# Maine Nurse Core Competencies

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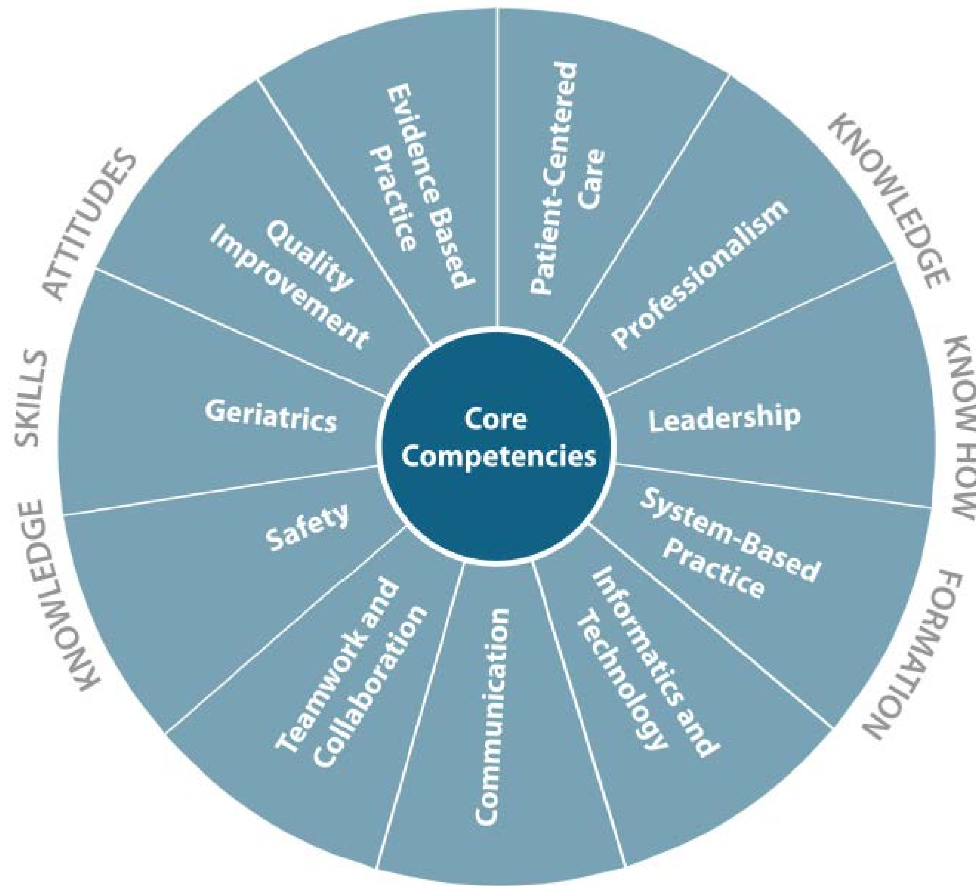


# Maine Partners in Nursing Education and Practice

*Connection • Communication • Collaboration*

***Re-imagine Maine's Nursing Education and Practice***

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# Background: Transforming Nursing Education and Practice in Maine

**Adapted from the**
**Nurse of the Future Core Competencies©, August 2010**
**By the Massachusetts Department of Higher Education**

Over sixty (60) Maine Nurses responded to an invitation to participate in a collaborative work session in June of 2009, at Franklin Memorial Hospital in Farmington, Maine. Members of OMNE Nursing Leaders of Maine, an affiliated chapter of the American Organization of Nurse Executives (AONE), the thirteen (13) schools of Nursing in the state, and the Maine State Board of Nursing hosted a day long collaborative facilitated by Maureen Sroczynski, RN, MS, Chief Nurse Consultant, Department of Higher Education for the State of Massachusetts. All thirteen Schools of Nursing generously provided funding for this important work session. Leaders at Franklin Memorial kindly donated space and refreshments in their beautiful Maine setting. The sixty plus participants represented multiple schools of nursing, acute care, home care and hospice, skilled and long term care, among other constituents.

The stakeholder goals at this work session included:

1. Exploring strategies to ensure a competent Maine nursing workforce for the future,
2. Creating partnerships between nursing education and nursing practice, leading to congruence between education and practice realities and ensuring a unified statewide approach, and
3. Beginning conversations regarding critical nursing workforce issues as well as the future health care needs of Maine's residents.

The work session participants considered the successful work of other state and national organizations that had established strong education and practice partnerships. These organizations had developed work plans addressing impending nurse shortages and nursing education redesign. Ms. Sroczynski's skilled facilitation was educational, discerning, engaging and inclusive of all participants.

By the end of the day, five (5) priorities were set and the Maine Partners in Nursing Education and Practice Steering Committee emerged. The steering committee represents practice partners from diverse practice settings and geographical locations across Maine as well as Nurse Educators from private and state institutions. Members of the Steering Committee also included a state legislator and the Executive Director of the Maine State Board of Nursing.

The five priorities agreed upon through consensus building include…

1. Develop and implement nursing core competencies for the Maine Nurse of the Future,
2. Create paths for innovation in nursing education,
3. Re-imagine nursing education and practice in the context of future consumer need,
4. Involve a broad coalition of stakeholders,
5. Build bridges and partnerships between education and practice to develop models for entering and re-entering nursing practice.

# Maine Nurse Core Competencies

The Maine Partners in Nursing Education and Practice (MPNEP) Steering Committee met for the first time in July 2009. Steering Committee members agreed that adopting Maine Nursing Core Competencies was the top priority. A sub-committee quickly got to work utilizing a comprehensive approach to the process of identifying, defining and adopting core nursing competencies. A rigorous assessment of the work underway in other states and nationally related to core competencies, current and proposed practice standards, as well as education accreditation standards was conducted. The Massachusetts Nurse of the Future (NOF) Core Competencies © (Sroczynski et al. 2011) served as a framework.

In an effort to address projected faculty and nursing shortages, the Massachusetts Department of Higher Education (DHE) gathered key stakeholders and initiated the NOF project. Beginning their work in 2005, these stakeholders "developed a competency-based framework for the future design of nursing educational programs" that expanded on the Institute of Medicine's (IOM) core competencies "for all health care professionals and the Quality and Safety Education for Nurses (QSEN) competencies" (Srocaynski, Gravlin, Route, Hoffart & Creebman, 2011, p. e64). The Massachusetts Nurse of the Future Core Competencies© employed QSEN terminology such as knowledge, skills and (attitudes)/behaviors to establish minimal expectations for graduate RNs and have broader application when creating models for seamless progression through various levels of education (Srocaynski, Gravlin, Route, Hoffart & Creebman, 2011, p. e64).

Additional work reviewed and considered by the MPNEP sub-committee included, the Institute of Medicine's core competencies for all healthcare professionals (Institute of Medicine [IOM], 2003), the Quality and Safety Education for Nurses model (Quality and Safety Education for Nurses [QSEN], 2007), the CCNE Essentials of Baccalaureate of Education (American Association of Colleges of Nursing, 2008), the Bologna Accords (Zabalegui, Loreto & Josefa et al., 2006: Davies, 2008), The Competency Outcomes and Performance Assessment (COPA) model (Lenburg, 1999), the National League of Nursing's educational competencies for graduates of associate degree nursing programs (National League for Nursing [NLN], 2000), the Institute of Medicine's "Future of Nursing: Leading Change, Advancing Health" report (IOM 2010), and the Accreditation Council for Graduate Medical Education competencies (Accreditation Council for graduate Medical Education [ACGME], n.d.), among many other resources that are referenced later in this document.

Rigorous vetting of the eleven recommended Maine Core Competencies occurred with multiple stakeholder groups leading to the adoption of The Maine Nurse Core Competencies. Current and projected population data and demographics of Maine were examined by the sub-committee throughout this process. Maine residents have the oldest median age in the United States at 42.7 years. It is projected that by 2030, 26.5% of the state's population will be 65 or older (http://www.census.gov/prod/cen2010briefs/c2010br-09.pdf). These data contributed to the inclusion of the Maine Geriatrics Core Competency.

These eleven core competencies will guide the transformation of academic curricula and professional practice standards across the state of Maine:

- Professionalism
- Leadership
- Patient-Centered Care
- Evidence-Based Practice
- Teamwork and Collaboration
- Communication
- System-Based Practice
- Informatics and Technology
- Safety
- Quality Improvement
- Geriatrics

In developing the Maine Nurse Core Competencies, the MPNEP reflected upon a set of assumptions established through the Massachusetts NOF work. Working from these NOF assumptions, MPNEP utilized a similar framework outlined below.

- **The Schools of Nursing in the state of Maine will integrate the Maine Nurse Core Competencies into curriculum**.
  - Academic Nurse Leaders are committed to transforming nursing education in Maine to prepare graduates to meet the demands and challenges of an evolving health care system.
  - Leaders in nursing education and practice will develop curriculum models collaboratively
  - An integrated practice/education competency model will positively impact the delivery of safe patient centered care.
  - Nursing curricula must be developed, incorporating the unique demographics of Maine and preparing the nursing workforce to respond to current and future health care needs and population health issues.

- **The Maine Nurse Core Competencies are applicable across all care settings and encompass all populations across the lifespan.**
  - It is essential that all practice environments support, enhance and compel professional competence.
  - Core Competencies incorporate evidence-based knowledge and sensitivity to variables such as age, gender, culture, health disparities, socioeconomic status, race and spirituality which is essential for caring for diverse populations in this global society.

- **The Maine Nurse will be proficient in a core set of competencies.**
  - There is a differentiation in competencies among practicing nurses at various stages of development (Benner, 1984).
  - Competence is developed over a continuum and can be measured.

- **Building bridges and partnerships between education and practice to develop models for entering and re-entering nursing practice is critical**.
  - Nursing education and practice settings should facilitate individuals in moving effectively through the educational system.
  - Advancing the education of all nurses is increasingly recognized as essential to the future of nursing practice.
  - Evidence has demonstrated that nurses with higher education levels have a positive impact on improved consumer outcomes.

Once the eleven Maine Nurse Core Competencies were agreed upon, a small work group was convened. The work group is representative of Maine nursing education, diverse practice settings and a wide geographic range. Members of this work group include Ann Sossong, Associate Professor of Nursing at the University of Maine, School of Nursing in Orono; Paula Ballesteros, Nurse Manager of Eastern Maine Medical Center Rehabilitation Center in Bangor; Karen Rogers, long-time Director of Clinical Education for Western Maine AHEC and Franklin Memorial Hospital in Farmington and recently appointed faculty member at the University of Maine, Augusta Nursing program; Lynn Turnball, Director of Clinical Education at The Aroostook Medical Center in Presque Isle, Mary Dimascio, Director of Clinical Services for Mid Coast Senior Health in Brunswick, and Paula Delahanty, Vice President of Nursing Services, Pen Bay Medical Center in Rockport with extraordinary technical assistance from Kelly Fickett, Executive Assistant, Pen Bay Medical Center in Rockport.

The initial charge of this work group was to delineate each of the adopted core competencies and the associated Knowledge, Skills and Attitudes (KSA) –language that has been used in interdisciplinary education and that allows for integration of the competencies into curriculum in interdisciplinary programs. We used the KAS language in our gap analysis of Maine Nursing Education and we continue to use it in our model. In determining an evaluation strategy for practice, a core group of Maine nursing leaders from both education and practice found the concepts of Knowledge, Behaviors and Skills to better reflect practice based evaluation and this language is incorporated into the evaluation matrix but we have chosen to keep the language of KAS in our model. We have, however, chosen to include in parallel to the KAS, the language recommended in the Carnegie study on the profession of nursing in the Maine model. Patricia Benner and Molly Sutphen (2010) in writing on the findings of the Carnegie study, propose the transformation of professional nursing education through the integration of 3 apprenticeships: cognitive knowledge, practice know-how, and ethical comportment and formation." To become a good nurse, one must develop not only technical expertise but also the ability to form helping relationships and engage in practical ethical and clinical reasoning", (Dreyfus, Dreyfus and Benner, 2009). "Becoming a nurse is thus best articulated as formation because it points to being constituted by the meanings, content, intents and practice of nursing rather than merely learning or being socialized into a nursing role in and external way", (Benner, Sutphen, et. al., 2010). The nurse consequently comports in way that moves beyond knowledge and into capable functioning, (Benner, Sutphen et. al., 2010). We believe using both the KAS language of our colleagues in the health professions and the language proposed by the Carnegie research for transforming our own professional education allows for lateral integration and transformative work.

In the subsequent sections of this document, a definition is provided for each competency. The order of the competencies does not indicate priority, as all of the competencies are of equal importance. Specific knowledge, behaviors and skills as they relate to each competency, reflecting the cognitive, affective and psychomotor domains of learning and practical application are outlined.

The Competency based Knowledge, Behaviors and Skills are expectations for initial nursing practice following completion of a pre-license professional nursing education. Each individual practitioner's depth and breadth of knowledge and application of skills will evolve through the receipt and benefit of being mentored, through professional practice, personal experience, and lifelong learning.

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# Benner's Stages of Clinical Competence

This document will serve as a resource to Maine Leaders as they foster, support and evaluate individual practitioner competence in each of the eleven core competencies. The stages of evolving competence as described in Benner "Stages of Clinical Competence" are outlined below.

**Stage 1: Novice**

Beginners, because they have no experience with the situations in which they are expected to perform, must depend on rules to guide their actions. Following rules, however, has its limits. No rule can tell novices which tasks are most relevant in real life situations. The novice will usually ask to be shown or told what to do.

**Stage 2: Advanced Beginner**

An advanced beginner is one who has coped with enough real situations to note (or to have them pointed out by a mentor) the recurrent meaningful aspects of situations. An advanced beginner needs help setting priorities since she/he operates on general guidelines and is only beginning to perceive recurrent meaningful patterns. The advanced beginner cannot reliably sort out what is most important in complex situations and will require help to prioritize.

**Stage 3: Competent**

Typically, the competent professional has been in practice two or three years. This person can rely on long-range goals and plans to determine which aspects of a situation are important and which can be ignored. The competent professional lacks the speed and flexibility of someone who has reached the proficient level, but competence is characterized by a feeling of mastery and the ability to cope with and manage contingencies of practice.

**Stage 4: Proficient**

This is someone who perceives a situation as a whole rather than in terms of parts. With holistic understanding, decision-making is less labored since the professional has a perspective on which of the many attributes and aspects present are the important ones. The proficient performer considers fewer options and hones in on the accurate region of the problem.

**Stage 5: Expert**

The expert professional is one who no longer relies on an analytical principle (rule, guideline, and maxim) to connect an understanding of the situation to an appropriate action. With an extensive background of experience, the expert has an intuitive grasp of the situation and focuses in on the accurate region of the problem without wasteful consideration of a larger range of unfruitful possibilities.

(Adapted from Benner, 1984, pp. 13-34)

# Professionalism:

The Maine Nurse demonstrates accountability as a life-long learner for the delivery of evidence-based nursing care. Evaluates own practice that is consistent with ethical, moral, altruistic, humanistic, legal, and regulatory principles, and utilizes self-care to practice in a mindful manner.

| KNOWLEDGE | BEHAVIORS | SKILLS |
| --- | --- | --- |
| **K1a** Describes the concept of accountability for own nursing practice<br>**K1b** Justifies clinical decisions | **B1a** Accepts responsibility for own behavior<br>**B1b** Commits to provision of high quality, safe, and effective patient care | **S1a** Demonstrates accountability for own nursing practice<br>**S1b** Exercises clinical reasoning and critical thinking within standards of practice |
| **K2** Participates in the evaluation of professional standards of practice, including evaluation of the legal and regulatory factors that apply, and the responsibility and accountability for outcomes | **B2a** Abides by professional standards of practice<br>**B2b** Upholds legal and regulatory principles<br>**B2c** Recognizes personal capabilities, knowledge base, and areas for development<br>**B2d** Demonstrates collegiality, openness to critique, and peer review | **S2a** Applies recognized professional standards of practice<br>**S2b** Implements plan of care within legal, ethical, and regulatory framework of nursing practice<br>**S2c** Complies with mandated reporting regulations<br>**S2d** Provides and receives constructive feedback to/from peers |
| **K3a** Describes factors essential to the promotion of professional development<br>**K3b** Describes the role of a professional organization shaping the practice of nursing<br>**K3c** Describes the importance of reflection to advancing practice and improving outcomes of care | **B3a** Committed to life-long learning<br>**B3b** Establishes the mentoring relationships for professional development<br>**B3c** Commits to being a reflective practitioner, utilizing self assessment and awareness | **S3a** Participates in life-long learning<br>**S3b** Demonstrates ability for reflection to achieve personal and professional growth |

| KNOWLEDGE | BEHAVIORS | SKILLS |
| --- | --- | --- |
| **K4a** Recognizes the concept of autonomy and self-regulation in nursing practice<br>**K4b** Identifies the culture of nursing and the health care system | **B4** Describes the responsibility to function within acceptable behavioral norms appropriate to the discipline of nursing and the health care organization | **S4a** Seeks ways to advocate for nursing's role, professional autonomy, accountability, and self-regulation<br>**S4b** Promotes and maintains a positive image of nursing<br>**S4c** Recognizes and acts upon breaches of law relating to nursing practice and professional codes of conduct |
| **K5** Recognizes the role and responsibilities as consumer advocate | **B5** Describes the role and responsibilities as consumer advocate | **S5** Serves as a consumer advocate |
| **K6** Describes ethical principles, values, concepts, and decision making that apply to nursing and consumer care | **B6a** Applies the application of ethical principles in daily practice<br>**B6b** Acts in accordance with codes of ethics and accepted standards of practice<br>**B6c** Clarifies personal and professional values and recognizes their impact on decision making and professional behavior | **S6a** Incorporates American Nurses Association's Code of Ethics into daily practice<br>**S6b** Utilizes an ethical decision-making framework in clinical situations<br>**S6c** Responds to ethical concerns, issues, and dilemmas that affect nursing practice<br>**S6d** Enlists systems resources and participates in efforts to resolve ethical issues in daily practice<br>**S6e** Recognizes moral distress and seeks resources for resolution<br>**S6f** Applies a professional nursing code of ethics and professional guidelines to clinical practice |

| KNOWLEDGE | BEHAVIORS | SKILLS |
|---|---|---|
| **K7a** Recognizes responsibilities inherent in being a member of the nursing profession<br><br>**K7b** Recognizes the relationship between personal health, self renewal, and the ability to deliver sustained quality care<br><br>**K7c** Recognizes the relationship between civic and social responsibility and volunteerism with the advancement of one's own practice and the profession of nursing | **B7a** Conducts oneself in accordance with personal and professional behaviors that promote the profession of nursing<br><br>**B7b** Upholds altruistic and humanistic principles | **S7a** Advocates for professional standards of practice using organizational and political processes<br><br>**S7b** Practices within one's scope of practice and adheres to licensure law and regulations<br><br>**S7c** Articulates to the public the values of the profession as they relate to consumer welfare<br><br>**S7d** Advocates for the role of the professional nurse as a member of the interdisciplinary health care team<br><br>**S7e** Develops personal goals for professional development<br><br>**S7f** Assumes social and civic responsibility through participation in community volunteer activities<br><br>**S7g** Assumes professional responsibility through participation in professional nursing organizations |

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# Leadership:

The Maine Nurse demonstrates leadership in the professional practice setting through accountability, influence, change management, and collaboration with others in a way that will facilitate the establishment and achievement of shared goals.

| KNOWLEDGE | BEHAVIORS | SKILLS |
|---|---|---|
| **K1** Identifies leadership skills essential to the practice of nursing | **B1** Recognizes the role of the nurse as leader | **S1** Integrates leadership skills of systems thinking, communication, and facilitating change in meeting consumer care needs |
| **K2** Describes critical thinking and problem-solving processes | **B2** Applies clinical reasoning and critical thinking processes in the management of client care situations | **S2a** Uses systematic approaches in problem solving<br>**S2b** Demonstrates purposeful, informed, outcome-oriented thinking |
| **K3a** Describes human behavior, mental processes, and individual and group performance<br>**K3b** Identifies the roles and skills of the health care team | **B3a** Recognizes that personal attitudes, beliefs and experiences influence one's leadership style<br>**B3b** Considers the perspectives and incorporates the expertise of each member of the health care team | **S3a** Demonstrates ability to effectively participate in multidisciplinary teams<br>**S3b** Promotes a productive culture by valuing individuals and their contributions<br>**S3c** Models effective communication and promotes cooperative behaviors<br>**S3d** Examines different viewpoints |
| **K4** Monitors one's own feelings and emotions, to discriminate among them and use this information to guide thinking and actions | **B4a** Recognizes that personal attitudes, beliefs and experiences influence one's leadership style<br>**B4b** Recognizes the limits of one's own role and competence and, where necessary, consults with other health professionals with the appropriate competencies<br>**B4c** Demonstrates fairness and open mindedness<br>**B4d** Promotes an environment encouraging creative thinking and innovations | **S4a** Clarifies biases, inclinations, strengths, and self-limitations<br>**S4b** Adapts to stressful situations<br>**S4c** Seeks appropriate mentors<br>**S4d** Acts as an effective role model and resource for students and support staff |
| **K5** Explains the importance, necessity, and process of change | **B5a** Recognizes one's own reaction to change and strives to remain open to new ideas and approaches<br>**B5b** Solicits new ideas and interventions to improve consumer care | **S5** Implements change to improve care |

| KNOWLEDGE | BEHAVIORS | SKILLS |
|---|---|---|
| **K6** Describes the principles of accountability and delegation and in accordance with scope of practice | **B6a** Recognizes the value of delegation<br>**B6b** Accepts accountability for nursing care given by self and delegated to others<br>**B6c** Accepts accountability and responsibility for one's own professional judgment and actions | **S6a** Participates in the change process to improve consumer care, the work environment, and consumer and staff satisfaction<br>**S6b** Assigns, directs, and supervises ancillary personnel and support staff in carrying our particular roles/functions aimed at achieving care goals |

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# Patient-Centered Care:

The Maine Nurse enters into a holistic, compassionate, respectful partnership with the patient and family that facilitates shared decision-making, recognizing consumer preferences, values, and needs in providing age and culturally appropriate, coordinated, safe, and effective care.

| KNOWLEDGE | BEHAVIORS | SKILLS |
|---|---|---|
| **K1** Identifies components of nursing process appropriate to individual, family, group, community, and population health care needs across the life span | **B1a** Utilizes scientific inquiry, as demonstrated in the nursing process, as an essential tool for provision of nursing care<br>**B1b** Describes the differences between data collection and assessment | **S1a** Provides priority-based nursing care to individuals, families, and groups through independent and collaborative application of the nursing process<br>**S1b** Demonstrates cognitive, affective, and psychomotor nursing skills when delivering consumer care |
| **K2** Demonstrates service delivery in a variety of settings along a continuum of care that can be accessed at any point | **B2a** Assesses health care situations "through consumer's eyes"<br>**B2b** Respects and encourages the consumer's input relative to decisions about health care and services | **S2** Recognizes that consumer values, preferences, decisional capacity, and expressed needs are part of ongoing assessment, clinical interview, implementation of care plan, and evaluation of care |
| **K3** Integrates knowledge of multiple dimensions of patient-centered care:<br>• Patient/family/community preferences, values<br>• Coordination and integration of care<br>• Information, communication, and education<br>• Physical comfort and emotional support<br>• Involvement of family and significant other<br>• Transition and continuity | **B3a** Respects and encourages individual expression of consumer values, preferences, and needs<br>**B3b** Incorporates the consumer's expertise in recognizing and managing own health and symptoms<br>**B3c** Respects and encourages the consumer's input into decisions about health care and services | **S3a** Communicates consumer values, preferences, and expressed needs to other members of health care team<br>**S3b** Seeks information from appropriate sources on behalf of consumer, when necessary |

| KNOWLEDGE | BEHAVIORS | SKILLS |
| --- | --- | --- |
| **K4** Describes how diverse cultural, ethnic, spiritual and socioeconomic backgrounds function as sources of consumer, family, and community values | **B4a** Seeks opportunity to learn about all aspects of human diversity<br>**B4b** Recognizes impact of personal attitudes, values and beliefs regarding delivery of care to diverse clients<br>**B4c** Supports patient-centered care for individuals and groups whose values differ from their own | **S4a** Provides patient-centered care with sensitivity and respect for the diversity of human experience<br>**S4b** Implements nursing care to meet holistic needs of consumer on socioeconomic, cultural, ethnic, and spiritual values and beliefs influencing health care and nursing practice<br>**S4c** Demonstrates caring behaviors toward consumer, significant others, and groups of people receiving care |
| **K5** Applies the concepts of pain management, palliative care, and quality of life | **B5a** Identifies the role of the nurse in relieving all types and sources of pain and suffering<br>**B5b** Recognizes personally held values and beliefs about the management of pain and suffering and end-of-life care | **S5a** Assesses presence and extent of physical and emotional comfort<br>**S5b** Elicits expectations of consumer and family for relief of pain, discomfort, or suffering and end-of-life care<br>**S5c** Initiates treatments to relieve pain and suffering in light of consumer values, preferences, and expressed needs |
| **K6** Acknowledges the diversity of the human condition | **B6** Recognizes the inherent worth and uniqueness of individuals and populations | **S6a** Describes how human behavior is affected by socioeconomics, culture, race, spiritual beliefs, gender, lifestyle, and age<br>**S6b** Provides holistic care that addresses the needs of diverse populations across the life span<br>**S6c** Works collaboratively with health care providers from diverse backgrounds<br>**S6d** Describes the effects of health and social policies on persons from diverse backgrounds |

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# Evidence-Based Practice (EBP):

The Maine Nurse identifies, integrates, and evaluates current evidence and research findings coupled with clinical expertise and consideration of consumers' preferences, experience, and values to make practice decisions for quality outcomes.

| KNOWLEDGE | BEHAVIORS | SKILLS |
|---|---|---|
| **K1** Demonstrates knowledge of basic scientific methods and processes | **B1a** Acknowledges strengths and weaknesses of scientific bases for practice<br>**B1b** Recognizes the need for ethical conduct in practice and research | **S1a** Critiques research for application to practice<br>**S1b** Participates in data collection and other research activities |
| **K2** Describes the concept of evidence-based practice (EBP), including the components of research evidence, clinical expertise, and consumer values | **B2** Acknowledges the concept of EBP as integral to determining best clinical practice | **S2** Develops individualized care on best current evidence, consumer values, and clinical expertise |
| **K3** Describes reliable sources for locating evidence reports and clinical practice guidelines | **B3** Acknowledges the importance of accessing relevant clinical evidence | **S3** Accesses evidence-based reports related to clinical practice topics and guidelines |
| **K4** Differentiates clinical opinion from research and evidence summaries | **B4** Recognizes that the strength and relevance of evidence should be determinants when choosing clinical interventions | **S4a** Applies research and evidence-based reports related to policy and practice<br>**S4b** Contributes to the integration of current evidence into practices |
| **K5** Describes the role of evidence in determining best clinical practice | **B5a** Examines the rational of supporting routine approaches to care processes and decisions<br>**B5b** Promotes the need for continuous improvement in clinical practice based on new knowledge | **S5** Facilitates integration of new evidence into standards of practice, policies, and nursing practice guidelines |
| **K6a** Identifies evidence-based rationale when developing and/or modifying clinical practices<br>**K6b** Describes data collection methodologies appropriate to individuals, families, and groups in meeting health care needs across the life span | **B6** Acknowledges own limitations in knowledge and clinical expertise before seeking evidence and modifying clinical practice | **S6** Utilizes current evidence and clinical experience to decide when to modify clinical practice |

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# Teamwork and Collaboration:

The Maine Nurse practices effectively with the healthcare consumer, family, and inter-professional team(s), to build relationships and foster open communication, mutual respect, and shared decision-making.

**Self**

| KNOWLEDGE | BEHAVIORS | SKILLS |
|---|---|---|
| **K1** Identifies own strengths, limitations, and values in functioning as a member of a team | **B1a** Recognizes responsibility for contributing to effective team functioning<br>**B1b** Promotes the importance of collaboration | **S1a** Demonstrates self-awareness of strengths and limitations as a team member<br>**S1b** Initiates plan for self-development as a team member<br>**S1c** Acts with integrity, consistency, and respect for differing views |

**Team**

| KNOWLEDGE | BEHAVIORS | SKILLS |
|---|---|---|
| **K2** Describes scope of practice and roles of interdisciplinary and nursing health care team members | **B2** Acknowledges the perspectives and expertise of all health team members | **S2** Actively participates within scope of practice as a member of the health care team |
| **K3** Identifies contributions of other individuals and groups in helping consumers and families achieve health goals | **B3** Promotes the centrality of the consumer and family as core members of any health care team | **S3** Assumes the role of team member or leader based on the situation |
| **K4** Describes strategies for identifying and managing overlaps in team member roles and accountabilities | **B4** Acknowledges the unique professional and cultural attributes that members bring to a team | **S4a** Initiates requests for assistance when situation warrants it<br>**S4b** Manages, within the scope of practice, areas of overlap in role and/or accountability in team member functioning<br>**S4c** Integrates the contributions of others in assisting consumer/family to achieve health goals |

**Team Communication**

| KNOWLEDGE | BEHAVIORS | SKILLS |
|---|---|---|
| **K5** Describes the principles of effective collegial communication | **B5** Promotes teamwork and the relationship upon which it is based | **S5a** Adapts own communication style to meet the needs of the team and situation<br>**S5b** Demonstrates commitment to team goals<br>**S5c** Solicits input from other team members to improve individual and team performance |

**Effect of Team on Safety & Quality**

| KNOWLEDGE | BEHAVIORS | SKILLS |
|---|---|---|
| **K6a** Acknowledges the impact of effective team functioning on safety and quality of care | **B6a** Recognizes the risks associated with transferring consumer care responsibilities to another professional ("hand-off") during transitions in care<br>**B6b** Discusses how authority and hierarchy influences teamwork and safety | **S6a** Applies evidence-based communication practices to minimize risks associated with transfers between providers during transitions in care delivery<br>**S6b** Articulates evidence-based position/perspective in discussions about care |

**Impact of Systems on Team Functioning**

| KNOWLEDGE | BEHAVIORS | SKILLS |
|---|---|---|
| **K7a** Identifies systems factors that facilitate or interfere with effective team functioning<br>**K7b** Identifies lateral violence as a barrier to teamwork and unit functioning<br>**K7c** Explores strategies for improving microsystems to support team functioning | **B7a** Recognizes tensions between professional autonomy and systems factors<br>**B7b** Recognizes behaviors that contribute to lateral violence<br>**B7c** Promotes the creation of system solutions in achieving quality of care | **S7a** Contributes to effective team process<br>**S7b** Practices strategies to minimize lateral violence<br>**S7c** Participates in designing microsystems that support effective teamwork |

## TEAMWORK AND COLLABORATION BIBLIOGRAPHY

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# Communication:

The Maine Nurse communicates effectively, fostering mutual respect and shared decision making to enhance knowledge, experience, and health outcomes.

**Therapeutic Communication**

| KNOWLEDGE | BEHAVIORS | SKILLS |
|---|---|---|
| **K1a** Describes the principles of effective communication through various means | **B1** Accepts responsibility for communicating effectively | **S1a** Utilizes clear, concise, and effective written, electronic, and verbal communications<br>**S1b** Applies appropriate grammar, spelling, and health care terminology<br>**S1c** Documents interventions and nursing outcomes according to professional standard and work unit policy |
| **K2a** Identifies multiple forms of visual, auditory, and tactile communication<br>**K2b** Describes the physiological, psychosocial, developmental, spiritual, and cultural influences on effective communication<br>**K2c** Describes the impact of one's own communication style on others | **B2a** Describes different means of communication (auditory, visual, and tactile)<br>**B2b** Promotes mutually respectful communication<br>**B2c** Acknowledges individual cultural and personal diversity<br>**B2d** Supports persons' rights to make decisions in planning care | **S2a** Identifies the appropriate setting and time to initiate conversation<br>**S2b** Assesses the consumer's readiness/ willingness to communicate<br>**S2c** Assess the consumer's ability to communicate<br>**S2d** Identifies preferences for visual, auditory, or tactile communication<br>**S2e** Assesses barriers to effective communication (language, developmental level, medical condition/disabilities, anxiety, learning styles, etc.)<br>**S2f** Appropriately adapts own communication based on consumer and family assessment<br>**S2g** Assesses the impact of use of self in effective communication |

| KNOWLEDGE | BEHAVIORS | SKILLS |
|---|---|---|
| **K3a** Describes the nurse's role and responsibility in applying the principles of verbal and nonverbal communication<br><br>**K3b** Describes the nurse's role and responsibility in applying principles of active listening | **B3a** Recognizes the dynamics of physical and emotional presence on communication<br><br>**B3b** Recognizes the influences of physiological, psychosocial, developmental, spiritual, and cultural influences on one's own ability to communicate | **S3a** Establishes rapport<br><br>**S3b** Provides opportunity to ask and actively listens and responds to questions, concerns and comments<br><br>**S3c** Demonstrates effective interviewing techniques<br><br>**S3d** Assesses verbal and non-verbal responses<br><br>**S3e** Adapts communication as needed based on consumer's response<br><br>**S3f** Distinguishes effective communication |

### Collegial Communication & Conflict Resolution

| KNOWLEDGE | BEHAVIORS | SKILLS |
|---|---|---|
| **K4a** Interprets differences in communication styles<br><br>**K4b** Discusses effective strategies for communicating and resolving conflict<br><br>**K4c** Describes the principles of group process and collaboration | **B4a** Acknowledges the role of each member of the health care team<br><br>**B4b** Recognizes individual accountability in conflict resolution<br><br>**B4c** Acknowledges the contributions of others in helping consumer and families achieve health goals | **S4a** Communicates effectively with colleagues<br><br>**S4b** Contributes toward conflict resolution<br><br>**S4c** Utilizes evidence-based practice communication approach to transfer care responsibilities to other professionals whenever consumers experience transitions in care and across settings |

## Teaching/Learning

| KNOWLEDGE | BEHAVIORS | SKILLS |
|---|---|---|
| **K5a** Describes how different learning styles influence education of consumers and families<br>**K5b** Identifies differences in auditory, visual, and tactile learning styles<br>**K5c** Describes the principles of teaching and learning<br>**K5d** Describes the three domains of learning: cognitive, affective, and psychomotor<br>**K5e** Describes the concept of health literacy<br>**K5f** Describes the process of cooperative learning | **B5a** Recognizes different means of communication used by consumers and families<br>**B5b** Accepts the role and responsibility for providing health education to consumer and families<br>**B5c** Recognizes the need for teaching in all three domains of learning<br>**B5d** Recognizes the consumer's and family's right to know the reason for chosen interventions | **S5a** Assesses factors that influence the consumer's and family's ability to learn, including readiness to learn, preferences for learning style, and levels of health literacy<br>**S5b** Incorporates facts, values, and skills into teaching plan<br>**S5c** Assists consumers and families in accessing and interpreting health information and identifying healthy lifestyle behaviors<br>**S5d** Provides relevant and sensitive health education information and advice to consumers and families<br>**S5e** Participates in cooperative learning<br>**S5f** Discusses clinical decisions with consumers and families<br>**S5g** Evaluates consumer and family learning |

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# Systems-Based Practice:

The Maine Nurse is knowledgeable and responsive to the changing healthcare system and demonstrates the ability to access resources in a safe, effective, and financially responsible manner to provide value based care.

| KNOWLEDGE | BEHAVIORS | SKILLS |
|---|---|---|
| **K1** Describes the difference between microsystems and macrosystems in health care | **B1a** Acknowledges the role of new staff nurses in the operations of an effective microsystem<br>**B1b** Recognizes how the elements of the microsystem impact one's practice | **S1** Plans, organizes and delivers consumer care in the context of the work setting level |
| **K2a** Describes the impact of macrosystem changes on planning, organizing, and delivering care in the work setting<br>**K2b** Describes interrelationships among nursing, the nursing work unit, and organizational goals | **B2a** Recognizes the complexity of the work setting environment<br>**B2b** Recognizes the complexity of the individual and group practice on a care setting<br>**B2c** Recognizes the impact of one's decisions on the care setting<br>**B2d** Recognizes the importance of work setting systems in providing supplies, medications, equipment, and information in a timely and accurate fashion<br>**B2e** Acknowledges one's own role in identifying work setting inefficiencies and operational failures | **S2a** Considers the influences of the macrosystem when making consumer care decisions<br>**S2b** Seeks to solve problems encountered at the point of care<br>**S2c** Informs management of problems encountered in daily practice and informs those who can facilitate resolution<br>**S2d** Identifies inefficiencies and failures, such as those involving supplies, medications, equipment, and information<br>**S2e** Participates in solving work unit inefficiencies and operational failures that impact consumer care, such as those involving supplies, medications, equipment, and information |

| KNOWLEDGE | BEHAVIORS | SKILLS |
|---|---|---|
| **K3a** Describes the concept of consumer care delivery models<br>**K3b** Describes the role and responsibilities as a member of the health care team in planning and using work unit resources to achieve quality consumer outcomes<br>**K3c** Describes the relationship between the outcomes of one's own nursing care and work unit resources | **B3a** Acknowledges the tension that may exist between a goal-driven and a resource-driven consumer care delivery model<br>**B3b** Acknowledges contributions of each member of the health care team to the work unit<br>**B3c** Manages one's own time as a critical resource<br>**B3d** Establishes partnerships required to coordinate health care activities that can affect work performance | **S3a** Considers resources available on the work unit when contributing to the plan of care for a consumer or group of consumers<br>**S3b** Collaborates with members of the health care team to prioritize resources, including one's own work time and activities delegated to others, for the purposes of achieving quality outcomes<br>**S3c** Evaluates outcomes of one's own nursing care<br>**S3d** Collaborates with others, uses evidence to facilitate work unit change to achieve desired consumer outcomes |
| **K4** Describes the role and responsibilities as consumer advocate, assisting consumer in navigating through the health care system | **B4a** Assumes role and responsibilities as consumer advocate<br>**B4b** Partners in providing high quality consumer care<br>**B4c** Effectively communicates and shares information across disciplines and throughout transitions in care<br>**B4d** Utilizes education and referral to assist the consumer and family through transitions across the continuum of care | **S4a** Serves as a consumer advocate<br>**S4b** Assists consumers and families in dealing with work unit complexities<br>**S4c** Uses education and referral to assist the consumer and family through transitions across the continuum of care |
| **K5a** Describes the influence of legal, political, regulatory, and economic factors on the delivery of consumer care<br>**K5b** Identifies different models of health care financing and regulation can influence consumer access to care | **B5a** Considers that legal, political, regulatory, and economic factors influence the delivery of consumer care<br>**B5b** Remains informed of how legal, political, regulatory, and economic factors impact professional nursing practice | **S5a** Provides care based on current legal, political, regulatory, and economic requirements<br>**S5b** Articulates issues at the work unit level that impact care delivery |
| **K6** Describes global aspects of health care | **B6a** Acknowledges the potential of the global environment to influence consumer health<br>**B6b** Acknowledges the potential of the global environment to influence nursing practice | **S6** Engages in self-reflection on one's role and responsibilities related to global health issues |

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# Informatics and Technology:

The Maine Nurse demonstrates proficiency in the use of technology and information systems to communicate, manage knowledge, mitigate error, and to support decision making for safe practice.

| KNOWLEDGE | BEHAVIORS | SKILLS |
|---|---|---|
| **K1** Describes concepts included in basic computer competencies | **B1** Recognizes the importance of basic computer competence to contemporary nursing practice | **S1** Demonstrates proficiency in computer systems in the work setting |
| **K2** Describes the importance of information and technology skills as essential to the professional nurse | **B2a** Recognizes that health computing will become more common<br>**B2b** Acknowledges the necessity for all health professionals to seek lifelong, continuous learning of information technology skills | **S2a** Integrates selected electronic resources and integrates them into a professional knowledge base<br>**S2b** Evaluates information and its sources critically and incorporates selected information into his or her own professional knowledge base<br>**S2c** Seeks education about how information is managed in the care setting before providing care<br>**S2d** Performs basic troubleshooting when using applications |
| **K3** Defines the impact of computerized information management on the role of the nurse | **B3** Acknowledges own role in influencing the attitudes of other nurses toward computer use for nursing practice and education | **S3a** Accesses essential information effectively and efficiently<br>**S3b** Applies sources of data that relate to contemporary standards of practice and consumer care<br>**S3c** Applies appropriate technologies in the process of assessing and monitoring consumers |
| **K4** Describes the use and importance of nursing data for improving practice | **B4** Recognizes the importance of nursing data to improve nursing practice | **S4a** Utilizes information effectively to accomplish a specific nursing purpose<br>**S4b** Applies information technology to enhance own knowledge |

| KNOWLEDGE | BEHAVIORS | SKILLS |
|---|---|---|
| **K5** Describes the computerized systems presently utilized to facilitate consumer care | **B5** Recognizes the importance of technology on consumer care | **S5a** Applies technology and information management tools to support safe processes of care and evaluate impact on consumer outcomes<br>**S5b** Accesses, enters, retrieves and applies data necessary locally for consumer care<br>**S5g** Evaluates and applies information management technologies for consumer education |
| **K6** Describes consumers' rights as they pertain to computerized information management | **B6** Protects the privacy and confidentiality of protected health information in electronic health records | **S6a** Discusses the principles of data integrity, professional ethics, and legal requirements<br>**S6b** Maintains privacy and confidentiality of consumer information<br>**S6c** Describes ways to protect data<br>**S6d** Recognizes and responds to viruses and other system risks<br>**S6e** Maintains the integrity of information and access necessary for consumer care within an integrated computer-based consumer record |
| **K7** Describes the rationale for involving the interdisciplinary team in the design, selection, implementation, and evaluation of applications and systems in health care | **B7** Promotes nurses' involvement in design, selection, implementation, and evaluation of information technologies to support consumer care | **S7a** Provides input to the design, selection, and application of information technologies to support consumer care<br>**S7b** Participates in interdisciplinary teams to make ethical decisions regarding the application of technologies and the acquisition of data |

| KNOWLEDGE | BEHAVIORS | SKILLS |
|---|---|---|
| **K8a** Recognizes the time, effort, and skill required to develop reliable and effective health care technology<br>**K8b** Identifies appropriate technology for assessing and monitoring consumers' conditions<br>**K8c** Describes examples of how technology and information management are related to the quality and safety of consumer care | **B8** Promotes technology as a tool that can be used to improve nursing care safety and quality | **S8a** Adapts the use of technologies to meet consumer needs<br>**S8b** Teaches consumers about health care technologies<br>**S8c** Utilizes information technologies to document and evaluate consumer care, advance consumer education, and enhance the accessibility of care<br>**S8d** Advocates for consumers as systems users<br>**S8e** Identifies the appropriate technology to capture required consumer data<br>**S8f** Determines the nature and extent of information needed<br>**S8g** Responds appropriately to clinical decision-making supports and alerts (e.g., physiological monitoring alarms, telemetry alarms, medication alerts)<br>**S8h** Utilizes information management tools to monitor outcomes of care processes<br>**S8i** Utilizes data and statistical analyses to evaluate practice and perform quality improvement |
| **K9** Describes general applications available for research | **B9** Promotes technology as a tool for generating knowledge | **S9a** Conducts on-line literature searches<br>**S9b** Extracts data from clinical data sets<br>**S9c** Provides for efficient data collection<br>**S9d** Utilizes applications to manage aggregated data<br>**S9e** Contributes to evidence that supports practice |

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# Safety:

The Maine Nurse utilizes clinical reasoning and critical thinking that drives a culture of safety to prevent risk of harm to healthcare consumers, families, colleagues, and the environment.

| KNOWLEDGE | BEHAVIORS | SKILLS |
|---|---|---|
| **K1** Describes evidence-based resources/principles on a foundation of clinical reasoning and critical thinking for safe practice | **B1** Acknowledges resources and principles that drive clinical reasoning and critical thinking | **S1** Applies clinical reasoning and critical thinking for safe practice |
| **K2** Identifies human factors and basic safety design principles that affect safety | **B2** Recognizes the cognitive and physical limitations of human performance | **S2** Demonstrates effective use of technology and standardized practices that support safe practice |
| **K3** Describes the benefits and limitations of commonly used safety technology | **B3** Recognizes the tension between professional autonomy and standardization | **S3** Demonstrates effective use of strategies at the individual and systems levels to reduce risk of harm to self and others |
| **K4** Discusses effective strategies to enhance memory and recall and minimize interruptions | **B4** Recognizes that both individuals and systems are accountable for a safety culture | **S4** Utilizes appropriate strategies to reduce reliance on memory and interruptions |
| **K5a** Delineates general categories of errors and hazards in care<br>**K5b** Describes factors that create a culture of safety<br>**K5c** Describes optimal processes for communicating with consumers/ families experiencing adverse events | **B5a** Recognizes the importance of transparency in communication with the consumer, family, and health care team around safety and adverse events<br>**B5b** Recognizes the complexity and sensitivity of the clinical management of medical errors and adverse events | **S5a** Participates in collecting and aggregating safety data<br>**S5b** Utilizes organizational error reporting system for "near miss" and error reporting<br>**S5c** Communicates observations or concerns related to hazards and errors involving consumers, families, and/or health care team<br>**S5d** Utilizes timely data collection to facilitate effective transfer of consumer care responsibilities to another professional during transitions in care ("hand-offs")<br>**S5e** Discusses clinical scenarios in which sensitive and skillful management of corrective actions to reduce emotional trauma to consumers/families is employed |

| KNOWLEDGE | BEHAVIORS | SKILLS |
|---|---|---|
| **K6** Describes how consumers, families, individual clinicians, health care teams, and systems can contribute to promoting safety and reducing errors | **B6** Recognizes the value of analyzing systems and individual accountability when errors or near misses occur | **S6** Participates in analyzing errors and designing systems improvements |
| **K7a** Describe processes used in analyzing causes of anticipated events<br>**K7b** Discusses potential and actual impact of established consumer safety resources, initiatives and regulations | **B7a** Promotes a system of "Just Culture"<br>**B7b** Recognizes industry benchmarks intended to improve performance, processes and outcomes | **S7** Utilizes established resources to assure safe practice |

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# Quality Improvement:

The Maine Nurse contributes to evidence-based nursing practice by participating in improvement strategies/processes including the use of data to design, implement and evaluate outcomes to improve the quality and safety of healthcare systems.

| KNOWLEDGE | BEHAVIORS | SKILLS |
|---|---|---|
| **K1** Describes nursing contribution to improving systems of care and outcomes | **B1a** Recognizes that quality improvement is an essential part of nursing<br>**B1b** Recognizes that team relationships are important to quality improvement | **S1a** Seeks information about quality initiatives in their own care settings and organization<br>**S1b** Seeks information about quality improvement in the care setting from relevant institutional, regulatory and local/national sources<br>**S1c** Participates in the use of quality improvement processes |
| **K3** Describes the importance of variation and measurement in providing quality nursing care | **B3a** Acknowledges how standardization supports quality consumer care<br>**B3b** Recognizes how unwanted variation compromises care | **S3** Participates in the use of quality improvement tools to assess performance and identify gaps and promote best practices |
| **K4** Describes approaches for improving processes and outcomes of care | **B4** Recognizes the value of what individuals and teams can do to improve care processes and outcomes of care | **S4** Participates in the use of quality indicators and measures to evaluate the effect of changes in the delivery of care |

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# Geriatrics:

The Maine Nurse values the unique psychosocial, physical, and cultural attributes of the older adult in order to promote healthy aging and provide safe and effective care.

| KNOWLEDGE | BEHAVIORS | SKILLS |
|---|---|---|
| **K1a** Promotes healthy aging for older adults<br>**K1b** Identifies components of person centered plans for maintaining older adult health and dignity | **B1a** Respects an older adult's life history<br>**B1b** Acknowledges the older adult's independence and ability to self-direct<br>**B1c** Acknowledges autonomy of an older adult<br>**B1d** Recognizes the diversity of the older adult population | **S1a** Assesses older adults' functional health using evidence based nursing practice tools<br>**S1b** Demonstrates a basic ability to communicate with an older adult |
| **K2a** Identifies nursing role in advocating for older adults<br>**K2b** Recognizes importance of person-first language in communication with an older adult<br>**K2c** Identifies barriers to communication with an older adult<br>**K2d** Defines common communication barriers in an older adult including cognition, sensory, or literacy | **B2a** Values role of caregiver for an older adult including older adults who are cognitively impaired<br>**B2b** Recognizes personal biases, beliefs, and values related to aging<br>**B2c** Recognizes cultural, ethnic, and spiritual aspects of aging | **S2a** Demonstrates ability to communicate with an older adult who has cognitive, sensory, or literacy barriers<br>**S2b** Assesses symptoms related to geriatric syndromes and common illnesses of older adults<br>**S2c** Demonstrates respectful person centered plan of care in collaboration with an older adult and/or their caregiver(s) |

| KNOWLEDGE | BEHAVIORS | SKILLS |
|---|---|---|
| **K3a** Identifies system barriers to aging in place<br>**K3b** Identifies importance of interdisciplinary team in caring for older adults | **B3a** Recognizes the importance of advocating for communication support of the older adult<br>**B3b** Recognizes the importance of the interdisciplinary team in helping an older adult and/or their caregiver(s) make healthcare decisions | **S3a** Provides care to older adults across the continuum of care (home, acute care, skilled nursing/long term care, and community based long term care settings), including at end of life<br>**S3b** Demonstrates ability to provide supportive communication for an older adult during transition of care<br>**S3d** Demonstrates an understanding of the role of nursing in managing a nursing team to provide care to an older adult<br>**S3e** Differentiates role of advocacy in working with older adults<br>**S3f** Reviews social barriers to aging in place including but not limited to, transportation, access to medications, caregiver support, and basic needs<br>**S3g** Demonstrates knowledge of community based aging network resources including the Administration of Aging, state unit on aging, community action programs, and area agencies on aging. |
| **K4a** Recognizes role of technology in improving functional health of older adult<br>**K4b** Recognizes use of technology in improving care of and communication with older adults and caregivers | **B4** Recognizes role of technology as a communication and safety tool for older adults and their caregiver(s) | **S4a** Practices referral and/or use of assistive devices and technology to support safety and independence of an older adult<br>**S4b** Reviews use of emerging electronic communication methods designed to improve consumer centered communication with older adults and caregivers<br>**S4c** Reviews financial barriers to aging in place including, but not limited to, health reform, Medicare/Medicaid, long term care planning, and Social Security |

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# Glossary

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|---|---|
| Adverse Event | Any injury caused by medical care (Massachusetts Coalition for the Prevention of Medical Errors, 2006). |
| Clinical Reasoning | Reasoning across time about particular situations and through changes in the consumer's condition or concerns and/or changes in the clinician's understanding of the consumer's clinical condition or concerns (Benner, Sutphen, Leonard-Kahn & Day, 2008). |
| Collaborative Practice | This practice can include interdisciplinary teams, nurse-physician interaction in joint practice, or nurse-physician collaboration in care giving. Collaboration is cooperative and synergistic. The interaction between nurse and physicians or other health care team members in collaborative practice should enable the knowledge and skills of the professions to influence the quality of consumer care (Tomey, 2009). |
| Cooperative Learning | Student interactions in purposefully structured groups that encourage individual flexibility and group learning through positive interdependence, individual accountability, face-to-face interaction, appropriate use of collaborative skills, and regular self-assessment of team functioning. |
| Delegated Practice | Assessments and interventions in this realm are determined by the medical plan of care and specific provider-directed interventions. The nurse carries out these delegated functions when his or her knowledge, experience, and judgment confirm that the specific medical order is appropriate and safe for the consumer being served (Koloroutis, 2004). |
| Domains of Learning | *Cognitive* domain of learning skills revolves around knowledge, comprehension, and thinking through a particular topic.<br>*Affective* domain of learning skills describes the way people react emotionally in terms of attitudes and feelings.<br>*Psychomotor* domain of learning skills describes the ability to physically perform a task or behavior.<br>(Bloom, 1956). |
| Established Consumer Safety Initiatives | Goals, standards, and performance expectations that have been established to assist in the prevention of health care error and associated consumer injuries (e.g., by the institute for Healthcare Improvement (IHI), National Patient Safety Foundation, Agency for Healthcare Research and Quality, Center for Medicare and Medicaid Services, The Joint Commission). |
| Evidence-Based Practice | Uses the current best evidence to make decisions about consumer care. Integrates the search for and critical appraisal of current evidence relating to a clinical question, the nurse's expertise, and the consumer's preferences and values (Melnyk and Fineout-Overholt, 2005).<br>Research utilization tends to use knowledge typically from one study while evidence-based practice incorporates the expertise of the practitioner and consumer preferences and values (Melnyk and Fineout-Overholt, 2005). |

| | |
|---|---|
| Geriatric Syndromes | Dementia, delirium, urinary incontinence, hearing and vision impairment, malnutrition, eating and feeding problems, osteoporosis and osteomalacia, falls and gait disturbances, dizziness and syncope, pressure ulcers, and sleep disorders (American Geriatric Society). |
| Global Health | The health of populations around the world in an environment that disregards national borders and transcends the perspectives and concerns of individual nations, instead reflecting factors including global political, economic, and workforce issues (American Association of Colleges of Nursing, 2008). |
| Goal-Driven Model | Nursing care delivery model in which the workflow originates in the nurse's assessment of consumer needs and assumes that the resources required to deliver a comprehensive package of care based on consumer needs will be forthcoming. The goals for the consumer drive the care (Barnum & Kerfoot, 1995). |
| Hand-off | Transfer of verbal and/or written communication about consumer condition between care providers (QSEN, 2007). |
| Health Literacy | The degree to which individuals can obtain, process, and understand the basic health information and services they need to make appropriate health decisions (IOM, 2004) |
| Independent Practice | The nurse conducts assessments and interventions for the purpose of promoting health and healing. The focus is on the consumer's response to actual or potential health problems (Koloroutis, 2004, pp. 123-5). |
| Informatics | Using information and technology to communicate, manage knowledge, mitigate error, and support decision-making (QSEN). |
| Information Technology | Smart, people-centered, affordable technologies that are universal, useable, useful, and standards based (Technology Information Guiding Educational Reform, 2007). |
| Integrity of Information | Secured and protected transmission of information between consumers and their providers or designated others, including clinicians and other staff following all legal, ethical, and organization policies to protect and maintain confidentiality (Technology Information guiding Educational Reform, 2009). |
| Interdependent Practice | The nurse initiates communication with other members of the health care team to assure that the consumer and family receive the full scope of interdisciplinary expertise and services commensurate with a coordinated and integrated plan of care (Koloroutis, 2004). |
| Lateral Violence | Nurses covertly or overtly directing their dissatisfaction inward toward each other, toward themselves, and toward those less powerful than themselves (Griffin, 2004). |
| Learning Styles | Particular methods (visual, auditory, and tactile) of interacting with, taking in, and processing information that allows the individual to learn. |

| | |
|---|---|
| Macrosystem | The health care organization or agency as a whole comprised of two or more microsystems or work units (Nelson, Batalden, & Godfrey, 2007). |
| Microsystem | The work unit responsible for delivering care to specific consumer populations; the front line places where consumers, families, and care teams meet (Nelson, Batalden, & Godfrey, 2007). |
| Near Miss | An event or situation that did not produce a consumer injury, but only because of chance. |
| Operational Failures | The inability of the work system to reliably provide information, services, and supplies, when, where, and to who needed (Tucker, 2006). |
| Patient Centered Care | Recognizing the consumer or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for consumer's preferences, values, and needs (QSEN). |
| Patient Safety | Freedom from accidental or preventable injuries produced by medical care (Massachusetts Coalition for the Prevention of Medical Errors, 2006). |
| Professional Comportment | Demonstrates professional behaviors, including attention to appearance, demeanor, respect for self and others, and attention to professional boundaries with consumers and families as well as among caregivers (Benner, 2008). |
| Quality Improvement Processes | Planned or systematic actions that require the open exchange of information to guide improvement or system changes. |
| Quality Improvement Tools | Documents used to collect data for investigation and analysis of events. |
| Resource-Driven Model | Nursing care delivery models in which the nurse takes into account the environment and the resources it holds to determine what goals can reasonably be met for a consumer or group of consumers. This requires the nurse to make the best selection of goals and use scare resources appropriately (Barnum & Kerfoot, 1995). |
| Safety Culture | Commitment to safety that permeates all levels of healthcare delivery (Agency for Healthcare research and Quality, n.d.). |
| Work Setting | The practice environment in which the nurse/team delivers care to consumers/families. |

# Professional Standards Source Documents

Professional standards developed by the following organizations were used as a framework for the Maine Nurse: Nursing Core competencies:

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

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