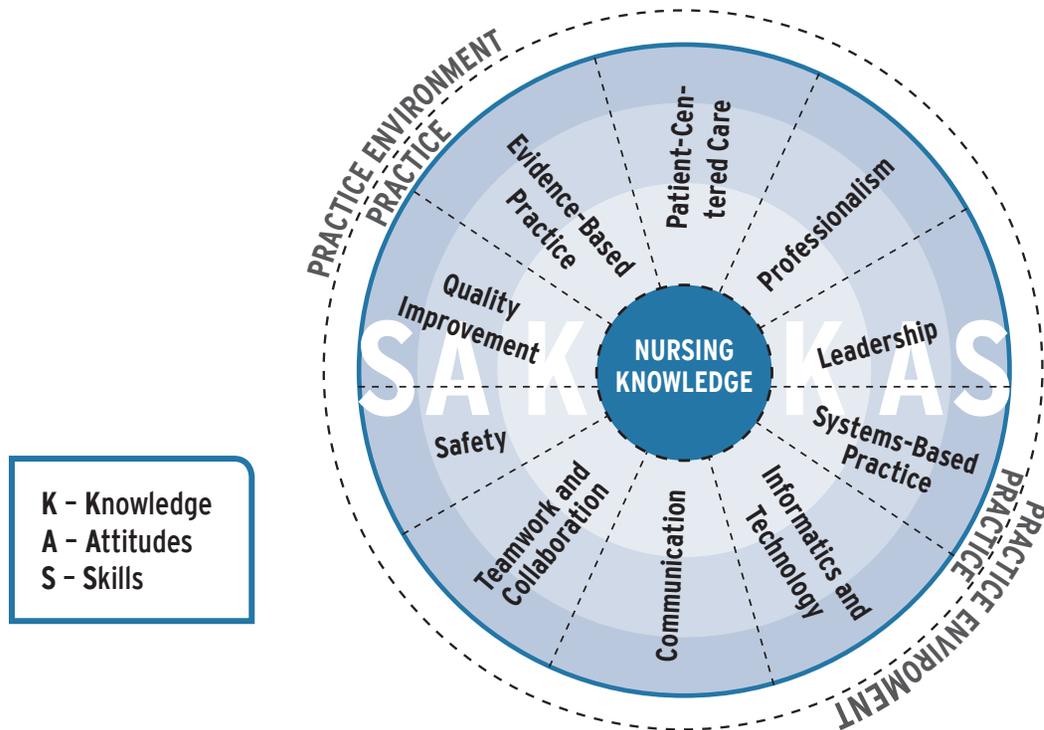


Massachusetts Nurse of the Future Nursing Core Competencies[®]

LICENSED PRACTICAL NURSE



Adapted by:
Massachusetts/Rhode Island League for Nursing (MARILN) Council of PN Programs, May 1, 2015

Table of Contents

Background	3
Defining NOF Nursing Core Competencies: Assumptions, Nursing Core Competencies, and the Nursing Core Competency Model	4
Nursing Knowledge	8
The Nurse of the Future Nursing Core Competencies	
>> Patient-Centered Care	10
>> Professionalism	12
>> Leadership	15
>> Systems-Based Practice	17
>> Informatics and Technology	19
>> Communication	22
>> Teamwork and Collaboration	25
>> Safety	27
>> Quality Improvement	29
>> Evidence-Based Practice	30
NOF Core Competencies and Model Development References	31
Glossary	32
Professional Standards	35
General Bibliography	36

Background

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, 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 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.

Following the distribution of the Nurse of the Future Nursing Core Competencies[©] (NOFNCC), the Practical Nurse Educator Council of the Massachusetts and Rhode Island League for Nursing convened a working task force in collaboration with representatives of the NOF Competency Committee to develop Nurse of the Future Nursing Core Competencies- Licensed Practical Nurse (NOFNCC-LPN) in alignment with the NOFNCC.

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 healthcare profiles for Massachusetts. The committee also reviewed the Institute of Medicine's core competencies for all healthcare 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 healthcare 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, 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 core competencies in the original report (August 2010) are available online at www.mass.edu/nursing. The NOF Competency Committee encouraged nurses from practice, education, and professional nursing organizations to review and disseminate the competencies. To help monitor how they were used, the committee asked users of the NOF Nursing Core Competencies to complete the Tracking and Permission Form, also available on the website. Users of the NOFNCC-LPN are also requested to complete this Tracking and Permission Form.

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. 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 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 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 | ■ Leadership | ■ Communication |
| ■ Professionalism | ■ Systems-Based Practice | ■ Teamwork and Collaboration |
| ■ Informatics and Technology | ■ Safety | ■ Quality Improvement |
| ■ Evidence-Based Practice (EBP) | | |

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.

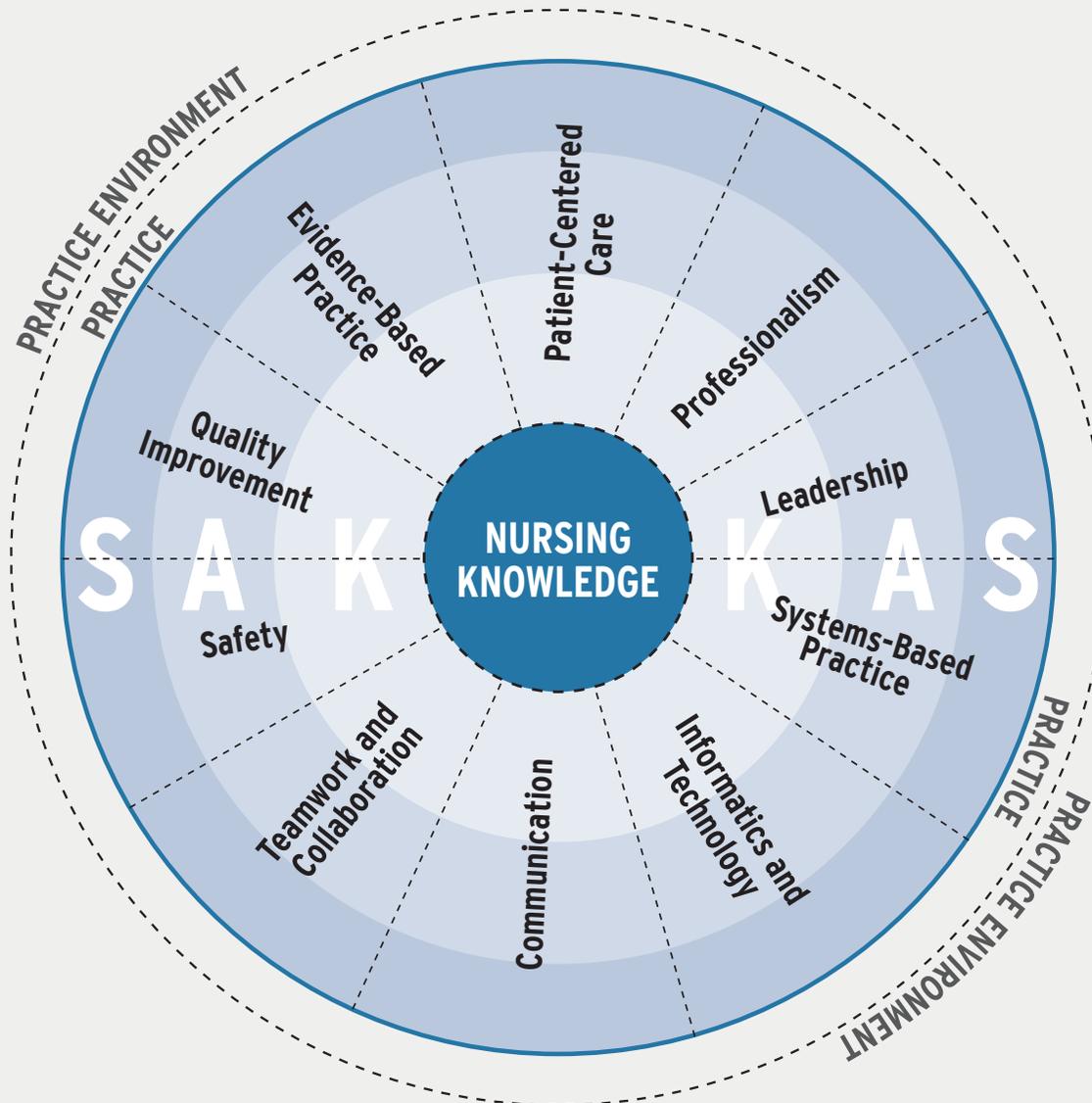
LPN/LVNs share with the entire nursing community a commitment to providing safe, quality, cost-effective care and whose practice behavior is grounded in those shared values (NLN Vision Series 2014). The practical nurse educators composing the LPN Competency Task Force embrace this belief, recognizing the value of the LPN as an essential member of the healthcare team. Promoting excellence in practical nurse education and facilitating seamless academic progression, the task force adapted the RN model to create the Nurse of the Future Nursing Core Competencies - Licensed Practical Nurse (NOFNCC-LPN). All nurses who touch patients daily in varied health settings are acknowledged as essential partners to meet the needs of today's complex health care system. LPNs must meet core competencies as defined by the educational and licensure requirements of the Commonwealth of Massachusetts.

It is imperative that LPN graduates be educated for safe practice in settings consistent with current workforce demands and that pathways to academic progression to BSN and advanced practice roles are developed and promoted nationally. A licensed practical nurse bears full responsibility for the care s/he provides to patients (MGL 244 CMR 3.00). In this way, LPN graduates will take their rightful place alongside their nursing colleagues and with other members of the inter-professional health care team (NLN Vision Series 2014).

This was the rationale for the Massachusetts nursing and education community to support the development and dissemination of NOFNCC-LPN to demonstrate the linkage between LPN and RN education.

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

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.

Nursing practice 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 NLN Education Competency Model describes the four outcomes of LPN education as human flourishing, nursing judgment, spirit of inquiry, and professional identity and these define the foundation for curriculum design (Vision Statement NLN 2014). The NLN Education Competency Model and the NOFNCC-LPN provide a framework for the specialized knowledge taught and acquired in a Practical/Vocational Nursing Education program (MGL CMR CH112 Section 80B).

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. A licensed practical nurse participates in direct and indirect nursing care, health maintenance, teaching, counseling, collaborative planning and rehabilitation, to the extent of his/her generic and continuing education and experience in order to: (a) assess an individual's basic health status, records and related health data; (b) participate in analyzing and interpreting said recorded data, and making informed judgments as to the specific elements of nursing care mandated by a particular situation; (c) participate in planning and implementing nursing intervention, including appropriate health care components in nursing care plans that take account of the most recent advancements and current knowledge in the field; (d) incorporate the prescribed medical regimen into the nursing plan of care; (e) participate in the health teaching required by the individual and family so as to maintain an optimal level of health care; (f) when appropriate evaluate outcomes of basic nursing intervention and initiate or encourage change in plans of care; (g) collaborate, cooperate and communicate with other health care providers to ensure quality and continuity of care. (MGL 244 CMR 3.04).

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 healthcare needs (ANA, 2004, p. 12).

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

American Association of Colleges of Nursing. (1998). *The essentials of baccalaureate education for professional nursing practice*. Washington, D.C.: Author.

American Association of Colleges of Nursing. (2008). *The essentials of baccalaureate education for professional nursing practice* (2nd ed.). Washington, D.C.: Author.

American Nurses Association. (2001). *Code of ethics for nurses with interpretive statements*. Silver Springs, MD: Author.

American Nurses Association. (2004). *Nursing scope and standards of practice*. Silver Springs, MD: Author.

Association of American Colleges and Universities. (2007). *College learning for the new global century*. Washington, DC: Author.

Fawcett, J. & Garity, J. (2009). *Evaluating research for evidence-based nursing practice*. Philadelphia: F.A. Davis Company.

Koloroutis, M. (Ed.). (2004). *Relationship-based care: A model for transforming practice*. New York, NY: Springer Publishing Company.

Tomey, A.M. (2009). *Guide to nursing management and leadership* (8th ed.). St. Louis, Missouri: Mosby Elsevier.

Patient and Family-Centered Care

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

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
<p>K1 Identifies components of nursing process appropriate to individual, family, group, community, and population health care needs across the life span</p>	<p>A1a Values use of scientific inquiry, as demonstrated in the nursing process, as an essential tool for provision of nursing care</p> <p>A1b Appreciates the differences between data collection and assessment</p>	<p>S1a Provides priority-based nursing care to individuals, families, and groups through independent and collaborative application of the nursing process</p> <p>S1b Demonstrates cognitive, affective, and psychomotor nursing skills when delivering patient and family-centered care</p>
<p>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</p>	<p>A2a Values assessing health care situations from the patient's and families perspective</p> <p>A2b Respects and encourages the patient's participation in to decisions about health care and services</p>	<p>S2 Assesses patient values, preferences, decisional capacity, and expressed needs as part of ongoing assessment, implementation and evaluation of care</p>
<p>K3 Integrates understanding of multiple dimensions of patient-centered care:</p> <ul style="list-style-type: none"> • individual/family/community preferences, values • Coordination and integration of care • Information, communication, and education • Physical comfort and emotional support • Involvement of family and significant other • Transition and continuity 	<p>A3a Respects and encourages individual expression of patient values, preferences, and needs</p> <p>A3b Respects the patient's perspective regarding own health</p>	<p>S3a Communicates patient values, preferences, and expressed needs to other members of health care team</p> <p>S3b Seeks information from appropriate sources on behalf of the patient and family</p>

<p>K4 Describes how diverse cultural, ethnic, spiritual and socioeconomic backgrounds function as sources of patient, family, and community values</p>	<p>A4a Values opportunities to learn about aspects of human diversity</p> <p>A4b Recognizes impact of personal attitudes, values and beliefs regarding delivery of care to diverse clients</p> <p>A4c Supports patient-centered care for individuals and groups whose values differ from their own</p>	<p>S4a Provides patient and family-centered care with sensitivity and respect for the diversity of human experience</p> <p>S4b Implements nursing care to meet holistic needs of patients</p> <p>S4c Demonstrates caring behaviors</p>
<p>K5 Understands the concepts of pain, palliative care, and quality of life</p>	<p>A5a Appreciates the role of the nurse in relieving all types and sources of pain and suffering</p> <p>A5b Recognizes the impact of personal values and beliefs on the management of pain, suffering and end-of-life issues</p>	<p>S5a Assesses physical and emotional comfort</p> <p>S5b Seeks patient's expectations for relief of pain, discomfort, suffering and end-of-life care</p> <p>S5c Implements care to relieve pain and suffering respecting patient values, preferences, and expressed needs</p>
<p>K6 Understands the diversity of the human condition affected by socioeconomics, culture, race, spiritual beliefs, gender, life style, and age</p>	<p>A6 Values the inherent worth and uniqueness of patients and families</p>	<p>S6a Provides holistic care to diverse populations across the life span</p> <p>S6b Works collaboratively with individuals from diverse backgrounds</p> <p>S6c Understands the effects of health and social policies on persons from diverse backgrounds</p>

Professionalism

The Licensed Practical 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
<p>K1a Understands the concept of accountability for own nursing practice</p> <p>K1b Justifies clinical decisions</p>	<p>A1a Accepts responsibility for own behavior</p> <p>A1b Shows commitment to provision of high quality, safe, and effective client care</p>	<p>S1a Demonstrates accountability for own nursing practice.</p> <p>S1b Exercises critical thinking within standards of practice</p>
<p>K2 Describes legal and regulatory factors that apply to nursing practice</p>	<p>A2a Values professional standards of practice</p> <p>A2b Values and upholds legal and regulatory principles</p>	<p>S2a Uses recognized professional standards of practice</p> <p>S2b Implements plan of care within legal, ethical, and regulatory framework of nursing practice</p> <p>S2c Complies with mandated reporting regulations</p>
<p>K3 Understands the professional standards of practice, the evaluation of that practice, and the responsibility and accountability for the outcome of practice</p>	<p>A3a Recognizes personal capabilities, knowledge base, and areas for development</p> <p>A3b Values collegiality, openness to critique, and peer review</p>	<p>S3a Demonstrates professional comporment</p> <p>S3b Provides and receives constructive feedback to/from peers</p>
<p>K4a Describes factors essential to the promotion of professional development</p> <p>K4b Describes the role of a professional organization in shaping the practice of nursing</p> <p>K4c Understands the importance of reflection to advancing practice and improving outcomes of care</p>	<p>A4a Committed to life-long learning</p> <p>A4b Values the mentoring relationship for professional development</p> <p>A4c Values and is committed to being a reflective practitioner</p>	<p>S4a Participates in life-long learning</p> <p>S4b Incorporates reflection in the process of nursing practice</p>

<p>K5a Understands the concept of autonomy and self-regulation in nursing practice</p> <p>K5b Understands the culture of nursing and the health care system</p>	<p>A5 Recognizes the responsibility to function within acceptable behavioral norms appropriate to the discipline of nursing and the health care organization</p>	<p>S5a Seeks ways to advocate for nursing’s role, professional autonomy, accountability, and self-regulation</p> <p>S5b Promotes and maintains a positive image of nursing</p> <p>S5c Recognizes and acts upon breaches of law relating to nursing practice and professional codes of conduct</p>
<p>K6 Understands role and responsibilities as patient advocate</p>	<p>A6 Values role and responsibilities as patient advocate</p>	<p>S6 Serves as a patient advocate</p>
<p>K7 Understands ethical principles, values, concepts, and decision making that apply to nursing and patient care</p>	<p>A7a Values the application of ethical principles in daily practice</p> <p>A7b Values acting in accordance with codes of ethics and accepted standards of practice</p> <p>A7c Clarifies personal and professional values and recognizes their impact on decision making and professional behavior</p>	<p>S7a Applies a nursing code of ethics to clinical practice</p> <p>S7b Utilizes an ethical decision-making framework in clinical situations</p> <p>S7c Identifies and responds to ethical concerns, issues, and dilemmas that affect nursing practice</p> <p>S7d Enlists system resources and participates in efforts to resolve ethical issues in daily practice</p> <p>S7e Recognizes and responds to moral distress by seeking resources for resolution</p>

K8a Understands responsibilities inherent in being a member of the nursing profession

K8b Recognizes the relationship between personal health, self-renewal 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

A8a Recognizes need for personal and professional behaviors that promote the profession of nursing

A8b Values and upholds the altruistic and humanistic principles of the nursing profession

S8a Incorporates nursing standards and accountability into practice

S8b Advocates for LPN nursing scope and standards of practice using organizational and political processes

S8c Functions within LPN nursing scope of practice and adheres to licensure law and regulations

S8d Articulates to the public the values of the profession as they relate to patient welfare

S8e Advocates for the role of the LPN as a member of the health care team

S8f Develops goals for personal health, self-renewal and professional development

S8g Assumes social and civic responsibility through participation in community volunteer activities

S8h Assumes professional responsibility through participation in nursing organizations

Leadership

The Licensed Practical Nurse of the Future will influence the behavior of individuals or groups of individuals in a way that will facilitate the achievement of shared goals.

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
<p>K1 Identifies leadership skills essential for the Licensed Practical Nurse</p>	<p>A1 Recognizes the role of the Licensed Practical Nurse as leader</p>	<p>S1 Integrates core leadership skills including knowledge of the health care delivery system, teamwork and collaboration within and across disciplines, basic tenets of ethical care, patient advocacy, innovation, and quality and safety improvement to meet patient care needs(IOM 2010)</p>
<p>K2 Understands critical thinking and problem-solving processes</p>	<p>A2 Values critical thinking processes in the management of patient care</p>	<p>S2a Uses systematic approaches in problem solving</p> <p>S2b Demonstrates purposeful, informed, outcome-oriented thinking</p>
<p>K3a Understands the impact of human behavior on individual and group performance</p> <p>K3b Identifies the roles and skills of the health care team</p>	<p>A3a Recognizes the centrality of a multidisciplinary team approach to patient care</p> <p>A3b Values the perspectives and expertise of each member of the health care team</p> <p>A3c Recognizes one's own competence, and consults as appropriate, with other professionals with necessary competency</p>	<p>S3a Demonstrates ability to effectively participate within health care teams</p> <p>S3b Participates in promoting a productive culture by valuing individuals and their contributions</p> <p>S3c Models effective communication and promotes cooperative behavior within the health care team</p> <p>S3d Demonstrates tolerance with different viewpoints</p>

<p>K4 Understands the impact of personal feelings and emotions on the thinking and actions of others</p>	<p>A4a Recognizes that personal attitudes, beliefs and experiences influence one's leadership style</p> <p>A4b Recognizes one's own competence, and consults as necessary, with other health professionals with appropriate competency</p> <p>A4c Values fairness and open mindedness</p> <p>A4d Values an environment encouraging creative thinking and innovations</p> <p>A4e Values courage as a leadership skill</p>	<p>S4a Clarifies biases, inclinations, strengths, and self-limitations</p> <p>S4b Adapts to stressful situations</p> <p>S4c Seeks appropriate mentors</p> <p>S4d Acts as an effective role model and resource for students and support staff</p> <p>S4e Demonstrates ability to stand up for beliefs and does not avoid challenges</p>
<p>K5 Explains the importance, necessity, and process of change</p>	<p>A5a Recognizes personal reaction to change and strives to remain open to new ideas and approaches</p> <p>A5b Values new ideas and interventions to improve patient care</p>	<p>S5a Implements change to improve patient care</p> <p>S5b Anticipates consequences, plans ahead, and changes approaches to improve outcomes</p> <p>S5c Participates in the change process to improve patient care, the work environment, and patient and staff satisfaction</p>
<p>K6 Understands the principles of accountability and delegation</p>	<p>A6a Accepts accountability and responsibility for one's own professional judgement and actions</p> <p>A6b Recognizes the value of delegation</p> <p>A6c Accepts accountability for the nursing care delegated to others</p>	<p>S6a Assigns, delegates, and supervises unlicensed personnel and support staff to achieve patient care goals</p>

Systems-Based Practice

The Licensed Practical 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 microsystem resources to provide care that is of optimal quality and value.

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
<p>K1 Understands the difference between microsystems and macrosystems in health care</p>	<p>A1a Appreciates the role of new nurses in the operations of an effective microsystem</p> <p>A1b Appreciates how the elements of the microsystem impact nursing practice</p>	<p>S1 Participates in the planning, organization and delivery of patient care in the context of the team. (CMR Regs, 80B, CMR 3.00, IOM) Plans, organizes and delivers client care in the context of the work unit</p>
<p>K2a Understands the impact of macrosystem changes on planning, organizing, and delivering client care at the team level</p> <p>K2b Understands interrelationships among nursing, the nursing team, and organizational goals</p>	<p>A2a Appreciates the complexity of the work unit environment including individual and team practice</p> <p>A2b Appreciates the impact of personal decisions on the team</p> <p>A2c Recognizes the importance of work unit systems in providing supplies, medications, equipment, and information in a timely and accurate fashion</p> <p>A2d Appreciates role in identifying team inefficiencies and operational failures</p>	<p>S2a Seeks to solve problems encountered at the point of care</p> <p>S2b Reports clinical and team problems encountered in practice (CMR 9.00)</p> <p>S2c Identifies inefficiencies and failures on the team, such as those involving supplies, medications, equipment, and information</p> <p>S2d Participates in solving team inefficiencies and operational failures that impact patient care, such as those involving supplies, medications, equipment, and information</p>

<p>K3a Understands the concept of patient care delivery models</p> <p>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</p> <p>K3c Understands the relationship between the outcomes of nursing care and team resources</p>	<p>A3a Acknowledges the tension that may exist between goal-driven and a resource-driven patient care delivery models</p> <p>A3b Values the contributions of each member of the health care team to the work unit</p> <p>A3c Values the management of time as a critical team resource in delivering patient care</p> <p>A3d Values the partnerships required to coordinate health care activities that can affect work unit performance</p>	<p>S3a Considers resources available on the work unit when contributing to the plan of care for a patient or group of patients</p> <p>S3b 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</p> <p>S3c Evaluates outcomes of one's own nursing care and care delegated to others</p> <p>S3d In collaboration with others, uses evidence to participate in team/unit change to achieve desired patient outcomes</p>
<p>K4 Understands role and responsibilities as a patient advocate to assist the patient in navigating through the health care system</p>	<p>A4a Values role and responsibilities as patient advocate</p> <p>A4b Values partnerships in providing high quality patient care</p> <p>A4c Values effective communication and information sharing across disciplines and throughout care transitions</p> <p>A4d Appreciates role and responsibilities in assisting the patient through care transitions</p>	<p>S4a Serves as a patient advocate</p> <p>S4b Assists clients in dealing with work unit complexities</p> <p>S4c Participates in education and referral to assist the patient through care transitions</p>
<p>K5a Understands that legal, political, regulatory and economic factors influence the delivery of patient care</p> <p>K5b Is aware that different models of health care financing and regulation can influence patient access to care</p>	<p>A5a Appreciates that legal, political, regulatory and economic factors influence the delivery of patient care</p> <p>A5b Values the need to remain informed of how legal, political, regulatory, and economic factors impact professional nursing practice</p>	<p>S5a Provides care based on current legal, political, regulatory, and economic requirements</p> <p>S5b Articulates issues at the work unit level that impact care delivery</p> <p>S5c Brings issues of concern at the work unit level to the attention of others who can facilitate resolution</p>

Informatics and Technology

The Licensed Practical Nurse of the Future will use information and technology to communicate, manage knowledge, mitigate error, and support decision making.

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
<p>K1 Identifies concepts included in basic computer technology, basic informatics and technology</p>	<p>A1 Recognizes the importance of basic computer technology on evolving nursing practice</p>	<p>S1 Demonstrates proficiency in:</p> <ul style="list-style-type: none"> a) Concepts of information & communication technology (ICT) b) Using the computer and managing files c) Databases d) Electronic Devices e) Information f) Presentations g) Spreadsheets h) Web browsing and communication i) Word Processing
<p>K2 Recognizes that knowledge and technical skills are essential for the LPN</p>	<p>A2 Appreciates the necessity to seek lifelong, continuous learning of information technology</p>	<p>S2 Incorporates selected information into own professional knowledge base, e.g.:</p> <ul style="list-style-type: none"> a) Seeks instruction about information management in the healthcare setting prior to providing care b) Demonstrates basic troubleshooting when using applications
<p>K3 Defines the impact of computerized information management on clinical practice and the role of the nurse</p>	<p>A3 Appreciates own role in influencing the attitudes of other nurses toward computer use for nursing education and practice</p>	<p>S3a Accesses needed information accurately and efficiently</p> <p>S3b Utilizes sources of data that reflect current standards of practice</p> <p>S3c Utilizes appropriate technologies in the process of assessing and monitoring patients</p>
<p>K4 Understands the use and importance of current nursing data for improvement of practice</p>	<p>A4 Values the importance of nursing data to improve nursing practice</p>	<p>S4a Uses information effectively to improve nursing practice</p> <p>S4b Uses information technology to enhance own nursing knowledge</p>

<p>K5 Understands computerized systems used in health care</p>	<p>A5 Values the importance of technology in the delivery of patient care</p>	<p>S5a Applies technology and information management tools to support safe and effective use</p> <p>S5b Accesses, enters, retrieves data used locally for patient care</p> <p>S5c Uses database applications to enter and retrieve data</p> <p>S5d Assess the accuracy of health information on the Internet</p>
<p>K6 Describes patients' rights as they pertain to computerized information management</p>	<p>A6 Values the privacy and confidentiality of protected patient data</p>	<p>S6a Discusses the principles of data integrity, professional ethics, and legal requirements</p> <p>S6b Maintains confidentiality, privacy, and integrity of patient data</p> <p>S6c Describes ways to protect data</p> <p>S6e Maintains the integrity of information and access necessary for patient care within an integrated computer-based patient record</p>

<p>K7 Understands the role of the health care team in the design, selection, implementation and evaluation of applications and systems in health care</p>	<p>A7a Values the involvement of nursing in design, selection, implementation, and evaluation of information technologies to support patient care</p> <p>A7b Appreciates the contributions of technology as a tool to improve patient safety and quality</p>	<p>S7a Provides input to the design and selection of various technologies to support effective patient care</p> <p>S7b Collaborates with health care team in the ethical decision making process regarding the application of technologies and acquisition of data</p> <p>S7c Uses technologies to meet patient needs</p> <p>S7d Applies information technology to document and evaluate patient care</p> <p>S7e Responds appropriately to clinical decision-making supports and alerts (e.g., physiological monitoring alarms, telemetry alarms, medication alerts)</p>
<p>K8 Identify general applications available for research</p>	<p>A8 Values information technology as a tool for acquiring knowledge</p>	<p>S8a Demonstrates efficient data collection contributing to evidenced based care</p> <p>S8b Contributes to evidence that supports practice</p> <p>S8c Teaches patient about health care technologies</p> <p>S8d Conducts on-line literature searches</p>

Communication

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

Therapeutic Communication

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
<p>K1a Understands the principles of effective communication through various means</p> <p>K1b Knows grammar, spelling, and health care terminology</p>	<p>A1 Accepts responsibility for effectively communicating</p>	<p>S1a Uses clear, concise, and effective written, electronic, and verbal/non-verbal communications</p> <p>S1b Documents nursing care and progress toward achieving patient outcomes according to professional standards and work unit policy</p>
<p>K2a Understands visual, auditory, and tactile communication</p> <p>K2b Understands the physiological, psychosocial, developmental, spiritual, and cultural influences for effective communication</p> <p>K2c Describes the impact of communication style</p>	<p>A2a Values different means of communication (auditory, visual, and tactile)</p> <p>A2b Values mutually respectful communication</p> <p>A2c Values individual cultural and personal diversity</p> <p>A2d Respects persons' rights to make decisions in planning care</p>	<p>S2a Chooses the right setting and time to initiate conversation</p> <p>S2b Assesses the patient's readiness/willingness to communicate</p> <p>S2c Assesses the patient's ability to communicate</p> <p>S2d Utilizes visual, auditory or tactile communication based on patient's preferences</p> <p>S2e Assesses barriers to effective communication</p> <p>S2f Makes appropriate adaptations in communication style based on patient assessment</p> <p>S2g Assesses the impact of use of self in effective communication</p>

<p>K3a Understands the nurse's role and responsibility in applying the principles of verbal and nonverbal communication</p> <p>K3b Understands the nurse's role and responsibility in applying principles of active listening</p>	<p>A3a Values the therapeutic use of self in patient care</p> <p>A3b Appreciates the dynamics of physical and emotional presence on communication</p> <p>A3c Appreciates the influences of physiological, psychosocial, developmental, spiritual, and cultural influences on one's own ability to communicate</p>	<p>S3a Establishes rapport</p> <p>S3b Actively listens to comments, concerns, and questions</p> <p>S3c Demonstrates effective interviewing techniques</p> <p>S3d Provides opportunity to ask and respond to questions</p> <p>S3e Assesses verbal and non-verbal responses</p> <p>S3f Adapts communication as needed based on patient's and family response</p> <p>S3g Able to distinguish between effective and ineffective communication with patients and families</p>
---	--	---

Collegial Communication & Conflict Resolution

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
<p>K4a Interprets differences in communication styles among patients, nurses, and other members of the multidisciplinary health care team.</p> <p>K4b Discusses effective strategies for communicating and resolving conflict</p>	<p>A4a Values the role of each member of the multidisciplinary health care team</p> <p>A4b Appreciates that each individual has a role in conflict resolution</p> <p>A4c Appreciates the contributions of others in helping patients achieve health goals</p>	<p>S4a Communicates effectively with colleagues</p> <p>S4b Contributes to resolution of conflict</p> <p>S4c Communicates accurate and thorough written and verbal reports</p> <p>S4d Uses standardized communication approaches in care transitions</p>

Teaching/Learning

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
<p>K5a Understands how different learning styles influence the education of patients</p> <p>K5b Identifies differences in auditory, visual, and tactile learning styles</p> <p>K5c Understands the principles of teaching and learning</p> <p>K5d Is aware of the three domains of learning: cognitive, affective, and psychomotor</p> <p>K5e Understands the concept of health literacy</p> <p>K5f Understands the process of cooperative learning</p>	<p>A5a Values different means of communication used by patients and families</p> <p>A5b Accepts the role and responsibility for providing health education to patients and families</p> <p>A5c Values the need for teaching in all three domains of learning</p> <p>A5d Values the patient's and family's right to know the reason for chosen interventions</p>	<p>S5a 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</p> <p>S5b Implements teaching plan using knowledge, values and skills</p> <p>S5c Assists patients in accessing health information and identifying healthy lifestyle behaviors</p> <p>S5d Provides relevant and sensitive health education information to patients</p> <p>S5e Participates in cooperative learning</p> <p>S5f Contributes to the evaluation of patient learning</p>

Teamwork and Collaboration

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

Self

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
<p>K1 Identifies personal strengths, limitations, and values in functioning as a member of a team</p>	<p>A1a Accepts responsibility for contributing to effective team functioning</p> <p>A1b Appreciates the importance of collaboration</p>	<p>S1a Demonstrates self-awareness of strengths and limitations as a team member</p> <p>S1b Initiates plan for self-development as a team member</p> <p>S1c Acts with integrity, consistency, and respect for differing views</p>

Team

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
<p>K2 Describes the scope and the role of members of the health care team</p>	<p>A2 Values the perspectives and expertise of all health team members</p>	<p>S2 Functions competently within the Licensed Practical Nurse scope of practice as a member of the health care team</p>
<p>K3 Identifies contributions of other individuals and groups in helping patients achieve health goals</p>	<p>A3 Respects the centrality of the patient as core members of any health care team</p>	<p>S3 Assumes the role of team member or leader based on the situation</p>
	<p>A4 Respects the unique professional and cultural attributes that each member brings to a team</p>	<p>S4a Initiates requests for assistance when the situation warrants it</p> <p>S4b Acknowledges areas of overlap in role or responsibility as a member of a team</p> <p>S4c Uses the contributions of others when assisting patients to achieve health goals</p>

Team Communication

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
<p>K5 Understands the principles of effective collegial communication</p>	<p>A5 Values teamwork and the relationships upon which it is based</p>	<p>S5a Adapts own communication style to meet the needs of the team and situation</p> <p>S5b Demonstrates commitment to team goals</p> <p>S5c Solicits input from other team members to improve individual and team performance</p>

Effect of Team on Safety & Quality

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
<p>K6a Understands the impact of effective team functioning on safety and quality of care</p> <p>K6b Discusses how authority and hierarchy influence teamwork and patient safety</p>	<p>A6 Recognizes the risks associated with transferring patient care responsibilities to another professional (“hand-off”) during care transitions</p>	<p>S6a Follows communication practices to minimize risks associated with transfers between providers during transitions in care</p> <p>S6b Contributes personal perspective in discussions about patient care</p>

Impact of Systems on Team Functioning

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
<p>K7a Identifies systems factors that facilitate or interfere with effective team functioning</p> <p>K7b Identifies lateral violence as a barrier to teamwork and unit functioning</p> <p>K7c Explores strategies for improving microsystems to support team functioning</p>	<p>A7a Recognizes tensions between professional autonomy and systems factors that impact team functioning</p> <p>A7b Recognizes behaviors that contribute to lateral violence</p> <p>A7c Values system solutions that achieve quality of care</p>	<p>S7a Contributes to effective team functioning</p> <p>S7b Practices strategies to minimize lateral violence</p> <p>S7c Contributes to the design of microsystems to support effective teamwork</p>

Safety

The Licensed Practical 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
<p>K1 Describes systematic methods to promote patient safety</p>	<p>A1a Appreciates the value of analyzing systems and individual accountability to promote patient safety</p> <p>A1b Values the importance of individual accountability and systems analysis to promote patient safety</p>	<p>S1a Participates in error analysis and systems improvement</p> <p>S1b Contributes to the development of effective patient safety plans</p>
<p>K2 Identifies human factors and basic safety design principles that affect safety</p>	<p>A2 Recognizes the cognitive and physical limitations of human performance</p>	<p>S2 Uses appropriate strategies to reduce reliance on memory and interruptions to reduce the risk of harm to self and others</p>
<p>K3 Describes the benefits and limitations of commonly used technology and standardized practices to improve safety</p>	<p>A3 Recognizes the tension between professional autonomy and standardization</p>	<p>S3 Demonstrates effective use of technology and standardized practices that support safe practice</p>
<p>K4a Discusses effective strategies to promote a culture of safety</p>	<p>A4 Recognizes that both individuals and systems are accountable for a culture of safety</p>	<p>S4 Demonstrates effective use of strategies at the individual and systems levels to reduce risk of harm to self and others</p>

<p>K5a Describes factors that create a culture of safety</p> <p>K5b Describes optimal processes for communicating with patients regarding adverse events</p>	<p>A5a Supports the importance of transparency in communication with the patient and health care team around safety and adverse events</p> <p>A5b Recognizes the complexity and sensitivity of the clinical management of “near misses” and adverse events</p>	<p>S5a Participates in collecting and aggregating safety data</p> <p>S5b Uses organizational error reporting system for “near miss” and adverse event reporting</p> <p>S5c Communicates observations or concerns related to hazards and errors involving patients and/or members of the health care team</p> <p>S5d Prepares timely data collection to facilitate safe, effective transfer of patient care responsibilities during care transitions</p> <p>S5e Demonstrates the use of debriefing strategies to reduce psychological and physical harm to patients</p>
<p>K6 Describes processes used to determine causes of errors</p>	<p>A6 Values established safety initiative benchmarks</p>	<p>S6 Utilizes established safety resources to ensure safe and effective practice</p>

Quality Improvement

The Licensed Practical Nurse of the Future collects data to monitor the outcomes of care and uses data to continuously improve the quality and safety of health care systems.

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1 Describes the nursing context for improving care	A1 Values quality improvement as an essential part of nursing	S1 Actively seeks information about quality initiatives in individual care settings and organizations
K2 Understands that nursing contributes to systems of care and processes that affect outcomes	A2 Values team relationships as important to quality improvement	S2 Participates in quality improvement processes to make processes of care interdependent and explicit
K3 Describes approaches for improving processes and outcomes of care	A3 Values the contributions of individuals and teams towards improving the outcomes of care	S3 Participates in the use of quality indicators and core measures to evaluate the effect of changes
K4 Understands the importance of standardization and measurement of care processes in providing quality nursing care	A4a Appreciates how standardization may support quality patient care A4b Recognizes how unwanted variation may compromise care	S4 Participates in the use of quality improvement tools to assess performance and identify gaps between local and best practices

Evidence-Based Practice

The Licensed Practical Nurse of the Future will identify the value of using the best current evidence coupled with clinical expertise and consideration of patient’s preferences, experience and values to make practice decisions.

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1 Understands 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	S1 Participates in data collection and/or other research activities
K2 Describes the concept of evidence-based practice (EBP), including the components of research evidence, clinical expertise, and patient values	A2 Values the concept of EBP as integral to determining best clinical practice	S2 Collaborates with other professionals to provide individualized care based on best current evidence, patient values, and clinical expertise
K3 Identifies 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
K4 Explains the role of evidence in determining best clinical practice	A4 Values the need for continuous improvement in clinical practice based on new knowledge	S4 Participates in the integration of new evidence into standards of practice, policies, and nursing practice guidelines

NOF Core Competencies and Model Development References

- Accreditation Council for Graduate Medical Education. (n.d.). *ACGME Outcome Project*. Retrieved from <http://www.ACGME.org/outcome/comp/compFULL.asp>
- American Association of Colleges of Nursing. (2008). *The essentials of baccalaureate education for professional nursing practice* (2nd ed.). Washington, D.C.: Author.
- Commonwealth of Massachusetts, Chapter 112, Section 80B. Nursing practice; advanced practice; licensed practical nurses
- Davies, R. (2008). The Bologna process: The quiet revolution in nursing higher education. *Nurse Education Today*. 28, 935-942.
- Institute of Medicine. (2003). *Health professions education: A bridge to quality*. Washington, DC: National Academies Press.
- Lenburg, C. (1999). The framework, concepts, and methods of the Competency Outcomes and Performance (COPA) Model. *Online Journal of Issues in Nursing*. Retrieved from <https://nursingworld.org/mods/archive/mod110/copafull.htm>
- Massachusetts Board of Registration in Nursing. 244 CMR 3.00: Registered Nurse and Licensed Practical Nurse.
- National League for Nursing Council of Associate Degree Nursing Competencies Task Force. (2000). *Educational competencies for graduates of associate degree nursing programs*. New York: Author.
- National League for Nursing Vision Series (2014). *A Vision for Recognition of the Role of the Licensed Practical/Vocational Nurses in Advancing the Nation's Health* Washington, D.C. : Author.
- Quality and Safety Education for Nursing. (2007). *Quality and safety competencies*. Retrieved from <http://www.qsen.org/competencies.php>
- Zabalegui, A., Loreto, M., Josefa, M. et al. (2006). Changes in nursing education in the European Union. *Journal of Nursing Scholarship* 38(2), 114-118.

Glossary

Adverse event	Any injury caused by medical care (Massachusetts Coalition for the Prevention of Medical Errors, 2006).
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).
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).
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.
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	<i>Cognitive</i> domain of learning skills revolves around knowledge, comprehension, and thinking through a particular topic. <i>Affective</i> 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)
Established patient safety initiatives	Goals, standards, and performance expectations that have been established to assist in the prevention of health care error and associated patient injuries (e.g., by the Institute for Healthcare Improvement (IHI), National Patient Safety Foundation, Agency for Healthcare Research and Quality, Center for Medicare and Medicaid Services, The Joint Commission).
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 (Melnik 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 (Melnik 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).
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, pp. 123-5).
Information technology	Smart, people-centered, affordable technologies that are universal, useable, useful, and standards based (Technology Information Guiding Educational Reform, 2007).
Integrity of information	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).
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).
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.
Macrosystem	The health care organization or agency as a whole comprised of two or more microsystems or work units (Nelson, Batalden, & Godfrey, 2007).
Microsystem	The work unit responsible for delivering care to specific patient populations; the front line places where patients, families, and care teams meet (Nelson, Batalden, & Godfrey, 2007).
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 processes	Planned or systematic actions that require the open exchange of information to guide improvement or system changes.
Quality improvement 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 healthcare delivery (Agency for Healthcare 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)
- » 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)

General Bibliography

Accreditation Council for Graduate Medical Education. (n.d.). *ACGME Outcome Project*. Retrieved from <http://www.ACGME.org/outcome/comp/compFULL.asp>

Agency for Healthcare Research and Quality (AHRQ). (n.d.). *Patient safety network*. Retrieved from <http://www.psnet.ahrq.gov/>

Agency for Healthcare Research and Quality (AHRQ). (n.d.). *Patient safety network: Glossary*. Retrieved from <http://www.psnet.ahrq.gov/glossary.aspx>

Alexander, M. & Runciman, P. (2003). *ICN framework of competencies for the generalist nurse: Report of the development, process, and consultation*. Geneva, Switzerland: International Council of Nurses.

Alfaro-LeFevre, R. (2009). *Critical thinking and clinical judgment*. St. Louis: Saunders Elsevier.

American Association of Colleges of Nursing. (1998). *The essentials of baccalaureate education for professional nursing practice*. Washington, D.C.: Author.

American Association of Colleges of Nursing. (2006). *Hallmarks of quality and safety: Baccalaureate competencies and curricular guidelines to assure high quality and safe patient care*. Washington, DC: Author.

American Association of Colleges of Nursing. (2007). *White paper on the education and role of the clinical nurse leader*. Washington, DC: Author.

American Association of Colleges of Nursing. (2008). *The essentials of baccalaureate education for professional nursing practice* (2nd ed.). Washington, D.C.: Author.

American Association of Colleges of Nursing. (2002). *Hallmarks of the professional nursing practice environment*. Washington

American Nurses Association. (2001). *Code of ethics for nurses with interpretive statements*. Silver Springs, MD: Author.

American Nurses Association. (2003). *Nursing's social policy statement* (2nd ed.). Silver Springs, MD: Author.

American Nurses Association. (2004). *Nursing scope and standards of practice*. Silver Springs, MD: Author.

- American Organization of Nurse Executives. (2005). *AONE nurse executive competencies*. Retrieved from <http://www.aone.org/aone/pdf/February%20Nurse%20Leader--final%20draft--for%20web.pdf>
- Association of American Colleges and Universities. (2007). *College learning for the new global century*. Washington, DC: Author.
- Barnum, B. & Kerfoot, K. 1995. The resource-driven model. In *The Nurse as Executive* (pp. 10-14), Gaithersburg, MD: Aspen Publications.
- Barton, A.J. (2005). Cultivating informatics competencies in a community of practice. *Nursing Administration Quarterly*, 29, 323-328.
- Bellack, J., Morjikian, R., Barger, S., et al. (2001). Developing BSN leaders for the future: Fuld Leadership Initiative for Nursing Education (LINE). *Journal of Professional Nursing*, 17(1), 23-32.
- Benner, P. (1982). From novice to expert. *American Journal of Nursing*, 82, 402-407.
- Benner, P., Sutphen, M., Leonard-Kahn, V., & Day, L. (2008). Formation and everyday ethical comportment. *American Journal of Critical Care*, 17, 473-476.
- Berkow, S., Virkstis, K., Stewart, J., & Conway, L. (2008). Assessing new graduate nurse performance. *Journal of Nursing Administration*, 38, 468-472.
- Bloom, B.S. (1956). *Taxonomy of educational objectives, the classification of educational goals, Handbook I: Cognitive domain*. New York: David McKay.
- Center for American Nurses. (n.d.). *Lateral violence and bullying in nursing*. Retrieved from <http://www.centerforamericannurses.org/associations/9102/files/LATERALVIOLENCEBULLYINGFACTSHEET.pdf>
- Colorado Council on Nursing Education. (2007). *The Colorado Nursing Articulation Model 2002-2005*. Publication of the Colorado Trust. Retrieved from <http://www.mesastate.edu/academics/documents/StatewideNursing.pdf>
- Commission on Collegiate Nursing Education (CCNE). (2009, April). *Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs*. Washington, DC: Author. Retrieved from <http://www.aacn.nche.edu/Accreditation/pdf/standards09.pdf>
- Cronenwett, L., Sherwood, G., Barnsteiner, J., Disch, J., Johnson, J., Mitchell, P., et al. (2007). Quality and safety education for nurses. *Nursing Outlook*, 55, 122-131.
- Davies, R. (2008). The Bologna process: The quiet revolution in nursing higher education. *Nurse Education Today*. 28, 935.

- Day, L., & Smith, E. (2007). Integrating quality and safety into clinical teaching in the acute care setting. *Nursing Outlook*, 55, 138-143.
- Dreher, M., Everett, L., & Hartwig, S. (2001). The University of Iowa Nursing Collaboratory: A partnership for creative education and practice. *Journal of Professional Nursing*, 17(3), 114-120.
- European Computer Driving License (ECDL) Foundation. (2006). *EqualSkills syllabus version 1.6*. Retrieved from http://ecd.com/files/2009/programmes/docs/2009072211405_Equalskills_1.6.pdf
- Fawcett, J. & Garity, J. (2009). *Evaluating research for evidence-based nursing practice*. Philadelphia: F.A. Davis Company.
- Fleming, V. (2006). Developing global standards for initial nursing and midwifery education. In *Interim report of proceedings*. Geneva, Switzerland: World Health Organization.
- Griffin, M. (2004). Teaching cognitive rehearsal as a shield for lateral violence: An intervention for newly licensed nurses. *Journal of Continuing Education in Nursing*, 35, 257-63.
- Hobbs, J.L. (2009). A dimensional analysis of patient-centered care. *Nursing Research*, 58(1), 52-62.
- Hughes, R.G. (Ed.). (2008). *Patient safety and quality: An evidence-based handbook for nurses*. AHRQ Publication No. 08-0043. Rockville, MD: Agency for Healthcare Research and Quality.
- Institute for Health Care Improvement. *Develop a culture of safety*. Retrieved from <http://www.ih.org/IHI/Topics/PatientSafety/SafetyGeneral/Changes/Develop+a+Culture+of+Safety.htm>
- Institute of Medicine. (1999). *To err is human: Building a safer health system*. Washington, DC: National Academies Press.
- Institute of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: National Academies Press.
- Institute of Medicine. (2003). *Health professions education: A bridge to quality*. Washington, DC: National Academies Press.
- Institute of Medicine. (2004). *Health literacy: A prescription to end confusion*. Washington, DC: National Academies Press.
- Jennings, B. A., Scalzi, C. C., Rodgers, J. D., & Keane, A. (2007). Differentiating nursing leadership and management competencies. *Nursing Outlook*, 55, 169-175.

- Johnson, D.W., Johnson, R., & Smith, K. (1998). *Active learning: Cooperation in the college classroom*. Edina, MN: Interaction Book Company.
- Joint Commission Resources, Inc. (2007). *Front line of defense: The role of nurses in preventing sentinel events* (2nd ed.). Oakbrook Terrace, IL: Author.
- Kennedy, H.P., Fisher, L., Fontaine, D., & Martin-Holland, J. (2008). Evaluating diversity in nursing education: A mixed method study. *Journal of Transcultural Nursing*, 19, 363-370.
- Koloroutis, M. (Ed.). (2004). *Relationship-based care: A model for transforming practice*. Minneapolis, MN: Creative Health Care Management.
- Leape, L. (2000). Reporting of medical errors: Time for reality check. *Quality in Health Care*, 9(3), 144-145.
- Leape, L. & Berwick, D. (2000). Safe health care: Are we up to it? *British Medical Journal* 320(7237), 725-26.
- Leape, L., Lawthers, A., & Brennan, T. et al. (1993). Preventing medical injury. *Quality Review Bulletin*, 19(5), 144-149.
- Lenburg, C. (1999). The framework, concepts, and methods of the Competency Outcomes and Performance (COPA) Model. *Online Journal of Issues in Nursing*. Retrieved from <https://nursingworld.org/mods/archive/mod110/copafull.htm>
- Massachusetts Coalition for Prevention of Medical Errors. (2006). *When things go wrong: Responding to adverse events. (A consensus statement of the Harvard Hospitals.)* Retrieved from <http://www.macoalition.org/documents/respondingToAdverseEvents.pdf>
- McBride, A.B. (2005). Nursing and the informatics revolution. *Nursing Outlook*, 53,183-191.
- McCormick, K.A., Delaney, C.D., Flatley Brennan, P., Effken, J.A., Kendrick, K., Murphy, J., et al. (2007). White paper: Guideposts to the future—An agenda for nursing Informatics. *Journal of the American Medical Informatics Association*, 14(1), 19-24.
- Moon, J. (2002). *How to use level descriptors*. London: Southern England Consortium for Credit accumulation and Transfer (SEEC). Retrieved from <http://www.seec-office.org.uk/How%20to%20Use%20Level%20Descriptors.pdf>
- National Council of State Boards of Nursing. (2006). *A national survey on elements of nursing education*. Retrieved from https://www.ncsbn.org/Vol_24_web.pdf
- National Council of State Boards of Nursing. (2009, November 13). *Description of NCSBN's Transition to Practice Model*. Retrieved from https://www.ncsbn.org/TransitiontoPractice_modeldescription_111309.pdf
- National League for Nursing Council of Associate Degree Nursing Competencies Task Force. (2000). *Educational competencies for graduates of associate degree nursing programs*. New York: Author.

- National League for Nursing. (2005). *Board of Governors position statement on transforming nursing education*. Retrieved from <http://www.nln.org/aboutnln/PositionStatements/transforming052005.pdf>
- National League for Nursing Accrediting Commission, Inc. (2008). *NLNAC accreditation manual*. New York: Author.
- National League for Nursing. (2008). *Position statement: Preparing the next generation of nurses to practice in a technology-rich environment: An informatics agenda*. New York: Author.
- Nelson, E.C., Batalden, P.B., & Godfrey, M.M. (2007). *Quality by design: A clinical microsystems approach*. San Francisco: Jossey-Bass.
- Nichols, B. (2007). *Building global alliances III: The impact of global nurse migration on health service delivery*. Philadelphia, PA: Commission on Graduates of Foreign Nursing Schools.
- Ohio League for Nursing. (n.d.). *Ohio Nursing Articulation Model (September, 2003-2005)*. Retrieved from <http://www.ohioleaguefornursing.org/associations/4237/files/HFFinalDocument.pdf>
- Oregon Consortium for Nursing Education Competencies. (2007). Retrieved from http://www.ocne.org/OCNE_Curriculum_Compencies_Dec%2007.pdf
- Paulsen, M.F. (2003). *Online education and learning management systems. Global e-learning in a Scandinavian perspective*. Bekkestun: NKI Forlaget.
- Ponte, P. R., Glazer, G., Dann, E., McCollum, K., Gross, A., Tyrrell, R., et al. (2007). The power of professional nursing practice — An essential element of patient and family centered care. *The Online Journal of Issues in Nursing*, 12(1), Manuscript 3. Retrieved from http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume122007/No1Jan07/tpc32_316092.aspx
- Potempa, K. (2002). Finding the courage to lead: The Oregon experience. *Nursing Administration Quarterly*, 26(4), 9-15.
- Quality and Safety Education for Nursing. (2007). *Quality and safety competencies*. Retrieved from <http://www.qsen.org/competencies.php>
- Reason, J. (2000). Human error: Models and management. *British Journal of Medicine*, 320, 768-770.
- Sherman, R. O. (2003). *Nursing Leadership Institute Leadership Competency Model*. Retrieved from http://nursing.fau.edu/uploads/docs/358/nursing_leadership_model2.pdf

- Shirey, M. R. (2007). Leadership perspectives: Competencies and tips for effective leadership: From novice to expert. *Journal of Nursing Administration*, 37, 167-170.
- Smith, J., & Crawford, L. (2003). *Report on findings from the practice and professional issues survey*. Chicago, IL: National Council of State Boards of Nursing, Inc.
- Staggers, N., Gassert, C.A., & Curran C. (2001). Informatics competencies for nurses at four levels of practice. *The Journal of Nursing Education*, 40, 303-316.
- Tanner, C.A., Gubrid-Howe, P., & Shores, L. (2008). The Oregon Consortium for Nursing Education: A response to the nursing shortage. *Policy, Politics, & Practice*, 9(3), 203-209.
- Technology Informatics Guiding Educational Reform (TIGER). (2007). *Evidence and informatics transforming nursing: 3-Year action steps toward a 1-year vision*. Retrieved from www.tigersummit.com/Downloads.html
- Technology Informatics Guiding Educational Reform (TIGER). (2009). *Tiger Informatics Competencies Collaborative (TICC) final report*. Retrieved from www.tigersummit.com/uploads/TIGER_Collaborative_Exec_Summary_040509.pdf
- The Joint Commission. (2009). *2009 National Patient Safety Goals Hospital Program*. Retrieved from http://www.jointcommission.org/NR/rdonlyres/40A7233C-C4F7-4680-9861-80CDFD5F62C6/0/09_NPSG_HAP_gp.pdf
- Tomey, A.M. (2009). *Guide to nursing management and leadership* (8th ed.). Mosby Elsevier: St. Louis, Missouri.
- Tucker, A.L., & Spear, S.J. (2006). Operational failures and interruptions in hospital nursing. *HSR: Health Services Research*, 41, 643-662.
- University of Southampton, School of Nursing and Midwifery. (n.d.) *Assessment of Practice: Nursing diploma, diploma with advanced studies and degree programs NMC proficiencies*. Retrieved February 20, 2009 from http://www.suht.nhs.uk/ideal/media/pdf/r/7/Nursing_AOP_NMC_Proficiencies_lowres_1.pdf
- Zabalegui, A., Loreto, M., Josefa, M. et al. (2006). Changes in nursing education in the European Union. *Journal of Nursing Scholarship*. 38(2), 114-118.

This adaptation of the NOFNCC was prepared by representatives of the following Practical Nursing Programs:

Assabet Valley Regional Technical School	215 Fitchburg Street	Marlboro, MA
Bay Path Regional Vocational Technical School	57 Old Muggett Hill Road	Charlton, MA
Berkshire Community College	343 Main Street	Great Barrington, MA
Blackstone Valley Regional Voc Tech School	65 Pleasant Street	Upton, MA
Blue Hills Regional Technical School	800 Randolph Street	Canton, MA
Bristol-Plymouth Regional Technical School	940 County Street	Taunton, MA
Bunker Hill Community College	250 New Rutherford Ave	Charlestown, MA
Diman Regional School of Practical Nursing	251 Stonehaven Road	Fall River, MA
Greater Lowell Technical School	250 Pawtucket Boulevard	Tyngsboro, MA
Greenfield Community College / VA Medical Ctr.	421 North Main Street	Leeds, MA
Holyoke Community College	303 Homestead Avenue	Holyoke, MA
Massachusetts Bay Community College	19 Flagg Drive	Framingham, MA
McCann Technical School	70 Hodges Cross Road	North Adams, MA,
Medical Professional Institute	380 Pleasant Street, Suite 21	Malden, MA
Mildred Elley School	505 East Street	Pittsfield, MA
Montachusett Regional Vocational Technical School	1050 Westminster Street	Fitchburg, MA
Mount Wachusett Community College	444 Green Street	Gardner, MA
North Shore Community College	1 Ferncroft Road	Danvers, MA
Northern Essex Community College	45 Franklin Street	Lawrence, MA
Quincy College	24 Saville Avenue	Quincy, MA
Quinsigamond Community College	670 West Boylston Street	Worcester, MA
Roxbury Community College	1234 Columbus Avenue	Boston, MA
Shawsheen Valley School of Practical Nursing	100 Cook Street	Billerica, MA
Southeastern Technical Institute	250 Foundry Street	South Easton, MA
Tri-County Regional Technical High School	147 Pond Street	Franklin, MA
Upper Cape Cod Regional Technical School	220 Sandwich Road	Bourne, MA

