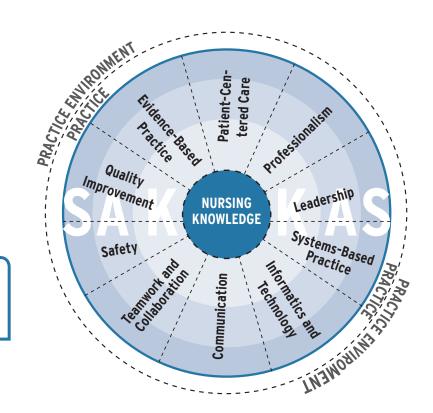# Massachusetts Nurse of the Future Nursing Core Competencies©

LICENSED PRACTICAL NURSE

K – Knowledge
A – Attitudes
S – Skills

NURSING KNOWLEDGE

PRACTICE ENVIRONMENT
PRACTICE

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

PRACTICE ENVIRONMENT

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

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Background

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

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

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

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

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

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

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

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

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

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

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

ASSUMPTIONS

In developing the NOF Nursing Core Competencies, the Competency Committee identified a set of assumptions to serve as a framework for its work and as guiding principles for the design of a competency-based education and practice partnership model. The assumptions include the following:

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

THE NURSE OF THE FUTURE NURSING CORE COMPETENCIES

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

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

THE NURSE OF THE FUTURE CORE COMPETENCY MODEL

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

LPN/LVNs share with the entire nursing community a commitment to providing safe, quality, cost-effective care and whose practice behavior is grounded in those shared values (NLN Vision Series 2014). The practical nurse educators composing the LPN Competency Task Force embrace this belief, recognizing the value of the LPN as an essential member of the healthcare team. Promoting excellence in practical nurse education and facilitating seamless academic progression, the task force adapted the RN model to create the Nurse of the Future Nursing Core Competencies - Licensed Practical Nurse (NOFNCC-LPN). All nurses who touch patients daily in varied health settings are acknowledged as essential partners to meet the needs of today's complex health care system. LPNs must meet core competencies as defined by the educational and licensure requirements of the Commonwealth of Massachusetts.
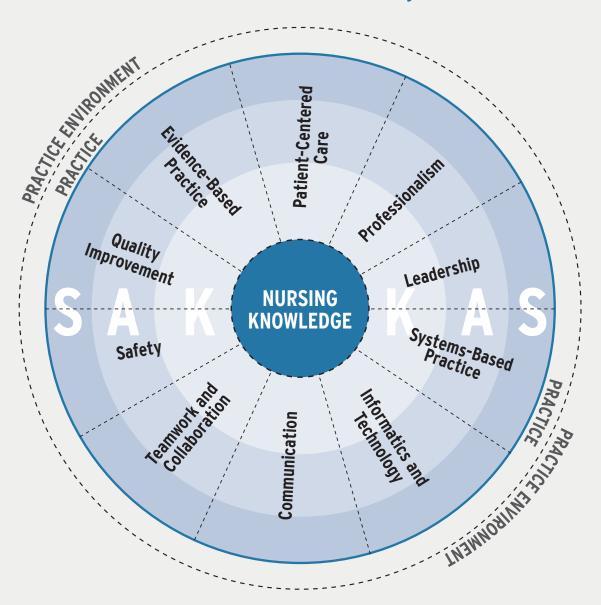
It is imperative that LPN graduates be educated for safe practice in settings consistent with current workforce demands and that pathways to academic progression to BSN and advanced practice roles are developed and promoted nationally. A licensed practical nurse bears full responsibility for the care s/he provides to patients (MGL 244 CMR 3.00). In this way, LPN graduates will take their rightful place alongside their nursing colleagues and with other members of the inter-professional health care team (NLN Vision Series 2014).

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

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

Nurse of the Future Nursing Core Competencies©
The Art and Science of Nursing

PRACTICE ENVIRONMENT

PRACTICE

PRACTICE

PRACTICE ENVIRONMENT

Evidence-Based Practice

Patient-Centered Care

Professionalism

Quality Improvement

Leadership

S A K

NURSING KNOWLEDGE

K A S

Safety

Systems-Based Practice

Teamwork and Collaboration

Communication

Informatics and Technology

K – **K**nowledge
A – **A**ttitudes
S – **S**kills

Nursing Knowledge

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

Nursing practice draws on a discrete body of knowledge that incorporates an understanding of the relationships among nurses, patients, and environments within the context of health, nursing concepts and theories, and concepts and theories derived from the basic sciences, humanities, and other disciplines. The NLN Education Competency Model describes the four outcomes of LPN education as human flourishing, nursing judgment, spirit of inquiry, and professional identity and these define the foundation for curriculum design (Vision Statement NLN 2014). The NLN Education Competency Model and the NOFNCC-LPN provide a framework for the specialized knowledge taught and acquired in a Practical/Vocational Nursing Education program (MGL CMR CH112 Section 80B).

The science of nursing is applied in practice through a critical thinking framework known as the nursing process that is composed of assessment, diagnosis, planning, implementation, and evaluation. The steps of the nursing process serve as a foundation for clinical decision-making and evidence-based practice. Nurses use critical thinking to integrate objective data with knowledge gained from an assessment of the subjective experiences of patients and groups, and to apply the best available evidence and research data to the processes of diagnosis and treatment. A licensed practical nurse participates in direct and indirect nursing care, health maintenance, teaching, counseling, collaborative planning and rehabilitation, to the extent of his/her generic and continuing education and experience in order to: (a) assess an individual's basic health status, records and related health data; (b) participate in analyzing and interpreting said recorded data, and making informed judgments as to the specific elements of nursing care mandated by a particular situation; (c) participate in planning and implementing nursing intervention, including appropriate health care components in nursing care plans that take account of the most recent advancements and current knowledge in the field; (d) incorporate the prescribed medical regimen into the nursing plan of care; (e) participate in the health teaching required by the individual and family so as to maintain an optimal level of health care; (f) when appropriate evaluate outcomes of basic nursing intervention and initiate or encourage change in plans of care; (g) collaborate, cooperate and communicate with other health care providers to ensure quality and continuity of care. (MGL 244 CMR 3.04).

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

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

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

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

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

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

NURSING KNOWLEDGE REFERENCES

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Patient and Family-Centered Care

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

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1 Identifies components of nursing process appropriate to individual, family, group, community, and population health care needs across the life span	**A1a** Values use of scientific inquiry, as demonstrated in the nursing process, as an essential tool for provision of nursing care **A1b** Appreciates the differences between data collection and assessment	**S1a** Provides priority-based nursing care to individuals, families, and groups through independent and collaborative application of the nursing process **S1b** Demonstrates cognitive, affective, and psychomotor nursing skills when delivering patient and family-centered care
K2 Understands that care and services are delivered in a variety of settings along a continuum of care that can be accessed at any point	**A2a** Values assessing health care situations from the patient's and families perspective **A2b** Respects and encourages the patient's participation in to decisions about health care and services	**S2** Assesses patient values, preferences, decisional capacity, and expressed needs as part of ongoing assessment, implementation and evaluation of care
K3 Integrates understanding of multiple dimensions of patient-centered care: • individual/family/community preferences, values • Coordination and integration of care • Information, communication, and education • Physical comfort and emotional support • Involvement of family and significant other • Transition and continuity	**A3a** Respects and encourages individual expression of patient values, preferences, and needs **A3b** Respects the patient's perspective regarding own health	**S3a** Communicates patient values, preferences, and expressed needs to other members of health care team **S3b** Seeks information from appropriate sources on behalf of the patient and family

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

Professionalism

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

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

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

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

K8b Recognizes the relationship between personal health, self-renewal and the ability to deliver sustained quality care

K8c Recognizes the relationship between civic and social responsibility and volunteerism with the advancement of one's own practice and the profession of nursing

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

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

S8a Incorporates nursing standards and accountability into practice

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

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

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

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

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

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

S8h Assumes professional responsibility through participation in nursing organizations

Leadership

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

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

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

Systems-Based Practice

The Licensed Practical Nurse of the Future will demonstrate an awareness of and responsiveness to the larger context of the health care system, and will demonstrate the ability to effectively call on microsystem resources to provide care that is of optimal quality and value.

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

K3a Understands the concept of patient care delivery models **K3b** Understands role and responsibilities as a member of the health care team in planning and using **work unit** resources to achieve quality patient outcomes **K3c** Understands the relationship between the outcomes of nursing care and team resources	**A3a** Acknowledges the tension that may exist between **goal-driven** and a **resource-driven** patient care delivery models **A3b** Values the contributions of each member of the health care team to the **work unit** **A3c** Values the management of time as a critical team resource in delivering patient care **A3d** Values the partnerships required to coordinate health care activities that can affect **work unit** performance	**S3a** Considers resources available on the **work unit** when contributing to the plan of care for a patient or group of patients **S3b** Collaborates with members of the health care team to prioritize resources, including one's own work time and activities delegated to others, for the purposes of achieving quality patient outcomes **S3c** Evaluates outcomes of one's own nursing care and care delegated to others **S3d** In collaboration with others, uses evidence to participate in team/unit change to achieve desired patient outcomes
K4 Understands role and responsibilities as a patient advocate to assist the patient in navigating through the health care system	**A4a** Values role and responsibilities as patient advocate **A4b** Values partnerships in providing high quality patient care **A4c** Values effective communication and information sharing across disciplines and throughout care transitions **A4d** Appreciates role and responsibilities in assisting the patient through care transitions	**S4a** Serves as a patient advocate **S4b** Assists clients in dealing with **work unit** complexities **S4c** Participates in education and referral to assist the patient through care transitions
K5a Understands that legal, political, regulatory and economic factors influence the delivery of patient care **K5b** Is aware that different models of health care financing and regulation can influence patient access to care	**A5a** Appreciates that legal, political, regulatory and economic factors influence the delivery of patient care **A5b** Values the need to remain 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 **S5b** Articulates issues at the **work unit** level that impact care delivery **S5c** Brings issues of concern at the **work unit** level to the attention of others who can facilitate resolution

Informatics and Technology

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

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1 Identifies concepts included in basic computer technology, basic informatics and technology	**A1** Recognizes the importance of basic computer technology on evolving nursing practice	**S1** Demonstrates proficiency in: **a)** Concepts of information & communication technology (ICT) **b)** Using the computer and managing files **c)** Databases **d)** Electronic Devices **e)** Information **f)** Presentations **g)** Spreadsheets **h)** Web browsing and communication **i)** Word Processing
K2 Recognizes that knowledge and technical skills are essential for the LPN	**A2** Appreciates the necessity to seek lifelong, continuous learning of **information technology**	**S2** Incorporates selected information into own professional knowledge base, e.g.: **a)** Seeks instruction about information management in the healthcare setting prior to providing care **b)** Demonstrates basic troubleshooting when using applications
K3 Defines the impact of computerized information management on clinical practice and the role of the nurse	**A3** Appreciates own role in influencing the attitudes of other nurses toward computer use for nursing education and practice	**S3a** Accesses needed information accurately and efficiently **S3b** Utilizes sources of data that reflect current standards of practice **S3c** Utilizes appropriate technologies in the process of assessing and monitoring patients
K4 Understands the use and importance of current nursing data for improvemenet of practice	**A4** Values the importance of nursing data to improve nursing practice	**S4a** Uses information effectively to improve nursing practice **S4b** Uses **information technology** to enhance own nursing knowledge

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

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

Communication

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

Therapeutic Communication

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

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

Collegial Communication & Conflict Resolution

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

Teaching/Learning

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

Teamwork and Collaboration

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

Self

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

Team

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

Team Communication

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

Effect of Team on Safety & Quality

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

Impact of Systems on Team Functioning

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

Safety

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

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

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

Quality Improvement

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

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

Evidence-Based Practice

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

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1 Understands basic scientific methods and processes	**A1a** Appreciates strengths and weaknesses of scientific bases for practice **A1b** Values the need for ethical conduct in practice and research	**S1** Participates in data collection and/or other research activities
K2 Describes the concept of **evidence-based practice** (EBP), including the components of research evidence, clinical expertise, and patient values	**A2** Values the concept of EBP as integral to determining best clinical practice	**S2** Collaborates with other professionals to provide individualized care based on best current evidence, patient values, and clinical expertise
K3 Identifies reliable sources for locating evidence reports and clinical practice guidelines	**A3** Appreciates the importance of accessing relevant clinical evidence	**S3** Locates evidence reports related to clinical practice topics and guidelines
K4 Explains the role of evidence in determining best clinical practice	**A4** Values the need for continuous improvement in clinical practice based on new knowledge	**S4** Participates in the integration of new evidence into standards of practice, policies, and nursing practice guidelines

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Glossary

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

Global health	The health of populations around the world in an environment that disregards national borders and transcends the perspectives and concerns of individual nations, instead reflecting factors including global political, economic, and workforce issues (American Association of Colleges of Nursing, 2008).
Goal-driven model	Nursing care delivery model in which the work flow originates in the nurse's assessment of patient needs and assumes that the resources required to deliver a comprehensive package of care based on patient needs will be forthcoming. The goals for the patient drive the care (Barnum & Kerfoot, 1995).
Hand-off	Transfer of verbal and/or written communication about patient condition between care providers (QSEN, 2007).
Health literacy	The degree to which individuals can obtain, process, and understand the basic health information and services they need to make appropriate health decisions (IOM, 2004).
Independent practice	The nurse conducts assessments and interventions for the purpose of promoting health and healing. The focus is on the patient's response to actual or potential health problems (Koloroutis, 2004, pp. 123-5).
Information technology	Smart, people-centered, affordable technologies that are universal, useable, useful, and standards based (Technology Information Guiding Educational Reform, 2007).
Integrity of information	Secured and protected transmission of information between patients and their providers or designated others, including clinicians and other staff following all legal, ethical, and organization policies to protect and maintain confidentiality (Technology Information Guiding Educational Reform, 2009).
Interdependent practice	The nurse initiates communication with other members of the health care team to assure that the patient and family receive the full scope of interdisciplinary expertise and services commensurate with a coordinated and integrated plan of care (Koloroutis, 2004).
Lateral violence	Nurses covertly or overtly directing their dissatisfaction inward toward each other, toward themselves, and toward those less powerful than themselves (Griffin, 2004).
Learning styles	Particular methods (visual, auditory, and tactile) of interacting with, taking in, and processing information that allows the individual to learn.
Macrosystem	The health care organization or agency as a whole comprised of two or more microsystems or work units (Nelson, Batalden, & Godfrey, 2007).
Microsystem	The work unit responsible for delivering care to specific patient populations; the front line places where patients, families, and care teams meet (Nelson, Batalden, & Godfrey, 2007).
Near miss	An event or situation that did not produce a patient injury, but only because of chance.

Operational failures	The inability of the work system to reliably provide information, services, and supplies, when, where, and to whom needed (Tucker, 2006).
Patient safety	Freedom from accidental or preventable injuries produced by medical care (Massachusetts Coalition for the Prevention of Medical Errors, 2006).
Professional comportment	Demonstrates professional behaviors, including attention to appearance, demeanor, respect for self and others, and attention to professional boundaries with patients and families as well as among caregivers (Benner, 2008).
Quality improvement processes	Planned or systematic actions that require the open exchange of information to guide improvement or system changes.
Quality improvement tools	Documents used to collect data for investigation and analysis of events.
Resource-driven model	Nursing care delivery models in which the nurse takes into account the environment and the resources it holds to determine what goals can reasonably be met for a patient or group of patients. This requires the nurse to make the best selection of goals and use scarce resources appropriately (Barnum & Kerfoot, 1995).
Safety culture	Commitment to safety that permeates all levels of healthcare delivery (Agency for Healthcare Research and Quality, n.d.).
Work unit	The practice environment in which the nurse/team delivers care to patients/families.

Professional Standards

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

» Accreditation Council for Graduate Medical Education (ACGME)

» Agency for Healthcare Research and Quality (AHRQ)

» American Association of Colleges of Nursing (AACN)

» American Nurses Association (ANA)

» American Organization of Nurse Executives (AONE)

» Bologna Accord

» Commission on Collegiate Nursing Education (CCNE)

» Competency Outcomes and Performance Assessment (COPA)

» Institute of Medicine (IOM)

» International Council of Nurses (ICN)

» National Council of State Boards of Nursing (NCSBN)

» National League for Nursing (NLN)

» National League for Nursing Accrediting Commission, Inc. (NLNAC)

» Quality and Safety Education for Nurses (QSEN)

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