

**DRAFT Essentials Domains, Descriptors,
Contextual Statements, and Competencies**
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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. This distinguishes the practice of professional nursing and forms the basis for clinical judgement 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 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 professional nursing coursework provides graduates with the essential abilities to function as independent, intellectually curious, socially responsible, expert practitioners (Tobbell, 2018). A liberal education creates the foundation for the development of intellectual and practical abilities within the context of nursing. It is the key to the understanding of one’s self and others; it contributes to safe, quality care; and it informs the development of clinical reasoning skills.

Competencies:

- 1.1 Demonstrate an understanding of the discipline of nursing’s distinctive perspective and where shared perspectives exist with other disciplines.
- 1.2 Apply theory and research-based knowledge from the arts, humanities, and sciences.
- 1.3 Demonstrate clinical judgement founded on a broad knowledge base.

Domain 2: Person-Centered Care

Descriptor: Person-centered care includes the patient as well as family and/or others who are important to an individual; it requires care that is just, holistic, respectful, compassionate, coordinated and based on evidence. Person-centered care is developmentally appropriate, respects diversity, differences, preferences, values, needs, resources, and the determinants of health unique to the individual. The person is recognized as a full partner and the source of control in team-based care.

Contextual Statement: Person-centered care requires the intentional presence of the nurse seeking to know and care for the patient as well as family and/or others who are important to an individual. .It produces co-designed care where the person is the source of control and results in shared meaning with the health care team, thus creating humanization of wellness, healing and dying. Person-centered care is based on best available evidence, cultural sensitivity and clinical judgment in the planning and delivery of care across time, spheres of care, and developmental levels. Person-centered care involves equity in collaboration with individuals, their defined family, others important to them, and providers of care. It obliges being consistent with, respectful of, and responsive to an individual’s priorities, needs, goals, and values consequently enhancing health and well-being.

Competencies:

- 2.1 Engage with the individual in establishing a caring relationship.
- 2.2 Communicate effectively with patients (individuals, families, and groups).
- 2.3 Perform an assessment.
- 2.4 Diagnose actual or potential health problems and needs.
- 2.5 Develop a plan of care.
- 2.6 Demonstrate accountability for care delivery.
- 2.7 Evaluate outcomes of care.
- 2.8 Promote self-management.
- 2.9 Provide care coordination.

Domain 3: Population Health

Descriptor: Engagement in partnerships to support and improve equitable population health outcomes.

Contextual Statement: A population is a discrete group that the nurse cares for across settings at local, regional, national, and global levels. Population health crosses the health care delivery continuum. Population health is broadly used to describe collaborative activities among stakeholders for the improvement of a population's health status. The purpose of these collaborative activities, including interventions and policies, is to strive towards health equity. Diversity, equity and inclusivity, and ethics must be emphasized and valued. Accountability for outcomes is shared by all, since outcomes arise from the 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, 2017).

Competencies:

- 3.1 Manage population health.
- 3.2 Engage in effective partnerships.
- 3.3 Consider the economic impact of the delivery of health care.
- 3.4 Advance equitable population health policy.
- 3.5 Demonstrate advocacy strategies.

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.

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, and brings new insight to original research. The scholarship of teaching focuses on the transmission, transformation, and extension of knowledge (Boyer, 1999).

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

of research and advocacy for human subjects are essential components of nursing's role in the process of improving health and healthcare.

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.

Competencies:

- 4.1 Advance the scholarship of nursing.
- 4.2 Integrate best evidence into nursing practice.
- 4.3 Promote the ethical conduct of scholarly activities.

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 as well as implementation science in care delivery. Quality and safety encompass provider and recipient safety and recognition of the 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, care givers 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, caregivers adopt, integrate, and disseminate current practice guidelines and evidence-based interventions.

Safety is inclusive of workplace violence, burnout, and ergonomics; there is a synergistic relationship between employee safety and patient safety. A safe environment minimizes risk to both recipients and providers of care. It requires a shared commitment to create a physically and psychologically secure environment. Safety demands a non-punitive obligation to detect, report and analyze errors and near misses when they occur.

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 current professional knowledge (IOM, 2001). Additionally, quality care includes engaging the recipient of care in taking ownership for preventive care and illness treatment.

Competencies:

- 5.1 Apply quality improvement principles in care delivery.
- 5.2 Contribute to a culture of patient safety.
- 5.3 Contribute to a culture of provider and workplace safety.

Domain 6: Interprofessional Partnerships

Descriptor: The intentional working together across professions and with care team members, patients, families, and communities to optimize care, enhance the healthcare experience, improve outcomes, and reduce costs.

Contextual Statement: Interprofessional 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 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. It requires an understanding of team dynamics and an ability to work effectively in care-oriented teams. Team leadership varies depending on needs of the patient and context of care.

Competencies:

- 6.1 Communicate in a manner that supports a partnership approach to care delivery.
- 6.2 Perform effectively in different team roles, using principles and values of team dynamics.
- 6.3 Use knowledge of nursing and other professions to address the healthcare needs of patients and populations.
- 6.4 Work with other professions to maintain a climate of mutual learning, respect, and shared values.

Domain 7: Systems-Based Practice

Descriptor: Responding to and leading within complex systems of health care.

Contextual Statement: As change agents and leaders, nurses possess the intellectual capacity to be agile in response to continually evolving healthcare systems. Systems-based practice incorporates knowledge of key concepts of organizational structure including relationships among macro, meso, and microsystems across healthcare settings. In addition, knowledge of financial and payment models relative to reimbursement and healthcare costs is essential. Foundational to the delivery of quality care is knowledge of systems-based practice. The impact of local, regional and national structures, systems, and regulations on individuals and populations must be considered when evaluating patient outcomes. Nurses stand at the intersection of the patient and the healthcare delivery system. Using methodologies such as design thinking, nurses lead innovative solutions to solve complex health problems and to ensure safe, quality care.

Competencies:

- 7.1 Apply knowledge of systems to work effectively across the continuum of care.
- 7.2 Incorporate consideration of cost effectiveness of care.
- 7.3 Optimize system effectiveness through application of innovation and evidence-based practice.

Domain 8: Informatics and Healthcare Technologies

Descriptor: Information and communication technologies and informatics processes are used in the provision of care, to drive decision making, and to 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 following professional and regulatory standards.

Contextual Statement: Healthcare professionals interact with patients, families, communities, and populations in technology rich environments. All 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, and the work being done while using them all impact the data collected, information formed, decisions made, and the knowledge generated. Additionally, bringing in information and communication technologies into settings of care changes how people, processes, and policies interact. Using these tools in the provision of care results in short- and long-term consequences to the quality of the care, the efficiency of communications, and the 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 increasing prevalence of patient focused health information technologies, all nurses have a responsibility to advocate for access and assist patients and consumers to optimally use these tools to engage in care, improve health, and manage health conditions.

Competencies:

- 8.1 Describe information and communication technology tools used in the care of patients, communities, and populations.
- 8.2 Use information and communication technology to gather data, create information, and generate knowledge.
- 8.3 Use information and communication technologies and informatics processes to deliver safe nursing care to diverse populations in a variety of settings.
- 8.4 Use information and communication technology to support chronicling of care and communication among providers, patients, and all system levels.
- 8.5 Use information and communication technologies in accordance with ethical, legal, professional and regulatory standards and workplace policies in the delivery of care.

Domain 9: Professionalism

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

Contextual Statement: Professionalism encompasses the development of a nursing identity embracing the values of integrity, altruism, inclusivity, compassion, courage, humility, advocacy, and caring. Professional identity formation obliges the development of emotional intelligence to promote social good, engage in social justice, and demonstrate ethical comportment and moral courage in decision making and actions. Nursing professionalism as a continuum professional socialization process extends itself dutifully to give back to the profession through the mentorship and development of others.

Professional identity is initially formed during the nursing education experience through engagement and reflection in multiple experiences. As a result, nurses begin to embrace the history, characteristics, norms and values of the discipline and begin to 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 experiences of the professional nurse.

Competencies:

- 9.1 Demonstrate an ethical comportment in one's practice reflective of nursing's mission to society.
- 9.2 Employ nursing's participatory approach to person-centered care.
- 9.3 Demonstrate accountability to the patient, society, and the profession.
- 9.4 Comply with relevant laws, policies, and regulations.
- 9.5 Demonstrate the professional identity of nursing.
- 9.6 Integrate diversity, equity, and inclusion as core to one's professional identity.

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.

Contextual Statement: Competency in Personal, Professional, and Leadership Development encompasses three areas: 1) development of the nurse as an individual, resilient, agile, and capable of adapting to ambiguity and change; 2) development of the nurse as a professional, responsible, and accountable 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. 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 is required.

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, avoidance of stress-induced emotional and mental exhaustion, and re-direction of energy from negative perceptions to positive influence through leadership opportunities.

Competencies:

- 10.1 Demonstrate a commitment to personal health and wellbeing.
- 10.2 Demonstrate a spirit of inquiry that fosters flexibility and professional maturity.
- 10.3 Develop capacity for leadership.