Massachusetts Nurse of the Future Nursing Core Competencies©

REGISTERED NURSE

Massachusetts Department of Higher Education Nursing Initiative

Revised March 2016

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Background

This third edition of the Nurse of the Future Core Nursing Competencies is a result of review and updating process since the original publication. The purpose of the review was to ensure that the competencies reflect the many changes that have occurred in the health care environment and nursing practice over the past five years. The competencies still represent the minimum expectations for all nurses as they complete their pre-licensure education. As nursing education and practice continue to evolve in response to the needs of patients and the health care environment, these competencies will require ongoing review and evaluation to ensure that they continue to define the expectations for entry into nursing practice.

In March 2006, the Massachusetts Department of Higher Education (DHE) and the Massachusetts Organization of Nurse Executives (MONE) convened a facilitated working session entitled *Creativity and Connections: Building the Framework for the Future of Nursing Education and Practice*. This invitational session brought together 32 experienced professionals from the major statewide stakeholders in nursing education and practice. The group included nurse leaders from a variety of practice settings, educators from both public and private higher education representing all degree levels, and representatives from the Department of Higher Education, the Board of Registration in Nursing, the Massachusetts Center for Nursing (MCN), the Massachusetts Association of Colleges of Nursing (MACN), the Massachusetts/Rhode Island League for Nursing (MARILN), and other national accrediting agencies, including the National League for Nursing Accrediting Commission (NLNAC) and the Commission on Collegiate Nursing Education (CCNE).

An important outcome of the conference was the development of the following mission statement to guide future work: *Establish a formal coalition to create a seamless progression through all levels of nursing that is based on consensus competencies which include transitioning nurses into their practice settings*. An additional key outcome involved the establishment of the following top priorities:

- Creation of a seamless progression through all levels of nursing education
- Development of sufficient consensus on competencies to serve as a framework for educational curriculum
- Development of a statewide nurse internship/preceptor program

At the end of the conference a working group was formed composed of deans and faculty representing all segments of nursing education, and nursing practice leaders and clinical nursing staff representing the continuum of care. From 2006 through 2009, the working group researched and reviewed standards, initiatives, and best practices in nursing education and formed a foundation for moving the priorities forward. To expedite the process, the group formed two working committees: the Massachusetts Nurse of the Future (NOF) Competency Committee (see membership list, back cover), which was charged with furthering the development of a seamless continuum of nursing education by identifying a core set of nursing competencies; and the MONE Academic Practice Integration Committee, which was charged with using the identified competencies as a framework for developing a statewide transition into practice model.

This report summarizes the work of the NOF Competency Committee. In the report, the committee describes the process it used to identify NOF Nursing Core Competencies, presents the NOF Nursing Core Competency Model©, and defines the ten NOF Nursing Core Competencies and the knowledge, attitudes and skills associated with each. Key terms used in the document are highlighted in bold and are defined in the Glossary.

Defining the Nurse of the Future Nursing Core Competencies and Core Competency Model

The NOF Competency Committee used a multi-step process to define a core set of nursing competencies for the nurse of the future. As a first step, the group identified and synthesized competencies obtained from other states, current practice standards, education accreditation standards, national initiatives, and projected patient demographic and health care profiles for Massachusetts. The committee also reviewed the Institute of Medicine's core competencies for all health care professionals (Institute of Medicine [IOM], 2003) and the Quality and Safety Education for Nurses model (Quality and Safety Education for Nurses [QSEN], 2007). Information and data obtained through this process of research, analysis, and dialogue formed the basis for the development of a preliminary set of NOF Nursing Core Competencies.

The committee then used a formalized process to obtain feedback on the preliminary set of core competencies from the nursing education and practice community throughout the state. The feedback process included online opportunities, two statewide summits, on-campus meetings with faculty from public and private associate and baccalaureate nursing education programs, and meetings with nursing leadership groups and nursing practice councils from a variety of health care organizations across the state. Feedback was also obtained through a gap analysis process developed in consultation with a nurse expert involved with the development of the QSEN competencies. Through this process, nursing programs and their clinical practice partners evaluated their curriculum and identified gaps between what is currently being taught and what they determined should be taught for students to master the NOF Nursing Core Competencies by graduation. Eight nursing programs in collaboration with their clinical practice partners participated in this funded activity.

After synthesizing the feedback, the committee conducted another review of the literature, comparing the preliminary set of core competencies against nationally accepted models, guidelines, and standards. The preliminary set of competencies was also compared to the CCNE Essentials of Baccalaureate of Education (American Association of Colleges of Nursing [AACN], 2008), the Bologna Accords (Zabalegui, Loreto, & Josefa et al., 2006; Davies, 2008), the Competency Outcomes and Performance Assessment (COPA) model (Lenburg, 1999), the National League for Nursing's educational competencies for graduates of associate degree nursing programs (National League for Nursing [NLN], 2000), and the Accreditation Council for Graduate Medical Education competencies (Accreditation Council for Graduate Medical Education [ACGME], n.d.). Information and data obtained by the review and feedback process was then incorporated into an updated version of the NOF Nursing Core Competencies.

The updated version of the core competencies is presented in this report and is also available online at www.mass.edu/nursing. The NOF Competency Committee encourages nurses from practice, academe, and professional nursing organizations to review and disseminate the competencies. To help monitor how they are used, the committee asks users of the NOF Nursing Core Competencies to complete the Tracking and Permission Form, also available on the website.

ASSUMPTIONS

In developing the NOF Nursing Core Competencies, the Competency Committee identified a set of assumptions to serve as a framework for its work and as guiding principles for the design of a competency-based education and practice partnership model. With the 2015 updating of the competencies, the Nurse of the Future Working Group added some additional assumptions to reflect the changes in the health care and nursing education environment that have emerged over the past 5 years. The assumptions include the following:

- Education and practice partnerships are key to developing an effective model.
  - Nursing education and practice settings should facilitate individuals in moving more effectively through the educational system
  - An integrated practice/education competency model will positively impact patient safety and improve patient care
  - Nursing practice should be differentiated according to the registered nurse's educational preparation and level of practice and further defined by the role of the nurse and the work setting
  - Practice environments that support and enhance professional competence across the continuum of care are essential
- It is imperative that leaders in nursing education and practice develop collaborative curriculum models to facilitate the achievement of a minimum of a baccalaureate degree in nursing by all nurses.
  - Advancing the education of all nurses is increasingly recognized as essential to the future of nursing practice
  - Evidence has demonstrated that nurses with higher education levels have a positive impact on patient care
- A more effective educational system must be developed, one capable of incorporating shifting demographics and preparing the nursing workforce to respond to current and future health care needs and population health issues.
  - The NOF Nursing Core Competencies are designed to be applicable across all care settings and to encompass all patient populations across the lifespan
  - Evidence-based knowledge and sensitivity to variables such as age, gender, culture, health disparities, socioeconomic status, race and spirituality are essential for caring for diverse populations in this global society
- The nurse of the future will be proficient in a core set of competencies.
  - There is a differentiation in competencies among practicing nurses at various levels
  - Competence is developed over a continuum and can be measured
- Nurse educators in education and in practice settings will need to use a different set of knowledge and teaching strategies to effectively integrate the Nurse of the Future Nursing Core Competencies© into curriculum.
- The nurses' role is integral in recognizing the social and cultural determinants of health that are essential to disease prevention and health promotion efforts needed to improve health and health care and to build a culture of health across the Commonwealth and the nation.
- With societal shifts, information-related innovations and a focus on teamwork and collaboration, health professions education will be inter-professional and focused on **collaborative practice**.
- To create competencies for the future, there must be an ongoing process of evaluation and updating of the competencies to insure that they are reflective of contemporary health care practice.

THE NURSE OF THE FUTURE NURSING CORE COMPETENCIES

The NOF Nursing Core Competencies emanate from the foundation of nursing knowledge. The competencies, which will inform future nursing practice and curricula, consist of the following:

- Patient-Centered Care
- Professionalism
- Informatics and Technology
- Evidenced-Based Practice (EBP)
- Leadership
- Systems-Based Practice
- Safety
- Communication
- Teamwork and Collaboration
- Quality Improvement

THE NURSE OF THE FUTURE CORE COMPETENCY MODEL

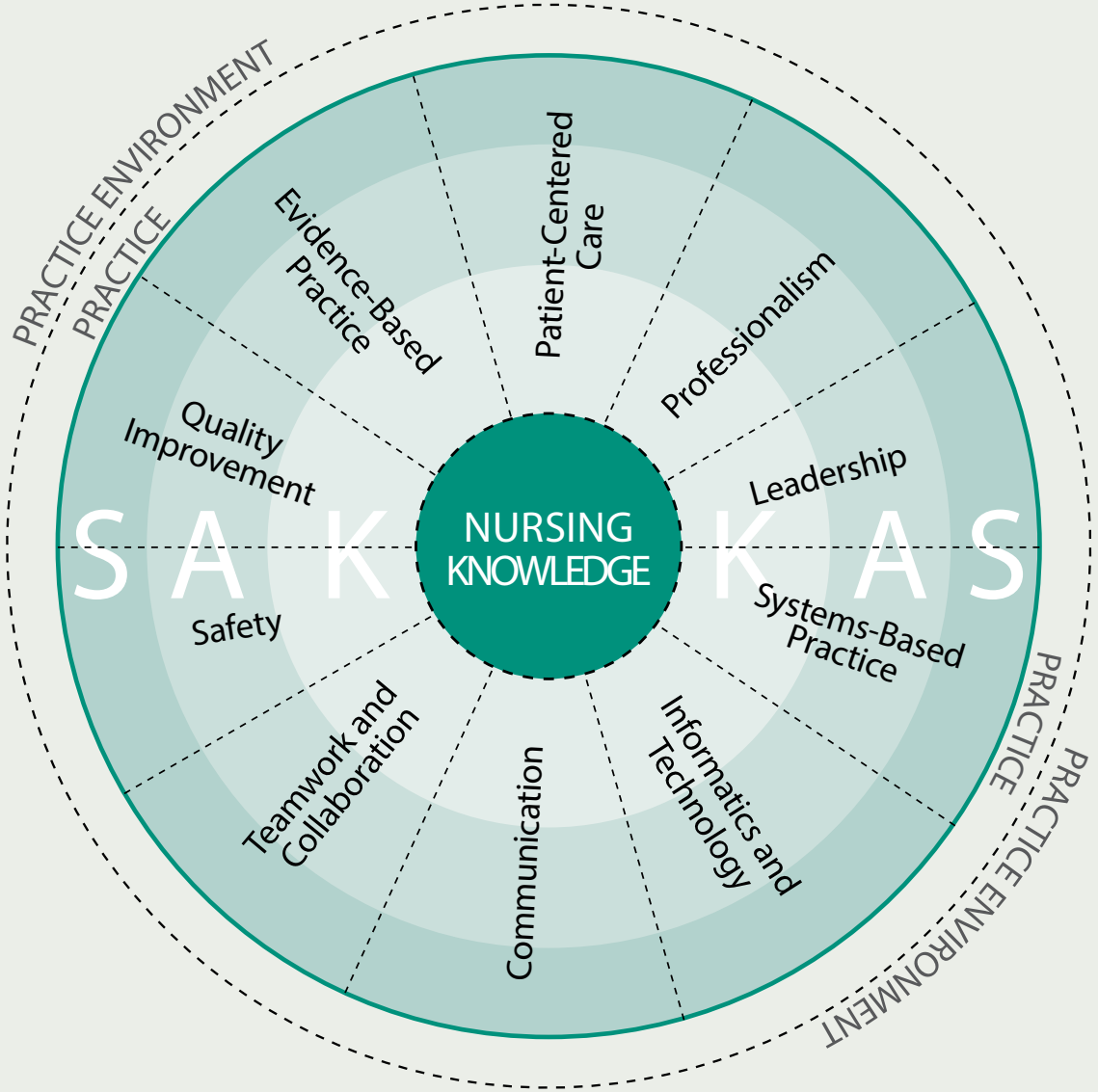
The Nurse of the Future Nursing Core Competency© model is a graphic representation of the NOF Nursing Core Competencies and their relationship to nursing knowledge. In the model, nursing knowledge has been placed at the core to represent how nursing knowledge in its totality reflects the overarching art and science of the nursing profession and discipline. The ten essential competencies, which guide nursing curricula and practice, emanate from this central core and include patient-centered care, professionalism, leadership, systems-based practice, informatics and technology, communication, teamwork and collaboration, safety, quality improvement, and **evidence-based practice**. The order of the competencies does not indicate any hierarchy, as all the competencies are of equal importance. The competencies are connected by broken lines because distinction between individual competencies may be blurred; the competencies overlap and are not mutually exclusive. The competencies are similarly connected to the core by a broken line to indicate the reciprocal and continuous relationship between each of the competencies and nursing knowledge.

Nursing knowledge and each of the ten competencies are described in more detail in the following sections of this report. For each competency, a definition is provided that identifies expectations for all professional nurses of the future. Essential knowledge, attitudes, and skills (KAS), reflecting the cognitive, affective, and psycho-motor domains of learning, are also specified for each competency. The KAS identify expectations for initial nursing practice following completion of a pre-licensure professional nursing educational program.

MASSACHUSETTS DEPARTMENT OF HIGHER EDUCATION

Nurse of the Future Nursing Core Competencies©

The Art and Science of Nursing



K–Knowledge
A – Attitudes
S – Skills

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Nursing Knowledge

Nursing is a scholarly profession and practice-based discipline and is built on a foundation of knowledge that reflects nursing's dual components of science and art. Nursing knowledge in conjunction with a liberal education prepares learners to enter practice with identified core competencies.

A solid base in liberal education provides the distinguishing cornerstone for the study and practice of professional nursing (American Association of Colleges of Nursing [AACN], 2008, p. 11). A strong foundation in liberal arts includes a general education curriculum that provides broad exposure to multiple disciplines and ways of knowing. As defined by the Association of American Colleges and Universities (AAC&U), a liberal education is one that intentionally fosters, across multiple fields of study, wide ranging knowledge of science, cultures, and society; high level intellectual and practical skills; an active commitment to personal and social responsibility; and the demonstrated ability to apply learning to complex problems and challenges (AAC&U, 2007, p. 4). A liberal education includes both the sciences and the arts (AACN, 2008, p.10).

As a scientific discipline, nursing draws on a discrete body of knowledge that incorporates an understanding of the relationships among nurses, patients, and environments within the context of health, nursing concepts and theories, and concepts and theories derived from the basic sciences, humanities, and other disciplines. The science of nursing is applied in practice through a **critical thinking** framework known as the nursing process that is composed of assessment, diagnosis, planning, implementation, and evaluation. The steps of the nursing process serve as a foundation for clinical decision-making and evidence-based practice. Nurses use **critical thinking** to integrate objective data with knowledge gained from an assessment of the subjective experiences of patients and groups, and to apply the best available evidence and research data to the processes of diagnosis and treatment. Nurses use **clinical reasoning** to respond to the needs of the populations they serve and to develop strategies to support optimal outcomes that are most appropriate to the patient or situation while being mindful of resource utilization. Nurses continually evaluate the quality and effectiveness of nursing practice and seek to optimize outcomes (American Nurses Association [ANA], 2004).

The art of nursing is based on a framework of caring and respect for human dignity. The art and science of nursing are inextricably linked, as a compassionate approach to patient care carries a mandate to provide that care competently. Competent care is provided and accomplished through **delegated, independent and interdependent practice** (Koloroutis, 2004, pp. 123-25), and through **collaborative practice** (Tomey, 2009, p. 397) involving other colleagues and/or the individuals seeking support or assistance with their health care needs (ANA, 2004, p. 12).

With the globalization of health care and the development of collaborative teams to address and sustain effective quality care, nursing knowledge can serve as the foundation to engage other professionals in **interprofessionality** and link to interprofessional competencies, knowledge and practice (Meleis, 2015).

The distinctive focus of the discipline of nursing is on nursing actions and processes, which are directed toward human beings and take into account the environment in which individuals reside and in which nursing practice occurs (Fawcett & Garity, 2009). This distinctive focus is reflected in the metaparadigm of nursing, which identifies human beings (patients), the environment, health, and nursing as the subjective matter of interest to nurses (ANA, 2004). In the context of nursing knowledge, these constructs are defined as follows:

Human beings/patients – the recipient of nursing care or services. This term was selected for consistency and recognition and support of the historically established tradition of the nurse-patient relationship and recipients of nursing care. Patients may be individuals, families, groups, communities, or populations. Further, patients may function in **independent, interdependent, or dependent roles,** and may seek or receive nursing interventions related to disease prevention, health promotion, or health maintenance, as well as illness and end-of-life care. Depending on the context or setting, patients may at times more appropriately be termed clients, consumers, or customers of nursing services (AACN, 1998, p. 2).

Environment – the atmosphere, milieu, or conditions in which an individual lives, works, or plays (ANA, 2004, p. 47).

Health – an experience that is often expressed in terms of wellness and illness, and may occur in the presence or absence of disease or injury (ANA, 2004, p. 48).

Nursing – is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations (ANA, 2001, p. 5).

NURSING KNOWLEDGE REFERENCES

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Patient-Centered Care

The Nurse of the Future will provide holistic care that recognizes an individual's preferences, values, and needs and respects the patient or designee as a full partner in providing compassionate, coordinated, age and culturally appropriate, safe and effective care.

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1 Identifies components of nursing process appropriate to individual, family, group, community, and population health care needs across the life span	**A1a** Values use of scientific inquiry, as demonstrated in the nursing process, as an essential tool for provision of nursing care **A1b** Appreciates the differences between data collection and assessment	**S1a** Provides priority-based nursing care to individuals, families, and groups through independent and collaborative application of the nursing process **S1b** Demonstrates cognitive, affective, and psychomotor nursing skills when delivering patient care
K2 Understands that care and services are delivered in a variety of settings along a continuum of care that can be accessed at any point	**A2a** Values and respects assessing health care situation from the patient's perspective and belief systems **A2b** Respects and encourages the patient's participation in decisions about health care and services	**S2** Assesses patient values, preferences, decisional capacity, and expressed needs as part of ongoing assessment, clinical interview, implementation of care plan, and evaluation of care
K3 Understands multiple dimensions of patient-centered care including: a. Patient/family/community preferences, values b. Coordination and integration of care c. Information, communication, and education d. Physical comfort and emotional support e. Involvement of family and significant other f. Care transition and continuity	**A3a** Respects the patient's perspective regarding own health and concerns	**S3a** Communicates patient values, preferences, and expressed needs to other members of health care team **S3b** Seeks information from appropriate sources on behalf of patient

K4a Demonstrates understanding of the diversity of the human condition **K4b** Describes how cultural diversity, ethnic, spiritual and socioeconomic backgrounds function as sources of patient, family, and community values **K4c** Understands how human behavior is affected by socioeconomics, culture, race, spiritual beliefs, gender identity, sexual orientation, lifestyle, and age **K4d** Understands the effects of health and social policies on persons from diverse backgrounds and cultures	**A4a** Values opportunities to learn about all aspects of human diversity and the inherent worth and uniqueness of individuals and populations **A4b** Recognizes impact of personal attitudes, values and beliefs regarding delivery of care to diverse clients **A4c** Supports patient-centered care for individuals and groups whose values differ from their own	**S4a** Provides patient-centered care with sensitivity and respect for the diversity of human experience **S4b** Implements nursing care to meet the holistic needs of patient on socioeconomic, cultural, ethnic, and spiritual values and beliefs influencing health care and nursing practice **S4c** Works collaboratively with health care providers from diverse backgrounds and cultures **S4d** Demonstrates caring practices toward patient, significant others, and groups of people receiving care
K5a Demonstrates comprehensive understanding of health across the continuum, including the concepts of pain, palliative care, and quality of life **K5b** Demonstrates understanding of promoting health and wellness	**A5a** Appreciates the role of the nurse in relieving all types and sources of pain and suffering **A5b** Recognizes the impact of personal values and beliefs about the management of pain and suffering and end-of-life care **A5c** Fosters strategies to promote health maintenance/ motivation	**S5a** Assesses presence and extent of physical and emotional comfort **S5b** Elicits expectations of patient and family for relief of pain, discomfort, or suffering and end-of-life care **S5c** Initiates treatments to relieve pain and suffering in light of patient values, preferences, and expressed needs

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Professionalism

The Nurse of the Future will demonstrate accountability for the delivery of standard-based nursing care that is consistent with moral, altruistic, legal, ethical, regulatory, and humanistic principles.

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1a Understands the concept of accountability for own nursing practice **K1b** Justifies clinical decisions	**A1a** Accepts responsibility for own behavior **A1b** Shows commitment to provision of high quality, safe, and effective patient care	**S1a** Demonstrates accountability for own nursing practice. **S1b** Exercises **critical thinking** and **clinical reasoning** within standards of practice
K2 Describes legal and regulatory factors that apply to nursing practice	**A2a** Values professional standards of practice **A2b** Values and upholds legal and regulatory principles	**S2a** Uses recognized professional standards of practice **S2b** Implements plan of care within legal, ethical, and regulatory framework of nursing practice
K3 Understands the professional standards of practice, the evaluation of that practice, and the responsibility and accountability for the outcome of practice	**A3a** Recognizes personal capabilities, knowledge base, and areas for development **A3b** Values collegiality, openness to critique, and peer review	**S3a** Demonstrates **professional comportment** **S3b** Provides and receives constructive feedback to/from peers
K4a Describes factors essential to the promotion of professional development **K4b** Describes the role of a professional organization shaping the **culturally congruent practice** of nursing **K4c** Understands the importance of reflection to advancing practice and improving outcomes of care	**A4a** Committed to life-long learning **A4b** Values the mentoring relationship for professional development **A4c** Values and is committed to being a reflective practitioner	**S4a** Participates in life-long learning **S4b** Demonstrates ability for reflection in action, reflection for action, and reflection on action

K5a Understands the concept of autonomy and self-regulation in nursing practice **K5b** Understands the culture of nursing, cultural congruence and the health care system	**A5** Recognizes the responsibility to function within acceptable behavioral norms appropriate to the discipline of nursing and the health care organization	**S5a** Seeks ways to advocate for nursing's role, professional autonomy, accountability, and self-regulation **S5b** Promotes and maintains a positive image of nursing **S5c** Recognizes and acts upon breaches of law relating to nursing practice and professional codes of conduct
K6 Understands role and responsibilities as patient advocate	**A6** Values role and responsibilities as patient advocate	**S6** Serves as a patient advocate
K7 Understands ethical principles, values, concepts, and decision making that apply to professional nursing practice, interprofessional collaboration and patient care	**A7a** Values the application of ethical principles in daily practice **A7b** Values acting in accordance with code of ethics and accepted standards of practice **A7c** Clarifies personal and professional values and recognizes their impact on decision making and professional behavior **A7d** Values acting with honesty and integrity in relationships with patients, families, and other team members across the continuum of care	**S7a** Incorporates American Nurses Association's Code of Ethics into daily practice **S7b** Utilizes an ethical decision-making framework in clinical situations **S7c** Identifies and responds to ethical concerns, issues, and dilemmas that affect nursing practice **S7d** Enlists system resources and participates in efforts to resolve ethical issues in daily practice **S7e** Recognizes moral distress and seeks resources for resolution

K8a Understands responsibilities inherent in being a member of the nursing profession **K8b** Recognizes the relationship between personal health, self care, resilience and the ability to deliver sustained quality care **K8c** Recognizes the relationship between civic and social responsibility and volunteerism with the advancement of one's own practice and the profession of nursing **K8d** Contributes to building and fostering a nurturing & healthy work environment, promoting health safety in the workplace	**A8a** Recognizes need for personal and professional behaviors that promote the profession of nursing **A8b** Values and upholds altruistic and humanistic principles	**S8a** Understands the history and philosophy of the nursing profession **S8b** Incorporates professional nursing standards and accountability into practice **S8c** Advocates for professional standards of practice using organizational and political processes **S8d** Understands limits to one's scope of practice and adheres to licensure law and regulations **S8e** Articulates to the public the values of the profession as they relate to patient welfare **S8f** Advocates for the role of the professional nurse as a member of the interdisciplinary health care team **S8g** Develops goals for health, self-renewal, and professional development **S8h** Assumes social and civic responsibility through participation in community volunteer activities **S8i** Assumes professional responsibility through participation in professional nursing organizations

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Leadership

The Nurse of the Future will influence the behavior of individuals or groups of individuals within their environment in a way that will facilitate the establishment and acquisition/achievement of shared goals.

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1 Identifies leadership skills essential to the practice of nursing	**A1** Recognizes the role of the nurse as leader	**S1** Integrates leadership skills of systems thinking, communication, and facilitating change in meeting patient care needs
K2 Understands **critical thinking** and problem-solving processes	**A2** Values **critical thinking** processes in the management of client care situations	**S2a** Uses systematic approaches in problem solving **S2b** Demonstrates purposeful, informed, outcome-oriented thinking
K3a Understands human behavior, individual and group performance **K3b** Identifies the roles and skills of the health care team	**A3a** Recognizes the centrality of a interprofessional team approach to patient care **A3b** Values the diversity and inclusion of perspectives and expertise of each member of the health care team	**S3a** Demonstrates ability to effectively participate within **health care teams** **S3b** Promotes a productive culture by valuing individuals and their contributions **S3c** Models effective communication and promotes cooperative behaviors **S3d** Demonstrates tolderance for different viewpoints
K4 Understands the need to monitor one's own feelings and emotions, to discriminate among them and use this information to guide thinking and actions	**A4a** Recognizes that personal attitudes, beliefs and experiences influence one's leadership style **A4b** Recognizes the limits of one's own role and competence and, where necessary, consults with other health professionals with the appropriate competencies **A4c** Values fairness and open mindedness **A4d** Values an environment encouraging creative thinking and innovations **A4e** Values courage as a leadership skill	**S4a** Clarifies biases, inclinations, strengths, and self-limitations **S4b** Adapts to stressful situations **S4c** Seeks appropriate mentors **S4d** Acts as an effective role model and resource for students and support staff **S4e** Demonstrates ability to stand up for beliefs and does not avoid challenges

K5 Explains the importance, necessity, and process of change	**A5a** Recognizes one's own reaction to change and strives to remain open to new ideas and approaches **A5b** Values new ideas and interventions to improve patient care	**S5a** Implements change to improve patient care **S5b** Anticipates consequences, plans ahead, and changes approaches to improve outcomes **S5c** Participates in the change process to improve patient care, the work environment, and patient and staff satisfaction
K6 Understands the principles of accountability and delegation	**A6a** Accepts accountability and responsibility for one's own professional judgment and actions **A6b** Accepts accountability for nursing care delegated to others **A6c** Recognizes the value of delegation	**S6** Delegates selected nursing activities to unlicensed personnel to maintain or improve the patient's health and well-being, or promote comfort
K7 Understands the complexity of the health care delivery system including how patient care services are organized and financed, and how reimbursement is structured	**A7a** Recognizes the impact of sociocultural, economic, legal, and political factors Influencing health care delivery and practice **A7b** Values the roles of provider groups across the continuum of care	**S7a** Acts as a champion for health care consumers and quality outcomes **S7b** Understands and articulates individual organization's financial drivers **S7c** Demonstrates an understanding the complexity involved in decision making in Health care relating to population management across the continuum of care
K8 Understand how health care issues are identified, how health care policy is both developed and changed	**A8** Recognizes how the health care process can be influenced through the efforts of nurses and other health care professionals, as well as lay and special advocacy groups	**S8** Participates as a nursing professional in political processes and grassroots legislative efforts to influence health care policy

K9 Understands the need to withstand, recover or grow in the face of stressors and changing demands	**A9** Recognizes the need to think about the future instead of the past	**S9a** Seeks opportunities for improvement and ongoing learning **S9b** Demonstrates ability to work with ambiguity and tension **S9c** Focuses energy to achieve goals and outcomes
K10 Articulates the impact of one's own leadership style in committing individuals to action	**A10** Recognizes the value of leadership to empower others and enhance collaboration and shared decision making	**S10** Uses group discussion, agreement and consensus building to enhance collaboration and shared decision making

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Systems-Based Practice

The Nurse of the Future will demonstrate an awareness of and responsiveness to the larger context of the health care system, and will demonstrate the ability to effectively call on **work unit** resources to provide care that is of optimal quality and value (Adapted from ACGME, n.d.).

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1 Understands and is responsive to the larger context and system of health care	**A1a** Appreciates the role of new staff nurses in the operations of an effective **work unit** **A1b** Appreciates how the elements of the **work unit** impact one's practice	**S1** Plans, organizes, and delivers patient care in the context of the **work unit**
K2a Understands the impact of health care system changes on planning, organizing, and delivering patient care at the **work unit** level **K2b** Understands interrelationships among nursing, the nursing **work unit**, and organizational goals	**A2a** Appreciates the complexity of the **work unit** environment **A2b** Recognizes the complexity of individual and group practice on a **work unit** **A2c** Appreciates the impact of one's decisions on the **work unit** **A2d** Recognizes the importance of **work unit** systems in providing supplies, medications, equipment, and information in a timely and accurate fashion **A2e** Appreciates role in identifying **work unit** inefficiencies and **operational failures**	**S2a** Considers the influences of the health care system, **work unit**, and patient/family when making patient care decisions **S2b** Seeks to solve problems encountered at the point of care **S2c** Makes management aware of clinical and **work unit** problems encountered in daily practice **S2d** Identifies inefficiencies and failures on the **work unit**, such as those involving supplies, medications, equipment, and information **S2e** Participates in solving **work unit** inefficiencies and **operational failures** that impact patient care, such as those involving supplies, medications, equipment, and information

K3a Understands the concept of patient care delivery models **K3b** Understands role and responsibilities as a member of the health care team in planning and using **work unit** resources to achieve quality patient outcomes **K3c** Understands the relationship between the outcomes of one's own nursing care and **work unit** resources	**A3a** Acknowledges the tension that may exist between a **goal-driven** and a **resource-driven** patient care delivery model **A3b** Values the contributions of each member of the health care team to the **work unit** **A3c** Values the management of one's own time as a critical **work unit** resource in delivering patient care **A3d** Values the partnerships required to coordinate health care activities that can affect **work unit** performance	**S3a** Considers resources available on the **work unit** when contributing to the plan of care for a patient or group of patients **S3b** Practices cost effective care and resource allocation that does not compromise quality of care **S3c** Collaborates with members of the health care team to prioritize resources, including one's own work time and activities delegated to others, for the purposes of achieving quality patient outcomes **S3d** Evaluates outcomes of one's own nursing care **S3e** In collaboration with others, uses evidence to facilitate **work unit** change to achieve desired patient outcomes
K4 Understands role and responsibilities as patient advocate, assisting patient in navigating through the health care system	**A4a** Values role and responsibilities as patient advocate **A4b** Values partnerships in providing high quality patient care **A4c** Values effective communication and information sharing across disciplines and throughout transitions in care **A4d** Appreciates role and responsibilities in using education and referral to assist the patient and family through transitions across the continuum of care	**S4a** Serves as a patient advocate **S4b** Assists patients and families in dealing with **work unit** and health care system complexities **S4c** Uses education and referral to assist the patient and family through **care transitions**

K5 Is aware of global aspects of health care	**A5a** Appreciates the potential of the global environment to influence patient health **A5b** Appreciates the potential of the global environment to influence nursing practice	**S5** Engages in self-reflection on one's role and responsibilities related to **global health** issues

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Informatics and Technology

The Nurse of the Future will be able to use advanced technology and to analyze as well as synthesize information and collaborate in order to make critical decisions that optimize patient outcomes. (National Academies of Sciences, Engineering, and Medicine. 2015)

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1a Understands basic computer science concepts **K1b** Identifies the basic components of the computer systems	**A1** Recognizes the importance of basic computer competence to evolving nursing practice	**S1a** Demonstrates proficiency in: • Concepts of information and communication technology • Foundations of basic computer systems (i.e., software, operating systems, hardware, networks, peripheral devices, computer systems, internet and web based applications, wireless technology) • Foundations of database management • Data Security **S1b** Demonstrates proficiency in basic computer skills related to personnel management (i.e., admin), education, and desktop software

K2a Describes Information Management concepts (i.e., communication theories) **K2b** Describes standardized terminology in a care environment that reflects nursing's unique contribution to patient outcomes **K2c** Describes the foundation of Nursing Informatics: • Distinguishes between healthcare and nursing informatics • Describes Informatics Knowledge and its relationship to Regulations, Human Factors, and Change Management **K2d** Describes an understanding of electronic communication strategies among healthcare providers in the healthcare system	**A2a** Values the importance of nursing data to improve nursing practice **A2b** Appreciates the use of electronic communications strategies in the delivery of patient care	**S2a** Uses data, as presented through the Electronic Health Record (E.H.R.), to inform clinical decisions and deliver safe, quality patient care **S2b** Uses data from nursing and all relevant sources, including technology, to inform the delivery of care **S2c** Uses informatics, and knowledge of the larger healthcare delivery system, to support and enhance patient care **S2d** Utilizes Electronic communication strategies (E.H.R., mHealth, Personal health records)
K3 Explains why information and technology skills are essential for the professional nurse	**A3** Appreciates the necessity for all health professionals to seek lifelong, continuous learning of information management	**S3a** Uses information and it's sources, critically and incorporates selected information into his or her own professional knowledge database **S3b** Seeks education about how information is managed in the care setting **S3c** Performs basic troubleshooting when using applications

K4 Understands Core Components of the E.H.R. and their application within the larger health care information system: • Core components of the E.H.R. (Ancillary Systems, Clinical Data Repository, Physician Documentation, Bar-Coded Medications Administration (BCMA), Continuity of Care Document transactions and Decision Support) • Nursing specific applications and relationship to entire E.H.R. (Clinical documentation, Computerized Provider Order Entry (CPOE), BCMA, Patient Monitoring, Decision Support, Clinical Guidelines) • Consumer applications • Social Media	**A4** Values the importance of technology on patient care and quality and safety outcomes	**S4a** Demonstrates skills in using patient care technologies, information systems, and communication devices that support safe nursing practice **S4b** Demonstrates proficiency in basic computer skills related to communication, and data access **S4c** Utilizes telecommunication technologies to assist in effective communication in a variety of healthcare settings **S4d** Applies safeguards and decision making support tools embedded in patient care technologies and information systems to support a safe practice environment for both patients and healthcare workers **S4e** Utilizes E.H.R. systems to document interventions related to achieving nurse sensitive outcomes **S4f** Applies patient care technologies as appropriate to address the needs of a diverse patient population

K5a Describes the E.H.R. implementation process **K5b** Identifies the different roles involved in system design, analysis and management, including core nursing responsibilities associated with an E.H.R. implementation **K5c** Defines informatics skills required in system development (i.e., system evaluation, design, testing, and training)	**A5** Values nurses' involvement in design, selection, implementation and evaluation of information technologies to support patient care	**S5a** Participates in E.H.R. System Implementation (i.e., system evaluation, design implementation, testing, training , optimization and project management) **S5b** Works in interdisciplinary teams to make decisions regarding the application of technologies and the acquisition of data **S5c** Recognizes that redesign of workflow and care processes should precede implementation of care technology to facilitate nursing practice **S5d** Participates in evaluation of information systems in practice settings through policy and procedure development
K6a Describes patient access, rights and engagement as pertain to E.H.R. **K6b** Understands the principles of **data integrity,** professional ethics and legal rights of the patient	**A6** Recognizes that greater patient engagement contributes to better health outcomes	**S6a** Utilizes strategies to protect data and maintains data integrity **S6b** Upholds ethical standards related to data security, regulatory requirements, confidentiality, and clients' right to privacy **S6c** Teaches patients about healthcare technologies **S6d** Adapts the use of technologies to meet patient needs
K7a Describes how technology and information management are related to the quality and safety of patient care **K7b** Describes the role of information technology in improving patient care outcomes and creating a safe care environment	**A7a** Appreciates the limits of technology, recognizing there are nursing practices that cannot be performed by computers or technology **A7b** Appreciates the contributions of technology as a tool to improve **patient safety** and quality	**S7a** Uses data and statistical analysis to evaluate practice, perform **quality improvement** and enhance **patient safety** **S7b** Uses information Management tools to monitor outcomes of care process **S7c** Advocates for the use of new patient care technologies for safe, quality care

K8 Describes the integration of research and evidenced based practice into the E.H.R	**A8** Values technology as a tool for generating knowledge and guiding clinical practice	**S8a** Conducts on-line literature searches **S8b** Provides for efficient data collection **S8c** Uses applications to manage aggregated data **S8d** Integrates evidenced based standards to support clinical practice
K9 Describe emerging areas of informatics that will influence the development of the E.H.R., patient care and professional practice	**A9** Values informatics as an evolving discipline	**S9** Discusses the value of emerging trends (i.e., Health care Information Exchange, Data Analytics, Population Health Management, Patient and Family Engagement) and how they will influence healthcare reform

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Communication

The Nurse of the Future will interact effectively with patients, families, and colleagues, fostering mutual respect and shared decision making, to enhance patient satisfaction and health outcomes.

Therapeutic Communication

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1a Understands the principles of effective communication through various means **K1b** Knows grammar, spelling, and health care terminology	**A1a** Accepts responsibility for communicating effectively **A1b** Recognizes one's individual responsibility to communicate effectively utilizing a collegial tone and voice	**S1a** Uses clear, concise, and effective written, electronic, and verbal communications **S1b** Documents interventions and outcomes of care according to professional standards and **work unit** policy
K2a Understands visual, auditory, and tactile communication **K2b** Understands the physiological, psychosocial, developmental, spiritual, and cultural influences on effective communication **K2c** Describes the impact of one's own communication style on others	**A2a** Values different means of communication (auditory, visual, and tactile) **A2b** Values mutually respectful communication **A2c** Values individual cultural and personal diversity **A2d** Respects persons' rights to make decisions in planning care	**S2a** Chooses the right setting and time to initiate conversation **S2b** Assesses the patient's readiness/ willingness to communicate **S2c** Assesses the patient's ability to communicate **S2d** UtilizedUtilizes patient preferences for visual, auditory, or tactile communication **S2e** Assesses barriers to effective communication **S2f** Makes appropriate adaptations in own communication based on patient and family assessment **S2g** Assesses the impact of use of self in effective communication

K3a Understands the nurse's role and responsibility in applying the principles of verbal and nonverbal communication **K3b** Understands the nurse's role and responsibility in applying principles of active listening **K3c** Recognizes the value of validation in an effective therapeutic relationship	**A3a** Values the therapeutic use of self in patient care **A3b** Appreciates the dynamics of physical and emotional presence on communication **A3c** Appreciates the influences of physiological, psychosocial, developmental, spiritual, and cultural influences on one's own ability to communicate **A3d** Acknowledges that acceptance of another person's behaviors will enhance the therapeutic relationship and facilitate communication	**S3a** Establishes rapport **S3b** Actively listens to comments, concerns, and questions **S3c** Demonstrates effective interviewing techniques **S3d** Provides opportunity to ask and respond to questions **S3e** Assesses verbal and non-verbal responses **S3f** Adapts communication as needed based on patient's response **S3g** Distinguishes between effective and ineffective communication with patients and families **S3h** Utilizes selected forms and levels of validation to minimize conflict and enhance the therapeutic relationship
K4 Identifies techniques for reducing violent and/or disruptive behavior	**A4** Recognizes situations where de-escalation techniques are required to prevent violence and aggression levels of validation to minimize conflict and enhance the therapeutic relationship	**S4** Utilizes verbal and non-verbal communication skills to reduce and manage violent and/or disruptive behavior

Collegial Communication & Conflict Resolution

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K5a Understands what each health team member uniquely provides in terms of patient care **K5b** Interprets differences in communication styles among patients and families, nurses, and other members of the health team **K5c** Understands the various modes to communicate with members of the health care team **K5d** Discusses effective strategies for communicating and resolving conflict **K5e** Understands the principles of group process and negotiation **K5f** Acknowledges the presence of an **authority gradient** in the healthcare team	**A5a** Cares about people as individuals, valuing all members of the health care team and their roles as important to patient care **A5b** Appreciates the contributions of others in helping patient and families achieve health goals **A5c** Recognizes the limitations of electronic communication in real time processing **A5d** Recognizes that each individual involved in a conflict has accountability for it and should work to resolve it **A5e** Acknowledges negotiation as a strategy to identify mutually acceptable ways to meet patient care objectives **A5f** Accepts graded assertiveness as a technique to communicate	**S5a** Demonstrates empathy and concern while ensuring organizational goals are met **S5b** Asserts views in a straightforward unambiguous manner **S5c** Selects the appropriate communication mode (verbal v. electronic) for the situation **S5d** Uses standardized communication approaches in all communications and in **care transitions** **S5e** Uses a structured approach to communicate effectively with colleagues **S5f** Contributes to resolution of conflict through negotiation **S5g** Expresses concern through as stepped process, escalating as the safety of the patient and the situation requires
K6 Identifies cultural variations in approaches to interactions with others	**A6** Identifies how one's own personality, preferences, and patterns of behavior impact communication with others	**S6** Applies self-reflection to better understand one's own manner of communicating with others
K7 Examines the role of the nurse in assuring patient privacy, security, and confidentiality	**A7** Accepts responsibility to maintain patient confidentiality	**S7** Distinguishes which members of the healthcare team have a valid right to know selected patient information

Teaching/Learning

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K8a Understands the influences of different **learning styles** on the education of patients and families **K8b** Identifies differences in auditory, visual, and tactile **learning styles** **K8c** Understands the principles of teaching and learning **K8d** Is aware of the three **domains of learning**: cognitive, affective, and psychomotor **K8e** Understands the concept of **health literacy** **K8f** Understands the process of **cooperative learning** **K8g** Understands the purpose of health education	**A8a** Values different means of communication used by patients and families **A8b** Recognizes **learning styles** vary by individual **A8c** Values the patient's right to know the reason for chosen interventions **A8d** Values the need for teaching in all three **domains of learning** **A8e** Accepts responsibility to insure the patient receives health information that is understandable **A8f** Values **cooperative learning** strategies as a method to facilitate learning **A8g** Accepts the role and responsibility for providing health education to patients and families	**S8a** Assesses factors that influence the patient's and family's ability to learn, including readiness to learn, preferences for learning style, and levels of **health literacy** **S8b** Incorporates facts, values, and skills into teaching plan **S8c** Assists patients and families in accessing and interpreting health information and identifying healthy lifestyle behaviors **S8d** Provides relevant and sensitive health education information and advice to patients and families **S8e** Participates in **cooperative learning** **S8f** Discusses clinical decisions with patients and families **S8g** Evaluates patient and family learning

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Teamwork and Collaboration

The Nurse of the Future will function effectively within nursing and interdisciplinary teams, fostering open communication, mutual respect, shared decision making, team learning, and development (Adapted from QSEN, 2007).

Self

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1 Identifies own strengths, limitations, and values in functioning as a member of a team	**A1a** Recognizes responsibility for contributing to effective team functioning **A1b** Appreciates the importance of collaboration **A1c** Recognizes the value of mutual respect and **collegial trust** among team members	**S1a** Acts with honesty and integrity when working with patients, families, and team members **S1b** Demonstrates self-awareness of strengths and limitations as a team member **S1c** Initiates plan for self-development as a team member **S1d** Acts collaboratively with integrity, consistency, and respect for diverse and differing views

Team

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K2 Describes scope of practice, team mission, objectives, norms and resources and roles of interdisciplinary and nursing **health care team** members	**A2** Values the perspectives and expertise of all health team members	**S2a** Functions competently within own scope of practice as a member of the **health care team** **S2b** Uses knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served

K3 Identifies contributions of other individuals and groups in helping patients and families achieve health goals	**A3** Respects the centrality of the patient and family as core members of any **health care team**	**S3a** Practices collaborative decision-making and practice through accommodation, negotiation, coordination and shared accountability **S3b** Assumes the role of team member or leader based on the situation
K4 Describes strategies for identifying and managing overlaps in team member roles and accountabilities	**A4** Respects the unique professional and cultural attributes that members bring to a team	**S4a** Initiates requests for assistance when situation warrants it **S4b** Manages, within the scope of practice, areas of overlap in role and/or accountability in team member functioning **S4c** Integrates the contributions of others in assisting patient/family to achieve health goals

Team Communication

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K5 Understands the impact of the effective collegial communication on patient outcomes	**A5** Values teamwork and the relationships upon which it is based	**S5a** Adapts own communication style to meet the needs of the patient, family, team and situation **S5b** Demonstrates commitment to team goals **S5c** Solicits input from other team members to improve individual and team performance **S5d** Shares instructive feedback on performance in respectful ways

Effect of Team on Safety & Quality

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K6a Understands the impact of effective team functioning on safety and quality of care **K6b** Discusses how authority and hierarchy influence teamwork and **patient safety**	**A6a** Recognizes the risks associated with transferring patient care responsibilities to another professional (**"hand-off"**) during **care transitions** **A6b** Appreciates patient-centered problem solving as the overarching framework for team's care delivery process	**S6a** Follows communication practices to minimize risks associated with transfers between providers during **care transitions** **S6b** Asserts own position/perspective in discussions about patient care **S6c** Chooses communication styles that diminish the risks associated with **authority gradients** among team members

Impact of Systems on Team Functioning

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K7a Identifies systems factors that facilitate or interfere with effective team functioning **K7b** Identifies **lateral violence** as a barrier to teamwork and unit functioning **K7c** Identifies civility as a facilitator of effective teamwork and unit functioning **K7d** Explores strategies for improving **work units** to support team functioning	**A7a** Recognizes tensions between professional autonomy and systems factors **A7b** Recognizes behaviors that contribute to **lateral violence** **A7c** Recognizes behaviors that promote civility within the team and work setting **A7d** Values the creation of system solutions in achieving quality of care	**S7a** Contributes to effective team functioning **S7b** Practices strategies including **cognitive rehearsal** to minimize **lateral violence** **S7c** Practices strategies including patience, prudence, kindness, respect and tact to encourage and support civility **S7d** Participates in designing **work units** that support effective teamwork

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Safety

The Nurse of the Future will minimize risk of harm to patients and providers through both system effectiveness and individual performance (QSEN, 2007).

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1 Identifies human factors and basic safety design principles that affect safety	**A1** Recognizes the cognitive and physical limitations of human performance	**S1** Demonstrates effective use of technology and standardized practices that support safe practice
K2 Describes the benefits and limitations of commonly used safety technology	**A2** Recognizes the tension between professional autonomy and standardization	**S2** Demonstrates effective use of strategies at the individual and systems levels to reduce risk of harm to self and others
K3 Discusses effective strategies to enhance memory and recall and minimize interruptions	**A3** Recognizes that both individuals and systems are accountable for a **safe culture**	**S3** Uses appropriate strategies to reduce reliance on memory and interruptions
K4a Delineates general categories of errors and hazards in care **K4b** Describes factors that create a culture of safety **K4c** Describes optimal processes for communicating with patients/families experiencing **adverse events**	**A4a** Recognizes the importance of transparency in communication with the patient, family, and **health care team** around safety and **adverse events** **A4b** Recognizes the complexity and sensitivity of the clinical management of medical errors and **adverse events**	**S4a** Participates in collecting and aggregating safety data **S4b** Uses organizational error reporting system for "**near miss**" and error reporting **S4c** Communicates observations or concerns related to hazards and errors involving patients, families, and/or **health care team** **S4d** Utilizes timely data collection to facilitate effective transfer of patient care responsibilities to another professional during transitions in care ("**hand-offs**") **S4e** Discusses clinical scenarios in which sensitive and skillful management of corrective actions to reduce emotional trauma to patients/families is employed **S4f** Participates in safety surveys

K5 Describes how patients, families, individual clinicians, **health care teams**, and systems can contribute to promoting safety and reducing errors	**A5** Recognizes the value of analyzing systems and individual accountability when errors or **near misses** occur	**S5** Participates in analyzing errors and designing systems improvements
K6a Describes processes used in understanding causes of error and in allocation of responsibility and accountability **K6b** Discusses potential and actual impact of established **patient safety** resources, initiatives and regulations K6c Describes the elements for sustaining a **High Reliable Organization (HRO)**	**A6a** Values the systems' benchmarks that arise from established safety initiatives **A6b** Values the importance for using a model for applying the principles of reliability to healthcare systems: prevent failure, identify and mitigate failure and redesign processes on identified failure **A6c** Values the paradigm that works to promote **patient safety** and efficient healthcare delivery	**S6a** Uses established safety resources for professional development and to focus attention on assuring safe practice **S6b** Participates within methods for evaluating and improving the overall reliability of a complex system **S6c** Uses elements identified by AHRQ when delivering care: awareness of operations, reluctance to accept excuses, preoccupation with failure, deferring to expertise, continuous resiliency

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Quality Improvement

The Nurse of the Future uses data to monitor the outcomes of care processes, and uses improvement methods to design and test changes to continuously improve the quality and safety of health care systems. (QSEN, 2007)

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1 Describes the nursing context for improving care	**A1** Recognizes that **quality improvement** is an essential part of nursing	**S1a** Actively seeks information about quality initiatives in their own care settings and organization **S1b** Actively seeks information about **quality improvement** in the care setting from relevant institutional, regulatory and local/national sources
K2 Comprehends that nursing contributes to systems of care and processes that affect outcomes	**A2** Recognizes how team collaboration is important to **quality improvement** and values the input from the interprofessional team	**S2** Participates in the use of a **quality improvement model and tools** to make processes of care interdependent and explicit
K3 Explains the importance of variation and measurement in providing quality nursing care with awareness, of diverse populations and/or issues	**A3a** Appreciates how standardization supports quality patient care **A3b** Recognizes how unwanted variation compromises care	**S3** Participates in the use of **quality improvement tools** to assess performance and identify gaps between local and best practices
K4 Describes approaches for improving processes and outcomes of care	**A4** Recognizes the value of what individuals and teams can do to improve care processes and outcomes of care	**S4a** Participates in the use of **quality improvement practices** and implements changes in the delivery of care with consideration for population based health care **S4b** Implements best practices for preventing harm

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Evidence-Based Practice

The Nurse of the Future will identify, evaluate, and use the best current evidence coupled with clinical expertise and consideration of patients' preferences, experience and values to make practice decisions (Adapted from QSEN, 2007).

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1 Demonstrates knowledge of basic scientific methods and processes	**A1a** Appreciates strengths and weaknesses of scientific bases for practice **A1b** Values the need for ethical conduct in practice and research	**S1a** Participates in the development of clinical questions for potential research **S1b** Critiques/appraises research for application to practice **S1c** Participates in data collection and other research activities **S1d** Follows the guidelines and requirements pertaining to Human Subject Protection for conducting research
K2 Describes the concept of **evidence-based practice** (EBP), including the components of research evidence, clinical expertise, and patient/family values	**A2** Values the concept of EBP as integral to determining best clinical practice	**S2** Bases individualized care on best current evidence, patient values, and clinical expertise
K3 Describes reliable sources for locating evidence reports and clinical practice guidelines	**A3** Appreciates the importance of accessing relevant clinical evidence	**S3** Locates evidence reports related to clinical practice topics and guidelines within appropriate databases
K4 Differentiates clinical opinion from research and evidence summaries	**A4** Appreciates that the strength and relevance of evidence should be determinants when choosing clinical interventions	**S4a** Applies research and evidence reports related to area of practice **S4b** Understands the use of best practice and evidence at the patient level, clinical level, population level and across the system

K5 Explains the role of evidence in determining best clinical practice	**A5a** Questions the rationale of supporting routine approaches to care processes and decisions **A5b** Values the need for continuous improvement in clinical practice based on new knowledge	**S5** Facilitates integration of new evidence into standards of practice, policies, and nursing practice guidelines
K6a Identifies evidence-based rationale when developing and/or modifying clinical practices **K6b** Understands data collection methodologies appropriate to individuals, families, and groups in meeting health care needs across the life span	**A6** Acknowledges own limitations in knowledge and clinical expertise before seeking evidence and modifying clinical practice	**S6** Uses current evidence and clinical experience to decide when to modify clinical practice

American Association of Colleges of Nursing. (2008). *The essentials of baccalaureate education for professional nursing practice* (Rev. ed.). Washington, DC: Author. Retrieved from http://www.aacn.nche.edu/education-resources/baccessentials08.pdf

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Glossary

Adverse event	Any injury caused by medical care (Massachusetts Coalition for the Prevention of Medical Errors, 2006).
Authority Gradient	The command hierarchy of power, or the balance of power, measured in terms of steepness. The authority gradient can influence both patient care and organizational decisions by repressing those in subordinate positions, keeping them from influencing or making decisions they consider to be the most appropriate (Edmonson, 2010).
Care Transitions	Patient moves between healthcare providers and between settings within a facility and between facilities, inclusive of the home
Clinical reasoning	Reasoning across time about particular situations and through changes in the patient's condition or concerns and/or changes in the clinician's understanding of the patient's clinical condition or concerns (Benner, Sutphen, Leonard-Kahn & Day, 2008).
Cognitive rehearsal	Behavioral technique generally consisting of three parts: • Participating in didactic instruction about incivility and lateral violence • Identifying and rehearsing specific phrases to address incivility and lateral violence • Practicing the phrases to become adept at using them (Griffin, 2014).
Collaborative practice	This practice can include interdisciplinary teams, nurse-physician interaction in joint practice, or nurse-physician collaboration in care giving. Collaboration is cooperative and synergistic. The interaction between nurse and physicians or other health care team members in collaborative practice should enable the knowledge and skills of the professions to influence the quality of patient care (Tomey, 2009).
Collegial trust	A form of personal trust that relates to our colleagues and refers to the expectations that they will behave professionally, work with integrity and do the things they say they are going to do, or the things we can rightfully expect them to do (such as follow established protocols etc.) (Jackson, 2008)
Cooperative learning	Student interactions in purposefully structured groups that encourage individual flexibility and group learning through positive interdependence, individual accountability, face-to-face interaction, appropriate use of collaborative skills, and regular self-assessment of team functioning.
Critical thinking	The disciplined, intellectual process of applying skillful reasoning as a guide to belief or action (Paul, Ennis & Norris). In nursing, critical thinking for clinical decision-making is the ability to think in a systematic and logical manner with openness to question and reflect on the reasoning process used to ensure safe nursing practice and quality care (Heaslip, 2008).

Culturally congruent practice	Healthcare that is customized to fit within the patient's values, beliefs, traditions, practices and lifestyles (Jeffreys, 2010).
Data Integrity	Secured and protected transmission of information between patients and their providers or designated others, including clinicians and other staff following all legal, ethical, and organization policies to protect and maintain confidentiality (Technology Information Guiding Educational Reform, 2009).
Delegated practice	Assessments and interventions in this realm are determined by the medical plan of care and specific provider-directed interventions. The nurse carries out these delegated functions when his or her knowledge, experience, and judgment confirm that the specific medical order is appropriate and safe for the patient being served (Koloroutis, 2004).
Domains of learning	*Cognitive* domain of learning skills revolves around knowledge, comprehension, and thinking through a particular topic. *Affective* domain of learning skills describes the way people react emotionally in terms of attitudes and feelings. Psychomotor domain of learning skills describes the ability to physically perform a task or behavior. (Bloom, 1956)
Evidence-based practice	Uses the current best evidence to make decisions about patient care. Integrates the search for and critical appraisal of current evidence relating to a clinical question, the nurse's expertise, and the patient's preferences and values (Melnyk and Fineout-Overholt, 2005). Research utilization tends to use knowledge typically from one study while evidence-based practice incorporates the expertise of the practitioner and patient preferences and values (Melnyk and Fineout-Overholt, 2005).
Global health	The health of populations around the world in an environment that disregards national borders and transcends the perspectives and concerns of individual nations, instead reflecting factors including global political, economic, and workforce issues (American Association of Colleges of Nursing, 2008).
Goal-driven model	Nursing care delivery model in which the work flow originates in the nurse's assessment of patient needs and assumes that the resources required to deliver a comprehensive package of care based on patient needs will be forthcoming. The goals for the patient drive the care (Barnum & Kerfoot, 1995).
Hand-off	Transfer of verbal and/or written communication about patient condition between care providers (QSEN, 2007).
Health literacy	The degree to which individuals can obtain, process, and understand the basic health information and services they need to make appropriate health decisions (IOM, 2004).
Health care team(s)	Interprofessional and multidisciplinary members across the continuum of care

High reliable organization	There are 5 key concepts essential for any improvement initiative to succeed: 1) Sensitivity to operations, 2) Reluctance to simplify, 3) Preoccupation with failure, 4) Deference to expertise, and 5) Resilience.
Independent practice	The nurse conducts assessments and interventions for the purpose of promoting health and healing. The focus is on the patient's response to actual or potential health problems (Koloroutis, 2004).
Interdependent practice	The nurse initiates communication with other members of the health care team to assure that the patient and family receive the full scope of interdisciplinary expertise and services commensurate with a coordinated and integrated plan of care (Koloroutis, 2004).
Interprofessionality	The process by which professionals reflect on and develop ways of practicing that provides an integrated and cohesive answer to the needs of the client/family/population It involves continuous interaction and knowledge sharing between professionals, organized to solve or explore a variety of education and care issues all while seeking to optimize the patient's participation (Interprofessional Education Collaborative, 2011).
Lateral violence	Nurses covertly or overtly directing their dissatisfaction inward toward each other, toward themselves, and toward those less powerful than themselves (Griffin, 2004).
Learning styles	Particular methods (visual, auditory, and tactile) of interacting with, taking in, and processing information that allows the individual to learn.
Near miss	An event or situation that did not produce a patient injury, but only because of chance.
Operational failures	The inability of the work system to reliably provide information, services, and supplies, when, where, and to whom needed (Tucker, 2006).
Patient safety	Freedom from accidental or preventable injuries produced by medical care (Massachusetts Coalition for the Prevention of Medical Errors, 2006).
Professional comportment	Demonstrates professional behaviors, including attention to appearance, demeanor, respect for self and others, and attention to professional boundaries with patients and families as well as among caregivers (Benner, 2008).
Quality improvement practices	Planned or systematic actions that require the open exchange of information to guide improvement or system changes.
Quality improvement model and tools	Documents used to collect data for investigation and analysis of events.

Resource-driven model	Nursing care delivery models in which the nurse takes into account the environment and the resources it holds to determine what goals can reasonably be met for a patient or group of patients. This requires the nurse to make the best selection of goals and use scarce resources appropriately (Barnum & Kerfoot, 1995).
Safety culture	Commitment to safety that permeates all levels of health care delivery (Agency for Health care Research and Quality, n.d.).
Work unit	The practice environment in which the nurse/team delivers care to patients/families.

Professional Standards

Professional standards developed by the following organizations were used as a framework for the NOF Nursing Core Competencies:

- Accreditation Council for Graduate Medical Education (ACGME)
- Agency for Healthcare Research and Quality (AHRQ)
- American Association of Colleges of Nursing (AACN)
- American Nurses Association (ANA)
- American Organization of Nurse Executives (AONE)
- Bologna Accord
- Commission on Collegiate Nursing Education (CCNE)
- Competency Outcomes and Performance Assessment (COPA)
- Institute of Medicine (IOM)
- International Council of Nurses (ICN)
- Interprofessional Education and Collaboration (IPEC)
- National Council of State Boards of Nursing (NCSBN)
- National League for Nursing (NLN)
- National League for Nursing Accrediting Commission, Inc. (NLNAC)
- Quality and Safety Education for Nurses (QSEN)

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