient and/or preceptor
- Discusses differential diagnoses and rationale for working diagnosis with patient/faculty/preceptor
- Chooses diagnostic tests that reflect H&P differential and clinical guidelines
 - Testing is appropriate to the differential or care based on the clinical guidelines, cost-effective
 - Able to interpret test results to diagnosis
 - Able to explain contribution of test results to diagnosis
 - Able to discuss follow up to diagnostic testing
- Discusses accurate working diagnosis with patient
 - Uses shared decision making to develop diagnostic plan, treatment, and f/u options with pt
 - Completes/updates Patient Problem List
- Demonstrates knowledge of diagnostic testing
- States accurate diagnosis

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Plan (Manager)

- Develops plan of care appropriate for the actual diagnosis and baseline medical conditions
 - a. Identifies diagnostic plan
 - b. Identifies therapeutic plan
 - c. Identifies pharmacological treatment appropriate to the case scenario
 - d. Identifies non-pharmacological treatment appropriate to the case scenario
 - e. Identifies and/or accurately performs basic office procedures
 - f. Orders appropriate advanced procedures
 - g. Discusses appropriate follow-up plan (visit, when to contact, etc.)
- Uses shared decision-making for therapeutic & diagnostic plan, f/u, discusses options with pt
- Provides age-appropriate screening recommendations
- Able to state appropriate clinical guidelines
- Applies clinical guidelines as basis for plan of care
- Discusses collaborative/team-based care and practice as appropriate for the case scenario
 - a. Transitions of care
 - b. Disability
 - c. Palliative care
 - d. Hospice
 - e. Behavioral/mental health

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Educator/Evaluator

- Provides tailored education about components of treatment and testing with rationale
- Uses teach back or other clear teaching methodology
- Provides appropriate referral instructions
- Utilizes behavior supporting communication techniques like motivational interviewing
- Provides self-reflection as to next steps to faculty/preceptor
- Provides follow-up instructions
- Follow-up expectations

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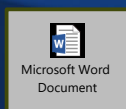
Domain	Indicators	Adv Health	Level 1	Level 2	Level 3	Level 4	Level 5
PROFESSIONAL	Elicit information	I/P	P	M	M*		
	Respectful and patient centered	I	P	M	M*		
REPORTER	Elicit appropriate history/information	I/P	P	M	M*		
	Exam technique and appropriateness	I/P	P	M	M*		
INTERPRETER	Problem List and Differential Diagnosis	I	P	M	M	M*	
	Identifies missing tests		I	P	M	M*	
	Interprets test results correctly		I	P	M	M	M*
MANAGER	Therapeutic Plans		I/P	P	M	M	M*
	Diagnostic Plan		I/P	P	M	M	M*
	Incorporates patient values		I	P	M	M*	
	Integrates clinical guidelines		I/P	P	M	M	M*
EDUCATOR/EVAL	Identifies expected results		I/P	P	M	M	M*
	Teaching skills		I/P	P	M	M*	
	Collaborative Practice (referrals)		I	P	P	M	M*

I = introduced; P = practice and repetition; M= sufficient proficiency with mastery for the next level of independence; M* = sophisticated, complex situations or procedures

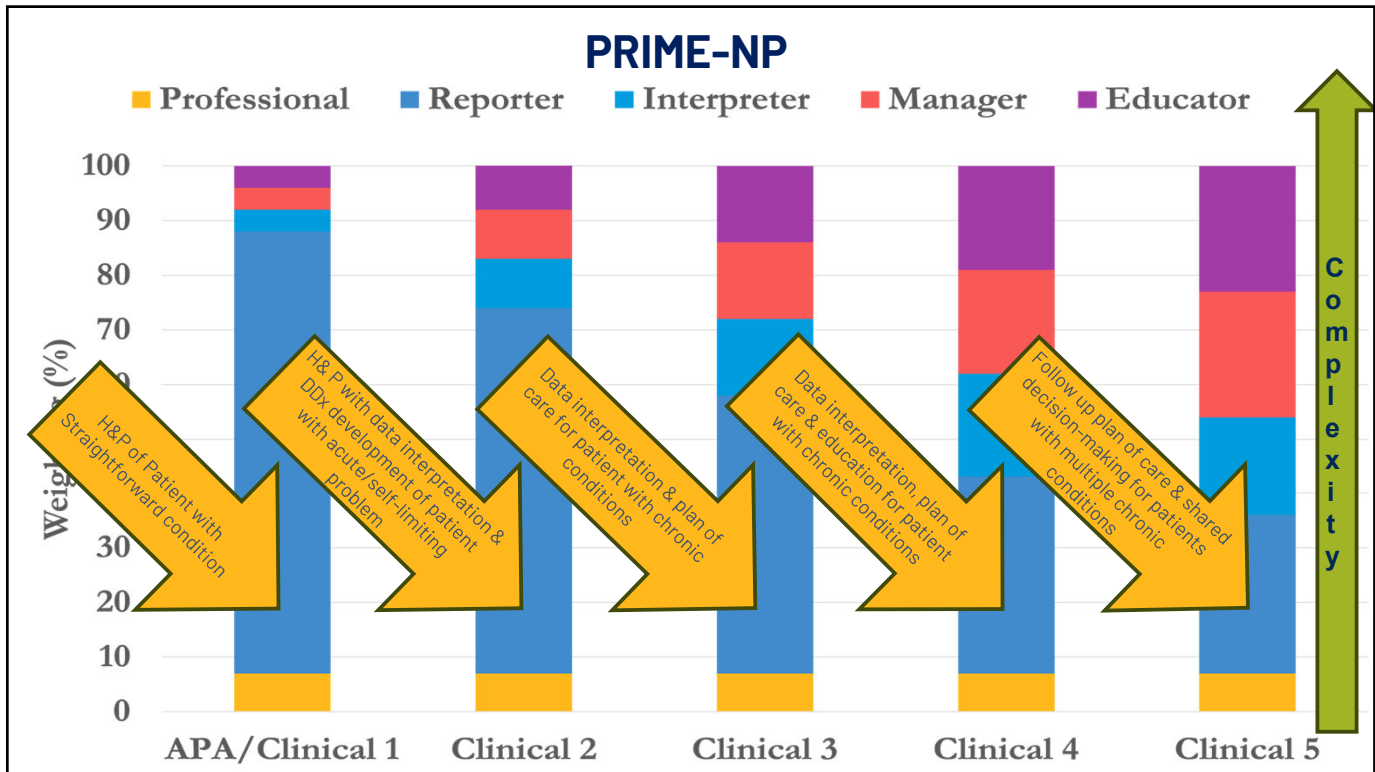
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PRIME-NP PROGRESSION

Domain and Indicators	Advanced Health	Level 1	Level 2	Level 3	Level 4	Level 5
Professional Behaviors	3	3	3	3	3	3
Reporter	37	37	30	22	15	13
Interpreter	2	2	4	6	8	8
Manager	2	2	4	6	8	10
Educator/Evaluator	2	2	4	6	8	10
Total	46	46	45	43	42	44



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Microsoft Excel Worksheet

Competency based assessment

- **PRIME-NP Model**
 - NONPF Core Competencies
 - AACN Essentials – 10 Domains
- **PRIME-NP Rubrics**
 - Measure individual components
 - Professional, Reporter, Interpreter, Manager, Educator/Evaluator
- **Adaptable – formative & summative**
 - Peer-to-Peer
 - Role Play
 - OSCE
 - Direct Clinical Learning

(D'Aoust et al., 2022; D'Aoust et al., 2023; NONPF, 2024)

NONPF Nurse Practitioner (NP)			
Role Core Competencies			
NP Domain 2: Person-Centered Care			
The nurse practitioner uses evidence-based and best practices to design, manage, and evaluate comprehensive person-centered care that is within the regulatory and educational scope of practice. Fundamental to person-centered care is respect for diversity, differences, preferences, values, needs, resources and determinates of health unique to the individual.			
Competency Name	Subcomp # and Subcompetency Name		
2.1 Engage with individuals and/or caregivers in establishing a caring relationship.	NP 2.1f: Practice holistic person-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.		2.1
	NP 2.1g: Engage in shared decision making with consideration of determinants of health.		
2.2 Communicate effectively with individuals.	NP 2.2k: Utilize communication tools and techniques to promote therapeutic relationships with individuals and/or caregiver.		2.2
	NP 2.2l: Apply motivational interviewing techniques to engage individual and/or caregiver in management of health.		
	NP 2.2m: Communicate findings to the interprofessional team, including the preceptor, in a systematic, concise manner to accurately convey the health status of the patient.		
	NP 2.2n: Demonstrate empathy and compassion in communication with others.		
	NP 2.3i: Utilize advanced critical thinking to determine the appropriate focused or comprehensive relevant patient history.		

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PRIME-NP Summary Programs, Populations, and Adaptations

- Provides common scaffolding for assessment
- Facilitates communication between faculty, preceptors, & programs
- Promotes standardization of CBA across tracks within programs
- Supports progressive assessment across all population tracks
- Allows for adaptation – rubrics developed across levels & population tracks



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American Association of Colleges of Nursing. (2021). The Essentials: Core competencies for professional nursing education. Accessible online at <https://www.aacnnursing.org/Portals/0/PDFs/Publications/Essentials-2021.pdf>

D'Aoust, R. F., Brown, K. M., McIltrout, K., Adamji, J.-M. D., Johnson, H., Seibert, D. C., & Ling, C. G. (2022). A competency roadmap for advanced practice nursing education using PRIME-NP. *Nursing Outlook*, 70(2), 337-346. <https://doi.org/https://doi.org/10.1016/j.outlook.2021.10.009>

D'Aoust, R., Russell, N., Slone, S., Budhathoki, & Ling, C. PRIME-Nurse Practitioner Competency Model Validation and Criterion Based OSCE Rubric Interrater Reliability. *BMC Medical Education*. (Revised and resubmitted Dec. 2023).

Jenkins-Weintaub, E., Goodwin, M., & Fingerhood, M. (2023). Competency-based evaluation: Collaboration and consistency from academia to practice. *Journal of the American Association of Nurse Practitioners*, 35(2), 142-149.

Johnson, H. L., Beatty, J. R., Archer, H. R., Best, N. I., Trautmann, J. L., Williams, J. K., ... & Taylor, L. A. (2023). Applying the RIME framework to level nurse practitioner curriculum competencies. *Nurse Educator*, 48(1), 43-48.

National Task Force. (2022). Standards for quality nurse practitioner education, A report of the national task force on quality nurse practitioner education, 6th Edition

NONPF Curricular Leadership Committee. (2022). 2022 NONPF Nurse Practitioner Role Core Competencies. National Organization of Nurse Practitioner Faculties. https://www.nonpf.org/page/NP_Role_Core_Competencies

Pangaro, L. N., & McGaghie, W. C. (Eds.). (2015). *Handbook on medical student evaluation and assessment*. Gegensatz Press.

Pangaro, L., & Ten Cate, O. (2013). Frameworks for learner assessment in medicine: AMEE Guide No. 78. *Medical Teacher*, 35(6), e1197-e1210.

References



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Precepting the PRIME NP Way

MCIRN was established by the University of Nebraska Medical Center (UNMC)
College of Nursing.

Sally E. Heusinkvelt DNP, APRN-NP, ACNP-BC, ANP-BC



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Objective:

Discuss how PRIME NP concepts and indicators can be
used to train NP preceptors



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Why Focus on CBE NP Preceptor Training?



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Why a CBE preceptor training program?

Strategic move to elevate clinical learning, develops practice ready graduates, and supports our preceptors

- Aligns teaching with national standards for AACN essentials and NONPF
- Educates our preceptors on the framework to reinforce learning and performance expectations in clinical sites
- Enter partnership with faculty in shared communication and aligns learning goals for students
- Provides clear benchmarks for preceptors to assess student performance and growth



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Why PRIME NP CBE Model?

- Adaptation of Pangaro's medical RIME model allows for commonality in communication of NP student performance and growth trajectory
- Identifies competencies for clinical courses and progression across curricula for NP students
- Validated PRIME NP OSCE rubric



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Our PRIME NP Preceptor Training Program Team Content & Development Experts



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National Precepting Content Experts

- 11 Graduate Nursing Programs & Healthcare Systems Represented
 - UNMC
 - John Hopkins University
 - Boston Children's Hospital
 - University of Texas, Houston
 - University of Connecticut
 - University of Iowa
 - University of Rochester, New York
 - University of Florida
 - Pace University
 - Uniformed Services
 - Ortho Midwest
- 11 Faculty Members

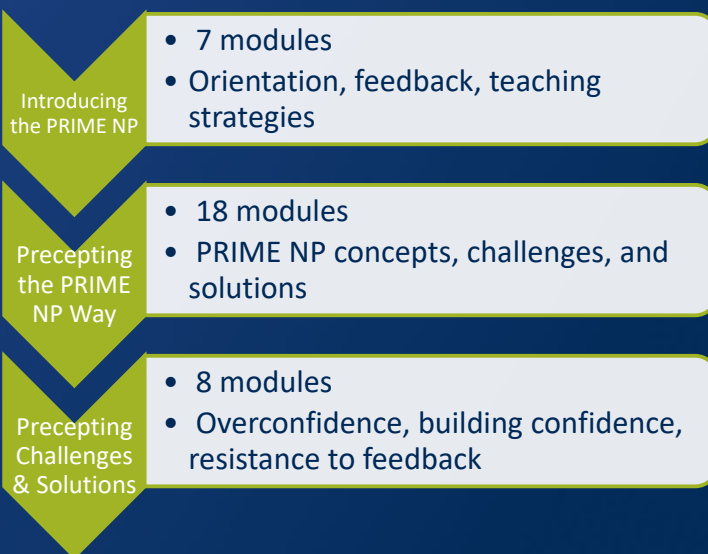
MCIRN Leadership Team

Dr. Heidi Keeler PhD, MSN/MBA, RN
 Renee Paulin MSN, RN, CWOCN
 Jodie Boswell MSN, RN
 Nate Beacom, BSBA
 Louriann Nieman MEd
 Manni Hora BS, MS, CSM
 Courtney Smith, MBA



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The PRIME NP Preceptor Training Program




- **Online and self-paced**
- **Microlearning format**
- **Application based**
- **CME credit**



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Effective Patient Communication-Ready to Review

Current Version v



- In the PRIME NP competency-based model, the concept of educator evaluator is developed, which encourages preceptees to develop the skill of effective communication.
- Effective patient communication looks like tailoring education components of treatment, testing, and providing rationale for these interventions in a way that meets the patient's needs, through their preferences and learning styles.

- Introduction
- Verbal Communication
- Nonverbal Communication
- Listening Skills
- Strategies for Improvement in Patient Communication
- Effective Communication and Patient Outcomes
- References

Teaching Approaches to Patient Prioritization - Ready for Review

ON COMPLETE

- Introduction and Importance
- Time Scarcity
- Prioritization: What is it?
- Prompting and Modeling
- Summary
- References

Consider this: It's 7 AM and you've arrived at work to assume care for 12 patients on a general medical service. It's your first day on service. Labs and imaging need to be reviewed, you just received a page from an oncoming nurse, and your message inbox on the electronic health record has 15 new messages from patients with questions about their discharge instructions and prescriptions.


Or maybe: You are getting to the clinic with a full schedule, and your first patient is running late. You've got a full inbox, and the medical assistant has handed you 2 new prior authorizations to complete. The front desk has a worried parent on the phone who would like to bring in their child for an urgent care visit for a new rash and fever.

Where do you even start? Days like these can be overwhelming for preceptors and preceptees!

As providers in a busy healthcare system that's growing increasingly more constrained, time is a precious resource, and it's important to know how to prioritize, to ensure your patients receive timely, complete, and safe care.

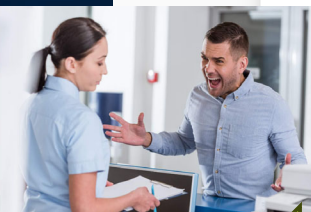
How do we support our preceptees to make sure they are on the path to success with patient prioritization?

The PRIME NP Preceptor Training Program



Effective Patient Communication

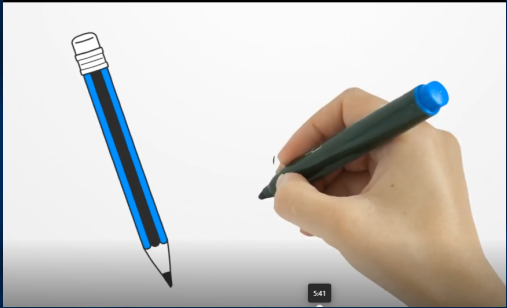
- Introduction
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- References



Examples to use with Preceptee:

Scenario: Awkward Body Language


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Be Objective and Specific

- ✓ Coach them to stick to what you observe
- ✓ Use specific facts

Precepting Challenges and Solutions





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What Outcomes will be Measured?



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Program Outcome Measurement

- CE evaluation
 - Team based application, barriers, change, course delivery feedback
- Pre and posttest knowledge
- Preceptor Self-Assessment Tool
 - PSAT-40
 - Validated research tool to support preceptor education
 - Pre and post course completion scores



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- Register with this QR Code
- Registration is open August 1-August 16th
- Course is open August 21-December 31
- You will receive notification via email and link to start course after August 21st

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Register Now to Participate in this FREE Program
Share with Your Colleagues

REGISTER



ONLINE

Application Dates:
August 1st –
August 16th, 2025



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Thank you!

- Questions, comments, concerns, feedback, etc....
 - sedittmer@hotmail.com
- Technology or Registration issues
MCIRN@unmc.edu



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Casler, K., Fnp-Bc, Ebp-C, R., & Masciola. (n.d.). Competency-based education and the AACN Essentials: Insights and strategies for preceptors of NP students. *The Nurse Practitioner* •, 50(4). Retrieved July 14, 2025, from <https://nursing.ceconnection.com/files/CompetencybasedEducationandtheAACNEssentialsInsightsandStrategiesforPreceptorsofNPStudents-1743690265360.pdf?form=MG0AV3>

Clinical Preceptor Guide. (2025). Aacnnursing.org. <https://www.aacnnursing.org/our-initiatives/education-practice/teaching-resources/aprn-education/clinical-preceptor-guide/form/mg0av3>

The National Organization of Nurse Practitioner Faculties Competency Implementation Guide for Nurse Practitioner Faculty. (n.d.). https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/competencies/2023_dec_competency_guide

Summary Findings from the 2023. (n.d.). Retrieved July 14, 2025, from https://www.anpd.org/Portals/0/Files/ANPD_1127571-23_PreceptorCompetencies_Report.pdf?form=MG0AV3

References



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PRIME NP Preceptor Assessment of Student

MCIRN was established by the University of Nebraska Medical Center (UNMC) College of Nursing.

Rebecca Swanson, DNP, APRN, CPNP-AC/PC
Specialty Coordinator, UNMC Pediatric NP Program



reswanson@unmc.edu

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Objective:

Apply PRIME NP concepts and indicators to preceptor assessment of NP students

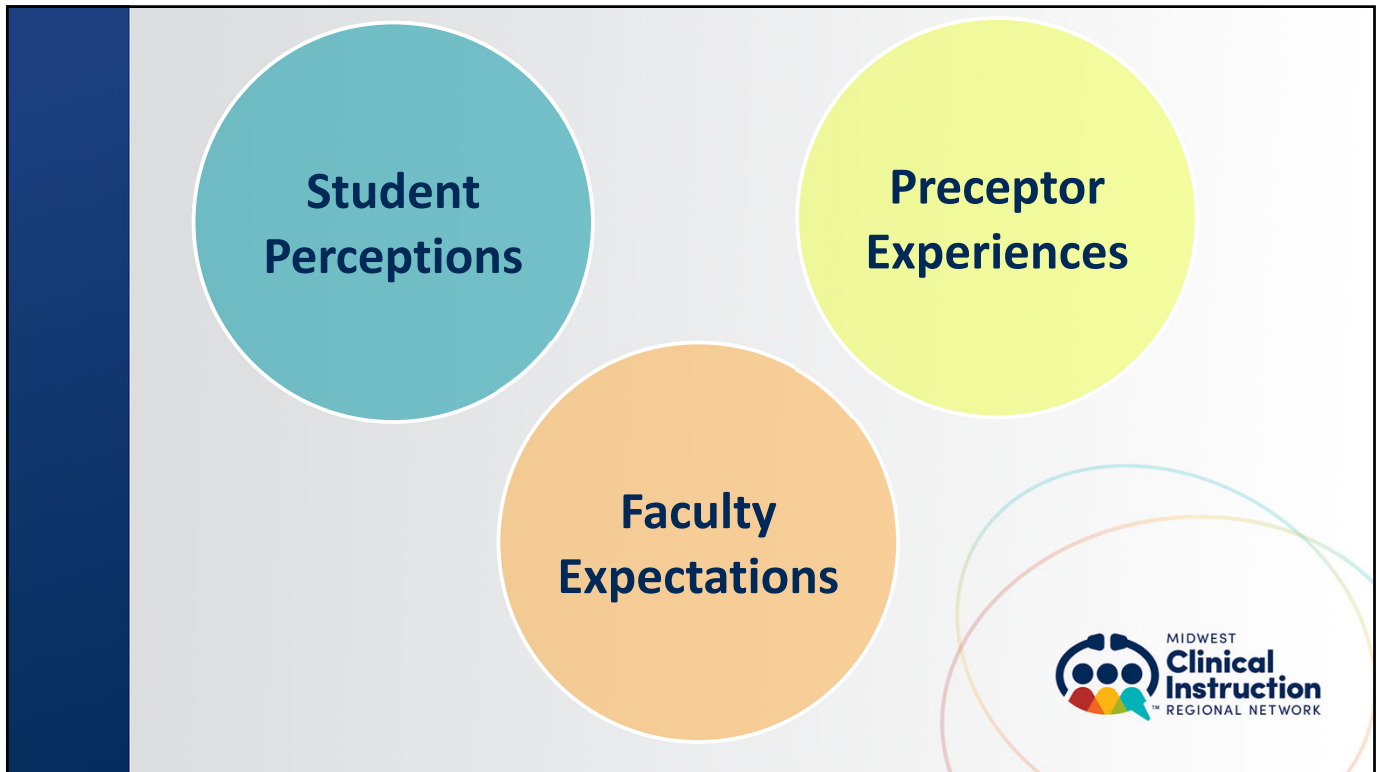


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Clinical Evaluation - Where we've been.



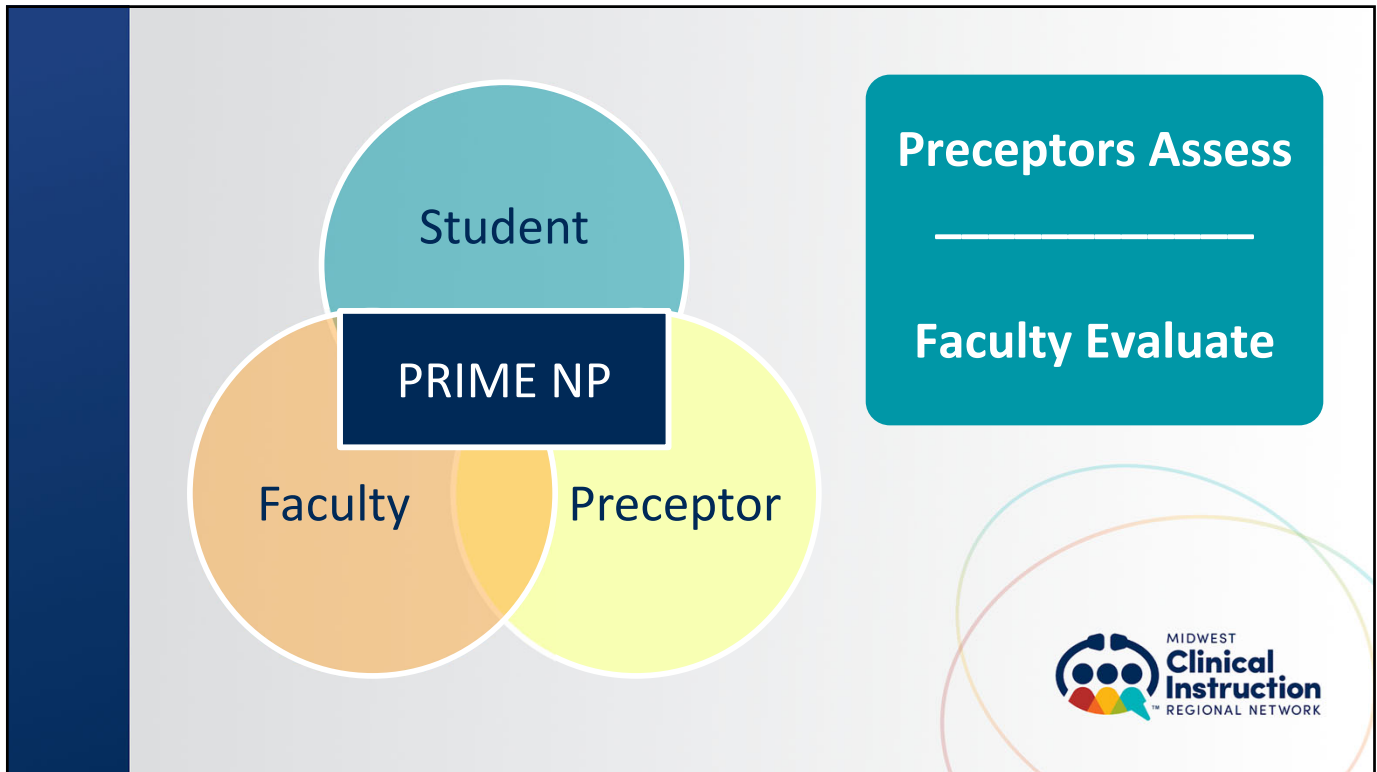
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PRIME NP Preceptor Assessment

- Structured assessment tool
- Completed each clinical semester
- PRIME NP model
- Beginning / Emerging / Competent
- Student progress across clinical semesters



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		Beginning (0-50%)	Emerging (50-80%)	Competent (80-100%)	Comments
Professionalism <ul style="list-style-type: none"> Appropriate demeanor, comportment & attire for clinical setting Punctual, reliable, responsible Respectful towards staff & peers Team player 		<ul style="list-style-type: none"> Is not yet familiar with the role and expectations of a nurse practitioner student on the clinical rotation Beginning to understand key components of provider-patient relationship and interactions 	<ul style="list-style-type: none"> Is familiar with roles and expectations USUALLY <ul style="list-style-type: none"> seeks and accepts feedback appropriately works well with others understands key components of provider-patient relationship and interactions 	<ul style="list-style-type: none"> Knows own limitations ALMOST ALWAYS <ul style="list-style-type: none"> seeks and accepts feedback appropriately works well with team truthful and takes responsibility concerned for the welfare of others demonstrates understanding of key components of provider-patient relationship and interactions 	★

AACN	NONPF
Domain 6 6.2, 6.4	6.2k, 6.4j
Domain 9 9.1, 9.3, 9.5	9.1n, 9.3q, 9.5k

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		Beginning (0-50%)	Emerging (50-80%)	Competent (80-100%)	Comments
Professionalism <ul style="list-style-type: none"> Appropriate demeanor, comportment & attire for clinical setting Punctual, reliable, responsible Respectful towards staff & peers Team player 		<ul style="list-style-type: none"> Is not yet familiar with the role and expectations of a nurse practitioner student on the clinical rotation Beginning to understand key components of provider-patient relationship and interactions 	<ul style="list-style-type: none"> Is familiar with roles and expectations USUALLY <ul style="list-style-type: none"> seeks and accepts feedback appropriately works well with others understands key components of provider-patient relationship and interactions 	<ul style="list-style-type: none"> Knows own limitations ALMOST ALWAYS <ul style="list-style-type: none"> seeks and accepts feedback appropriately works well with team truthful and takes responsibility concerned for the welfare of others demonstrates understanding of key components of provider-patient relationship and interactions 	
Reporter <ul style="list-style-type: none"> Gathers & clearly communicates information obtained for history, physical exams & laboratory/diagnostic tests Strong interviewing skills Day-to-day reliability in conducting appropriate physical exams clearly & concisely Excellent documentation Clear, concise, complete oral case presentations 	Not Yet Begun	Data (Hx, PEx, Diagnostic tests) organization, including case presentations and clinical documentation, are OFTEN : <ul style="list-style-type: none"> Disorganized Inaccurate Incomplete Students require considerable prompt 	Data (Hx, PEx, Diagnostic tests) organization, including case presentations and clinical documentation, are USUALLY : <ul style="list-style-type: none"> Organized Accurate Complete Students require little prompting for info 	Data (Hx, PEx, Diagnostic tests) organization, including case presentations and clinical documentation, are ALMOST ALWAYS : <ul style="list-style-type: none"> Well-organized and concise Accurate Complete and focused Students require no prompting for info 	

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Procedural Skills

Procedural Skills		<p>OFTEN orders basic and advanced procedures</p> <p>With procedures common to this clinical rotation</p> <ul style="list-style-type: none"> Is unfamiliar with the indications and contraindications of the procedures Is unfamiliar with the procedural steps and organizational policies Is unable to interpret results and make careful decisions accordingly 	<p>USUALLY orders basic and advanced procedures</p> <p>With procedures common to this clinical rotation</p> <ul style="list-style-type: none"> Is familiar with the indications and contraindications of the procedures Is familiar with the procedural steps and organizational policies Is USUALLY able to interpret results and considers appropriate care decisions 	<p>ALMOST ALWAYS order basic and advanced procedures</p> <p>With procedures common to this clinical rotation</p> <ul style="list-style-type: none"> Performs the procedure, including full understanding of indications, contraindications, procedural steps and organizational policies Is ALMOST ALWAYS able to interpret results and consider appropriate care decisions 	
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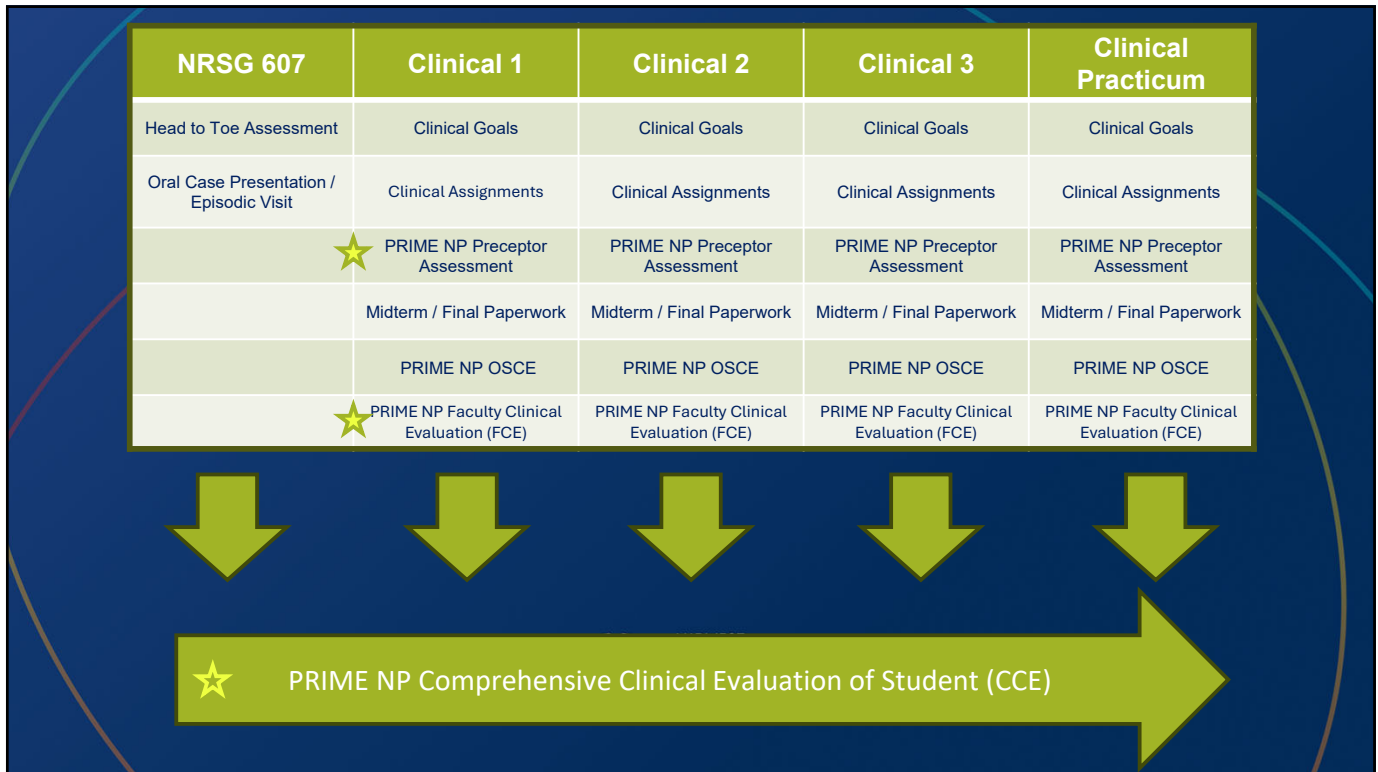


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Clinical Evaluation – The FUTURE



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