THE ESSENTIALS:

CORE COMPETENCIES FOR PROFESSIONAL NURSING EDUCATION

American Association of Colleges of Nursing
The Voice of Academic Nursing

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APPROVED BY THE AACN MEMBERSHIP ON APRIL 6, 2021

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April 6, 2021

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Introduction

Since 1986, the American Association of Colleges of Nursing (AACN) has published the *Essentials* series that provides the educational framework for the preparation of nurses at four-year colleges and universities. In the past, three versions of Essentials were published: *The Essentials of Baccalaureate Education for Professional Nursing Practice*, last published in 2008; *The Essentials of Master's Education in Nursing*, last published in 2011; *and The Essentials of Doctoral Education for Advanced Nursing Practice*, last published in 2006. Each of these documents has provided specific guidance for the development and revision of nursing curricula at a specific degree level. Given changes in higher education, learner expectations, and the rapidly evolving healthcare system outlined in *AACN's Vision for Academic Nursing* (2019), new thinking and new approaches to nursing education are needed to prepare the nursing workforce of the future.

The Essentials: Core Competencies for Professional Nursing Education provides a framework for preparing individuals as members of the discipline of nursing, reflecting expectations across the trajectory of nursing education and applied experience. In this document competencies for professional nursing practice are made explicit. These *Essentials* introduce 10 domains that represent the essence of professional nursing practice and the expected competencies for each domain (see page 26). The domains and competencies exemplify the uniqueness of nursing as a profession and reflect the diversity of practice settings yet share common language that is understandable across healthcare professions and by employers, learners, faculty, and the public. The competencies accompanying each domain are designed to be applicable across four spheres of care (disease prevention/promotion of health and wellbeing, chronic disease care, regenerative or restorative care, and hospice/palliative/supportive care), across the lifespan, and with diverse patient populations. While the domains and competencies are identical for both entry and advanced levels of education, the sub-competencies build from entry into professional nursing practice to advanced levels of knowledge and practice. The intent is that any curricular model should lead to the ability of the learner to achieve the competencies. The *Essentials* also feature eight concepts that are central to professional nursing practice and are integrated within and across the domains and competencies.

Because this document has been shared with practice partners and with other nursing colleagues, the *Essentials* serve to bridge the gap between education and practice. The core competencies are informed by the expanse of higher education, nursing education, nursing as a discipline, and a breadth of knowledge. The core competencies also are informed by the lived experiences of those deeply entrenched in various areas where nurses practice and the synthesis of knowledge and action intersect. The collective understanding allows all nurses to have a shared vision; promotes open discourse and exchange about nursing practice; and expresses a unified voice that represents the nursing profession.

This introduction provides an overview of the evolution of nursing as a discipline, critical aspects of the profession that serve as a framework, and sufficient depth to inform nursing education across the educational trajectory (entry into practice through advanced education).

Specific citations throughout provide immediate access to pertinent references that substantiate relevancy.

Foundational Elements

The Essentials: Core Competencies for Professional Nursing Education has been built on the strong foundation of nursing as a discipline, the foundation of a liberal education, and principles of competency-based education.

Nursing as a Discipline

The *Essentials,* as the framework for preparing nursing's future workforce, intentionally reflect and integrate nursing as a discipline. The emergence of nursing as a discipline had its earliest roots in Florence Nightingale's thoughts about the nature of nursing. Believing nursing to be both a science and an art, she conceptualized the whole patient (mind, body, and spirit) as the center of nursing's focus. The influence of the environment on an individual's health and recovery was of utmost importance. The concepts of health, healing, well-being, and the interconnectedness with the multidimensional environment also were noted in her work. Although Nightingale did not use the word "caring" explicitly, the concept of care and a commitment to others were evident through her actions (Dunphy, 2015). In the same era of Florence Nightingale, nurse pioneer Mary Seacole was devoted to healing the wounded during the Crimean war.

Following Nightingale, the nursing profession underwent a period of disorganization and confusion as it began to define itself as a distinct scientific discipline. Early nursing leaders (including Mary Eliza Mahoney, Effie Taylor, Annie Goodrich, Agatha Hodgins, Esther Lucille Brown, and Loretta Ford) sought to define the functions of the nurse (Gunn, 1991; Keeling, Hehman, & Kirchgessner, 2017). Other leaders devoted their efforts to addressing discrimination, advancing policies, and creating a collective voice for the profession. It would be difficult to gain an understanding of this period of the profession's development without considering the work of Lavinia Dock, Estelle Osborne, Mary Elizabeth Carnegie, Ildaura Murillo-Rohde, and many other fearless champions.

Contemporary nursing as it is practiced today began to take shape as a discipline in the 1970s and 1980s. Leaders of this era shared the belief that the discipline of nursing was the study of the well-being patterning of human behavior and the constant interaction with the environment, including relationships with others, health, and the nurse (Rogers, 1970; Donaldson & Crowley, 1978; Fawcett, 1984; Chinn & Kramer 1983, 2018; Chinn, 2019; Roy & Jones, 2007). The concept of caring also was described as the defining attribute of the nursing discipline (Leininger, 1978; Watson, 1985). Newman (1991) spoke to the need to sharpen the focus of the discipline of nursing to better define its social relevance and the nature of its service. Newman, Smith, Pharris, and Jones (2008) affirmed caring as the focus of the discipline, suggesting that relationships were the unifying construct. Smith and Parker (2010) later posited that relationships were built on partnership, presence, and shared meaning.

In a historical analysis of literature on the discipline of nursing, five concepts emerged as defining the discipline: human wholeness; health; healing and well-being; environment-health relationship; and caring. When practicing from a holistic perspective, nurses understand the

dynamic, ongoing body-brain-mind-spirit interactions of the person, between and among individuals, groups, communities, and the environment (Smith, 2019, pp. 9-12). Smith purports that if nursing is to retain its status as a discipline, the explicit disciplinary knowledge must be an integral part of all levels of nursing. Nursing has its own science, and this body of knowledge is foundational for the next generation (Smith, 2019, p.13).

Why consider the past in a document that strives to shape the future? The historical roots of the profession help its members understand how the past has answered complex questions and shapes vital discipline concepts, traditions, policies, and even relationships. D'Antonio, et. al (2010) also emphasize the disciplinary insights gained by considering the different histories that challenge the dominant and accepted historical narrative. Undoubtedly, many experts have contributed to the development of the discipline as it exists today. While the work of early and current theorists is extensive, Green (2018) notes that none have been accepted as completely defining the nature of nursing as a discipline. No doubt, nursing as a discipline will continue to evolve as society and health care evolves.

Advancing the Discipline of Nursing

The continued development of nursing as a unique discipline requires an intentional approach. Jairath et. al (2018) stated that any further development of the discipline should have the capacity to directly transform the patient's health experience. A new social order may be necessary in which scientists, theorists, and practitioners work together to address questions related to the interplay of big data and nursing theory. Nursing graduates, particularly at the advanced nursing practice level, must be well-prepared to think ethically, conceptually, and theoretically to better inform nursing care. Students must not only be introduced to the knowledge and values of the discipline, but they must be guided to practice from a disciplinary perspective – by seeing patients through the lens of wholeness and interconnectedness with family and community; appreciating how the social, political, and economic environment influences health; attending to what is most important to well-being; developing a caring-healing relationship; and honoring personal dignity, choice, and meaning. Smith and McCarthy (2010) spoke to the need to provide a foundation for practitioners in the knowledge of the discipline. Without this knowledge, the persistent challenge of differentiating nursing and the professional levels of practice will continue.

Knowledge of the discipline grows in graduate education, as students apply and generate nursing knowledge in their advanced nursing roles or develop and test theories as researchers. Nursing practice should be guided by a nursing perspective while functioning within an interdisciplinary arena. To appropriately educate the next generation of nurses, disciplinary knowledge must be leveled to reflect the competencies or roles expected at each level.

The Value of a Liberal Education

In higher education, every academic discipline is grounded in a unique body of knowledge that distinguishes that discipline. Through the study of the humanities, social sciences, and natural sciences, students develop the capacity to engage in socially valued work and civic leadership in society. Liberal education exposes students to a broad worldview, multiple disciplines, and ways of knowing through specific coursework; however, the richness of perspective and knowledge is woven throughout the nursing curriculum as these are integral to the full scope of nursing

practice (Hermann, 2004). Successful integration of liberal and nursing education provides graduates with knowledge of human cultures, including spiritual beliefs, as well as the physical and natural worlds supporting an approach to practice. The study of history, critical race theories, critical theories of nursing, critical digital studies, planetary health and climate science, politics, public policies, policy formation, fine arts, literature, languages, and the behavioral, biological, and natural sciences are key to the understanding of one's self and others, civil readiness, and engagement and forms the basis for clinical reasoning and subsequent clinical judgments.

A liberal education creates the foundation for intellectual and practical abilities within the context of nursing practice as well as for engagement with the larger community, locally and globally. A hallmark of liberal education is the development of a personal value-system that includes the ability to act ethically regardless of the situation and where students are encouraged to define meaningful personal and professional goals with a commitment to integrity, equity, and social justice. Liberally educated graduates are well prepared to integrate knowledge, skills, and values from the arts, sciences, and humanities to provide safe, quality care; advocate for patients, families, communities, and populations; and promote health equity and social justice. Equally important, nursing education needs to ensure an understanding of the intersection of bias, structural racism, and social determinants with healthcare inequities and promote a call to action.

Competency-Based Education

Competency-based education is a process whereby students are held accountable to the mastery of competencies deemed critical for an area of study. Competency-based education is inherently anchored to the outputs of an educational experience versus the inputs of the educational environment and system. Students are the center of the learning experience, and performance expectations are clearly delineated along all pathways of education and practice. Across the health professions, curriculum, course work, and practice experiences are designed to promote responsible learning and assure the development of competencies that are reliably demonstrated and transferable across settings. By consistently assessing their own performance, students develop the ability to reflect on their own progress towards the achievement of learning goals and the ongoing attainment of competencies required for practice.

Advances in learning approaches and technologies, understanding of evolving student learning styles and preferences, and the move to outcome-driven education and assessment all point to a transition to competency-based education. This learning approach is linked to explicitly defined performance expectations, based on observable behavior, and requires frequent assessment using diverse methodologies and formats. Designed in this fashion, competency-based education produces learning and behavior that endures, since it encourages conscious connections between knowledge and action. Learners who put knowledge into action grasp the interrelatedness of their learning with both theoretical perspectives and the world of their professional work. Achieving a specific competency gives meaning to the theoretical and assists in understanding and taking on a professional identity.

Further, today's students increasingly are taking responsibility for their own learning and, varied as they are in age and experience, respond to active learning strategies. Active learning involves

making an action out of knowledge—using knowledge to reflect, analyze, judge, resolve, discover, interact, and create. Active learning requires clear information regarding what is to be learned, including guided practice in using that information to achieve a competency. It also requires regular assessment of progress towards mastery of the competency and frequent feedback on successes and areas needing development. Additionally, students must learn how to assess their own performances to develop the skill of continual self-reflection in their own practice.

Stakeholders (employers, students, and the public) expect all nursing graduates to exit their education programs with defined and observable skills and knowledge. Employers desire assurance that graduates have expected competencies—the ability "to know" and also "to do" based on current knowledge. Moving to a competency-based model fosters intentionality of learning by defining domains, associated competencies, and performance indicators for those competencies. Currently, there is wide variability in graduate capabilities. Therefore, there is a need for consistency enabled by a competency-based approach to nursing education.

A standard set of definitions frame competency-based education in the health professions and was adopted for these *Essentials.* Adoption of common definitions allows multiple stakeholders involved in health education and practice to share much of the same language. These definitions are included in the glossary (p. 59).

Nursing Education for the 21st Century

In addition to the foundational elements on which the *Essentials* has been developed, other factors have served as design influencers. What does the nursing workforce need to look like for the future, and how do nursing education programs prepare graduates to be "work ready"? Nursing education for the 21st century ought to reflect a number of contemporary trends and values and address several issues to shape the future workforce, including diversity, equity, and inclusion; four spheres of care (including an enhanced focus on primary care); systems-based practice; informatics and technology; academic-practice partnerships; and career-long learning.

Diversity, Equity, and Inclusion

Shifting U.S. population demographics, health workforce shortages, and persistent health inequities necessitate the preparation of nurses able to address systemic racism and pervasive inequities in health care. The existing inequitable distribution of the nursing workforce across the United States, particularly in underserved urban and rural areas, impacts access to healthcare services across the continuum from health promotion and disease prevention, to chronic disease management, to restorative and supportive care. Diversity, equity, and inclusion—as a value—supports nursing workforce development to prepare graduates who contribute to the improvement of access and care quality for underrepresented and medically underserved populations (AACN, 2019). Diversity, equity, and inclusion require intentionality, an institutional structure of social justice, and individually concerted efforts. The integration of diversity, equity, and inclusion in this *Essentials* document moves away from an isolated focus on these critical concepts. Instead, these concepts, defined in competencies, are fully represented and deeply integrated throughout the domains and expected in learning experiences across curricula.

Making nursing education equitable and inclusive requires actively combating structural racism, discrimination, systemic inequity, exclusion, and bias. Holistic admission reviews are recommended to enhance the admission of a more diverse student population to the profession (AACN, 2020). Additionally, an equitable and inclusive learning environment will support the recruitment, retention, and graduation of nursing students from disadvantaged and diverse backgrounds. Diverse and inclusive environments allow examination of any implicit or explicit biases, which can undermine efforts to enhance diversity, equity, and inclusion. When diversity is integrated within inclusive educational environments with equitable systems in place, biases are examined, assumptions are challenged, critical conversations are engaged, perspectives are broadened, civil readiness and engagement are enhanced, and socialization occurs. These environments recognize the value of and need for diversity, equity, and inclusion to achieve excellence in teaching, learning, research, scholarship, service, and practice.

Academic nursing must address structural racism, systemic inequity, and discrimination in how nurses are prepared. Nurse educators are called to critically evaluate policies, processes, curricula, and structures for homogeneity, classism, color-blindness, and non-inclusive environments. Evidence-based, institution-wide approaches focused on equity in student learning and catalyzing culture shifts in the academy are fundamental to eliminating structural racism in higher education (Barber et al., 2020). Only through deconstructive processes can academic nursing prepare graduates who provide high quality, equitable, and culturally competent health care.

Finally, nurses should learn to engage in ongoing personal development towards understanding their own conscious and unconscious biases. Then, acting as stewards of the profession, they can fulfill their responsibility to influence both nursing and societal attitudes and behaviors toward eradicating structural/systemic racism and discrimination and promoting social justice.

Four Spheres of Care

Historically, nursing education has emphasized clinical education in acute care. Looking at current and future needs, it is becoming increasingly evident that the future of healthcare delivery will occur within four spheres of care: 1) disease prevention/promotion of health and well-being, which includes the promotion of physical and mental health in all patients as well as management of minor acute and intermittent care needs of generally healthy patients; 2) chronic disease care, which includes management of chronic diseases and prevention of negative sequelae; 3) regenerative or restorative care, which includes critical/trauma care, complex acute care, acute exacerbations of chronic conditions, and treatment of physiologically unstable patients that generally requires care in a mega-acute care institution; and 4) hospice/palliative/supportive care, which includes end-of-life care as well as palliative and supportive care for individuals requiring extended care, those with complex, chronic disease states, or those requiring rehabilitative care (Lipstein et al., 2016; AACN, 2019).

Entry-level professional nursing education ensures that graduates demonstrate competencies through practice experiences with individuals, families, communities, and populations across the lifespan and within each of these four spheres of care. The workforce of the future needs to attract and retain registered nurses who choose to practice in diverse settings, including community settings to sustain the nation's health. Expanding primary care into communities will enable our healthcare delivery systems to achieve the Quadruple Aim of improving patient

experiences (quality and satisfaction), improving the health of populations, decreasing per capita costs of health care, and improving care team well-being (Bowles et al., 2018). It is time for nursing education to refocus and move beyond some long-held beliefs such as: primary care content is not important because it is not on the national licensing exam for registered nurses; students only value those skills required in acute care settings; and faculty preceptors only have limited community-based experiences. Recommendations from the Josiah Macy Foundation Conference (2016) on expanding the use of registered nursing in primary care provides a call to education and practice to place more value on primary care as a career choice, effectively changing the culture of nursing and health care. A collaborative effort between academic and practice leaders is needed to ensure this culture change and educate primary care practitioners about the value of the registered nurse role.

Systems-Based Practice

Integrated healthcare systems that require coordination across settings as well as across the lifespan of diverse individuals and populations are emerging. Healthcare systems are revising strategic goals and reorganizing services to move more care from the most expensive venues – inpatient facilities and emergency departments – to primary care and community settings. Consequently, nurse employment settings also are shifting, creating a change in workforce distribution and the requisite knowledge and skills necessary to provide care in those settings. Knowledge differentiating equity and equality in healthcare systems and systems-based practice is essential. Nurses in the future are needed to lead initiatives to address structural racism, systemic inequity, and discrimination. Equitable healthcare better serves the needs of all individuals, populations, and communities.

Importantly, an understanding of how local, national, and global structures, systems, politics, and rules and regulations contribute to the health outcomes of individual patients, populations, and communities will support students in developing agility and advocacy skills. Factors such as structural racism, cost containment, resource allocation, and interdisciplinary collaboration are considered and implemented to ensure the delivery of high quality, equitable, and safe patient care (Plack et al., 2018).

Informatics and Technology

Informatics increasingly has been a focus in nursing education, correlating with the advancement in sophistication and reach of information technologies, the use of technology to support healthcare processes and clinical thinking, and the ability of informatics and technology to positively impact patient outcomes. Health information technology is required for person-centered service across the continuum and requires consistency in user input, proper process, and quality management. While different specialty roles in nursing may require varying depth and breadth of informatics competency, basic informatics competencies are foundational to all nursing practice. Much work will be required to achieve full integration of core information and communication technologies competencies into nursing curricula.

Engagement and Experience

The future consumers of health care are changing. They are transitioning from passive participants in medically focused acute care environments to engaged participants of healthcare services. They actively participate in managing not only their chronic illnesses but also acute

care exacerbations with an increasing focus on prevention and wellness. Thus, nurses need an understanding of consumer engagement and experience across all settings as an essential component of person-centered, quality care.

In today's society, many people seek information and use technology to help make informed decisions about their health. Nurses seek to help patients determine what information to use and how to use it. Individuals want to know about their options when it comes to healthcare services, which extends to using websites to provide information on provider quality and performance, comparing prices for common procedures, and reviewing the effectiveness of treatments and care approaches (Adler-Milstein & Sinaiko, 2019). Gaffney (2015) stated that as consumers shoulder more of the financial responsibility for their health care, they became more educated about available options. Studies have shown that patients who are engaged in decision-making regarding their care have better outcomes and lower costs (Gaffney, 2015).

Meaningful practice experiences in health care start with the individual who is actively engaged in the journey throughout the continuum of care. Each interaction between the recipient of care and the nurse or healthcare provider creates an experience. Practice experience is defined as "the sum of all interactions, shaped by an organization's culture that influence patient perceptions across the continuum of care." (Wolf, Niederhauser, Marshburn, & LaVela, 2014, p. 8). Within that interactive experience, the attitudes and the behaviors of the nurse matter a great deal. Nurses are identified as one of the most trusted professionals in the United States. Mutual trust is foundational to an interactive and ongoing relationship that will enhance a positive experience of care. Those with positive experiences of care often have better outcomes.

Individual engagement has been described as "the blockbuster drug of the 21st century" (Dentzer, 2013). Who better to engage individuals in their care than nurses? Nursing practice has focused consistently on individual care and ongoing communication with family members and care providers. Sherman points to the fact that effective individual/family involvement leads to safer and higher quality care. In addition, individual/patient engagement can be directly correlated with increased reimbursement to hospitals based on achieving health outcomes. Nurses in all settings and across the continuum of care contribute to creating a culture that supports full engagement of individuals in their care and in the development of policies, which will provide guidance to the improvement of individual engagement (Sherman, 2014).

Academic-Practice Partnerships

Partnerships and collaborative team-based care are the cornerstones of safe, effective care whether it be for individuals, families, communities, or populations. Academic-practice partnerships serve to recruit and retain nurses and to support the practice and academic enterprise in relation to mutual research, leadership development, and a shared commitment to redesign practice environments. Such partnerships also have the potential to facilitate the ability of nurses to achieve educational and career advancement, prepare nurses of the future to practice and lead, provide mechanisms for career-long learning, and provide a structure for transition to practice programs. Successful academic-practice partnerships are predicated on respect, relationship, reciprocity, and co-design.

The 2016 report *Advancing Healthcare Transformation: A New Era for Academic Nursing* identified a path for achieving enhanced partnerships between nursing schools and academic

health centers with the goals of achieving improved healthcare outcomes, fostering new models for innovation, and advancing integrated systems of health care. While focused primarily on academic health centers, the recommendations apply to partnerships between non-academic health centers and schools of nursing as well. The recommendations include enhancing the clinical practice of academic nursing; partnering in the preparation of the nurses of the future; collaborating to develop workforce plans in partnership with the health system; integrating academic nursing into population health initiatives; partnering in the implementation of Accountable Care; and partnering for optimal patient care and healthcare delivery (AACN, 2016).

Career-Long Learning

Current trends in higher education focus on supplemental methods of awarding credit and recognition for additional learning which has implications for career-long learning. Emerging educational methods should be considered as possible additions in the development of curriculum pathways in contemporary nursing education. For example, the use of e-portfolios, which may be used to record competency achievement and educational milestones and continued throughout one's career, can be used to document personal development plans, badges, certifications, employment appraisals, and reflections on clinical events to establish meaning from various encounters.

Awarding of micro-credentials or badges by academic institutions also is becoming popular. Badges recognize incremental learning in visible ways and can support career development (Educause, 2018). Stackable credentials can be accumulated over time and facilitate one's professional development along a career trajectory (Department of Labor, 2015). Open access courses represent another way to learn a variety of skills or subject matter. All of these are important considerations in basic and advanced nursing education.

Domains and Concepts

Domains for Nursing

Domains are broad distinguishable areas of competence that, when considered in the aggregate, constitute a descriptive framework for the practice of nursing. These *Essentials* include 10 domains that were adapted from the interprofessional work initiated by Englander (2013) and tailored to reflect the discipline of nursing.

This document delineates the domains that are essential to nursing practice, including how these are defined, what competencies should be expected for each domain at each level of nursing, and how those domains and competencies both distinguish nursing and relate to other health professions. Each domain has a descriptor (or working definition) and a contextual statement. The contextual statement (presented in the Domain, Competency, Sub-Competency Table found beginning on page 26) provides a framing for what the domain represents in the context of nursing practice – thus providing an explanation for how the competencies within the domain should be interpreted. The domain designations, descriptors, and contextual statements may evolve over time to reflect future changes in healthcare and nursing practice. Although the domains are presented as discrete entities, the expert practice of nursing requires integration of most of the domains in every practice situation or patient encounter, thus they provide a robust framework for competency-based education. The domains and descriptors used in the *Essentials* are listed below.

- *Domain 1: Knowledge for Nursing Practice*
  Descriptor: Integration, translation, and application of established and evolving disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice.

- *Domain 2: Person-Centered Care*
  Descriptor: Person-centered care focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. Person-centered care builds on a scientific body of knowledge that guides nursing practice regardless of specialty or functional area.

- *Domain 3: Population Health*
  Descriptor: Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes.

- *Domain 4: Scholarship for Nursing Discipline*
  Descriptor: The generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform health care.

- *Domain 5: Quality and Safety*
  Descriptor: Employment of established and emerging principles of safety and improvement science. Quality and safety, as core values of nursing practice, enhance quality and minimize risk of harm to patients and providers through both system effectiveness and individual performance.

- *Domain 6: Interprofessional Partnerships*
  Descriptor: Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.

- *Domain 7: Systems-Based Practice*
  Descriptor: Responding to and leading within complex systems of health care. Nurses effectively and proactively coordinate resources to provide safe, quality, equitable care to diverse populations.

- *Domain 8: Informatics and Healthcare Technologies*
  Descriptor: Information and communication technologies and informatics processes are used to provide care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice. Informatics processes and technologies are used to manage and improve the delivery of safe, high-quality, and efficient healthcare services in accordance with best practice and professional and regulatory standards.

- *Domain 9: Professionalism*
  Descriptor: Formation and cultivation of a sustainable professional nursing identity, accountability, perspective, collaborative disposition, and comportment that reflects nursing's characteristics and values.

- *Domain 10: Personal, Professional, and Leadership Development*
  Descriptor: Participation in activities and self-reflection that foster personal health, resilience, and well-being, lifelong learning, and support the acquisition of nursing expertise and assertion of leadership.

Concepts for Nursing Practice

In addition to domains, there are featured concepts associated with professional nursing practice that are integrated within the *Essentials*. A concept is an organizing idea or a mental abstraction that represents important areas of knowledge. A common understanding of each concept is achieved through characteristics and attributes. Many disciplines, like nursing, have numerous concepts. The featured concepts are well-represented in the nursing literature and thus also are found throughout the *Essentials* and verified through a crosswalk analysis. Specifically, the featured concepts are found in the introduction, across the domains (within domain descriptors and contextual statements), and within the competencies and sub-competencies. Although not every concept is found within every domain, each concept is represented in most domains – and all domains have multiple concepts represented.

The featured concepts found within the *Essentials* are not of 'lesser importance' than a domain. Each of these concepts serves as a core component of knowledge, facts, and skills across multiple situations and contexts within nursing practice. Each concept functions as a hub for transferable knowledge, thus enhancing learning when learners make cognitive links to other information through mental constructs. The integration of concepts within the competencies and sub-competencies is essential for the application throughout the educational experience. As an example, can you imagine delivering person-centered care without also considering diversity, equity, and inclusion? Can you imagine having a conversation about population health without considering ethics and health policy? These concepts truly are interrelated and interwoven within the domains and competencies, serving as a foundation to students' learning. The featured concepts are:

- *Clinical Judgment*

  As one of the key attributes of professional nursing, clinical judgment refers to the process by which nurses make decisions based on nursing knowledge (evidence, theories, ways/patterns of knowing), other disciplinary knowledge, critical thinking, and clinical reasoning (Manetti, 2019). This process is used to understand and interpret information in the delivery of care. Clinical decision making based on clinical judgment is directly related to care outcomes.

- *Communication*

  Communication, informed by nursing and other theories, is a central component in all areas of nursing practice. Communication is defined as an exchange of information, thoughts, and feelings through a variety of mechanisms. The definition encompasses the various ways people interact with each other, including verbal, written, behavioral, body language, touch, and emotion. Communication also includes intentionality, mutuality, partnerships, trust, and presence. Effective communication between nurses and individuals and between nurses and other health professionals is necessary for the delivery of high quality, individualized nursing care. With increasing frequency, communication is delivered through technological modalities. Communication also is a core component of team-based, interprofessional care and closely interrelated with the concept Social Determinants of Health (described below).

- *Compassionate Care*

  As an essential principle of person-centered care, compassionate care refers to the way nurses relate to others as human beings and involves "noticing another person's vulnerability, experiencing an emotional reaction to this, and acting in some way with them in a way that is meaningful for people" (Murray & Tuqiri, 2020). Compassionate care is interrelated with other concepts such as caring, empathy, and respect and is also closely associated with patient satisfaction.

- *Diversity, Equity, and Inclusion*

  Collectively, diversity, equity, and inclusion (DEI) refers to a broad range of individual, population, and social constructs and is adapted in the *Essentials* as one of the most visible concepts. Although these are collectively considered a concept, differentiation of each conceptual element leads to enhanced understanding.

Diversity references a broad range of individual, population, and social characteristics, including but not limited to age; sex; race; ethnicity; sexual orientation; gender identity; family structures; geographic locations; national origin; immigrants and refugees; language; any impairment that substantially limits a major life activity; religious beliefs; and socioeconomic status. Inclusion represents environmental and organizational cultures in which faculty, students, staff, and administrators with diverse characteristics thrive. Inclusive environments require intentionality and embrace differences, not merely tolerate them (AACN, 2017; Bloomberg, 2019). Everyone works to ensure the perspectives and experiences of others are invited, welcomed, acknowledged, and respected in inclusive environments. Equity is the ability to recognize the differences in the resources or knowledge needed to allow individuals to fully participate in society, including access to higher education, with the goal of overcoming obstacles to ensure fairness (Kranich, 2001). To have equitable systems, all people should be treated fairly, unhampered by artificial barriers, stereotypes, or prejudices (Cooper, 2016). Two related concepts that fit within DEI include structural racism and social justice. (See the glossary for definitions of structural racism and social justice.)

- *Ethics*

  Core to professional nursing practice, ethics refers to principles that guide a person's behavior. Ethics is closely tied to moral philosophy involving the study of or examination of morality through a variety of different approaches (Tubbs, 2009). There are commonly accepted principles in bioethics that include autonomy, beneficence, non-maleficence, and justice (ANA 2015; ACNM, 2015; AANA, 2018; ICN, 2012). The study of ethics as it relates to nursing practice has led to the exploration of other relevant concepts, including moral distress, moral hazard, moral community, and moral or critical resilience.

- *Evidence-Based Practice*

  The delivery of optimal health care requires the integration of current evidence and clinical expertise with individual and family preferences. Evidence-based practice is a problem-solving approach to the delivery of health care that integrates best evidence from studies and patient care data with clinician expertise and patient preferences and values (Melnyk, Fineout-Overhold, Stillwell, & Williamson, 2010). In addition there is a need to consider those scientific studies that ask: whose perspectives are solicited, who creates the evidence, how is that evidence created, what questions remain unanswered, and what harm may be created? Answers to these questions are paramount to incorporating meaningful, culturally safe, evidence-based practice (Nursing Mutual Aid, 2020).

- *Health Policy*

  Health policy involves goal directed decision-making about health that is the result of an authorized public decision-making process (Keller & Ridenour, 2021). Nurses play critical roles in advocating for policy that impacts patients and the profession, especially when speaking with a united voice on issues that affect nursing practice and health outcomes. Nurses can have a profound influence on health policy by becoming engaged in the policy process on many levels, which includes interpreting, evaluating, and leading policy change.

- *Social Determinants of Health*

  Determinants of health, a broader term, include personal, social, economic, and environmental factors that impact health. Social determinants of health, a primary component of determinants of health "are the conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks."

  The social determinants of health contribute to wide health disparities and inequities in areas such as economic stability, education quality and access, healthcare quality and access, neighborhood and built environment, and social and community context (Healthy People, 2030). Nursing practices such as assessment, health promotion, access to care, and patient teaching support improvements in health outcomes. The social determinants of health are closely interrelated with the concepts of diversity, equity, and inclusion, health policy, and communication.

Competencies and Sub-Competencies

The competencies identified in this *Essentials* document provide a bridge between the current and future needs of practice and the requisite education to prepare a competent practitioner. Competence develops over time, is progressive, and reflects the impact of internal and external factors and experiences of the student. Internal factors include education, experience, knowledge, and professional orientation, among others. External forces include the complexity of the learning experience and professional autonomy. While knowledge is essential to the development of competence, it does not in and of itself validate competence (Currier, 2019). Rather, learners progress to successive levels of competence by demonstrating achievement of expectations across the span of their education and practice experience. Students are successful when they meet and sustain measurable competence at each level of performance expectation and are able to transfer their competence across different practice experiences and settings (Josiah Macy Foundation, 2017).

All competencies, organized within the 10 domains, are broad in scope and cross all levels and areas of nursing practice. The competency is intentionally written as a short statement; therefore, it is necessary to be familiar with the contextual statement within the parent domain to fully understand the competency. In other words, the competency is interpreted as a component within the domain. It also should be noted that there is intentional overlap of competencies in several domains to account for differences in the competency or sub-competency context in different domains.

Each competency statement has multiple sub-competencies written at two levels to reflect learner expectations for entry-level and advanced nursing education. These sub-competencies are designed to 'paint a picture' of how the competency is achieved at each level. The sub-competencies are designed to be understandable, observable, and measurable by learner, faculty, and future employers. Competencies mature over time and become more sophisticated with ongoing practice.

A New Model for Nursing Education

These *Essentials* represents a new direction for nursing education, influenced by *AACN's Vision for Academic Nursing* (AACN, 2019), setting in place a new model for preparing professional nurses, which includes a transition to competency-based education. This model provides the structure across education programs and provides a mechanism to adapt to future changes within nursing education.

Currently, multiple educational programs and degree pathways exist that prepare nurses for similar roles. As an example, there are several types of programs and degrees that prepare students to become a registered nurse, and there are multiple education programs and paths to prepare a nurse practitioner (NP) and multiple types of NP certification. These multiple program options confuse external stakeholders as well as those within our own discipline regarding differences between an academic degree and a role – as if the academic degree signifies a specific nursing role. The new model is an intentional departure from the previous versions of the *Essentials* that were aligned to an academic degree. Thus, a primary intent of the *Essentials* is to create more consistency in graduate outcomes, influenced by the robustness of the learning experiences and demonstration of competencies. By emphasizing the attainment of competencies within an academic program, employers will have a clear expectation of knowledge and skill sets of nursing graduates.

Two levels of sub-competencies reflect the educational stages of nurses as they enter professional practice and as they return to school to advance their education (see Figure 1). The first level sub-competencies set the foundation for nurses entering professional practice. These level one (entry-level) competencies are used within curricula for prelicensure preparation as well as professional nursing degree completion pathways for nurses with initial preparation at the associate degree or diploma level. Although learning experiences may vary across individual programs, they provide an opportunity for learners to demonstrate attainment of competencies in multiple and authentic contexts over time (not a "one and done"/checklist approach).

The second level sub-competencies build and expand the competence of the nurse seeking advanced education in nursing and broadens the breadth of experiences in context and complexity as compared to graduates of entry-level programs. Advanced nursing education affords the student the opportunity to focus on an advanced nursing practice specialty or advanced nursing practice role. Level 2 sub-competencies form the foundation for all advanced education, and as conceptualized, apply to all advanced nursing practice specialties and advanced nursing practice roles. Referencing Thorne's use of "nursing's angle of vision" reinforces the importance of nurses using the unique knowledge and insight of the profession to inform any practice role and to impact the challenges in health care. Competencies designated for an advanced nursing practice specialty (informatics, administration/practice leadership, public health/population health, health policy) or an advanced practice nursing role (certified nurse practitioner, certified nurse-midwife, certified clinical nurse specialist, certified registered nurse anesthetist) are integrated with and complement the *Essentials* competencies.

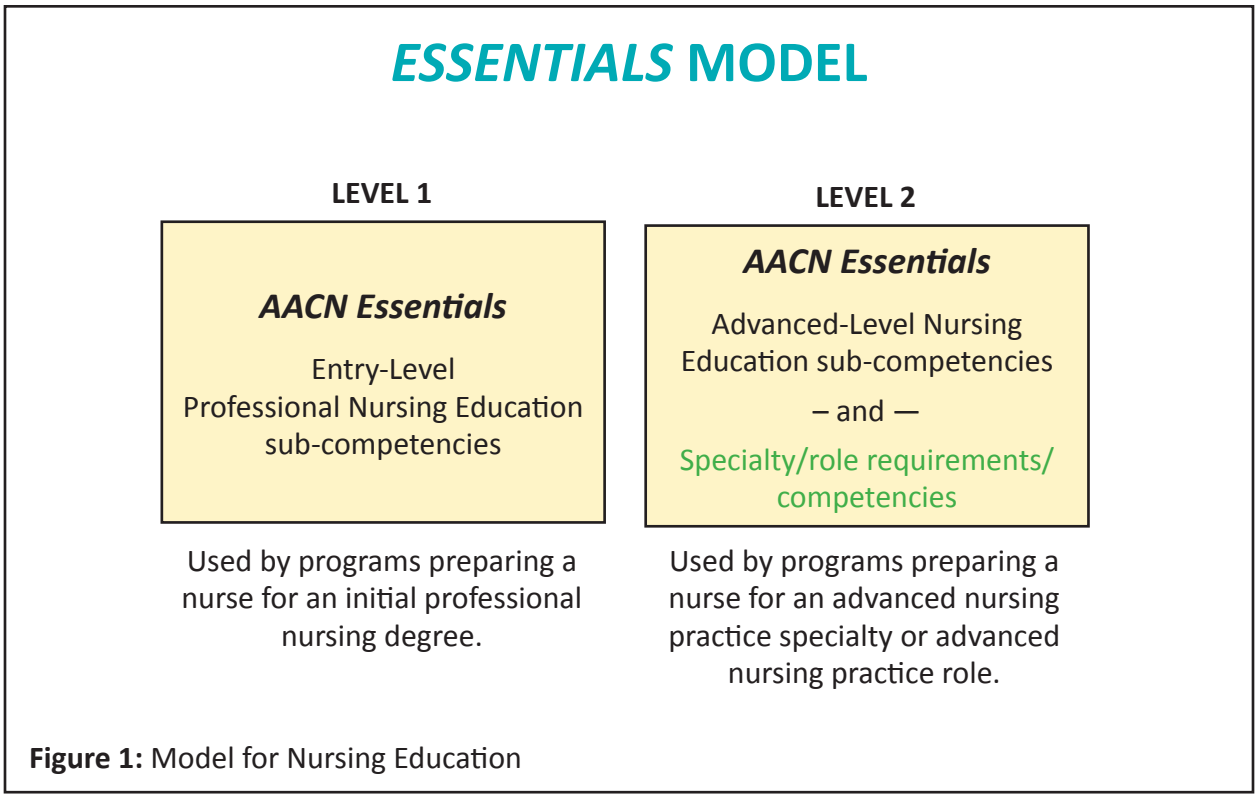

Figure 1: Model for Nursing Education

These *Essentials* represent an opportunity for a future characterized by greater clarity as it relates to expectations of graduates and a more disciplined approach to nursing education. Competencies are used within the academic program as core expectations, thus setting a common standard. Additional elements within a degree plan will allow schools to differentiate degree paths using the same sub-competencies and to distinguish themselves in alignment with various institutional missions. This model adapts to the current state of nursing education, and perhaps more importantly, provides a path for an evolving trajectory for nursing education. Over time, higher education, stakeholder demands, nursing regulatory standards, and economics are among the many forces that will drive the direction and pace of change for nursing education in the future. This model has been designed to adapt to such future changes, not only for the degrees offered, but also for recognized areas of emphasis at the advanced education level by coupling with specialty competencies and/or certification standards.

The *Essentials* do not apply directly to the preparation of nurse researchers in a PhD (or other nursing research-focused) program. However, the second-level sub-competencies could be used by PhD programs to guide core courses for doctoral nursing, particularly for programs offering baccalaureate to PhD degrees. Additionally, for nursing programs offering both DNP and PhD degrees and/or PhD to DNP or DNP to PhD options, the second-level core sub-competencies could form the basis for shared core courses between the two doctoral degree programs – representing efficiencies in program delivery as well as for more seamless pathways from one degree to the other.

Implementing the *Essentials*: Considerations for Curriculum

The domains, competencies, and concepts presented in the *Essentials* provide the platform for curriculum design and program assessment with an intent to produce consistency in outcomes expected of graduates. Although these are major elements incorporated within a curriculum for learning and assessment, they are not to be interpreted as representing the curriculum in its entirety. In other words, it is not intended for courses within nursing curricula to mirror the 10 domains and eight concepts. Instead, the elements used as the *Essentials* framework (domains, concepts, and competencies) should be integrated throughout and across the curriculum. A scaffolded approach ensures students interface with competencies in multiple contexts and with increasing complexity. Nursing programs have a great deal of flexibility in the development and design of curricula, thus preserving the ability of nursing programs to be unique or innovative.

Outcomes, when referred to as student learning outcomes, describe the desired outcomes of the graduate at the completion of the program. The student learning outcomes will reflect attainment of all competencies in addition to any relevant specialty/role competencies and other identified expectations. Course design within curricula reflect the expectations of student learning with clear linkage from course objectives/competencies from within and across courses to end of program student learning outcomes, written as course learning outcomes or course competencies. For this reason, course outcomes should link to the *Essentials* competencies and concepts. Intentional teaching strategies are designed and incorporated throughout the curriculum in multiple contexts and with increasing complexity to provide students multiple opportunities for learning and demonstrating competencies. For the foreseeable future, minimum requirements for practicum experiences are deemed important to provide consistent and quality preparation at both the entry- and advanced-levels for professional nursing practice.

Competencies are assessed as the learner progresses throughout the program; therefore, a robust program assessment plan is needed to measure students' achievement of competencies by the end of the program. Some programs may wish to create "progression indicators" at specified points within a program of study to track learners' achievement of competencies. To demonstrate the integration of competencies across multiple domains with increasing complexity, performance assessments should be integrated in the curriculum throughout the program of study. As such, assessments are performance based and serve as both a learning experience and an evaluation tool. Performance assessment is a multidimensional process, integral to learning, that involves observation and judgment of each student's performance on the basis of explicit criteria, with feedback to the student for improving learning and competency.

In the previous section, the *Essentials Model* featuring two levels of professional nursing education (entry and advanced) was introduced. While the domains, competencies, and concepts are identical for both entry and advanced levels of education, *sub-competencies* are used to differentiate expectations for entry (Level 1) and advanced (Level 2) professional nursing education (see Figure 1). These two levels of sub-competencies reflect the educational stages of nurses—as they enter professional nursing practice and as they advance their education—regardless of the program of study they are completing to advance their education. The following sections detail the expectations for curricula at each of these two levels.

Entry-Level Professional Nursing Education

Programs preparing nurses to enter professional nursing practice (either through prelicensure preparation or through a degree completion pathway for nurses with initial preparation with an associate or diploma degree) use Level 1 sub-competencies within the curriculum. Entry-level professional nursing programs prepare graduates as a generalist for practice across the lifespan and with diverse populations and in four spheres of practice.

Entry-Level Professional Nursing Degree Options

Pre-licensure Programs

Entry-Level Professional Nursing Education sub-competencies (Level 1) are applied across any curriculum preparing for entry to professional nursing practice. Content learned within prerequisite courses is incorporated into the learning and assessment of the sub-competencies as applicable, and attainment of sub-competencies are applied within prerequisite courses. This does not mean that every sub-competency and concept is applied in every course, but it does mean that sub-competencies are not addressed in one course and then disregarded for the remainder of the program. Outcome measures include evidence of attainment of Level 1 sub-competencies, pass rates on the NCLEX-RN® (for traditional and accelerated tracks), and other institutional requirements.

Post-Licensure Degree Programs

Level 1 core sub-competencies also are used in post-licensure or degree completion, first professional programs. Because learners in these programs are already licensed registered nurses, the Level 1 sub-competencies build on knowledge and skills acquired in their initial nursing education program. Verification of prior competency achievement in some domains may result in a shorter timeframe needed to prepare learners in these programs.

All learners in entry-level professional nursing education programs (pre-licensure and post-licensure [degree-completion] programs) will engage in direct patient care learning activities in all four spheres of care and across the lifespan.

Spheres of Care and Entry-Level Professional Nursing Education

All entry-level professional nurses need knowledge and proficiencies to practice across a variety of settings. Accordingly, curricula for entry-level professional nursing education prepare the learner for generalist practice across the lifespan and with diverse populations, focusing on four spheres of care: promotion of health and well-being/disease prevention; chronic disease care; regenerative or restorative care; and hospice/palliative/supportive care (AACN, 2019; Lipstein et al., 2016; Figure 2). Didactic, simulated, laboratory, and clinical learning experiences prepare nurses to practice in these diverse settings. Level 1 sub-competencies apply across the spheres of care, requiring learners to

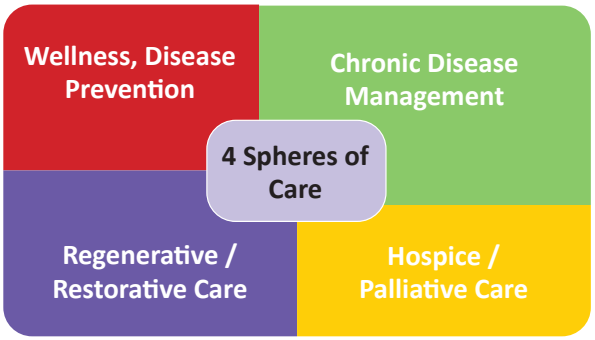

Figure 2: Four Spheres of Care

demonstrate competencies in multiple contexts and settings. Demonstration of the Level 1 sub-competencies by the end of the program will enable the new professional nurse to practice as a generalist in any setting with diverse populations and with all ages.

Although all students will have learning experiences across all four spheres of care, entry-level professional programs could create opportunities for students to gain additional education (through immersion experiences, electives, badges, or certificates) in any of the four spheres. Such a path would allow a graduate to have a defined area of emphasis (if desired) upon graduation, and/or to attain a documented area of emphasis in a post-entry level program certificate option.

Clinical Expectations

Entry-level professional nursing education programs provide rich and varied opportunities for practice experiences (both direct and indirect care experiences) across the four spheres of care, designed to assist the graduate to achieve Level 1 sub-competencies upon completion of the program. Theoretical learning becomes a reality as students are coached to make cognitive connections between the cases or situations presented in the classroom, simulation, or laboratory and in actual practice settings. Clinical experiences also assist the graduate to develop proficiency in cognitive, psychomotor, and affective learning. Clinical experiences are essential for students to care for a variety of individuals, families, groups, and populations across the lifespan and across the four spheres of care. Clinical learning provides opportunities for a student to enhance the provision of care and gain the skills needed to be an effective member of an interprofessional team; thus, interprofessional experiences in a variety of practice settings are essential.

Graduates of all types of entry-level professional nursing education programs need sufficient practice experiences (both direct and indirect care experiences) to demonstrate end-of-program learning outcomes inclusive of all Level 1 sub-competencies. *All learners in entry-level professional nursing education programs (pre-licensure and post-licensure [degree-completion] programs) will engage in direct patient care learning activities in all four spheres of care and across the life span and provide clear evidence of student (Level 1) competency achievement.*

Clinical Sites

Nursing programs are responsible for ensuring clinical placements are safe, supportive, and conducive for learning by individual students or groups of students. The program is responsible for providing sufficient and appropriate clinical sites/placements for students to demonstrate attainment of Level 1 sub-competencies. The program faculty assesses clinical sites to determine that, on the aggregate, clinical experiences provide students learning opportunities to foster interprofessional team practice and to provide care within the four spheres of care and with care recipients from diverse backgrounds and cultures, from different genders and age groups and with different religious and spiritual practices, including those who may be considered most vulnerable. Programs are responsible for informing clinical educators or preceptors about the specific learning that is expected and occurring in didactic and laboratory settings and provide appropriate learning opportunities across settings to reinforce learning as well as demonstrate achievement of competencies (Level 1 sub-competencies) across the 10 *Essentials* domains.

Simulation

Simulation experiences represent an important component of clinical education, serving as a valuable augmentation to direct and indirect care within healthcare settings. Laboratory and simulation experiences provide an effective, safe environment for learning and demonstrating competencies. However, care experiences with actual individuals or groups continue to be the most important component of clinical education. A landmark study conducted by the National Council of State Boards of Nursing concluded that for pre-licensure students "substituting high-quality simulation experiences for up to half of traditional clinical hours produces comparable end-of-program educational outcomes" (Hayden et al., 2014, p. S3). Simulation cannot substitute for all direct care practice experiences in any one sphere or for any one age group. Also, simulation learning experiences should align with best practice standards such as those developed by the International Nursing Association for Clinical Simulation and Learning (INACSL) or the Society for Simulation in Healthcare (SSH). The use of simulation in the curriculum as a replacement of direct patient clinical/practice hours or experiences is also determined by requirements of regulatory entities (i.e., licensing and accrediting bodies).

Practice Synthesis Experience/Immersion

Development of competency attainment is facilitated through use of focused and sustained practice experiences. Immersion experiences provide the learner with the opportunity to integrate the Level 1 sub-competencies. Entry-level professional nursing programs (pre-and post-licensure) must develop immersion or synthesis experiences that allow students to integrate learning and gain experience that facilitates transition into practice. Such experiences provide opportunities to enact principles of the nursing discipline and for building clinical reasoning, management of care, and assessment of clinical outcomes. These opportunities increase the student's self-confidence, professional identity, and sense of belonging within the profession. Immersion experiences also allow students to integrate previous learning and demonstrate competencies in more complex situations and contexts. Immersion experiences may afford the student an opportunity to focus on a population of interest and clinical role. The immersion experience may occur towards the end of the program as a culminating synthesis experience; and/or there may be one or more immersion experiences at various points in a curriculum. The key is to provide for a concentrated practice experience that approximates professional practice expectations (Fowler et al., 2018; Tratnack et al., 2011).

Advanced-Level Nursing Education

Nursing programs preparing nurses to advance their education beyond entry-level professional nursing practice will incorporate advanced-level nursing education (Level 2) sub-competencies. Advanced-level nursing education programs (degree granting and advanced nursing practice post-graduate certificate programs) intentionally build on Level 1 sub-competencies. Although Level 2 sub-competencies have been written with doctoral education in mind, the actual differentiator for the degree attained does not lie within the sub-competencies themselves, but rather the degree/program requirements – such as the DNP project (described below), role/specialty requirements, and other requirements set by the faculty and institution. While it is not expected that every sub-competency and concept will be applied in every course, sub-competencies are not to be isolated in one or two courses and then disregarded for the rest of the program.

Advanced-level nursing education programs prepare graduates for practice in an advanced nursing practice specialty (informatics, administration/practice leadership, public health/population health, health policy) or an advanced practice nursing role (certified nurse practitioner, certified nurse-midwife, certified clinical nurse specialist, certified registered nurse anesthetist). Advanced-level nursing education programs focus on providing specialty knowledge for graduates to enact specific advanced practice nursing roles or assume advanced nursing specialty practice within the healthcare system. For this reason, specialty competencies, defined by nationally recognized, specialty organizations, represent a major component of advanced-level nursing education programs. Specialty competencies complement and build upon the Level 2 sub-competencies. All graduates of an advanced nursing education program are prepared and eligible for national, advanced nursing practice specialty certification or advanced nursing practice role certification when available. It is noteworthy that specialties evolve over time and new specialties may emerge.

All DNP programs (post-baccalaureate and post-master's) demonstrate that graduates attain and integrate Level 2 sub-competencies and competencies for at least one advanced nursing practice specialty or advanced nursing practice role.

Individuals should seek to advance disciplinary expertise in a chosen nursing specialty or advanced nursing practice role. This expertise is critical to advancing the profession, to expand the influence of the profession for the transformation of health care, and to ensure an informed disciplinary perspective for teaching in the discipline. Advancing education in nursing with the emphasis on teaching and learning alone does not fulfill the achievement of disciplinary expertise. Excellence as an educator is achieved by the collective enterprise for faculty teaching and learning afforded by institutions and applied to discipline-specific teaching.

Advanced Level Practicum Experiences

Advanced-level nursing education programs provide rich and varied opportunities for practice experiences (both direct and indirect care experiences) to prepare graduates with the Level 2 sub-competencies as well as applicable advanced nursing practice specialty/advanced nursing practice role competencies and requirements. Practice experiences build on Level 1 sub-competency achievement and are designed to assist the graduate to achieve Level 2 sub-competencies and applicable specialty competencies upon completion of the program. Practice experiences are required to integrate didactic learning, promote innovative thinking, and test new potential solutions to clinical practice or system issues. Therefore, the development of new skills and practice expectations can be facilitated through use of creative learning opportunities in diverse settings.

All graduates of advanced-level nursing education programs have structured, faculty-designed practice experiences, which may include precepted experiences with faculty oversight and/or experiences with direct faculty supervision. The program is responsible for providing sufficient and appropriate clinical sites/placements for students to demonstrate attainment of Level 2 sub-competencies and applicable specialty competencies. Clinical/practice learning experiences may be accomplished through diverse methodologies, including simulation and virtual technology, and assist the graduate to develop greater proficiency in these competencies, including cognitive, psychomotor, and affective competencies. Use of simulation should align with specialty requirements.

All advanced education practicum experiences must have faculty oversight and be verified and documented as a component of a formal course or plan of study. Programs provide practice placements that are safe, supportive, and conducive for learning. The nursing program faculty determine and assess practice sites to ensure that the site supports student learning with the intended population or scope of practice. Faculty, students, and preceptors must be well informed about the specific competencies that are integrated in the didactic, laboratory, and practice experiences and the method(s) to assess the achievement of the competencies.

Competency Attainment and Practice Experiences

All learners in advanced nursing education programs engage in practice learning activities (both direct and indirect care experiences). Graduates of all advanced nursing education programs need sufficient clinical/practice experiences to demonstrate end-of-program student outcomes, Level 2 sub-competencies, and competencies required by applicable national, specialty organizations and/or for national advanced nursing practice specialty or advanced nursing practice role certification. Programs document clear evidence of competency achievement.

Advanced Education Clinical/Practice Hours

The application of competency-based education to prepare advanced nursing professionals inherently calls to question the role of more traditional time-based requirements. In this *Essentials* model, there is an emphasis on ensuring that all nurses pursuing advanced education attain Level 2 sub-competencies as well as competencies required for an advanced nursing practice specialty or advanced nursing practice role being pursued. The number of required practice (direct and indirect care) hours vary based on advanced specialty/role requirements. These *Essentials* represent a commitment that required hours prepare a consistent product in terms of breadth of preparation and quality to reinforce confidence in our graduates by nursing practice colleagues, other health professionals, and consumers.

Some learners will achieve select competency outcomes more quickly than others. “One and done,” however, does not demonstrate the progressive and consistent nature of competency attainment and the assessment necessary in nursing professional education. Repetition plays a role in reinforcing previously acquired knowledge, skills, values, and attitudes. Repetition also allows for intentional and unintentional complexities and context nuances to be introduced, thus building on minimum competency thresholds. Given the paucity of evidence to support specific experience quantities, case numbers, or hourly requirements that should be achieved, a minimum threshold of hours of practice engagement remains necessary at this time.

The specific clinical/practice experiences and number of practice hours and/or credit hours required depends on these *Essentials*, advanced nursing practice specialty and advanced nursing practice role requirements, and regulatory standards for specialty certifications and licensure. The program must include adequate experiences (in terms of time, diversity, depth, and breadth) to allow attainment and demonstration of all relevant competencies (Level 2 sub-competencies and applicable specialty/role competences and other requirements) and successful transition to practice demonstrated through program outcomes. The number of in-person practice hours will vary based on student needs and curriculum design. ***Participation in a minimum of 500 practice hours in the discipline of nursing, post entry-level education, and attainment of Level 1 sub-competencies is required for demonstration of the advanced***

level sub-competencies. Some students may require more. These practice hours also provide a foundation for the additional time-based requirements set by specialty organizations or external licensing/certifying bodies, which will require additional practice time for preparation in advanced nursing specialties or advanced nursing practice roles. Hours of practice do not necessarily need to be delineated by competency type (*Essentials* or specialty/role). Some, but not all, Level 2 sub-competencies and/or specialty/role competencies may be demonstrated and assessed concurrently. It is expected that faculty create clinical/practice learning experiences that provide for active learning, repetition, interprofessional engagement, and successive levels of difficulty. As the strength of evidence to support valid and reliable assessment techniques builds, the role of practice experiences and number of hours (e.g., time-based requirements) may evolve in the future.

Immersion Practicum Experiences

Development of competency attainment is facilitated through use of focused and sustained practice experiences. Immersion experiences, expected in advanced nursing education programs, provide the learner with the opportunity to integrate the advanced level sub-competencies and applicable specialty competencies. An immersion also provides an opportunity for the learner to focus on a population of interest, an advanced nursing role, or specialty area of study. Placement of integrated or immersion experiences may vary and depend upon the program's design, curriculum, and specialty requirements.

Simulation

Simulation experiences represent an important component of clinical/practice education, serving as a valuable augmentation to direct clinical care or practice within healthcare settings. Laboratory and simulation experiences provide an effective, safe environment for learning and demonstrating competencies, particularly high-risk and low-frequency experiences. However, practice experiences in actual practice settings continue to represent the most important component of nursing practice education and are required in advanced nursing programs for the learning and demonstration of the Level 2 sub-competencies and integration of specialty competencies. Simulation learning experiences align with best practice standards such as those developed by the International Nursing Association for Clinical Simulation and Learning (INACSL) or the Society for Simulation in Healthcare (SSH). The use of simulation in the curriculum as a replacement of direct patient clinical/practice hours or experiences is also determined by requirements of national specialty education, certification entities, and regulatory entities.

Practice experiences may include simulated experiences for the attainment of a portion of the Level 2 sub-competencies, particularly for experiences that are high risk and low frequency or may not be available to all students, and in accordance with requirements set forth by specialty organizations and/or licensing/certifying bodies. Regardless of the design of the experiences, programs are expected to document attainment of these sub-competencies through varied and comprehensive assessment methods across the curriculum.

DNP Scholarly Project/Product

There are many past, present, and projected healthcare dilemmas that call for healthcare transformation. Nurses, as members of the healthcare team, are expected to assume a prominent role in addressing these dilemmas. Nurses cannot be expected to significantly

impact healthcare transformation unless their educational preparation provides them with opportunities to learn and employ scholarship, leadership, and teamwork skills to advance practice. *A scholarly work that aims to improve clinical practice, therefore, is required of students completing a practice doctorate in nursing.* Collaboration with practice partners whenever possible will maximize the impact of the student experience.

The scholarly work may take on various final forms depending on the academic institution's requirements and the student's area (specialty or role) of study/practice. Key elements of the scholarly work include problem identification; a search, analysis, and synthesis of the literature and evidence; translating evidence to construct a strategy or method to address a problem; designing a plan for implementation and actual implementation when possible, and an evaluation of the outcomes, process, and/or experience. Faculty may identify additional elements deemed necessary to meet the expected outcomes of the curriculum. Programs are encouraged to support innovation in the design and dissemination of the final project without reducing the substantive nature of the work. A literature review that lacks applicability to affect a practice improvement or the other elements identified above would not constitute a scholarly work that aligns with this *Essentials* model. Similarly, a portfolio may be used as a tool to enhance the development and presentation of a project but may not be the sole deliverable product of the student's scholarly work.

The scholarly work should not be a separate disaggregated part of the plan of study. Instead, faculty should consider how the development of the scholarly work is integrated throughout the curriculum, allowing for dissemination of the results prior to program completion. The intent is that this scholarly work reflects the longitudinal attainment of advanced level sub-competencies, going across the curriculum and allowing for the evolution of ideas. There also is a need to ensure an understanding by the student of the connection between the scholarly work and application to future practice. This will promote integration of advanced nursing education competencies into future practice.

Dissemination methods for the scholarly work are determined by the student in consultation with the faculty and may include a variety of methods. Dissemination may include a final written product that is presented to a defined group of stakeholders, such as members of the practice and/or university community or participants at a local, state, or national professional meeting. Other possible examples of dissemination include poster presentations, a manuscript under review and/or submission for publication, an educational presentation, or a podcast.

Faculty with appropriate specialty and academic credentials are involved in the planning, formation, and evaluation of the student's scholarly work. In some instances, additional experts/mentors/ partners/facilitators can be formal or informal collaborators and provide intermittent or limited support throughout the project phases as needed. Evaluation of the student's scholarly work may include a combination of methods, including faculty, expert, and/or peer evaluation. Programs tailor scholarly work evaluation and approval processes per institution's, the program's, and/or appropriate committee's requirements. Evaluation of the final DNP project is the responsibility of the faculty.

In summary:

- These program requirements do not modify any additional requirements for any advanced specialty or role preparation, including the requirement for all Advanced Practice Registered Nurse (APRNs) education to include three graduate-level courses delineated in The Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education (2006; see glossary).
- All graduates of an advanced-level nursing education program are prepared for practice in an advanced nursing specialty (informatics, administration/practice leadership, public health/population health, or health policy) or for an advanced nursing practice role (nurse practitioner, certified nurse-midwife, certified clinical nurse specialist, certified registered nurse anesthetist).
- All DNP students will complete a scholarly project/product, which will be evaluated by faculty; DNP students will demonstrate the attainment and integration of the Level 1 sub-competencies, Level 2 sub-competencies, and advanced specialty/role competencies into practice.

Domains, Competencies, and Sub-Competencies for Entry-level Professional Nursing Education and Advanced-level Nursing Education

Domain 1: Knowledge for Nursing Practice
Descriptor: Integration, translation, and application of established and evolving disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice.

Contextual Statement: Knowledge for Nursing Practice provides the context for understanding nursing as a scientific discipline. The lens of nursing, informed by nursing history, knowledge, and science, reflects nursing's desire to incorporate multiple perspectives into nursing practice, leading to nursing's unique way of knowing and caring.

Preparation in both liberal arts and sciences and professional nursing coursework provides graduates with the essential abilities to function as independent, intellectually curious, socially responsible, competent practitioners (Tobbell, 2018). A liberal education creates the foundation for the development of intellectual and practical abilities within the context of nursing. Further, liberal education is the key to understanding self and others; contributes to safe, quality care; and informs the development of clinical judgment.

Entry-Level Professional Nursing Education	Advanced-Level Nursing Education
1.1 Demonstrate an understanding of the discipline of nursing's distinct perspective and where shared perspectives exist with other disciplines	
1.1a Identify concepts, derived from theories from nursing and other disciplines, which distinguish the practice of nursing.	1.1e Translate evidence from nursing science as well as other sciences into practice.
1.1b Apply knowledge of nursing science that develops a foundation for nursing practice.	1.1f Demonstrate the application of nursing science to practice.
1.1c Understand the historical foundation of nursing as the relationship developed between the individual and nurse.	1.1g Integrate an understanding of nursing history in advancing nursing's influence in health care.
1.1d Articulate nursing's distinct perspective to practice.	
1.2 Apply theory and research-based knowledge from nursing, the arts, humanities, and other sciences.	
1.2a Apply or employ knowledge from nursing science as well as the natural, physical, and social sciences to build an understanding of the human experience and nursing practice.	1.2f Synthesize knowledge from nursing and other disciplines to inform education, practice, and research.

1.2b Demonstrate intellectual curiosity.	1.2g Apply a systematic and defendable approach to nursing practice decisions.
1.2c Demonstrate social responsibility as a global citizen who fosters the attainment of health equity for all.	1.2h Employ ethical decision making to assess, intervene, and evaluate nursing care.
1.2d Examine influence of personal values in decision making for nursing practice.	1.2i Demonstrate socially responsible leadership.
1.2e Demonstrate ethical decision making.	1.2j Translate theories from nursing and other disciplines to practice.
1.3 Demonstrate clinical judgment founded on a broad knowledge base.	
1.3a Demonstrate clinical reasoning.	1.3d Integrate foundational and advanced specialty knowledge into clinical reasoning.
1.3b Integrate nursing knowledge (theories, multiple ways of knowing, evidence) and knowledge from other disciplines and inquiry to inform clinical judgment.	1.3e Synthesize current and emerging evidence to Influence practice.
1.3c Incorporate knowledge from nursing and other disciplines to support clinical judgment.	1.3f Analyze decision models from nursing and other knowledge domains to improve clinical judgment.

Domain 2: Person-Centered Care
Descriptor: Person-centered care focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. Person-centered care builds on a scientific body of knowledge that guides nursing practice regardless of specialty or functional area.

Contextual Statement: Person-centered care is the core purpose of nursing as a discipline. This purpose intertwines with any functional area of nursing practice, from the point of care where the hands of those that give and receive care meet, to the point of systems-level nursing leadership. Foundational to person-centered care is respect for diversity, differences, preferences, values, needs, resources, and the determinants of health unique to the individual. The person is a full partner and the source of control in team-based care. Person-centered care requires the intentional presence of the nurse seeking to know the totality of the individual's lived experiences and connections to others (family, important others, community). As a scientific and practice discipline, nurses employ a relational lens that fosters mutuality, active participation, and individual empowerment. This focus is foundational to educational preparation from entry to advanced levels irrespective of practice areas.

With an emphasis on diversity, equity, and inclusion, person-centered care is based on best evidence and clinical judgment in the planning and delivery of care across time, spheres of care, and developmental levels. Contributing to or making diagnoses is one essential aspect of nursing practice and critical to an informed plan of care and improving outcomes of care (Olson et al., 2019). Diagnoses at the system-level are equally as relevant, affecting operations that impact care for individuals. Person-centered care results in shared meaning with the healthcare team, recipient of care, and the healthcare system, thus creating humanization of wellness and healing from birth to death.

Entry-Level Professional Nursing Education	Advanced-Level Nursing Education
2.1 Engage with the individual in establishing a caring relationship.	
2.1a Demonstrate qualities of empathy.	2.1d Promote caring relationships to effect positive outcomes.
2.1b Demonstrate compassionate care.	2.1e Foster caring relationships.
2.1c Establish mutual respect with the individual and family.	
2.2 Communicate effectively with individuals.	
2.2a Demonstrate relationship-centered care.	2.2g Demonstrate advanced communication skills and techniques using a variety of modalities with diverse audiences.
2.2b Consider individual beliefs, values, and personalized information in communications.	2.2h Design evidence-based, person-centered engagement materials.

2.2c Use a variety of communication modes appropriate for the context.	2.2i Apply individualized information, such as genetic/genomic, pharmacogenetic, and environmental exposure information in the delivery of personalized health care.
2.2d Demonstrate the ability to conduct sensitive or difficult conversations.	2.2j Facilitate difficult conversations and disclosure of sensitive information.
2.2e Use evidence-based patient teaching materials, considering health literacy, vision, hearing, and cultural sensitivity.	
2.2f Demonstrate emotional intelligence in communications.	
2.3 Integrate assessment skills in practice.	
2.3a Create an environment during assessment that promotes a dynamic interactive experience.	2.3h Demonstrate that one's practice is informed by a comprehensive assessment appropriate to the functional area of advanced nursing practice.
2.3b Obtain a complete and accurate history in a systematic manner.	
2.3c Perform a clinically relevant, holistic health assessment.	
2.3d Perform point of care screening/diagnostic testing (e.g. blood glucose, PO2, EKG).	
2.3e Distinguish between normal and abnormal health findings.	
2.3f Apply nursing knowledge to gain a holistic perspective of the person, family, community, and population.	
2.3g Communicate findings of a comprehensive assessment.	
2.4 Diagnose actual or potential health problems and needs.	
2.4a Synthesize assessment data in the context of the individual's current preferences, situation, and experience.	2.4f Employ context driven, advanced reasoning to the diagnostic and decision-making process.
2.4b Create a list of problems/health concerns.	2.4g Integrate advanced scientific knowledge to guide decision making.
2.4c Prioritize problems/health concerns.	

2.4d Understand and apply the results of social screening, psychological testing, laboratory data, imaging studies, and other diagnostic tests in actions and plans of care.	
2.4e Contribute as a team member to the formation and improvement of diagnoses.	
2.5 Develop a plan of care.	
2.5a Engage the individual and the team in plan development.	2.5h Lead and collaborate with an interprofessional team to develop a comprehensive plan of care.
2.5b Organize care based on mutual health goals.	2.5i Prioritize risk mitigation strategies to prevent or reduce adverse outcomes.
2.5c Prioritize care based on best evidence.	2.5j Develop evidence-based interventions to improve outcomes and safety.
2.5d Incorporate evidence-based intervention to improve outcomes and safety.	2.5k Incorporate innovations into practice when evidence is not available.
2.5e Anticipate outcomes of care (expected, unexpected, and potentially adverse).	
2.5f Demonstrate rationale for plan.	
2.5g Address individuals' experiences and perspectives in designing plans of care.	
2.6 Demonstrate accountability for care delivery.	
2.6a Implement individualized plan of care using established protocols.	2.6e Model best care practices to the team.
2.6b Communicate care delivery through multiple modalities.	2.6f Monitor aggregate metrics to assure accountability for care outcomes.
2.6c Delegate appropriately to team members.	2.6g Promote delivery of care that supports practice at the full scope of education.
2.6d Monitor the implementation of the plan of care.	2.6h Contribute to the development of policies and processes that promote transparency and accountability.
	2.6i Apply current and emerging evidence to the development of care guidelines/tools.
	2.6j Ensure accountability throughout transitions of care across the health continuum.

2.7 Evaluate outcomes of care.	
2.7a Reassess the individual to evaluate health outcomes/goals.	2.7d Analyze data to identify gaps and inequities in care and monitor trends in outcomes.
2.7b Modify plan of care as needed.	2.7e Monitor epidemiological and system-level aggregate data to determine healthcare outcomes and trends.
2.7c Recognize the need for modifications to standard practice.	2.7f Synthesize outcome data to inform evidence-based practice, guidelines, and policies.
2.8 Promote self-care management.	
2.8a Assist the individual to engage in self-care management.	2.8f Develop strategies that promote self-care management.
2.8b Employ individualized educational strategies based on learning theories, methodologies, and health literacy.	2.8g Incorporate the use of current and emerging technologies to support self-care management.
2.8c Educate individuals and families regarding self-care for health promotion, illness prevention, and illness management.	2.8h Employ counseling techniques, including motivational interviewing, to advance wellness and self-care management.
2.8d Respect individuals and families' self-determination in their healthcare decisions.	2.8i Evaluate adequacy of resources available to support self-care management.
2.8e Identify personal, system, and community resources available to support self-care management.	2.8j Foster partnerships with community organizations to support self-care management.
2.9 Provide care coordination.	
2.9a Facilitate continuity of care based on assessment of assets and needs.	2.9f Evaluate communication pathways among providers and others across settings, systems, and communities.
2.9b Communicate with relevant stakeholders across health systems.	2.9g Develop strategies to optimize care coordination and transitions of care.
2.9c Promote collaboration by clarifying responsibilities among individual, family, and team members.	2.9h Guide the coordination of care across health systems.
2.9d Recognize when additional expertise and knowledge is needed to manage the patient.	2.9i Analyze system-level and public policy influence on care coordination.
2.9e Provide coordination of care of individuals and families in collaboration with care team.	2.9j Participate in system-level change to improve care coordination across settings.

Domain 3: Population Health

Descriptor: Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes. (Kindig & Stoddart, 2003; Kindig, 2007; Swartout & Bishop, 2017; CDC, 2020).

Contextual Statement: A population is a discrete group that the nurse and others care for across settings at local, regional, national, and global levels. Population health spans the healthcare delivery continuum, including public health, acute care, ambulatory care, and long-term care. Population health also encompasses collaborative activities among stakeholders – all relevant individuals and organizations involved in care, including patients and communities themselves - for the improvement of a population's health status. The purpose of these collaborative activities, including development of interventions and policies, is to strive towards health equity and improved health for all. Diversity, equity, inclusion, and ethics must be emphasized and valued. Accountability for outcomes is shared by all, since outcomes arise from multiple factors that influence the health of a defined group. Population health includes population management through systems thinking, including health promotion and illness prevention, to achieve population health goals (Storfjell, Wehtle, Winslow, & Saunders, 2017). Nurses play a critical role in advocating for, developing, and implementing policies that impact population health globally and locally. In addition, nurses respond to crises and provide care during emergencies, disasters, epidemics, or pandemics. They play an essential role in system preparedness and ethical response initiatives. Although each type of public health emergency will likely require a unique set of competencies, preparedness for responding begins with a population health perspective and a particular focus on surveillance, prevention, and containment of factors contributing to the emergency.

Entry-Level Professional Nursing Education	Advanced-Level Nursing Education
3.1 Manage population health.	
3.1a Define a target population including its functional and problem-solving capabilities (anywhere in the continuum of care).	3.1j Assess the efficacy of a system's capability to serve a target sub-population's healthcare needs.
3.1b Assess population health data.	3.1k Analyze primary and secondary population health data for multiple populations against relevant benchmarks.
3.1c Assess the priorities of the community and/or the affected clinical population.	3.1l Use established or evolving methods to determine population-focused priorities for care.
3.1d Compare and contrast local, regional, national, and global benchmarks to identify health patterns across populations.	3.1m Develop a collaborative approach with relevant stakeholders to address population healthcare needs, including evaluation methods.

3.1e Apply an understanding of the public health system and its interfaces with clinical health care in addressing population health needs.	3.1n Collaborate with appropriate stakeholders to implement a sociocultural and linguistically responsive intervention plan.
3.1f Develop an action plan to meet an identified need(s), including evaluation methods.	
3.1g Participate in the implementation of sociocultural and linguistically responsive interventions.	
3.1h Describe general principles and practices for the clinical management of populations across the age continuum.	
3.1i Identify ethical principles to protect the health and safety of diverse populations.	
3.2 Engage in effective partnerships.	
3.2a Engage with other health professionals to address population health issues.	3.2d Ascertain collaborative opportunities for individuals and organizations to improve population health.
3.2b Demonstrate effective collaboration and mutual accountability with relevant stakeholders.	3.2e Challenge biases and barriers that impact population health outcomes.
3.2c Use culturally and linguistically responsive communication strategies.	3.2f Evaluate the effectiveness of partnerships for achieving health equity.
	3.2g Lead partnerships to improve population health outcomes.
	3.2h Assess preparation and readiness of partners to organize during natural and manmade disasters.
3.3 Consider the socioeconomic impact of the delivery of health care.	
3.3a Describe access and equity implications of proposed intervention(s).	3.3c Analyze cost-benefits of selected population-based interventions.
3.3b Prioritize patient-focused and/or community action plans that are safe, effective, and efficient in the context of available resources.	3.3d Collaborate with partners to secure and leverage resources necessary for effective, sustainable interventions.
	3.3e Advocate for interventions that maximize cost-effective, accessible, and equitable resources for populations.
	3.3f Incorporate ethical principles in resource allocation in achieving equitable health.

3.4 Advance equitable population health policy.	
3.4a Describe policy development processes.	3.4f Identify opportunities to influence the policy process.
3.4b Describe the impact of policies on population outcomes, including social justice and health equity.	3.4g Design comprehensive advocacy strategies to support the policy process.
3.4c Identify best evidence to support policy development.	3.4h Engage in strategies to influence policy change.
3.4d Propose modifications to or development of policy based on population findings.	3.4i Contribute to policy development at the system, local, regional, or national levels.
3.4e Develop an awareness of the interconnectedness of population health across borders.	3.4j Assess the impact of policy changes.
	3.4k Evaluate the ability of policy to address disparities and inequities within segments of the population.
	3.4l Evaluate the risks to population health associated with globalization.
3.5 Demonstrate advocacy strategies.	
3.5a Articulate a need for change.	3.5f Appraise advocacy priorities for a population.
3.5b Describe the intent of the proposed change.	3.5g Strategize with an interdisciplinary group and others to develop effective advocacy approaches.
3.5c Define stakeholders, including members of the community and/or clinical populations, and their level of influence.	3.5h Engage in relationship-building activities with stakeholders at any level of influence, including system, local, state, national, and/or global.
3.5d Implement messaging strategies appropriate to audience and stakeholders.	3.5i Demonstrate leadership skills to promote advocacy efforts that include principles of social justice, diversity, equity, and inclusion.
3.5e Evaluate the effectiveness of advocacy actions.	
3.6 Advance preparedness to protect population health during disasters and public health emergencies.	
3.6a Identify changes in conditions that might indicate a disaster or public health emergency.	3.6f Collaboratively initiate rapid response activities to protect population health.

3.6b Understand the impact of climate change on environmental and population health.	3.6g Participate in ethical decision making that includes diversity, equity, and inclusion in advanced preparedness to protect populations.
3.6c Describe the health and safety hazards of disasters and public health emergencies.	3.6h Collaborate with interdisciplinary teams to lead preparedness and mitigation efforts to protect population health with attention to the most vulnerable populations.
3.6d Describe the overarching principles and methods regarding personal safety measures, including personal protective equipment (PPE).	3.6i Coordinate the implementation of evidence-based infection control measures and proper use of personal protective equipment.
3.6e Implement infection control measures and proper use of personal protective equipment.	3.6j Contribute to system-level planning, decision making, and evaluation for disasters and public health emergencies.

Domain 4: Scholarship for the Nursing Discipline
Descriptor: The generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform health care (AACN, 2018).

Contextual Statement: Nursing scholarship informs science, enhances clinical practice, influences policy, and impacts best practices for educating nurses as clinicians, scholars, and leaders. Scholarship is inclusive of discovery, application, integration, and teaching. While not all inclusive, the scholarship of discovery includes primary empirical research, analysis of large data sets, theory development, and methodological studies. The scholarship of practice interprets, draws together, applies, and brings new insight to original research (Boyer, 1990; AACN 2018).

Knowledge of the basic principles of the research process, including the ability to critique research and determine its applicability to nursing's body of knowledge, is critical. Ethical comportment in the conduct and dissemination of research and advocacy for human subjects are essential components of nursing's role in the process of improving health and health care. Whereas the research process is the generation of new knowledge, evidence-based practice (EBP) is the process for the application, translation, and implementation of best evidence into clinical decision-making. While evidence may emerge from research, EBP extends beyond just data to include patient preferences and values as well as clinical expertise. Nurses, as innovators and leaders within the interprofessional team, use the uniqueness of nursing in nurse-patient relationships to provide optimal care and address health inequities, structural racism, and systemic inequity.

Entry-Level Professional Nursing Education	Advanced-Level Nursing Education
4.1 Advance the scholarship of nursing.	
4.1a Demonstrate an understanding of different approaches to scholarly practice.	4.1h Apply and critically evaluate advanced knowledge in a defined area of nursing practice.
4.1b Demonstrate application of different levels of evidence.	4.1i Engage in scholarship to advance health.
4.1c Apply theoretical framework(s)/models in practice.	4.1j Discern appropriate applications of quality improvement, research, and evaluation methodologies.
4.1d Demonstrate an understanding of basic elements of the research process.	4.1k Collaborate to advance one's scholarship.
4.1e Participate in scholarly inquiry as a team member.	4.1l Disseminate one's scholarship to diverse audiences using a variety of approaches or modalities.
4.1f Evaluate research.	4.1m Advocate within the interprofessional team and with other stakeholders for the contributions of nursing scholarship.
4.1g Communicate scholarly findings.	

4.2 Integrate best evidence into nursing practice.	
4.2a Evaluate clinical practice to generate questions to improve nursing care.	4.2f Use diverse sources of evidence to inform practice.
4.2b Evaluate appropriateness and strength of the evidence.	4.2g Lead the translation of evidence into practice.
4.2c Use best evidence in practice.	4.2h Address opportunities for innovation and changes in practice.
4.2d Participate in the implementation of a practice change to improve nursing care.	4.2i Collaborate in the development of new/revised policy or regulation in the light of new evidence.
4.2e Participate in the evaluation of outcomes and their implications for practice.	4.2j Articulate inconsistencies between practice policies and best evidence.
	4.2k Evaluate outcomes and impact of new practices based on the evidence.
4.3 Promote the ethical conduct of scholarly activities.	
4.3a Explain the rationale for ethical research guidelines, including Institutional Review Board (IRB) guidelines.	4.3e Identify and mitigate potential risks and areas of ethical concern in the conduct of scholarly activities.
4.3b Demonstrate ethical behaviors in scholarly projects including quality improvement and EBP initiatives.	4.3f Apply IRB guidelines throughout the scholarship process.
4.3c Advocate for the protection of participants in the conduct of scholarly initiatives.	4.3g Ensure the protection of participants in the conduct of scholarship.
4.3d Recognize the impact of equity issues in research.	4.3h Implement processes that support ethical conduct in practice and scholarship.
	4.3i Apply ethical principles to the dissemination of nursing scholarship.

Domain 5: Quality and Safety
Descriptor: Employment of established and emerging principles of safety and improvement science. Quality and safety, as core values of nursing practice, enhance quality and minimize risk of harm to patients and providers through both system effectiveness and individual performance.

Contextual Statement: Provision of safe, quality care necessitates knowing and using established and emerging principles of safety science in care delivery. Quality and safety encompass provider and recipient safety and the recognition of synergy between the two. Quality or safety challenges are viewed primarily as the result of system failures, as opposed to the errors of an individual. In an environment fostering quality and safety, caregivers are empowered and encouraged to promote safety and take appropriate action to prevent and report adverse events and near misses. Fundamental to the provision of safe, quality care, providers of care adopt, integrate, and disseminate current practice guidelines and evidence-based interventions.

Safety is inclusive of attending to work environment hazards, such as violence, burnout, ergonomics, and chemical and biological agents; there is a synergistic relationship between employee safety and patient safety. A safe and just environment minimizes risk to both recipients and providers of care. It requires a shared commitment *to create and maintain* a physically, psychologically, secure, and just environment. Safety demands an obligation to remain non-punitive in detecting, reporting, and analyzing errors, possible exposures, and near misses when they occur.

Quality and safety are interdependent, as safety is a necessary attribute of quality care. For quality health care to exist, care must be safe, effective, timely, efficient, equitable, and person-centered. Quality care is the extent to which care services improve desired health outcomes and are consistent with patient preferences and current professional knowledge (IOM, 2001). Additionally, quality care includes collaborative engagement with the recipient of care in assuming responsibility for health promotion and illness treatment behaviors. Quality care both improves desired health outcomes, and prevents harm (IOM, 2001). Addressing contributors and barriers to quality and safety, at both individual and system levels, are necessary. Essentially, everyone in health care is responsible for quality care and patient safety. Nurses are uniquely positioned to lead or co-lead teams that address the improvement of quality and safety because of their knowledge and ethical code (ANA Code of Ethics, 2015). Increasing complexity of care has contributed to continued gaps in healthcare safety.

Entry-Level Professional Nursing Education	Advanced-Level Nursing Education
5.1 Apply quality improvement principles in care delivery.	
5.1a Recognize nursing's essential role in improving healthcare quality and safety.	5.1i Establish and incorporate data driven benchmarks to monitor system performance.
5.1b Identify sources and applications of national safety and quality standards to guide nursing practice.	5.1j Use national safety resources to lead team-based change initiatives.

5.1c Implement standardized, evidence-based processes for care delivery.	5.1k Integrate outcome metrics to inform change and policy recommendations.
5.1d Interpret benchmark and unit outcome data to inform individual and microsystem practice.	5.1l Collaborate in analyzing organizational process improvement initiatives.
5.1e Compare quality improvement methods in the delivery of patient care.	5.1m Lead the development of a business plan for quality improvement initiatives.
5.1f Identify strategies to improve outcomes of patient care in practice.	5.1n Advocate for change related to financial policies that impact the relationship between economics and quality care delivery.
5.1g Participate in the implementation of a practice change.	5.1o Advance quality improvement practices through dissemination of outcomes.
5.1h Develop a plan for monitoring quality improvement change.	
5.2 Contribute to a culture of patient safety.	
5.2a Describe the factors that create a culture of safety.	5.2g Evaluate the alignment of system data and comparative patient safety benchmarks.
5.2b Articulate the nurse's role within an interprofessional team in promoting safety and preventing errors and near misses.	5.2h Lead analysis of actual errors, near misses, and potential situations that would impact safety.
5.2c Examine basic safety design principles to reduce risk of harm.	5.2i Design evidence-based interventions to mitigate risk.
5.2d Assume accountability for reporting unsafe conditions, near misses, and errors to reduce harm.	5.2j Evaluate emergency preparedness system-level plans to protect safety.
5.2e Describe processes used in understanding causes of error.	
5.2f Use national patient safety resources, initiatives, and regulations at the point of care.	

5.3 Contribute to a culture of provider and work environment safety.	
5.3a Identify actual and potential level of risks to providers within the workplace.	5.3e Advocate for structures, policies, and processes that promote a culture of safety and prevent workplace risks and injury.
5.3b Recognize how to prevent workplace violence and injury.	5.3f Foster a just culture reflecting civility and respect.
5.3c Promote policies for prevention of violence and risk mitigation.	5.3g Create a safe and transparent culture for reporting incidents.
5.3d Recognize one's role in sustaining a just culture reflecting civility and respect.	5.3h Role model and lead well-being and resiliency for self and team.

Domain 6: Interprofessional Partnerships
Descriptor: Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.

Contextual Statement: Professional partnerships that include interprofessional, intraprofessional, and paraprofessional partnerships, build on a consistent demonstration of core professional values (altruism, excellence, caring, ethics, respect, communication, and shared accountability) in the provision of team-based, person-centered care. Nursing knowledge and expertise uniquely contributes to the intentional work within teams and in concert with patient, family, and community preferences and goals. Interprofessional partnerships require a coordinated, integrated, and collaborative implementation of the unique knowledge, beliefs, and skills of the full team for the end purpose of optimized care delivery. Effective collaboration requires an understanding of team dynamics and an ability to work effectively in care-oriented teams. Leadership of the team varies depending on needs of the individual, community, population, and context of care.

Entry-Level Professional Nursing Education	Advanced-Level Nursing Education
6.1 Communicate in a manner that facilitates a partnership approach to quality care delivery.	
6.1a Communicate the nurse's roles and responsibilities clearly.	6.1g Evaluate effectiveness of interprofessional communication tools and techniques to support and improve the efficacy of team-based interactions.
6.1b Use various communication tools and techniques effectively.	6.1h Facilitate improvements in interprofessional communications of individual information (e.g. EHR).
6.1c Elicit the perspectives of team members to inform person-centered care decision making.	6.1i Role model respect for diversity, equity, and inclusion in team-based communications.
6.1d Articulate impact of diversity, equity, and inclusion on team-based communications.	6.1j Communicate nursing's unique disciplinary knowledge to strengthen interprofessional partnerships.
6.1e Communicate individual information in a professional, accurate, and timely manner.	6.1k Provide expert consultation for other members of the healthcare team in one's area of practice.
6.1f Communicate as informed by legal, regulatory, and policy guidelines.	6.1l Demonstrate capacity to resolve interprofessional conflict.
6.2 Perform effectively in different team roles, using principles and values of team dynamics.	
6.2a Apply principles of team dynamics, including team roles, to facilitate effective team functioning.	6.2g Integrate evidence-based strategies and processes to improve team effectiveness and outcomes.

6.2b Delegate work to team members based on their roles and competency.	6.2h Evaluate the impact of team dynamics and performance on desired outcomes.
6.2c Engage in the work of the team as appropriate to one's scope of practice and competency.	6.2i Reflect on how one's role and expertise influences team performance.
6.2d Recognize how one's uniqueness (as a person and a nurse) contributes to effective interprofessional working relationships.	6.2j Foster positive team dynamics to strengthen desired outcomes.
6.2e Apply principles of team leadership and management. performance to improve quality and assure safety.	
6.2f Evaluate performance of individual and team to improve quality and promote safety.	
6.3 Use knowledge of nursing and other professions to address healthcare needs.	
6.3a Integrate the roles and responsibilities of healthcare professionals through interprofessional collaborative practice.	6.3d Direct interprofessional activities and initiatives.
6.3b Leverage roles and abilities of team members to optimize care.	
6.3c Communicate with team members to clarify responsibilities in executing plan of care.	
6.4 Work with other professions to maintain a climate of mutual learning, respect, and shared values.	
6.4a Demonstrate an awareness of one's biases and how they may affect mutual respect and communication with team members.	6.4e Practice self-assessment to mitigate conscious and implicit biases toward other team members.
6.4b Demonstrate respect for the perspectives and experiences of other professions.	6.4f Foster an environment that supports the constructive sharing of multiple perspectives and enhances interprofessional learning.
6.4c Engage in constructive communication to facilitate conflict management.	6.4g Integrate diversity, equity, and inclusion into team practices.
6.4d Collaborate with interprofessional team members to establish mutual healthcare goals for individuals, communities, or populations.	6.4h Manage disagreements, conflicts, and challenging conversations among team members.
	6.4i Promote an environment that advances interprofessional learning.

Domain 7: Systems-Based Practice
Descriptor: Responding to and leading within complex systems of health care. Nurses effectively and proactively coordinate resources to provide safe, quality, and equitable care to diverse populations.

Contextual Statement: Using evidence-based methodologies, nurses lead innovative solutions to address complex health problems and ensure optimal care. Understanding of systems-based practice is foundational to the delivery of quality care and incorporates key concepts of organizational structure, including relationships among macro-, meso-, and microsystems across healthcare settings. Knowledge of financial and payment models relative to reimbursement and healthcare costs is essential. In addition, the impact of local, regional, national, and global structures, systems, and regulations on individuals and diverse populations must be considered when evaluating patient outcomes. As change agents and leaders, nurses possess the intellectual capacity to be agile in response to continually evolving healthcare systems, to address structural racism and other forms of discrimination, and to advocate for the needs of diverse populations. Systems-based practice is predicated on an ethical practice environment where professional and organizational values are aligned, and structures and processes enable ethical practice by all members of the institution.

Integrated healthcare systems are highly complex, and gaps or failures in service and delivery can cause ineffective, harmful outcomes. These outcomes also span individual through global networks. Cognitive shifting from focused to big picture is a crucial skill set. Similarly, the ability for nurses to predict change, employ improvement strategies, and exercise fiscal prudence are critical skills. System awareness, innovation, and design also are needed to address such issues as structural racism and systemic inequity.

Entry-Level Professional Nursing Education	Advanced-Level Nursing Education
7.1 Apply knowledge of systems to work effectively across the continuum of care.	
7.1a Describe organizational structure, mission, vision, philosophy, and values.	7.1e Participate in organizational strategic planning.
7.1b Explain the relationships of macrosystems, mesosystems, and microsystems.	7.1f Participate in system-wide initiatives that improve care delivery and/or outcomes.
7.1c Differentiate between various healthcare delivery environments across the continuum of care.	7.1g Analyze system-wide processes to optimize outcomes.
7.1d Recognize internal and external system processes that impact care coordination and transition of care.	7.1h Design policies to impact health equity and structural racism within systems, communities, and populations.
7.2 Incorporate consideration of cost-effectiveness of care.	
7.2a Describe the financial and payment models of health care.	7.2g Analyze relevant internal and external factors that drive healthcare costs and reimbursement.

7.2b Recognize the impact of health disparities and social determinants of health on care outcomes.	7.2h Design practices that enhance value, access, quality, and cost-effectiveness.
7.2c Describe the impact of healthcare cost and payment models on the delivery, access, and quality of care.	7.2i Advocate for healthcare economic policies and regulations to enhance value, quality, and cost-effectiveness.
7.2d Explain the relationship of policy, regulatory requirements, and economics on care outcomes.	7.2j Formulate, document, and disseminate the return on investment for improvement initiatives collaboratively with an interdisciplinary team.
7.2e Incorporate considerations of efficiency, value, and cost in providing care.	7.2k Recommend system-wide strategies that improve cost- effectiveness considering structure, leadership, and workforce needs.
7.2f Identify the impact of differing system structures, leadership, and workforce needs on care outcomes.	7.2l Evaluate health policies based on an ethical framework considering cost-effectiveness, health equity, and care outcomes.
7.3 Optimize system effectiveness through application of innovation and evidence-based practice.	
7.3a Demonstrate a systematic approach for decision-making.	7.3e Apply innovative and evidence-based strategies focusing on system preparedness and capabilities.
7.3b Use reported performance metrics to compare/monitor outcomes.	7.3f Design system improvement strategies based on performance data and metrics.
7.3c Participate in evaluating system effectiveness.	7.3g Manage change to sustain system effectiveness.
7.3d Recognize internal and external system processes and structures that perpetuate racism and other forms of discrimination within health care.	7.3h Design system improvement strategies that address internal and external system processes and structures that perpetuate structural racism and other forms of discrimination in healthcare systems.

Domain 8: Informatics and Healthcare Technologies
Descriptor: Information and communication technologies and informatics processes are used to provide care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice. Informatics processes and technologies are used to manage and improve the delivery of safe, high-quality, and efficient healthcare services in accordance with best practice and professional and regulatory standards.

Contextual Statement: Healthcare professionals interact with patients, families, communities, and populations in technology-rich environments. Nurses, as essential members of the healthcare team, use information and communication technologies and informatics tools in their direct and indirect care roles. The technologies, the locations in which they are used, the users interacting with the technology, the communication occurring, and the work being done all impact the data collected, information formed, decisions made, and the knowledge generated. Additionally, the utilization of information and communication technologies in healthcare settings changes how people, processes, and policies interact. Using these tools in the provision of care has both short- and long-term consequences for the quality of care, efficiency of communications, and connections between team members, patients, and consumers. It is essential that nurses at all levels understand their role and the value of their input in health information technology analysis, planning, implementation, and evaluation. With the prevalence of patient-focused health information technologies, all nurses have a responsibility to advocate for equitable access and assist patients and consumers to optimally use these tools to engage in care, improve health, and manage health conditions.

Entry-Level Professional Nursing Education	Advanced-Level Nursing Education
8.1 Describe the various information and communication technology tools used in the care of patients, communities, and populations.	
8.1a Identify the variety of information and communication technologies used in care settings.	8.1g Identify best evidence and practices for the application of information and communication technologies to support care.
8.1b Identify the basic concepts of electronic health, mobile health, and telehealth systems for enabling patient care.	8.1h Evaluate the unintended consequences of information and communication technologies on care processes, communications, and information flow across care settings.
8.1c Effectively use electronic communication tools.	8.1i Propose a plan to influence the selection and implementation of new information and communication technologies.
8.1d Describe the appropriate use of multimedia applications in health care.	8.1j Explore the fiscal impact of information and communication technologies on health care.
8.1e Demonstrate best practice use of social networking applications.	8.1k Identify the impact of information and communication technologies on workflow processes and healthcare outcomes.

8.1f Explain the importance of nursing engagement in the planning and selection of healthcare technologies.	
8.2 Use information and communication technology to gather data, create information, and generate knowledge.	
8.2a Enter accurate data when chronicling care.	8.2f Generate information and knowledge from health information technology databases.
8.2b Explain how data entered on one patient impacts public and population health data.	8.2g Evaluate the use of communication technology to improve consumer health information literacy.
8.2c Use appropriate data when planning care.	8.2h Use standardized data to evaluate decision-making and outcomes across all systems levels.
8.2d Demonstrate the appropriate use of health information literacy assessments and improvement strategies.	8.2i Clarify how the collection of standardized data advances the practice, understanding, and value of nursing and supports care.
8.2e Describe the importance of standardized nursing data to reflect the unique contribution of nursing practice.	8.2j Interpret primary and secondary data and other information to support care.
8.3 Use information and communication technologies and informatics processes to deliver safe nursing care to diverse populations in a variety of settings.	
8.3a Demonstrate appropriate use of information and communication technologies.	8.3g Evaluate the use of information and communication technology to address needs, gaps, and inefficiencies in care.
8.3b Evaluate how decision support tools impact clinical judgment and safe patient care.	8.3h Formulate a plan to influence decision-making processes for selecting, implementing, and evaluating support tools.
8.3c Use information and communication technology in a manner that supports the nurse-patient relationship.	8.3i Appraise the role of information and communication technologies in engaging the patient and supporting the nurse-patient relationship.
8.3d Examine how emerging technologies influence healthcare delivery and clinical decision making.	8.3j Evaluate the potential uses and impact of emerging technologies in health care.
8.3e Identify impact of information and communication technology on quality and safety of care.	8.3k Pose strategies to reduce inequities in digital access to data and information.

8.3f Identify the importance of reporting system processes and functional issues (error messages, mis-directions, device malfunctions, etc.) according to organizational policies and procedures.	
8.4 Use information and communication technology to support documentation of care and communication among providers, patients, and all system levels.	
8.4a Explain the role of communication technology in enhancing clinical information flows.	8.4e Assess best practices for the use of advanced information and communication technologies to support patient and team communications.
8.4b Describe how information and communication technology tools support patient and team communications.	8.4f Employ electronic health, mobile health, and telehealth systems to enable quality, ethical, and efficient patient care.
8.4c Identify the basic concepts of electronic health, mobile health, and telehealth systems in enabling patient care.	8.4g Evaluate the impact of health information exchange, interoperability, and integration to support patient-centered care.
8.4d Explain the impact of health information exchange, interoperability, and integration on health care.	
8.5 Use information and communication technologies in accordance with ethical, legal, professional, and regulatory standards, and workplace policies in the delivery of care.	
8.5a Identify common risks associated with using information and communication technology.	8.5g Apply risk mitigation and security strategies to reduce misuse of information and communication technology.
8.5b Demonstrate ethical use of social networking applications.	8.5h Assess potential ethical and legal issues associated with the use of information and communication technology.
8.5c Comply with legal and regulatory requirements while using communication and information technologies.	8.5i Recommend strategies to protect health information when using communication and information technology.
8.5d Educate patients on their rights to access, review, and correct personal data and medical records.	8.5j Promote patient engagement with their personal health data.
8.5e Discuss how clinical judgment and critical thinking must prevail in the presence of information and communication technologies.	8.5k Advocate for policies and regulations that support the appropriate use of technologies impacting health care.
8.5f Deliver care using remote technology.	8.5l Analyze the impact of federal and state policies and regulation on health data and technology in care settings.

Domain 9: Professionalism
Descriptor: Formation and cultivation of a sustainable professional identity, including accountability, perspective, collaborative disposition, and comportment, that reflects nursing's characteristics and values.

Contextual Statement: Professionalism encompasses the development of a nursing identity embracing the values of integrity, altruism, inclusivity, compassion, courage, humility, advocacy, caring, autonomy, humanity, and social justice. Professional identity formation necessitates the development of emotional intelligence to promote social good, engage in social justice, and demonstrate ethical comportment, moral courage, and assertiveness in decision making and actions. Nursing professionalism is a continuous process of socialization that requires the nurse to give back to the profession through the mentorship and development of others.

Professional identity, influenced by one's personal identity and unique background, is formed throughout one's education and career. Nursing identity flourishes through engagement and reflection in multiple experiences that is defined by differing perspectives and voices. As a result, nurses embrace the history, characteristics, and values of the discipline and think, act, and feel like a nurse. Professional identity formation is not a linear process but rather one that responds to challenges and matures through professional experiences as one develops confidence as a nurse.

Entry-Level Professional Nursing Education	Advanced-Level Nursing Education
9.1 Demonstrate an ethical comportment in one's practice reflective of nursing's mission to society.	
9.1a Apply principles of professional nursing ethics and human rights in patient care and professional situations.	9.1h Analyze current policies and practices in the context of an ethical framework.
9.1b Reflect on one's actions and their consequences.	9.1i Model ethical behaviors in practice and leadership roles.
9.1c Demonstrate ethical behaviors in practice.	9.1j Suggest solutions when unethical behaviors are observed.
9.1d Change behavior based on self and situational awareness.	9.1k Assume accountability for working to resolve ethical dilemmas.
9.1e Report unethical behaviors when observed.	
9.1f Safeguard privacy, confidentiality, and autonomy in all interactions.	
9.1g Advocate for the individual's right to self-determination.	

9.2 Employ participatory approach to nursing care.	
9.2a Employ the use of intentional presence to facilitate shared meaning of the experience between nurse and recipient of care.	9.2h Foster opportunities for intentional presence in practice.
9.2b Facilitate health and healing through compassionate caring.	9.2i Identify innovative and evidence-based practices that promote person-centered care.
9.2c Demonstrate empathy to the individual's life experience.	9.2j Advocate for practices that advance diversity, equity, and inclusion.
9.2d Advocate for practices that advance diversity, equity, and inclusion.	9.2k Model professional expectations for therapeutic relationships.
9.2e Demonstrate cultural sensitivity and humility in practice.	9.2l Facilitate communication that promotes a participatory approach.
9.2f Apply principles of therapeutic relationships and professional boundaries.	
9.2g Communicate in a professional manner.	
9.3 Demonstrate accountability to the individual, society, and the profession.	
9.3a Engage in advocacy that promotes the best interest of the individual, community, and profession.	9.3i Advocate for nursing's professional responsibility for ensuring optimal care outcomes
9.3b Demonstrate the moral courage to report concerns related to actual or potential hazards and/or errors.	9.3j Demonstrate leadership skills when participating in professional activities and/or organizations.
9.3c Demonstrate professional and personal honesty and integrity.	9.3k Address actual or potential hazards and/or errors.
9.3d Take responsibility for one's roles, decisions, obligations, actions, and care outcomes.	9.3l Foster a practice environment that promotes accountability for care outcomes.
9.3e Engage in professional activities and/or organizations.	9.3m Advocate for policies/practices that promote social justice and health equity.
9.3f Demonstrate adherence to a culture of civility.	9.3n Foster strategies that promote a culture of civility across a variety of settings.
9.3g Advocate for social justice and health equity, including addressing the health of vulnerable populations.	9.3o Lead in the development of opportunities for professional and interprofessional activities.
9.3h Engage in peer evaluation.	

9.4 Comply with relevant laws, policies, and regulations.	
9.4a Advocate for policies that promote health and prevent harm.	9.4d Advocate for polices that enable nurses to practice to the full extent of their education.
9.4b Adhere to the registered nurse scope and standards of practice.	9.4e Assess the interaction between regulatory agency requirements and quality, fiscal, and value-based indicators.
9.4c Adhere to regulatory requirements and workplace policies consistent with one's educational preparation.	9.4f Evaluate the effect of legal and regulatory policies on nursing practice and healthcare outcomes.
	9.4g Analyze efforts to change legal and regulatory policies that improve nursing practice and health outcomes.
	9.4h Participate in the implementation of policies and regulations to improve the professional practice environment and healthcare outcomes.
9.5 Demonstrate the professional identity of nursing.	
9.5a Describe nursing's professional identity and contributions to the healthcare team.	9.5f Articulate nursing's unique professional identity to other interprofessional team members and the public.
9.5b Demonstrate the core values of professional nursing identity.	9.5g Evaluate practice environment to ensure that nursing core values are demonstrated.
9.5c Demonstrate sensitivity to the values of others.	9.5h Identify opportunities to lead with moral courage to influence team decision-making.
9.5d Demonstrate ethical comportment and moral courage in decision making and actions.	9.5i Engage in professional organizations that reflect nursing's values and identity.
9.5e Demonstrate emotional intelligence.	
9.6 Integrate diversity, equity, and inclusion as core to one's professional identity.	
9.6a Demonstrate respect for diverse individual differences and diverse communities and populations	9.6d Model respect for diversity, equity, and inclusion for all team members.
9.6b Demonstrate awareness of personal and professional values and conscious and unconscious biases.	9.6e Critique one's personal and professional practices in the context of nursing's core values.

9.6c Integrate core principles of social justice and human rights into practice.	9.6f Analyze the impact of structural and cultural influences on nursing's professional identity.
	9.6g Ensure that care provided by self and others is reflective of nursing's core values.
	9.6h Structure the practice environment to facilitate care that is culturally and linguistically appropriate.
	9.6i Ensure self and others are accountable in upholding moral, legal, and humanistic principles related to health.

Domain 10: Personal, Professional, and Leadership Development
Descriptor: Participation in activities and self-reflection that foster personal health, resilience, and well-being; contribute to lifelong learning; and support the acquisition of nursing expertise and the assertion of leadership.

Contextual Statement: Competency in personal, professional, and leadership development encompasses three areas: 1) development of the nurse as an individual who is resilient, agile, and capable of adapting to ambiguity and change; 2) development of the nurse as a professional responsible for lifelong learning and ongoing self-reflection; and 3) development of the nurse as a leader proficient in asserting control, influence, and power in professional and personal contexts, which includes advocacy for patients and the nursing profession as leaders within the healthcare arena. Development of these dimensions requires a commitment to personal growth, sustained expansion of professional knowledge and expertise, and determined leadership practice in a variety of contexts.

Graduates must develop attributes and skills critical to the viability of the profession and practice environments. The aim is to promote diversity and retention in the profession, self-awareness, avoidance of stress-induced emotional and mental exhaustion, and re-direction of energy from negative perceptions to positive influence through leadership opportunities.

Entry-Level Professional Nursing Education	Advanced-Level Nursing Education
10.1 Demonstrate a commitment to personal health and well-being.	
10.1a Demonstrate healthy, self-care behaviors that promote wellness and resiliency.	10.1c Contribute to an environment that promotes self-care, personal health, and well-being.
10.1b Manage conflict between personal and professional responsibilities.	10.1d Evaluate the workplace environment to determine level of health and well-being.
10.2 Demonstrate a spirit of inquiry that fosters flexibility and professional maturity.	
10.2a Engage in guided and spontaneous reflection of one's practice.	10.2g Demonstrate cognitive flexibility in managing change within complex environments.
10.2b Integrate comprehensive feedback to improve performance.	10.2h Mentor others in the development of their professional growth and accountability.
10.2c Commit to personal and professional development.	10.2i Foster activities that support a culture of lifelong learning.
10.2d Expand personal knowledge to inform clinical judgment.	10.2j Expand leadership skills through professional service.
10.2e Identify role models and mentors to support professional growth.	

10.2f Participate in ongoing activities that embrace principles of diversity, equity, inclusion, and anti-discrimination.	
10.3 Develop capacity for leadership.	
10.3a Compare and contrast leadership principles and theories.	10.3j Provide leadership to advance the nursing profession.
10.3b Formulate a personal leadership style.	10.3k Influence intentional change guided by leadership principles and theories.
10.3c Demonstrate leadership behaviors in professional situations.	10.3l Evaluate the outcomes of intentional change.
10.3d Demonstrate self-efficacy consistent with one's professional development.	10.3m Evaluate strategies/methods for peer review.
10.3e Use appropriate resources when dealing with ambiguity.	10.3n Participate in the evaluation of other members of the care team.
10.3f Modify one's own leadership behaviors based on guided self-reflection.	10.3o Demonstrate leadership skills in times of uncertainty and crisis.
10.3g Demonstrate self-awareness of one's own implicit biases and their relationship to one's culture and environment.	10.3p Advocate for the promotion of social justice and eradication of structural racism and systematic inequity in nursing and society.
10.3h Communicate a consistent image of the nurse as a leader.	10.3q Advocate for the nursing profession in a manner that is consistent, positive, relevant, accurate, and distinctive.
10.3i Recognize the importance of nursing's contributions as leaders in practice and policy issues.	

Glossary

Accountability: Obligation or willingness to accept responsibility or to account for one's actions.

Advanced nursing practice role: One of the four Advanced Practice Registered Nurse (APRN) roles – certified registered nurse anesthetist, certified nurse-midwife, certified clinical nurse specialist, and certified nurse practitioner.

Advanced nursing practice specialty: See Specialty.

Advanced Practice Registered Nurse (APRN): Designation given to one of four nursing roles: certified registered nurse anesthetists, certified nurse-midwives, certified clinical nurse specialists, and certified nurse practitioners. An APRN is a nurse who has 1.) completed an accredited graduate-level education program preparing him/her for one of the four recognized APRN roles; 2.) passed a national certification examination that measures APRN role and population-focused competencies and who maintains continued competence as evidenced by recertification in the role and population through the national certification program; 3.) acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients, as well as a component of indirect care; 4.) built on the competencies of registered nurses by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy; 5.) been educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions; 6.) clinical experience of sufficient depth and breadth to reflect the intended license; and 7.) obtained a license to practice in one of the four APRN roles (APRN Consensus Work Group & NCSBN APRN Advisory Committee, 2008).

APRN Core: APRN education programs include at a minimum, three separate comprehensive graduate-level courses in: Advanced physiology and pathophysiology, which includes general principles that apply across the lifespan; Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents (APRN Consensus Work Group & NCSBN APRN Advisory Committee, 2008).

Advocacy: The act or process of supporting a cause or proposal: the act or process of advocating. Advocacy is a pillar of nursing. Nurses instinctively advocate for their patients, in their workplaces, and in their communities; but legislative and political advocacy is equally important to advancing patient care.

Analytic approach: Any method based on breaking down a complex process into its parts so as to better understand the whole.

Authentic or intentional presence: Being fully present in the moment This extends to possessing an awareness of when you drift and how to intentionally bring yourself back to the interaction (Altman, 2014).

Care: A focused attention on, and when possible, engagement with a patient to determine a person's particular needs and the use of clinical judgment to meet those needs (Grace, 2018).

Care outcomes: Harris (1991) defined outcomes as the end points of care, substantial changes in the health condition of a patient, and changes in patient behavior caused by medical interventions. Given these definitions, outcomes related to clinical practice are any change that resulted from health care.

Caring relationship: Caring constitutes the essence of what it is to be human, having a profound effect on well-being and recovery, being at ease, and being healed. When hospitality is received, patients feel a connection, they begin to trust, and their healing begins.

Clinical immersion: A brief, structured, intense nursing practicum where the entire focus is in a particular clinical setting without the distraction of other academic classes (Tratnack, et al., 2011).

Clinical judgment: The skill of recognizing cues regarding a clinical situation, generating and weighing hypotheses, taking action, and evaluating outcomes for the purpose of arriving at a satisfactory clinical outcome. Clinical judgment is the observed outcome of two unobserved underlying mental processes, critical thinking and decision making (NCSBN, 2018).

Clinical reasoning: Thought processes that allow healthcare providers to arrive at a conclusion.

Cognitive flexibility: A critical executive function involving the ability to adapt behaviors in response to changes in the environment. Cognitive flexibility generally refers to the ability to adapt flexibly to a constantly changing environment.

Complex systems: Systems whose behavior is intrinsically difficult to model due to the dependencies, competitions, relationships, or other types of interactions between their parts or between a given system and its environment. Complex systems have distinct properties that arise from these relationships, such as nonlinearity, emergence, spontaneous order, adaptation, and feedback loops, among others.

Competence: The array of abilities (knowledge, skills, and attitudes) across multiple domains or aspects of performance in a certain context. Competence is multi-dimensional and dynamic (Frank, Snell, Cate, et al., 2010).

Competency: An observable ability of a health professional, integrating multiple components such as knowledge, skills, values, and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition (Frank, Snell, Cate, et al., 2010).

Competency framework: An organized and structured representation of a set of interrelated and purposeful competencies (Englander et al., 2013, p. 1089).

Competency list: The delineation of the specific competencies within a competency framework (Englander, et al., 2013, p.1089).

Concepts: A concept is an organizing idea or mental construct represented by common attributes. Rodgers (1989, p. 332) describes concepts as "an abstraction that is expressed in some form."

Core values: In nursing, **c**ore nursing values include human dignity, integrity, autonomy, altruism, and social justice.

Core disciplinary knowledge: The intellectual structures within which the discipline delineates its unique focus of vision and social mandate. AACN has identified core disciplinary knowledge as having three components: historic and philosophic foundations to the development of nursing knowledge; existing and evolving substantive nursing knowledge; and methods and processes of theory/knowledge development (AACN, 2002, p. 289).

Cost effectiveness: A way to examine both the costs and health outcomes of one or more interventions; it compares one intervention to another (or the status quo) by estimating how much it costs to gain a unit of a health outcome, like a life year gained or a death prevented.

Critical thinking: The skill of using logic and reasoning to identify the strengths and weaknesses of alternative healthcare solutions, conclusions, or approaches to clinical or practice problems.

Cultural awareness: The deliberate self-examination and in-depth exploration of one's biases, stereotypes, prejudices, assumptions, and "isms" that one holds regarding individuals and groups who are different from them (Campinha-Bacote, 1998).

Cultural competence: The ability to effectively work within the client's cultural context. Structural competence is recognition of the economic and political conditions that produce health inequalities in the first place. It is the ability to understand how institutions, markets, or healthcare delivery systems shape symptom presentations and to mobilize for correction of health and wealth inequalities in society (Drevdahl, 2018; Metzl et al., 2018; Metzl et al., 2020).

Cultural and linguistic competence: A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities (Cross et al., 1989). Cultural competence is a developmental process that evolves over an extended period.

Culturally sensitive: "The ability to be appropriately responsive to the attitudes, feelings, or circumstances of groups of people that share a common and distinctive racial, national, religious, linguistic, or cultural heritage" (DHHS, OMH, 2001, p. 131).

Cultural humility: A lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but also examines her/his own beliefs and cultural identities**.**

Determinants of health: The range of personal, social, economic, and environmental factors that interrelate to determine individual and population health. These factors include policymaking, social factors, health services, individual behaviors, and biology and genetics. Determinants of health reach beyond the boundaries of traditional health care and public health sectors. Sectors such as education, housing, transportation, agriculture, and environment can be important allies in improving population health *(Healthy People 2020).*

Diagnose: To identify the nature of an illness or other problem by examination of the symptoms.

Diversity: A broad range of individual, population, and social characteristics, including but not limited to age; sex; race; ethnicity; sexual orientation; gender identity; family structures; geographic locations; national origin; immigrants and refugees; language; any impairment that substantially limits a major life activity; religious beliefs; and socioeconomic status. Inclusion represents environmental and organizational cultures in which faculty, students, staff, and administrators with diverse characteristics thrive. Inclusive environments require intentionality and embrace differences, not merely tolerate them. Everyone works to ensure the perspectives and experiences of others are invited, welcomed, acknowledged, and respected in inclusive environments.

Domains of competence: Broad distinguishable areas of competence that in the aggregate constitute a general descriptive framework for a profession (Englander et al., 2013, p. 1089).

Emotional intelligence: The ability to perceive, appraise and express emotion, access and process emotional information, generate feelings, understand emotional knowledge and regulate emotions for emotional and intellectual growth (Mayer, et al, 1997, p. 10). Emotional intelligence, like academic intelligence, can be learned, increases with age, and is predictive of how emotional processing contributes to success in life (Mayer et al., 2004).

Equity: The ability to recognize the differences in the resources or knowledge needed to allow individuals to fully participate in society, including access to higher education, with the goal of overcoming obstacles to ensure fairness (Kranich, 2001). To have equitable systems, all people should be treated fairly, unhampered by artificial barriers, stereotypes, or prejudices (Cooper, 2016).

Ethical comportment: The way in which nurses embody the ability to relate to others respectfully and responsively (Benner, 2009. Ethical comportment consists of four critical attributes: 1) embodiment, 2) skilled relational know-how, 3) caring, and 4) salience (Hardin, 2018).

Ethical competence: The ability to recognize an ethical situation/issue (awareness/sensitivity), the ability to determine a justifiable action (reflection/decision-making), and have the motivation, knowledge, and skills to implement a decision (comportment and action) (ANA Scope & Standards, 2021).

Evidence-based practice: A conscientious, problem-solving approach to clinical practice that incorporates the best evidence from well-designed studies, patient values and preferences, and a clinician's expertise in making decisions regarding a patient's care. Being knowledgeable about evidence-based practice and levels of evidence is important for clinicians to be confident about how much emphasis they should place on a study, report, practice alert or practice guideline when making decisions about a patient's care.

Explicit biases: Conscious positive or negative feelings and/or thoughts about groups or identity characteristics. Because these attitudes are explicit in nature, they are espoused openly, through overt and deliberate thoughts and actions (Harrison et al., 2019; Wilson et al., 2000)

Family: An individual's closest support structure that is inclusive of birth family, single parent families, blended families, families with stepparents, and families with homosexual parents to name a few. The concept of the contemporary family has evolved into a fluid ideology that is constantly shifting and changing throughout society.

Health disparities: "A particular type of health difference that is closely linked with economic, social, or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion" (US Department of Health and Human Services (2010).

Health equity: When every person has an opportunity to attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances (National Academies of Sciences, Engineering, and Medicine, 2017). Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.

Health inequity: The distribution and allocation of power and resources differentially, which manifest in unequal social, economic, and environmental conditions (National Academies of Sciences, Engineering, and Medicine, 2017).

Health Information Technology (HIT): The electronic systems healthcare professionals and patients use to store, share, and analyze health information. HIT consists of many types of applications such as Electronic Health Records, personal health records, electronic prescribing, mobile applications, social networks, monitors, wearables, nanotechnology, genomics, and robotics (Office of the National Coordinator for Health Information Technology [ONC], 2018).

Healthcare team: The collective of individuals who contribute to the care and treatment of an individual, family, group, or population.

Healthy lifestyle: A way of living that lowers the risk of being seriously ill or dying early. Scientific studies have identified certain types of behavior that contribute to the development of noncommunicable diseases and early death. Health is not only just about avoiding disease. It involves physical, mental and social wellbeing.

Holistic admissions review: An admissions strategy that assesses an applicant's unique experiences alongside traditional measures of academic achievement, such as grades and test scores. This process is used to help schools consider a broad range of factors reflecting the applicant's academic readiness, contribution to the incoming class, and potential for success both in school and later as a professional.

Holistic nursing: "All nursing practice that has healing the whole person as its goal" (American Holistic Nurses' Association, 1998).

Implicit and unconscious biases: The tendency to process information based on unconscious associations and feelings, even when these are contrary to one's conscious or declared beliefs. They are automatically activated and may occur unconsciously (Metzl et al., 2018, 2020; Van Ryn et al. 2011).

Inclusive environments: Environmental and organizational cultures in which faculty, students, staff, and administrators with diverse characteristics thrive. Inclusive environments require intentionality and embrace differences, not merely tolerate them. Everyone works to ensure the perspectives and experiences of others are invited, welcomed, acknowledged, and respected.

Inequities: Characterized by a lack of equity, injustice, unfairness.

Informatics: The intersection between the work of stakeholders across the health and healthcare delivery system who seek to improve outcomes, lower costs, increase safety and promote the use of high-quality services. It is frequently confused with data science, big data, health information management and data analytics, informatics is the overarching field of study that pulls all these subdomains into one discipline focused on improving health and healthcare. Emerging topics like artificial intelligence and machine learning are incorporating in the field of informatics (AMIA, 2021).

Information and Communications Technologies (ICT): Technologies that provide access to information through telecommunications, including the internet, telephones, cell phones, wireless signals, networks, satellite systems, telehealth/telenursing, and video conferencing.

Innovation: A great idea to develop and deliver new or improved health policies, systems, products and technologies, and services and delivery methods that improve people's health (WHO Health Innovation Group, 2021).

Integration: An experience designed to provide the student with an opportunity to synthesize the knowledge and skills acquired during previous and current coursework and learning experiences.

Intentional change theory: The essential components and processes of desirable, sustainable change in one's behavior, thoughts, feelings, and perceptions. The "change" maybe in a person's actions, habits, competencies, or aspirations as well as in the way one feels in certain situations or around certain people. The change may impact how one looks at events at work or in life. The change is "desired" in that person wishes it so or would like to occur and is "sustainable" in that it endures and lasts a relatively long time (Boyatzis, 2006).

Interdisciplinary: Refers to a group of healthcare providers with various areas of expertise who work together toward the goals of their clients.

Interoperability: The ability of different information systems, devices, and applications (systems) to access, exchange, integrate, and cooperatively use data in a coordinated manner, within and across organizational, regional, and national boundaries to provide timely and seamless portability of information and optimize the health of individuals and populations globally. Health data exchange architectures, application interfaces, and standards enable data to be accessed and shared appropriately and securely across the complete spectrum of care, within all applicable settings and with relevant stakeholders, including the individual.

Interprofessional: Engagement involving two or more professions or professionals.

Interprofessional team: The cooperation, coordination, and collaboration expected among members of different professions in delivering patient-centered care collectively.

Just culture: Balances the need for an open and honest reporting environment with a quality learning environment and culture. All individuals within this environment are held responsible for the quality of their choices. Just culture requires a change in focus from errors and outcomes to system design and management of the behavioral choices of all employees.

Lifelong learning: The provision or use of both formal and informal learning opportunities throughout one's life to foster the continuous development and improvement of the knowledge and skills needed for employment and personal fulfillment.

Macrosystem: The highest system level represents the whole of the organization and is led by senior leaders such as the CEO, chief operations officer (COO), chief nursing officer (CNO), and chief information officer (CIO) and is guided by a board of trustees (Nelson, et al., 2007).

Managing disease: To improve the health of persons with chronic conditions and reduce associated costs from avoidable complications by identifying and treating chronic conditions more quickly and more effectively, thus slowing the progression of diseases.

Mesosystem: The interrelated units and clinical leadership that provide care to certain populations (McKinley et al., 2008).

Microsystem: Small, functional frontline units that provide the most health care to most people (Nelson et al., 2007, p.3). A clinical microsystem is a small group of people who work together on a regular basis to provide care to discrete subpopulations of patients. These units have clinical and business aims, linked processes, and a shared information environment, and focus on producing performance outcomes. Microsystems are complex adaptive systems, and as such they must do the primary work associated with core aims, meet the needs of internal staff, and maintain themselves over time as clinical units (Nelson, et al., 2002).

Mitigation: The action of reducing the severity, seriousness, or painfulness of something.

Mobile health (mHealth): The use of mobile and wireless technologies to support the achievement of health objectives. The expanding use of mobile health is driven rapid advances in mobile technologies and applications, a rise in new opportunities for the integration of mobile health into existing eHealth services, and the continued growth in coverage of mobile cellular networks.

Moral courage: The willingness of individuals to take hold of, and fully support, ethical responsibilities essential to professional values (Day, 2007). This highly esteemed trait is displayed by individuals, who, despite adversity and personal risk, decide to act upon their ethical values to help others during difficult ethical dilemmas. Moral courage entails doing the right thing, even when others choose less ethical behavior, which may include taking no action at all (Lachman, 2009; 2007a; 2007b; Sekerka & Bagozzi, 2007).

Moral ethical behaviors: Prevailing standards of behavior used to judge right and wrong.

Nurse sensitive indicators: Reflect three aspects of nursing care: structure, process, and outcomes. Structural indicators include the supply of nursing staff, the skill level of nursing staff, and the education and certification levels of nursing staff. Process indicators measure methods of patient assessment and nursing interventions. Nursing job satisfaction is also considered a process indicator. Outcome indicators reflect patient outcomes that depend on the quantity or quality of nursing care (e.g., pressure ulcers and falls).

Nursing informatics: The specialty that integrates nursing science with multiple information and analytical sciences to identify, define, manage, and communicate data, information, knowledge, and wisdom in nursing practice (HIMSS, 2021).

Participatory approach: Calls for involving stakeholders, particularly the participants in a program or those affected by a given policy, in specific aspects of the evaluation process. The approach covers a wide range of different types of participation, and stakeholders can be involved at any stage of the impact evaluation process, including its design, data collection, analysis, reporting, and managing a study.

Partnerships: Close cooperation between parties having specified and joint rights and responsibilities.

Patient: The recipient of a healthcare service or intervention at the individual, family, community, or aggregate level. 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 (AACN, 2006).

Person-Centered Care: "Empowering people to take charge of their own health rather than being passive recipients of services" (WHO, 2021). This care strategy is based on the belief that patient views, input, and experiences can help improve overall health outcomes.

Point of Care: Where care is delivered, including in diverse settings where individuals live, learn, work, play, and worship.

Population: A collection of individuals who have one or more personal or environmental characteristics in common.

Practice: Any form of nursing intervention that influences healthcare outcomes for individuals or populations, including the direct care of individual patients, management of care for individuals and populations, administration of nursing and healthcare organizations, and the development and implementation of health policy (AACN, 2004). Practice includes both direct and indirect care experiences (defined below).

Direct Care/Indirect Care:

- Direct care refers to a professional encounter between a nurse and an actual individual or family, either face to face or virtual, that is intended to achieve specific health goals or achieve selected health outcomes. Direct care may be provided in a wide range of settings, including acute and critical care, long term care, home health, community-based settings, and telehealth. (AACN, 2004, 2006; Suby, 2009; Upenieks, Akhavan, Kotlerman et al., 2007).

- Indirect care refers to nursing decisions, actions, or interventions that are provided through or on behalf of individuals, families, or groups. These decisions or interventions create the conditions under which nursing care or selfcare may occur. Nurses might use administrative decisions, population or aggregate health planning, or policy development to affect health outcomes in this way. Nurses who function in administrative capacities are responsible for direct care provided by other nurses. Their administrative decisions create the conditions under which direct care is provided. Public health nurses organize care for populations or aggregates to create the conditions under which improved health outcomes are more likely to occur. Health policies create broad scale conditions for delivery of nursing and health care (AACN, 2004, 2006; Suby, 2009; Upenieks et al., 2007).

Preparedness: The readiness of the nation's medical and public health infrastructure to respond to and recover from disasters and public health emergencies. Preparedness requires collaboration with hospitals, healthcare coalitions, biotech firms, community members, state, local, tribal, and territorial governments, and other partners across the country to improve readiness and response capabilities.

Primary and secondary data: Primary data is collected by an investigator for a specific purpose. Secondary data is collected by someone else for another purpose (but being utilized by the investigator for another purpose).

Profession: An occupation (e.g., nursing, medicine, law, teaching) that is not mechanical or agricultural and requires special education.

Professional agility: The power to move quickly and easily; the ability to think and draw conclusions quickly drawing on intellectual acuity.

Professional development: Taking purposeful action to engage in structured activities to advance career development, education, leadership, program management, and/or compliance initiatives.

Professional identity: The representation of self, achieved in stages over time during which the characteristics, values, and norms of a profession are internalized, resulting in an individual thinking, acting, and feeling like a member of the profession (Cruess et al., 2014).

Quality Improvement (QI): A process that uses data to monitor the outcomes of care processes. QI uses improvement methods to design and test changes to continuously improve the quality and safety of health care systems (Cronenwett et al., 2007).

Resilience: The ability to survive and thrive in the face of adversity. Resilience can be developed and internalized as a measure to improve retention and reduce burnout. Building positive relationships, maintaining positivity, developing emotional insight, creating work-life balance, and reflecting on successes and challenges are effective strategies for resilience building.

Response and recovery in an emergency/disaster: Identifying resources and expertise in advance and planning how these can be used in a disaster. Preparedness, however, is only one phase of emergency management. There are four phases of emergency management: mitigation, preparedness, response, and recovery.

Responsibility: The state or fact of being responsible, answerable, or accountable for something within one's power, control, or management.

Return on investment (ROI): A performance measure used to evaluate the efficiency of an investment or compare the efficiency of a number of different investments. ROI seeks to directly measure the amount of return on a particular investment, relative to the investment's cost. To calculate ROI, the benefit (or return) of an investment is divided by the cost of the investment. The result is expressed as a percentage or a ratio.

Risk assessment: A process to identify potential hazards and analyze what could happen if a hazard occurs. To assess risk, organizations often consider possible scenarios that could unfold and what the potential impacts may be.

Scholarship: The generation, synthesis, translation, application, and dissemination of knowledge that aims to improve health and transform health care. Scholarship is the communication of knowledge generated through multiple forms of inquiry that inform clinical practice, nursing education, policy, and healthcare delivery. Scholarship is inclusive of discovery, integration, application, and teaching (Boyer, 1990). The hallmark attribute of scholarship is the cumulative impact of the scholar's work on the field of nursing and health care.

Self-care: The act of attending to one's physical or mental health, generally without medical or other professional consultation.

Self-management: The management of or by oneself; the taking of responsibility for one's own behavior and well-being.

Service: is the action of helping or doing work for someone.

Simulation: A technique that creates a situation or environment to allow persons to experience a representation of a real event for the purpose of practice, learning, evaluation, testing, or to gain understanding of systems or human actions (AHRQ, 2020).

Social Determinants of Health: See Determinants of Health

Social Justice: The expectation that everyone deserves equal economic, political, and social rights and opportunities. Equity, access, participation, and human rights are four principles of social justice including to ensure fair distribution of available resources across society, to ensure all people have access to goods and services regardless of age, gender, race, ethnicity etc.; to enable people to participate in decisions that affect their lives, and to protect individual liberties to information about circumstances and decisions affecting them and to appeal decisions believed to be unfair (Morgaine, 2014; Nemetchek, 2019).

Social Responsibility: An ethical theory in which individuals are accountable for fulfilling their civic duty, and the actions of an individual must benefit the whole of society. This typically involves a balance between economic growth and the welfare of society and the environment. (Pachchamama Alliance, 2021)

Specialty: The pursuit, area of study, or skill to which someone has devoted much time and effort and in which they are expert. Nursing specialization involves focusing on nursing practice in an identified specific area within the discipline of professional nursing. A defined specialty scope of practice statement and standards of professional practice, with accompanying competencies, are unique to each nursing specialty. These documents help assure continued understanding and recognition of nursing's diverse professional contributions (Finnell, et al, 2015).

- **Advanced nursing practice specialties:** Currently, advanced nursing practice specialties include informatics, administration/practice leadership, public health/population health, and health policy. Specialties may evolve over time to address future healthcare needs.

Spheres of Care: Encompass the healthcare needs of individuals, families, populations, and the care/services required to address these needs and promote desired health outcomes. In this document, four spheres of care are delineated 1) disease prevention/promotion of health and well-being, which includes the promotion of physical and mental health in all patients as well as management of minor acute and intermittent care needs of generally healthy patients; 2) chronic disease care, which includes management of chronic diseases and prevention of negative sequelae; 3) regenerative or restorative care, which includes critical/trauma care, complex acute care, acute exacerbations of chronic conditions, and treatment of physiologically unstable patients that generally requires care in a mega-acute care institution; and, 4) hospice/palliative/supportive care which includes end-of-life care as well as palliative and supportive care for individuals requiring extended care or those with complex, chronic disease states or those requiring rehabilitative care (Lipstein, et al, 2016; AACN, 2019).

Standardized data: The process of ensuring that one data set can be compared to other data sets. In statistics, standardized data is the process of putting different variables on the same scale. This process allows one to compare scores between different types of variables.

Stress management: A range of strategies to help one better deal with stress and difficulty (adversity). Managing stress can help an individual lead a more balanced, healthier life. Stress is an automatic physical, mental and emotional response to a challenging event. Stress management approaches include learning skills such as problem-solving, prioritizing tasks, and time management to enhance the ability to cope with adversity.

Structural racism: A complex system of conferring social benefits in some groups and imposing burdens on others resulting in segregation, poverty, and denial of opportunity for people of color. Structural racism comprises cultural beliefs, historical legacies, and institutions, policies within and among public and private organizations that interweave to create drastic racial disparities in life outcomes (Wiecek, 2011).

Support care: Treatment given to prevent, control, or relieve complications and side effects and to improve the patient's comfort and quality of life.

System decision: A computerized program used to support determinations, judgments, and courses of action in an organization or a business. A system decision sifts through and analyzes massive amounts of data, compiling comprehensive information that can be used to solve problems and in decision-making.

Systemic inequity: A condition where one category of people is attributed an unequal status in relation to other categories of people. This relationship is perpetuated and reinforced by a confluence of unequal relations in roles, functions, decisions, rights, and opportunities.

Systemic racism (also known as institutionalized racism): Terms similar to structural racism which focuses more on the historical, cultural and social psychological aspects of the currently racialized society. The term institutional racism may be used to differentiate "access to the goods, services, and opportunities of society by race. Institutionalized racism is normative, sometimes legalized, and often manifests as inherited disadvantage. It is structural, having been codified in our institutions of custom, practice, and law, so there is no identifiable perpetrator. Institutionalized racism is often evident as inaction in the face of need" (Jones, 2000).

Systems: A set of elements or components working together as parts of a mechanism or an interconnecting network.

Systems-based practice: An analytic tool and a way of viewing the world, which can make caregiving and change efforts more successful. The focus is on understanding the interdependencies of a system or series of systems and the changes identified to improve care that can be made and measured in the system.

Team-based care: The provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers—to the extent preferred by each patient—to accomplish shared goals within and across settings to achieve coordinated, high-quality care (Naylor, 2010; NAM, 2012; AANP, 2020).

Telehealth systems: The use of a technology-based virtual platform to deliver various aspects of health information, prevention, monitoring, and medical care.

Translation: The process of turning observations in the laboratory, clinic, and community into interventions that improve the health of individuals and the public — from diagnostics and therapeutics to medical procedures and behavioral changes.

Translational science: The field of investigation focused on understanding the scientific and operational principles underlying each step of the translational process. Translational scientists are innovative and collaborative, searching for ways to break down barriers in the translation process and ultimately deliver more treatments to more patients more quickly.

Wellness and well-being: A state of being marked by emotional stability (e.g., coping effectively with life and creating satisfying relationships) and physical health (e.g., recognizing the need for physical activity, healthy foods, and sleep).

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Approved by the AACN Membership on April 6, 2021.

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