The Essentials of Baccalaureate Education for Professional Nursing Practice

American Association of Colleges of Nursing

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American Association of Colleges of Nursing

Executive Summary
The Essentials of Baccalaureate Education for Professional Nursing Practice (2008)

This *Essentials* document serves to transform baccalaureate nursing education by providing the curricular elements and framework for building the baccalaureate nursing curriculum for the 21st century. These *Essentials* address the key stakeholders' recommendations and landmark documents such as the IOM's recommendations for the core knowledge required of all healthcare professionals. This document emphasizes such concepts as patient-centered care, interprofessional teams, evidence-based practice, quality improvement, patient safety, informatics, clinical reasoning/critical thinking, genetics and genomics, cultural sensitivity, professionalism, and practice across the lifespan in an ever-changing and complex healthcare environment

Essentials I-IX delineate the outcomes expected of graduates of baccalaureate nursing programs. Achievement of these outcomes will enable graduates to practice within complex healthcare systems and assume the roles: provider of care; designer/manager/coordinator of care; and member of a profession. Essential IX describes generalist nursing practice at the completion of baccalaureate nursing education. This Essential includes practice-focused outcomes that integrate the knowledge, skills, and attitudes delineated in Essentials I – VIII. The time needed to accomplish each Essential will vary, and each Essential does not require a separate course for achievement of the outcomes.

The nine Essentials are:

- **Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice**
  - A solid base in liberal education provides the cornerstone for the practice and education of nurses.
- **Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety**
  - Knowledge and skills in leadership, quality improvement, and patient safety are necessary to provide high quality health care.
- **Essential III: Scholarship for Evidence Based Practice**
  - Professional nursing practice is grounded in the translation of current evidence into one's practice.
- **Essential IV: Information Management and Application of Patient Care Technology**
  - Knowledge and skills in information management and patient care technology are critical in the delivery of quality patient care.
- **Essential V: Health Care Policy, Finance, and Regulatory Environments**
  - Healthcare policies, including financial and regulatory, directly and indirectly influence the nature and functioning of the healthcare system and thereby are important considerations in professional nursing practice.
- **Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes**
  - Communication and collaboration among healthcare professionals are critical to delivering high quality and safe patient care.

- **Essential VII: Clinical Prevention and Population Health**
    - Health promotion and disease prevention at the individual and population level are necessary to improve population health and are important components of baccalaureate generalist nursing practice.
- **Essential VIII: Professionalism and Professional Values**
    - Professionalism and the inherent values of altruism, autonomy, human dignity, integrity, and social justice are fundamental to the discipline of nursing.
- **Essential IX: Baccalaureate Generalist Nursing Practice**
    - The baccalaureate-graduate nurse is prepared to practice with patients, including individuals, families, groups, communities, and populations across the lifespan and across the continuum of healthcare environments.
    - The baccalaureate graduate understands and respects the variations of care, the increased complexity, and the increased use of healthcare resources inherent in caring for patients.

Learning opportunities, including direct clinical experiences, must be sufficient in breadth and depth to ensure the baccalaureate graduate attains these practice-focused outcomes and integrates the delineated knowledge and skills into the graduate's professional nursing practice. Clinical learning is focused on developing and refining the knowledge and skills necessary to manage care as part of an interprofessional team. Simulation experiences augment clinical learning and are complementary to direct care opportunities essential to assuming the role of the professional nurse. A clinical immersion experience provides opportunities for building clinical reasoning, management, and evaluation skills.

Introduction

The Essentials of Baccalaureate Education for Professional Nursing Practice provides the educational framework for the preparation of professional nurses. This document describes the outcomes expected of graduates of baccalaureate nursing programs.

The Essentials apply to all pre-licensure and RN completion programs, whether the degree is baccalaureate or graduate entry. Program curricula are designed to prepare students to meet the end-of-program outcomes delineated under each Essential.

Background

The healthcare delivery system has changed dramatically since *The Essentials of Baccalaureate Education for Professional Nursing Practice* was endorsed by the American Association of Colleges of Nursing (AACN, 1998). Building a safer healthcare system has become the focus of all health professions following numerous reports from the Institute of Medicine (IOM, 2000, 2001, 2004), American Hospital Association (2002), Robert Wood Johnson Foundation (Kimball & O'Neill, 2002), the Joint Commission (2002) and other authorities. Nursing has been identified as having the potential for making the biggest impact on a transformation of healthcare delivery to a safer, higher quality, and more cost-effective system. With the increasing awareness of the need for change in the healthcare system, the clinical microsystems (small, functional units where care is provided within the larger system) have become an important focus for improving healthcare outcomes (Nelson, Batalden, & Godfrey, 2007).

In addition to the concern over healthcare outcomes, the United States and the global market are experiencing a nursing shortage that is expected to intensify as the demand for more and different nursing services grows. Buerhaus, Staiger, and Auerbach (2008) reported that the U.S. may experience a shortage of more than 500,000 registered nurses by the year 2025. Despite annual increases in enrollments in entry-level baccalaureate nursing programs since 2001 (Fang, Htut, & Bednash, 2008), these increases are not sufficient to meet the projected demand for nurses. According to Buerhaus et al. (2008), enrollment in nursing programs would have to increase at least 40% annually to replace the nurses expected to leave the workforce through retirement alone. Addressing the need for an increased number of baccalaureate-prepared nurses is critical but not sufficient. Nursing must educate future professionals to deliver patient-centered care as members of an interprofessional team, emphasizing evidence-based practice, quality improvement approaches, and informatics (IOM, 2003b). Nursing education and practice must work together to better align education with practice environments (Joint Commission, 2002, Kimball & O'Neill, 2002;).

The environments in which professional nurses practice have become more diverse and more global in nature. Scientific advances, particularly in the areas of genetics and

genomics, have had and will continue to have a growing and significant impact on prevention, diagnosis, and treatment of diseases, illnesses, and conditions. The increased prevalence of chronic illness is a result of an increasingly older adult population, environmental threats, lifestyles that increase risk of disease, and enhanced technological and therapeutic interventions that prolong life. Increases in longevity of life have made the older adult the fastest growing segment of the population. In 2003, 12 % of the population was older than 65 years of age. By 2030, this population will increase to 20%, with a large majority older than 80 years of age (He, Sengupta, Velkoff, & DeBarros, 2005). Those older than 65 years of age had almost four times the number of hospitalization days than those younger than 65 years of age (Centers for Disease Control, 2007)

Education for the baccalaureate generalist must include content and experiences across the lifespan, including the very young who are especially vulnerable. The percentage of the population under 18 years of age is 24.6% (U.S. Census Bureau, 2008). U.S. infant mortality in 2006 ranked 38th in the world (World Health Organization, 2008). Prevention is critical in addressing both acute and chronic conditions across the lifespan. The role of the nurse in prevention continues to be of utmost importance.

Increasing globalization of healthcare and the diversity of this nation's population mandates an attention to diversity in order to provide safe, high quality care. The professional nurse practices in a multicultural environment and must possess the skills to provide culturally appropriate care. According to the U.S. Census Bureau (2008), the nation's minority population totaled 102 million or 34% of the U.S. population in 2006. With projections pointing to even greater levels of diversity in the coming years, professional nurses need to demonstrate a sensitivity to and understanding of a variety of cultures to provide high quality care across settings. Liberal education, including the study of a second language, facilitates the development of an appreciation for diversity.

Strong forces influencing the role of nurses include:

- scientific advances, particularly in the area of genetics and genomics,
- changing demographics of patient populations,
- new care technologies, and
- patient access to healthcare information.

These forces call for new ways of thinking and providing health care. Nursing is uniquely positioned to respond to these major forces, requiring an increased emphasis on designing and implementing patient-centered care, developing partnerships with the patient, and a focus on customer service.

Nursing Education

In response to calls for transforming the healthcare system and how healthcare professionals are educated, AACN has maintained an ongoing dialogue with a broad representation of stakeholders internal and external to nursing. The dialogue has focused on the knowledge, skills, and attitudes needed by nurses to practice effectively within this

complex and changing environment. New innovative models of nursing education have emerged, and AACN has taken a leadership role in crafting a preferred vision for nursing education.

In 2004, the AACN Board of Directors reaffirmed its position that baccalaureate education is the minimum level required for entry into professional nursing practice in today's complex healthcare environment. Baccalaureate generalist education, as defined in this document, is the foundation upon which all graduate nursing education builds.

The preferred vision for nursing education includes generalist, advanced generalist, and advanced specialty nursing education. Generalist nurse education occurs at a minimum in baccalaureate-degree nursing programs. Advanced generalist education occurs in master's degree nursing programs, including the Clinical Nurse Leader (CNL®), which is an advanced generalist nursing role. Advanced specialty education occurs at the doctoral level in Doctor of Nursing Practice (DNP) or research-focused degree programs (PhD, DNS, or DNSc). End-of-program outcomes for the baccalaureate, master's, and doctoral nursing programs build on each other.

The Discipline of Nursing

Roles for the baccalaureate generalist nurse are derived from the discipline of nursing. The roles of the baccalaureate generalist include:

- provider of care,
- designer/manager/coordinator of care, and
- member of a profession.

Nursing generalist practice includes both direct and indirect care for patients, which includes individuals, families, groups, communities, and populations. Nursing practice is built on nursing knowledge, theory, and research. In addition, nursing practice derives knowledge from a wide array of other fields and professions, adapting and applying this knowledge as appropriate to professional practice.

In the senior college and university setting, every academic discipline is grounded in discrete inquiry-based applications that are distinctive to that discipline. Scientific advances, (particularly in the area of genetics and genomics), changing demographics of patient populations, new care technologies, and patient access to health care information call for new ways of thinking and doing in the provision of health care. The academic setting provides a forum for contemplating physical, psychological, social, cultural, behavioral, ethical, and spiritual problems within and across disciplines. Faculty have a responsibility to facilitate the translation of knowledge from a liberal education base into the practice of nursing. Nursing faculty introduce nursing science and theories, and guide the student in developing an understanding of the discipline of nursing's distinctive perspective.

Baccalaureate-prepared nurses provide patient-centered care that identifies, respects, and addresses patients' differences, values, preferences, and expressed needs (IOM, 2003a). Patient-centered care also involves the coordination of continuous care, listening to,

communicating with, and educating patients and caregivers regarding health, wellness, and disease management and prevention. The generalist nurse provides the human link between the healthcare system and the patient by translating the plan of care to the patient. A broad-based skill set is required to fill this human interface role. Patient-centered care also requires the development of a nurse-patient partnership. Patients, as consumers of healthcare services, and as integral members of the healthcare team, have an increasing role and responsibility for the mutual planning of care and healthcare decision making.

The fundamental aspects of generalist nursing practice are: direct care of the sick in and across all environments, health promotion and clinical prevention, and population-based health care. A defining feature of professional nursing practice is the focus on health promotion and risk reduction. Advances in science and technology will continue to emerge, which will help to predict future health problems. Nurses will design and implement measures to modify risk factors and promote healthy lifestyles. These same advances in science and technology also have allowed individuals to live longer and often with increasing numbers of chronic illnesses and conditions. With an increasing emphasis on cost-savings and cost-benefits, nurses will play a leading role in the provision of care.

Assumptions

The baccalaureate generalist graduate is prepared to:

- practice from a holistic, caring framework;
- practice from an evidence base;
- promote safe, quality patient care;
- use clinical/critical reasoning to address simple to complex situations;
- assume accountability for one's own and delegated nursing care;
- practice in a variety of healthcare settings;
- care for patients across the health-illness continuum;
- care for patients across the lifespan;
- care for diverse populations;
- engage in care of self in order to care for others; and
- engage in continuous professional development.

Roles for the Baccalaureate Generalist Nurse

Baccalaureate Generalist nurses are providers of direct and indirect care. In this role, nurses are patient advocates and educators. Historically, the nursing role has emphasized partnerships with patients – whether individuals, families, groups, communities, or populations – in order to foster and support the patient's active participation in determining healthcare decisions. Patient advocacy is a hallmark of the professional nursing role and requires that nurses deliver high quality care, evaluate care outcomes, and provide leadership in improving care.

Changing demographics and ongoing advances in science and technology are a reality of healthcare practice. The generalist nurse provides evidence-based care to patients within this changing environment. This clinician uses research findings and other evidence in designing and implementing care that is multi-dimensional, high quality, and cost-effective. The generalist nurse also is prepared for the ethical dilemmas that arise in practice and will be able to make and assist others in making decisions within a professional ethical framework. Understanding advances in science and technology and the influence these advances have on health care and individual well-being is essential. Understanding patients and the values they bring to the healthcare relationship is equally important.

The generalist nurse practices from a holistic, caring framework. Holistic nursing care is comprehensive and focuses on the mind, body, and spirit, as well as emotions. The generalist nurse recognizes the important distinction between disease and the individual's illness experience. Assisting patients to understand this distinction is an important aspect of nursing. In addition, nurses recognize that determining the health status of the patient within the context of the patient's values is essential in providing a framework for planning, implementing, and evaluating outcomes of care.

The generalist nurse provides care in and across all environments. Nurses focus on individual, family, community, and population health care, as they monitor and manage aspects of the environment to foster health.

Baccalaureate generalist nurses are designers, coordinators, and managers of care. The generalist nurse, prepared at the baccalaureate-degree level, will have the knowledge and authority to delegate tasks to other healthcare personnel, as well as to supervise and evaluate these personnel. As healthcare providers who function autonomously and interdependently within the healthcare team, nurses are accountable for their professional practice and image, as well as for outcomes of their own and delegated nursing care. Nurses are members of healthcare teams, composed of professionals and other personnel that deliver treatment and services in complex, evolving healthcare systems. Nurses bring a unique blend of knowledge, judgment, skills, and caring to the healthcare team.

Baccalaureate generalist nurses are members of the profession and in this role are advocates for the patient and the profession. The use of the term "professional" implies the formation of a professional identity and accountability for one's professional image. As professionals, nurses are knowledge workers who use a well-delineated and broad knowledge base for practice. Professional nursing requires strong critical reasoning, clinical judgment, communication, and assessment skills. The professional nurse also requires the development and demonstration of an appropriate set of values and ethical framework for practice. As advocates for high quality care for all patients, nurses are knowledgeable and active in the policy processes defining healthcare delivery and systems of care. The generalist nurse also is committed to lifelong learning, including career planning, which increasingly will include graduate level study.

Preparation for the Baccalaureate Generalist Nurse Roles: Components of *The Essentials*

This section outlines the nine *Essentials of Baccalaureate Education for Professional Nursing Practice*. These *Essentials* are the curricular elements that provide the framework for baccalaureate nursing education. Each Essential is operationalized through the program's curriculum and is not intended to represent a course. Essential IX describes baccalaureate nursing practice and integrates the knowledge, skills, and attitudes from Essentials I-VIII. Each Essential includes a *rationale* explaining its relevance for the education of the professional nurse today and in the future. The rationale for each Essential is followed by outcomes that delineate the knowledge, skills, and attitudes expected of new baccalaureate generalist graduates. These outcomes serve as a guide to help faculty identify program and course objectives that are specific and measurable. Next, *sample content* is listed to aid faculty in selecting material suited to achieving the specific Essential. The list of content is not inclusive, nor is it intended as required. A vast selection of content is available for each Essential, and the specific baccalaureate program's curriculum will specify the content as appropriate to their mission, community served, and student population. The Essential outcomes can be obtained through a variety of content approaches, and potential content can and will evolve over time as new knowledge develops. The sample content is offered as a guide to programs or to further elucidate the nature of the Essential with which the content is listed.

The Essentials of Baccalaureate Education for Professional Nursing Practice

Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice

Rationale

As defined by the Association of American Colleges and Universities (AAC&U), a liberal education is one that intentionally fosters, across multiple fields of study, wide-ranging knowledge of science, cultures, and society; high-level intellectual and practical skills; an active commitment to personal and social responsibility; and the demonstrated ability to apply learning to complex problems and challenges (AAC&U, 2007, p. 4). For the purposes of this document, a liberal education includes both the sciences and the arts. The sciences include:

- physical sciences (e.g., physics and chemistry),
- life sciences (e.g., biology and genetics),
- mathematical sciences, and
- social sciences (e.g., psychology and sociology).

The arts include:

- fine arts (e.g., painting and sculpture),
- performing arts (e.g., dance and music), and
- humanities (e.g., literature and theology).

Liberal education is critical to the generation of responsible citizens in a global society. In addition, liberal education is needed for the development of intellectual and innovative capacities for current and emergent generalist nursing practice. Liberally educated nurses work within a healthcare team to address issues important to the profession of nursing, question dominant assumptions, and solve complex problems related to individuals and population-based health care. Nursing graduates with a liberal education exercise appropriate clinical judgment, understand the reasoning behind policies and standards, and accept responsibility for continued development of self and the discipline of nursing.

A solid base in liberal education provides the distinguishing cornerstone for the study and practice of professional nursing. Studying the humanities, social sciences, and natural sciences expands the learner's capacity to engage in socially valued work and civic leadership in society. A strong foundation in liberal arts includes a general education curriculum that provides broad exposure to multiple disciplines and ways of knowing. Other than the nursing major, some aspects of liberal arts study will be provided as discrete parts of the full educational curriculum; however the rich and diverse perspectives and knowledge embedded in the liberal arts and sciences will be integrated throughout the nursing curriculum, as these perspectives are integral to the full spectrum of professional nursing practice (Hermann, 2004).

Successful integration of liberal education and nursing education provides graduates with knowledge of human cultures, including spiritual beliefs, and the physical and natural worlds supporting an inclusive approach to practice. The study of history, fine arts, literature, and languages are important building blocks for developing cultural competence and clinical reasoning. Furthermore, the integration of concepts from behavioral, biological, and natural sciences throughout the nursing curriculum promotes the understanding of self and others and contributes to safe, quality care. The integration of concepts from the arts and sciences provides the foundation for understanding health as well as disease processes, and forms the basis for clinical reasoning. As noted by the Carnegie Foundation for the Advancement of Teaching, the sciences are a critical aspect of liberal education for nurses. Sciences that have clinical relevance are especially important to the profession of nursing to ensure that graduates have the ability to keep pace with changes driven by research and new technologies (Carnegie Foundation, in press).

A liberal education for nurses forms the basis for intellectual and practical abilities for nursing practice as well as for engagement with the larger community, both locally and globally. Skills of inquiry, analysis, critical thinking, and communication in a variety of modes, including the written and spoken word, prepare baccalaureate graduates to involve others in the common good through use of information technologies, team work, and interprofessional problem solving. Liberal education, including the study of a second language, facilitates the development of an appreciation for cultural and ethnic diversity.

Strong emphasis on the development of a personal values system that includes the capacity to make and act upon ethical judgments is a hallmark of liberal education. Students educated in a liberal education environment are encouraged to pursue

meaningful personal and professional goals as well as to commit to honesty in relationships and the search for truth. The development of leadership skills and acceptance of responsibility to promote social justice are expected outcomes of a liberal education.

Liberal education allows the graduate to form the values and standards needed to address twenty-first century changes in technology, demographics, and economics. These trends include an aging population, diverse family and community structures, and increasing global interdependence, as well as economic and political changes in the United States healthcare system. Liberal education provides the baccalaureate graduate with the ability to integrate knowledge, skills, and values from the arts and sciences to provide humanistic, safe quality care; to act as advocates for individuals, families, groups, communities, and/or populations; and to promote social justice. Liberally educated graduates practice from a foundation of professional values and standards.

The baccalaureate program prepares the graduate to:

1. Integrate theories and concepts from liberal education into nursing practice.

2. Synthesize theories and concepts from liberal education to build an understanding of the human experience.

3. Use skills of inquiry, analysis, and information literacy to address practice issues.

4. Use written, verbal, non-verbal, and emerging technology methods to communicate effectively.

5. Apply knowledge of social and cultural factors to the care of diverse populations.

6. Engage in ethical reasoning and actions to provide leadership in promoting advocacy, collaboration, and social justice as a socially responsible citizen.

7. Integrate the knowledge and methods of a variety of disciplines to inform decision making.

8. Demonstrate tolerance for the ambiguity and unpredictability of the world and its effect on the healthcare system.

9. Value the ideal of lifelong learning to support excellence in nursing practice.

Sample Content

- selected concepts and ways of knowing from the sciences
- selected concepts and ways of knowing from the arts
- principles related to working with peoples from diverse cultures

- concepts related to intellectual diversity, tolerance, and social justice
- concepts related to globalization and migration of populations

Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety

Rationale

Organizational and systems leadership, quality improvement, and safety are critical to promoting high quality patient care. Leadership skills are needed that emphasize ethical and critical decision-making, initiating and maintaining effective working relationships, using mutually respectful communication and collaboration within interprofessional teams, care coordination, delegation, and developing conflict resolution strategies. Basic nursing leadership includes an awareness of complex systems, and the impact of power, politics, policy, and regulatory guidelines on these systems. To be effective, baccalaureate graduates must be able to practice at the microsystem level within an ever-changing healthcare system. This practice requires creativity and effective leadership and communication skills to work productively within interprofessional teams in various healthcare settings.

As a member of a healthcare team, baccalaureate graduates will understand and use quality improvement concepts, processes, and outcome measures. In addition, graduates will be able to assist or initiate basic quality and safety investigations; assist in the development of quality improvement action plans; and assist in monitoring the results of these action plans within the clinical microsystem, which is embedded within a larger system of care.

An important component of quality is safety. Safety in health care is defined as the minimization of "risk of harm to patients and providers through both system effectiveness and individual performance" (Cronenwett et al., 2007). Research has demonstrated that nurses more than any other healthcare professional are able to recognize, interrupt, evaluate, and correct healthcare errors (Rothschild et al., 2006) The baccalaureate graduate implements safety principles and works with others on the interprofessional healthcare team to create a safe, caring environment for care delivery.

Baccalaureate graduates will be skilled in working within organizational and community arenas and in the actual provision of care by themselves and/or supervising care provided by other licensed and non-licensed assistive personnel. They will be able to recognize safety and quality concerns and apply evidence-based knowledge from the nursing profession and other clinical sciences to their practice. Baccalaureate nursing graduates are distinguished by their abilities to identify, assess, and evaluate practice in care delivery models that are based in contemporary nursing science and are feasible within current cultural, economic, organizational, and political perspectives.

The baccalaureate program prepares the graduate to:

1. Apply leadership concepts, skills, and decision making in the provision of high quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery in a variety of settings.

2. Demonstrate leadership and communication skills to effectively implement patient safety and quality improvement initiatives within the context of the interprofessional team.

3. Demonstrate an awareness of complex organizational systems.

4. Demonstrate a basic understanding of organizational structure, mission, vision, philosophy, and values.

5. Participate in quality and patient safety initiatives, recognizing that these are complex system issues, which involve individuals, families, groups, communities, populations, and other members of the healthcare team.

6. Apply concepts of quality and safety using structure, process, and outcome measures to identify clinical questions and describe the process of changing current practice.

7. Promote factors that create a culture of safety and caring.

8. Promote achievement of safe and quality outcomes of care for diverse populations.

9. Apply quality improvement processes to effectively implement patient safety initiatives and monitor performance measures, including nurse-sensitive indicators in the microsystem of care.

10. Use improvement methods, based on data from the outcomes of care processes, to design and test changes to continuously improve the quality and safety of health care.

11. Employ principles of quality improvement, healthcare policy, and cost-effectiveness to assist in the development and initiation of effective plans for the microsystem and/or system-wide practice improvements that will improve the quality of healthcare delivery.

12. Participate in the development and implementation of imaginative and creative strategies to enable systems to change.

Sample Content

- leadership, including theory, behaviors, characteristics, contemporary approaches, leadership development, and styles of leadership

- leadership skills and strategies (negotiating, collaborating, coordinating); decision making to promote quality patient care in a variety of healthcare settings
- change theory and complexity science
- community organizing models
- social change theories
- creative and imaginative strategies in problem solving
- communication, including elements, channels, levels, barriers, models, organizational communication, skill development, workplace communication, conflict resolution, optimizing patient care outcomes, and chain-of-command
- principles of interpersonal interactions/communication
- healthcare systems (structure and finance) and organizational structures and relationships (e.g., between finance, organizational structure, and delivery of care, particularly at the microsystem level, including mission/vision/philosophy and values)
- reliability and reliability sciences in health care
- operations research, queuing theory, and systems designs in health care
- teamwork skills, including effective teams/characteristics, application to patient care teams, team process, conflict resolution, delegation, supervision, and collaboration
- microsystems and their relationship to complex systems, quality care, and patient safety
- patient safety principles, including safety standards, organizational safety processes, reporting processes, departmental responsibilities, ownership, national initiatives, and financial implications
- quality improvement (QI), including history, elements, Continuous Quality Improvement (CQI) models, concepts, principles, benchmarking, processes, tools, departmental ownership, roles/responsibility, methodologies, regulatory requirements, organizational structures for QI, outcomes, monitoring, Quality Assurance (QA) vs. QI, beginning resource need assessment, and resource identification, acquisition, and evaluation
- overview of QI process techniques, including benchmarks, basic statistics, root cause analyses, and Failure Mode Effects Analysis (FMEA) in the quality improvement process
- principles of nursing care delivery management and evaluation

Essential III: Scholarship for Evidence-Based Practice

Rationale

Professional nursing practice is grounded in the translation of current evidence into practice. Scholarship for the baccalaureate graduate involves identification of practice issues; appraisal and integration of evidence; and evaluation of outcomes. As practitioners at the point of care, baccalaureate nurses are uniquely positioned to monitor patient outcomes and identify practice issues. Evidence-based practice models provide a

systematic process for the evaluation and application of scientific evidence surrounding practice issues (IOM, 2003b). Dissemination is a critical element of scholarly practice; baccalaureate graduates are prepared to share evidence of best practices with the interprofessional team.

Baccalaureate education provides a basic understanding of how evidence is developed, including the research process, clinical judgment, interprofessional perspectives, and patient preference as applied to practice. This basic understanding serves as a foundation for more complex applications at the graduate level (AACN, 2006a). Baccalaureate nurses integrate reliable evidence from multiple ways of knowing to inform practice and make clinical judgments. In collaboration with other healthcare team members, graduates participate in documenting and interpreting evidence for improving patient outcomes (AACN, 2006b).

In all healthcare settings, ethical and legal precepts guide research conduct to protect the rights of patients eligible for, or participating in, investigations. Professional nurses safeguard patient rights, including those of the most vulnerable patients, in situations where an actual or potential conflict of interest, misconduct, or the potential for harm are identified.

The baccalaureate program prepares the graduate to:

1. Explain the interrelationships among theory, practice, and research.

2. Demonstrate an understanding of the basic elements of the research process and models for applying evidence to clinical practice.

3. Advocate for the protection of human subjects in the conduct of research.

4. Evaluate the credibility of sources of information, including but not limited to databases and Internet resources.

5. Participate in the process of retrieval, appraisal, and synthesis of evidence in collaboration with other members of the healthcare team to improve patient outcomes.

6. Integrate evidence, clinical judgment, interprofessional perspectives, and patient preferences in planning, implementing, and evaluating outcomes of care.

7. Collaborate in the collection, documentation, and dissemination of evidence.

8. Acquire an understanding of the process for how nursing and related healthcare quality and safety measures are developed, validated, and endorsed.

9. Describe mechanisms to resolve identified practice discrepancies between identified standards and practice that may adversely impact patient outcomes.

Sample Content

- principles and models of evidence-based practice
- nurse-sensitive quality indicators (National Quality Forum, 2004), performance measures
- overview of qualitative and quantitative research processes
- methods for locating and appraising health and other relevant research literature and other sources of evidence
- basic applied statistics
- basic designs, corresponding questions, analytical methods related to research questions, and limits on implications of findings (e.g., causal vs. relational)
- ethical conduct of research and scholarly work
- linkages among practice, research evidence, patient outcomes, and cost containment
- forces driving research agendas
- locating and evaluating sources of evidence
- electronic database search strategies (e.g., CINAHL, PubMed)
- systematic application of information
- levels of evidence: textbooks, case studies, reviews of literature, research critiques, controlled trials, evidence-based clinical practice guidelines (www.guideline.gov), meta-analyses, and systematic reviews (e.g., the Cochrane Database of Systematic Reviews)
- differentiation of clinical opinion from research and evidence summaries
- scholarship dissemination methods: oral/visual presentations, publications, newsletters, etc.

Essential IV: Information Management and Application of Patient Care Technology

Rationale

Knowledge and skills in information and patient care technology are critical in preparing baccalaureate nursing graduates to deliver quality patient care in a variety of healthcare settings (IOM, 2003a). Graduates must have basic competence in technical skills, which includes the use of computers, as well as the application of patient care technologies such as monitors, data gathering devices, and other technological supports for patient care interventions. In addition, baccalaureate graduates must have competence in the use of information technology systems, including decision-support systems, to gather evidence to guide practice. Specific introductory level nursing informatics competencies include the ability to use selected applications in a comfortable and knowledgeable way.

Computer and information literacy are crucial to the future of nursing. Improvement of cost effectiveness and safety depend on evidence-based practice, outcomes research, interprofessional care coordination, and electronic health records, all of which involve information management and technology (McNeil et al., 2006). Therefore, graduates of

baccalaureate programs must have competence in using both patient care technologies and information management systems.

In addition, baccalaureate graduates ethically manage data, information, knowledge, and technology to communicate effectively; provide safe and effective patient care; and use research and clinical evidence to inform practice decisions. Graduates will be aware that new technology often requires new workflow patterns and changes in practice approaches to patient care prior to implementation.

The use and understanding of standardized terminologies are foundational to the development of effective clinical information systems (CIS). Integration of standardized terminologies into the CIS not only supports day-to-day nursing practice but also the capacity to enhance interprofessional communication and automatically generate standardized data to continuously evaluate and improve practice (American Nurses Association, 2008). Baccalaureate graduates are prepared to gather and document care data that serve as a foundation for decision making for the healthcare team.

Course work and clinical experiences will provide the baccalaureate graduate with knowledge and skills to use information management and patient care technologies to deliver safe and effective care. Graduates will have exposure to information systems that provide data about quality improvement and required regulatory reporting through information systems. Course work and clinical experiences will expose graduates to a range of technologies that facilitate clinical care, including patient monitoring systems, medication administration systems, and other technologies to support patient care.

Integral to these basic skills is an attitude of openness to innovation and continual learning, as information systems and patient care technologies are constantly changing.

The baccalaureate program prepares the graduate to:

1. Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe nursing practice.

2. Use telecommunication technologies to assist in effective communication in a variety of healthcare settings.

3. Apply safeguards and decision making support tools embedded in patient care technologies and information systems to support a safe practice environment for both patients and healthcare workers.

4. Understand the use of CIS systems to document interventions related to achieving nurse sensitive outcomes.

5. Use standardized terminology in a care environment that reflects nursing's unique contribution to patient outcomes.

6. Evaluate data from all relevant sources, including technology, to inform the delivery of care.

7. Recognize the role of information technology in improving patient care outcomes and creating a safe care environment.

8. Uphold ethical standards related to data security, regulatory requirements, confidentiality, and clients' right to privacy.

9. Apply patient-care technologies as appropriate to address the needs of a diverse patient population.

10. Advocate for the use of new patient care technologies for safe, quality care.

11. Recognize that redesign of workflow and care processes should precede implementation of care technology to facilitate nursing practice.

12. Participate in evaluation of information systems in practice settings through policy and procedure development.

Sample Content

- use of patient care technologies (e.g., monitors, pumps, computer-assisted devices)
- use of technology and information systems for clinical decision-making
- computer skills that may include basic software, spreadsheet, and healthcare databases
- information management for patient safety
- regulatory requirements through electronic data monitoring systems
- ethical and legal issues related to the use of information technology, including copyright, privacy, and confidentiality issues
- retrieval information systems, including access, evaluation of data, and application of relevant data to patient care
- online literature searches
- technological resources for evidence-based practice
- web-based learning and online literature searches for self and patient use
- technology and information systems safeguards (e.g., patient monitoring, equipment, patient identification systems, drug alerts and IV systems, and barcoding)
- interstate practice regulations (e.g., licensure, telehealth)
- technology for virtual care delivery and monitoring
- principles related to nursing workload measurement/resources and information systems
- information literacy
- electronic health record/physician order entry

- decision-support tools
- role of the nurse informaticist in the context of health informatics and information systems

Essential V: Healthcare Policy, Finance, and Regulatory Environments

Rationale

Healthcare policies, including financial and regulatory policies, directly and indirectly influence nursing practice as well as the nature and functioning of the healthcare system. These policies shape responses to organizational, local, national, and global issues of equity, access, affordability, and social justice in health care. Healthcare policies also are central to any discussion about quality and safety in the practice environment.

The baccalaureate-educated graduate will have a solid understanding of the broader context of health care, including how patient care services are organized and financed, and how reimbursement is structured. Regulatory agencies define boundaries of nursing practice, and graduates need to understand the scope and role of these agencies. Baccalaureate graduates also will understand how healthcare issues are identified, how healthcare policy is both developed and changed, and how that process can be influenced through the efforts of nurses, and other healthcare professionals, as well as lay and special advocacy groups.

Healthcare policy shapes the nature, quality, and safety of the practice environment and all professional nurses have the responsibility to participate in the political process and advocate for patients, families, communities, the nursing profession, and changes in the healthcare system as needed. Advocacy for vulnerable populations with the goal of promoting social justice is recognized as moral and ethical responsibilities of the nurse.

The baccalaureate program prepares the graduate to:

1. Demonstrate basic knowledge of healthcare policy, finance, and regulatory environments, including local, state, national, and global healthcare trends.

2. Describe how health care is organized and financed, including the implications of business principles, such as patient and system cost factors.

3. Compare the benefits and limitations of the major forms of reimbursement on the delivery of health care services.

4. Examine legislative and regulatory processes relevant to the provision of health care.

5. Describe state and national statutes, rules, and regulations that authorize and define professional nursing practice.

6. Explore the impact of socio-cultural, economic, legal, and political factors influencing healthcare delivery and practice.

7. Examine the roles and responsibilities of the regulatory agencies and their effect on patient care quality, workplace safety, and the scope of nursing and other health professionals' practice.

8. Discuss the implications of healthcare policy on issues of access, equity, affordability, and social justice in healthcare delivery.

9. Use an ethical framework to evaluate the impact of social policies on health care, especially for vulnerable populations.

10. Articulate, through a nursing perspective, issues concerning healthcare delivery to decision makers within healthcare organizations and other policy arenas.

11. Participate as a nursing professional in political processes and grassroots legislative efforts to influence healthcare policy.

12. Advocate for consumers and the nursing profession.

Sample Content

- policy development and the legislative process
- policy development and the regulatory process
- licensure and regulation of nursing practice
- social policy/public policy
- policy analysis and evaluation
- healthcare financing and reimbursement
- economics of health care
- consumerism and advocacy
- political activism and professional organizations
- disparities in the healthcare system
- impact of social trends such as genetics and genomics, childhood obesity, and aging on health policy
- role of nurse as patient advocate
- ethical and legal issues
- professional organizations' role in healthcare policy, finance and regulatory environments
- scope of practice and policy perspectives of other health professionals
- negligence, malpractice, and risk management
- Nurse Practice Act

Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes

Rationale

Effective communication and collaboration among health professionals is imperative to providing patient-centered care. All health professions are challenged to educate future clinicians to deliver patient-centered care as members of an interprofessional team, emphasizing communication, evidence-based practice, quality improvement approaches, and informatics (IOM, 2003a). Interprofessional education is defined as interactive educational activities involving two or more professions that foster collaboration to improve patient care (Freeth, Hammick, Koppel, & Reeves, 2002). Teamwork among healthcare professionals is associated with delivering high quality and safe patient care (Barnsteiner, Disch, Hall, Mayer, & Moore, 2007). Collaboration is based on the complementarities of roles and the understanding of these roles by the members of the healthcare teams.

Interprofessional education enables the baccalaureate graduate to enter the workplace with baseline competencies and confidence for interactions and with communication skills that will improve practice, thus yielding better patient outcomes. Interprofessional education can occur in a variety of settings. An essential component for the establishment of collegial relationships is recognition of the unique discipline-specific practice spheres. Fundamental to effective interprofessional and intra-professional collaboration is a definition of shared goals; clear role expectations of members; a flexible decision-making process; and the establishment of open communication patterns and leadership. Thus, interprofessional education optimizes opportunities for the development of respect and trust for other members of the healthcare team.

The baccalaureate program prepares the graduate to:

1. Compare/contrast the roles and perspectives of the nursing profession with other care professionals on the healthcare team (i.e., scope of discipline, education and licensure requirements).

2. Use inter- and intraprofessional communication and collaborative skills to deliver evidence-based, patient-centered care.

3. Incorporate effective communication techniques, including negotiation and conflict resolution to produce positive professional working relationships.

4. Contribute the unique nursing perspective to interprofessional teams to optimize patient outcomes.

5. Demonstrate appropriate teambuilding and collaborative strategies when working with interprofessional teams.

6. Advocate for high quality and safe patient care as a member of the interprofessional team.

Sample Content

- interprofessional and intraprofessional communication, collaboration, and socialization, with consideration of principles related to communication with diverse cultures
- teamwork/concepts of teambuilding/cooperative learning
- professional roles, knowledge translation, role boundaries, and diverse disciplinary perspectives
- relationship building
- navigating complex systems, system facilitation
- interdependence and resource sharing of healthcare professions
- individual accountability/shared accountability
- advocacy
- ethical codes and core values of different healthcare professions
- autonomy
- safety
- scopes of practice
- conflict management, conflict resolution strategies, and negotiation
- group dynamics
- principles of referral process for specialized services
- participatory decision-making
- caring

Essential VII: Clinical Prevention and Population Health

Rationale

Health promotion, disease, and injury prevention across the lifespan are essential elements of baccalaureate nursing practice at the individual and population levels. These concepts are necessary to improve population health. Epidemiologic studies show that lifestyle, environmental, and genetic factors are major determinants of population health in areas of health, illness, disease, disability, and mortality (U.S. Department of Health and Human Services, 2000a). Thus, acute care and disease-based episodic interventions alone are inadequate for improving health (Allan et al., 2004; Allan, Stanley, Crabtree, Werner, & Swenson, 2005). Health promotion along with disease and injury prevention are important throughout the lifespan and include assisting individuals, families, groups, communities, and populations to prepare for and minimize health consequences of emergencies, including mass casualty disasters.

Clinical prevention refers to individually focused interventions such as immunizations, screenings, and counseling aimed at preventing escalation of diseases and conditions. (Allan, Stanley, Crabtree, Werner, & Swenson, 2005) Because these interventions are relevant across the lifespan, nurses need knowledge about growth and development as well as evidence-based clinical prevention practices. Nurses collaborate with other healthcare professionals and patients for improving health through clinical prevention.

In population-focused nursing, the aggregate, community, or population is the unit of care. Emphasis is placed on health promotion and disease prevention. Because population-focused care is fundamental to nursing practice, and because a baccalaureate degree in nursing is the recommended minimal educational credential for population-focused care, baccalaureate programs prepare graduates for population health as well as clinical prevention (AACN, 1998; American Public Health Association, 1996; Quad Council of Public Health Nursing Organizations, 2004). Population-focused nursing involves identifying determinants of health, prioritizing primary prevention when possible, actively identifying and reaching out to those who might benefit from a service, and using available resources to assure best overall improvement in the health of the population (American Nurses Association, 2007). For instance, population-focused interventions involve reaching an appropriate level of herd immunity in the community and ensuring that information about appropriate screenings reach the entire population, not just those who choose to come to healthcare facilities. Collaboration with other healthcare professionals and populations is necessary to promote conditions and healthy behaviors that improve population health.

The baccalaureate program prepares the graduate to:

1. Assess protective and predictive factors, including genetics, which influence the health of individuals, families, groups, communities, and populations.

2. Conduct a health history, including environmental exposure and a family history that recognizes genetic risks, to identify current and future health problems.

3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations.

4. Use behavioral change techniques to promote health and manage illness.

5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral, and follow-up throughout the lifespan.

6. Use information and communication technologies in preventive care.

7. Collaborate with other healthcare professionals and patients to provide spiritually and culturally appropriate health promotion and disease and injury prevention interventions.

8. Assess the health, healthcare, and emergency preparedness needs of a defined population.

9. Use clinical judgment and decision-making skills in appropriate, timely nursing care during disaster, mass casualty, and other emergency situations.

10. Collaborate with others to develop an intervention plan that takes into account determinants of health, available resources, and the range of activities that contribute to health and the prevention of illness, injury, disability, and premature death.

11. Participate in clinical prevention and population-focused interventions with attention to effectiveness, efficiency, cost-effectiveness, and equity.

12. Advocate for social justice, including a commitment to the health of vulnerable populations and the elimination of health disparities.

13. Use evaluation results to influence the delivery of care, deployment of resources, and to provide input into the development of policies to promote health and prevent disease.

Sample Content

- prevention and harm reduction
- ecological model as framework for understanding determinants of health
- public health principles
- fundamentals of epidemiology and biostatistics (distribution, incidence, prevalence, rates, risk factors, health status indicators, and control of disease in populations)
- public health core functions
- systems theory
- ethical, legal, and economic principles related to clinical prevention and population health
- cultural, psychological, and spiritual implications of clinical prevention and population health
- environmental health risks
- health literacy
- health behavior change theories
- theoretical foundations and principles of individual and population-focused education and counseling
- genetics and genomics
- nutrition
- global health
- occupational health, including ergonomics

- evidence-based clinical prevention practices
- complementary and alternative therapies
- population assessment
- individual and population-focused interventions (e.g. weight control, nicotine management, social marketing, policy development)
- health surveillance
- health disparities and vulnerable populations
- screening
- immunization
- pharmaceutical preventive strategies
- communicating and sharing health information with the public
- risk communication
- emergency preparedness and disaster response including self protection
- using technology in population focused care and clinical prevention
- outcome measurement
- pedigree from a three-generation family health history using standardized symbols and terminology

Essential VIII: Professionalism and Professional Values

Rationale

Professional values and their associated behaviors are foundational to the practice of nursing. Inherent in professional practice is an understanding of the historical, legal, and contemporary context of nursing practice. Professionalism is defined as the consistent demonstration of core values evidenced by nurses working with other professionals to achieve optimal health and wellness outcomes in patients, families, and communities by wisely applying principles of altruism, excellence, caring, ethics, respect, communication, and accountability (Interprofessional Professionalism Measurement Group, 2008). Professionalism also involves accountability for one's self and nursing practice, including continuous professional engagement and lifelong learning. As discussed in the American Nurses Association Code of Ethics for Nursing (2005, p.16), "The nurse is responsible for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care." Also, inherent in accountability is responsibility for individual actions and behaviors, including civility. In order to demonstrate professionalism, civility must be present. Civility is a fundamental set of accepted behaviors for a society/culture upon which professional behaviors are based (Hammer, 2003).

Professional nursing has enjoyed a long tradition of high respect from the public (Gallup Poll, 2006). A primary reason for this recognition is the caring and compassion of the nurse. Caring is a concept central to professional nursing practice. Caring as related to this Essential encompasses the nurse's empathy for, connection to, and being with the patient, as well as the ability to translate these affective characteristics into compassionate, sensitive, and patient-centered care. Historically, nurses have provided

care for patients within a context of privileged intimacy; a space into which a nurse is allowed and in partnership with the patient creates a unique, healing relationship. Through this connection, the nurse and patient work toward an understanding of a wide variety of physical, psychosocial, cultural, and spiritual needs, health-illness decisions, and life challenges. Professional nursing requires a balance between evidence-based knowledge, skills, and attitudes and professional confidence, maturity, caring, and compassion. In this global society, patient populations are increasingly diverse. Therefore, essential to the care of diverse populations is the need for evidence-based knowledge and sensitivity to variables such as age, gender, culture, health disparities, socioeconomic status, race, and spirituality. Baccalaureate graduates are prepared to care for at-risk patients, including the very young and the frail elderly, and to assist patients with decision-making about end-of-life concerns within the context of the patient's value system. In addition, nurses are prepared to work with patients across the lifespan who require genetic technologies and treatments.

Baccalaureate education includes the development of professional values and value-based behavior. Understanding the values that patients and other health professionals bring to the therapeutic relationship is critically important to providing quality patient care. Baccalaureate graduates are prepared for the numerous dilemmas that will arise in practice and are able to make and assist others in making decisions within a professional ethical framework. Ethics is an integral part of nursing practice and has always involved respect and advocacy for the rights and needs of patients regardless of setting. Honesty and acting ethically are two key elements of professional behavior, which have a major impact on patient safety. A blame-free culture of accountability and an environment of safety are important for encouraging team members to report errors. Such an environment enhances the safety of all patients.

The following professional values epitomize the caring, professional nurse. Nurses, guided by these values, demonstrate ethical behavior in patient care.

Altruism is a concern for the welfare and well being of others. In professional practice, altruism is reflected by the nurse's concern and advocacy for the welfare of patients, other nurses, and other healthcare providers.

Autonomy is the right to self-determination. Professional practice reflects autonomy when the nurse respects patients' rights to make decisions about their health care.

Human Dignity is respect for the inherent worth and uniqueness of individuals and populations. In professional practice, concern for human dignity is reflected when the nurse values and respects all patients and colleagues.

Integrity is acting in accordance with an appropriate code of ethics and accepted standards of practice. Integrity is reflected in professional practice when the nurse is honest and provides care based on an ethical framework that is accepted within the profession.

Social Justice is acting in accordance with fair treatment regardless of economic status, race, ethnicity, age, citizenship, disability, or sexual orientation.

The baccalaureate program prepares the graduate to:

1. Demonstrate the professional standards of moral, ethical, and legal conduct.

2. Assume accountability for personal and professional behaviors.

3. Promote the image of nursing by modeling the values and articulating the knowledge, skills, and attitudes of the nursing profession.

4. Demonstrate professionalism, including attention to appearance, demeanor, respect for self and others, and attention to professional boundaries with patients and families as well as among caregivers.

5. Demonstrate an appreciation of the history of and contemporary issues in nursing and their impact on current nursing practice.

6. Reflect on one's own beliefs and values as they relate to professional practice.

7. Identify personal, professional, and environmental risks that impact personal and professional choices and behaviors.

8. Communicate to the healthcare team one's personal bias on difficult healthcare decisions that impact one's ability to provide care.

9. Recognize the impact of attitudes, values, and expectations on the care of the very young, frail older adults, and other vulnerable populations.

10. Protect patient privacy and confidentiality of patient records and other privileged communications.

11. Access interprofessional and intraprofessional resources to resolve ethical and other practice dilemmas.

12. Act to prevent unsafe, illegal, or unethical care practices.

13. Articulate the value of pursuing practice excellence, lifelong learning, and professional engagement to foster professional growth and development.

14. Recognize the relationship between personal health, self renewal, and the ability to deliver sustained quality care.

Sample Content

- Nurse Practice Acts and scope of practice
- professional codes of conduct and professional standards (e.g., ANA, *Code of Ethics for Nurses with Interpretive Statements*, 2005; International Council of Nursing, *Code of Ethics for Nurses*, 2006, and AACN's *Hallmarks of the Professional Nursing Practice Environment, 2002)*
- ethical and legal frameworks and social implications
- communication
- interprofessional teams and team building concepts
- cultural humility and spiritual awareness
- health disparities
- history of nursing
- contemporary nursing issues
- problem solving methods such as appreciative inquiry
- professional accountability
- stereotypes and biases, such as gender, race, and age discrimination
- nurse self care/stress management strategies
- human rights
- informed consent
- professional identity formation
- privacy, confidentiality
- moral agency
- professional image
- self reflection, personal knowing, personal self-care plan
- professional organizations, particularly nursing and healthcare organizations

Essential IX: Baccalaureate Generalist Nursing Practice

Rationale

Essential IX describes generalist nursing practice at the completion of baccalaureate nursing education. This Essential includes practice-focused outcomes that integrate the knowledge, skills, and attitudes delineated in Essentials I - VIII into the nursing care of individuals, families, groups, communities, and populations in a variety of settings. Because professional nurses are the human link between the patient and the complex healthcare environment, they must provide compassionate care informed by a scientific base of knowledge, including current evidence from nursing research. Essential IX recognizes that the integration of knowledge and skills is critical to practice. Practice occurs across the lifespan and in the continuum of healthcare environments. The baccalaureate graduate demonstrates clinical reasoning within the context of patient-centered care to form the basis for nursing practice that reflects ethical values.

Knowledge acquisition related to wellness, health promotion, illness, disease management and care of the dying is core to nursing practice. In addition, acquisition of communication and psychomotor skills is critical to providing nursing care. Skill development will focus on the mastery of core scientific principles that underlie all skills, thus preparing the baccalaureate graduate to incorporate current and future technical skills into other nursing responsibilities and apply skills in diverse contexts of healthcare delivery. Direct care may be delivered in person or virtually and that care is based on a shared understanding with the patient and the healthcare team. This base of knowledge and skills prepares the graduate for practice as a member and leader of the interprofessional healthcare team.

Baccalaureate-educated nurses will be prepared to care for patients across the lifespan, from the very young to the older adult. Special attention will be paid to changing demographics. Among these demographics are the increased prevalence of chronic illnesses and co-morbidities among all ages, including those related to mental disorders, specifically depression. However, there is clear evidence that the largest group seeking and receiving healthcare services is the older adult population. The graduate will understand and respect the variations of care, the increased complexity, and the increased use of healthcare resources inherent in caring for patients who are vulnerable due to age, the very young and very old, as well as disabilities and chronic disease.

The increasing diversity of this nation's population mandates an attention to diversity in order to provide safe, humanistic high quality care. This includes cultural, spiritual, ethnic, gender, and sexual orientation diversity. In addition, the increasing globalization of healthcare requires that professional nurses be prepared to practice in a multicultural environment and possess the skills needed to provide culturally competent care.

Baccalaureate graduates will have knowledge, skills, and attitudes that prepare them for a long-term career in a changing practice environment. The increased prevalence of chronic illness is a result of an increasingly older adult population, environmental threats, lifestyles that increase risk of disease, and enhanced technological and therapeutic interventions that prolong life. In addition to primary prevention, the professional nurse provides support for management of chronic illness, health education, and patient-centered care in partnership with the patient and the interprofessional team. Patients and their families often are knowledgeable about health care; therefore, the graduate will be able to communicate with these consumers and appreciate the importance of the care partnership.

Graduates translate, integrate, and apply knowledge that leads to improvements in patient outcomes. Knowledge is increasingly complex and evolving rapidly. For example, genetics and genomics are areas where knowledge is escalating and the graduate will be cognizant of customized therapies designed to improve care outcomes. Therefore, baccalaureate graduates will be expected to focus on continuous self-evaluation and lifelong learning.

The baccalaureate program prepares the graduate to:

1. Conduct comprehensive and focused physical, behavioral, psychological, spiritual, socioeconomic, and environmental assessments of health and illness parameters in patients, using developmentally and culturally appropriate approaches.

2. Recognize the relationship of genetics and genomics to health, prevention, screening, diagnostics, prognostics, selection of treatment, and monitoring of treatment effectiveness, using a constructed pedigree from collected family history information as well as standardized symbols and terminology.

3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management, and nursing management across the health-illness continuum, across the lifespan, and in all healthcare settings.

4. Communicate effectively with all members of the healthcare team, including the patient and the patient's support network.

5. Deliver compassionate, patient-centered, evidence-based care that respects patient and family preferences.

6. Implement patient and family care around resolution of end-of-life and palliative care issues, such as symptom management, support of rituals, and respect for patient and family preferences.

7. Provide appropriate patient teaching that reflects developmental stage, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in their care.

8. Implement evidence-based nursing interventions as appropriate for managing the acute and chronic care of patients and promoting health across the lifespan.

9. Monitor client outcomes to evaluate the effectiveness of psychobiological interventions.

10. Facilitate patient-centered transitions of care, including discharge planning and ensuring the caregiver's knowledge of care requirements to promote safe care.

11. Provide nursing care based on evidence that contributes to safe and high quality patient outcomes within healthcare microsystems.

12. Create a safe care environment that results in high quality patient outcomes.

13. Revise the plan of care based on an ongoing evaluation of patient outcomes.

14. Demonstrate clinical judgment and accountability for patient outcomes when delegating to and supervising other members of the healthcare team.

15. Manage care to maximize health, independence, and quality of life for a group of individuals that approximates a beginning practitioner's workload

16. Demonstrate the application of psychomotor skills for the efficient, safe, and compassionate delivery of patient care.

17. Develop a beginning understanding of complementary and alternative modalities and their role in health care.

18. Develop an awareness of patients as well as healthcare professionals' spiritual beliefs and values and how those beliefs and values impact health care.

19. Manage the interaction of multiple functional problems affecting patients across the lifespan, including common geriatric syndromes.

20. Understand one's role and participation in emergency preparedness and disaster response with an awareness of environmental factors and the risks they pose to self and patients.

21. Engage in caring and healing techniques that promote a therapeutic nurse-patient relationship.

22. Demonstrate tolerance for the ambiguity and unpredictability of the world and its effect on the healthcare system as related to nursing practice.

Sample Content

- theories of human growth and development
- principles of basic nursing care (e.g., skin, mobility, pain management, immediate patient care environment, etc.)
- patient and family-centered care
- management of acute and chronic physical and psychosocial conditions across the lifespan
- integration of pathophysiology into care
- care across the lifespan focusing on changing demographics with an emphasis on care of older adults and the very young.
- palliative and end-of-life care
- common geriatric syndromes
- genetics and genomics

- nutrition
- emergency preparedness and disaster response
- bioterrorism
- infection control issues, such as drug resistant organisms and management
- caring and healing techniques
- psychobiological interventions
- milieu therapy
- depression screening
- health promotion
- patient advocacy
- disparities
- complementary and alternative therapies
- spiritual care
- therapeutic communication
- culturally diverse care
- evidence-based practice
- pharmacology/pharmacogenetics
- nursing care management
- prioritization of patient care needs
- principles of delegating and monitoring care
- leadership
- information management systems
- integrating technology into practice
- resource management
- teaching/learning principles

Expectations for Clinical Experiences within the Baccalaureate Program

Baccalaureate programs provide rich and varied opportunities for practice experiences designed to assist graduates to achieve the *Baccalaureate Essentials* upon completion of their program. Clinical experiences are essential for baccalaureate nursing programs to prepare students to care for a variety of patients across the lifespan and across the continuum of care. In addition clinical experiences assist the graduate to:

- develop proficiency in performing psychomotor skills;
- apply professional communication strategies to client and interprofessional interactions; and
- acquire a professional identity.

Clinical learning is focused on developing and refining the knowledge and skills necessary to manage care as part of an interprofessional team. Theoretical learning becomes reality as students are coached to make connections between the standard case or situation that is presented in the classroom or laboratory setting and the constantly shifting reality of actual patient care. Clinical educators for baccalaureate programs are well informed about the specific learning that is taking place in the classroom and

laboratory setting and find clinical education opportunities to reinforce and apply that learning. Programs provide clinical placements across the range of practice settings and across the continuum of care that are safe, supportive, and conducive for groups of students to practice and learn professional roles. Clinical practice opportunities expose students to practice issues such as technological innovations, accelerated care transitions, an unpredictable fast-paced environment, and complex system issues, which are all important in preparing the students for practice following graduation. In addition, clinical practice opportunities provide students with experiences and nursing role models that prepare them for practice in complex, changing healthcare environments.

Simulation experiences augment clinical learning and are complementary to direct care opportunities essential to assuming the role of the professional nurse. Laboratory and simulation experiences provide an effective, safe environment for learning and applying the cognitive and performance skills needed for practice. Reality-based, simulated patient care experiences increase self-confidence in communication and psychomotor skills, and professional role development. Beginning research supports the use of simulation in nursing education. Nehring, Ellis, and Lashley (2001) describe the use of human patient simulators in nursing education as an excellent tool to measure competency in the application of knowledge and technical skills. Debriefing, or feedback to the students, is as essential for simulation as it is for instruction in the clinical setting (National Council of State Boards of Nursing, 2005). Simulation is a valuable element of clinical preparation. However, patient care experiences with actual patients form the most important component of clinical education. Over time, as evidence emerges regarding the use of simulation as a substitute for actual patient experience, the balance between actual and simulated patient care may change.

Direct patient care clinical experiences provide valuable opportunities for student learning not found in other experiences. Early learning experiences, including providing care for a limited number of patients, allow students to explore the challenging world of clinical practice. As students become more experienced, increasingly complex clinical learning opportunities are selected to provide a sufficient breadth and depth of learning to develop the competence necessary for entry-level practice with diverse patients across the life span in various types of settings. Through an immersion experience, students have the opportunity to develop increasing autonomy and assume an assignment that more closely approximates a realistic workload of a novice nurse in that environment.

A clinical immersion experience provides opportunities for building clinical reasoning, management, and evaluation skills. These opportunities increase the student's self-confidence, professional image, and sense of belonging that facilitate the transition to competent and confident practice. Immersion experiences allow students to integrate previous learning and more fully develop the roles of the baccalaureate generalist nurse:

- provider of care
    - evaluate client changes and progress over time
    - develop a beginning proficiency and efficiency in delivering safe care
- designer/manager/coordinator of care
    - manage care transitions

- be an active participant on the interprofessional team
- identify system issues
- develop working skills in delegation, prioritization, and oversight of care

- member of a profession
  - evaluate one's own practice
  - assume responsibility for supporting the profession

An immersion experience provides faculty opportunities to observe student performance over time and more effectively evaluate the student's professional development.

Graduates of all types of baccalaureate programs need sufficient didactic, laboratory, and clinical experiences to attain the end-of-program outcomes of these *Essentials.* The nursing program determines and assesses clinical sites to ensure the clinical experiences for students provide:

- patients from diverse backgrounds, cultures, and of differing gender, religious, and spiritual practices;
- the continuum of care, including population-focused care;
- all age groups, including the very young and the frail elderly; and
- comprehensive learning opportunities to promote integration of baccalaureate learning outcomes that prepare the graduate for professional nursing practice.

Summary

The Essentials for Baccalaureate Education for Professional Nursing Practice serves to transform baccalaureate nursing education and are a dramatic revision of the 1998 version. Further, these *Essentials* meet the IOM's recommendations for core knowledge needed for all healthcare professionals (IOM, 2003b). Due to the ever-changing and complex healthcare environment, this document emphasizes such concepts as patient-centered care, interprofessional teams, evidence-based practice, quality improvement, patient safety, informatics, clinical reasoning/critical thinking, genetics and genomics, cultural sensitivity, professionalism, practice across the lifespan, and end-of-life care.

Essentials I-IX delineate the outcomes expected for baccalaureate nursing program graduates. Achievement of these outcomes will enable the baccalaureate-prepared generalist nurse to practice within complex healthcare systems and assume the roles:

- provider of care
  - evaluate client changes and progress over time
  - develop a beginning proficiency and efficiency in delivering safe care
- designer/manager/coordinator of care
  - manage care transitions
  - be an active participant on the interprofessional team
  - identify system issues
  - develop working skills in delegation, prioritization, and oversight of care
- member of a profession
  - evaluate one's own practice
  - assume responsibility for supporting the profession

Essential IX describes generalist nursing practice at the completion of baccalaureate nursing education. This Essential includes practice-focused outcomes that integrate the knowledge, skills, and attitudes delineated in Essentials I – VIII. The time needed to accomplish each Essential will vary, and each Essential does not require a separate course for achievement of the outcomes. Learning opportunities, including clinical experiences, must be sufficient in breadth and depth to ensure the graduate attains these practice-focused outcomes and integrates this knowledge and these skills into one's professional nursing practice.

Baccalaureate graduates translate, integrate, and apply knowledge that leads to improvements in patient outcomes. Knowledge is increasingly complex and evolving rapidly. Therefore, baccalaureate graduates are expected to focus on continuous self-evaluation and lifelong learning.

Glossary

Critical Thinking: All or part of the process of questioning, analysis, synthesis, interpretation, inference, inductive and deductive reasoning, intuition, application, and creativity (AACN, 1998). Critical thinking underlies independent and interdependent decision making.

Clinical Judgment: The outcomes of critical thinking in nursing practice. Clinical judgments begin with an end in mind. Judgments are about evidence, meaning and outcomes achieved (Pesut, 2001).

Clinical Reasoning: The process used to assimilate information, analyze data, and make decisions regarding patient care (Simmons, Lanuza, Fonteyn, & Hicks, 2003).

Clinical Prevention: Individually focused interventions such as immunizations, screenings, and counseling, aimed at preventing escalation of diseases and conditions.

Cultural Humility: Incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient-clinician dynamic, and to developing mutually beneficial and advocacy partnerships with communities on behalf of individuals and defined populations. Cultural humility is proposed as a more suitable goal than cultural competence in healthcare education (Tervalon & Murray-Garcia, 1998).

Cultural Sensitivity: Cultural sensitivity is experienced when neutral language, both verbal and not verbal, is used in a way that reflects sensitivity and appreciation for the diversity of another. Cultural sensitivity may be conveyed through words, phrases, and categorizations that are intentionally avoided, especially when referring to any individual who may be interpreted as impolite or offensive (American Academy of Nursing Expert Panel on Cultural Competence, 2007).

Decision-Support System (Clinical): Interactive computer programs designed to assist clinicians with decision making tasks. Clinical decision-support systems link health observations with health knowledge to influence choices by clinicians for improved health care.

Diversity: The range of human variation, including age, race, gender, disability, ethnicity, nationality, religious and spiritual beliefs, sexual orientation, political beliefs, economic status, native language, and geographical background.

Evidence-based Practice: Care that integrates the best research with clinical expertise and patient values for optimum care (IOM, 2003b).

Health Determinants: Complex interrelationships of factors, such as the social and economic environment, the physical environment, individual characteristics, and behaviors that influence health.

Health Literacy: The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions (U.S. Department of Health and Human Services, 2000b)

Healthcare Team: The patient plus all of the healthcare professionals who care for the patient. The patient is an integral member of the healthcare team.

Herd Immunity: Immunity of a sufficient proportion of the population to reduce the probability of infection of susceptible members of that population.

Immersion Experience: Clinical experiences with a substantive number of hours in a consistent clinical setting over a concentrated period of time.

Information Technology: The study, design, development implementation, support, or management of computer-based information systems, particularly software applications and computer hardware.

Integrative Strategies for Learning: Coherent organization of educational practices that integrate general education concepts throughout the major, through the widespread use of powerful, active, and collaborative instructional methods (Association of American Colleges and Universities, 2004) .

Interprofessional: Working across healthcare professions to cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable. The team consists of the patient, the nurse, and other healthcare providers as appropriate (IOM, 2003b).

Intraprofessional: Working with healthcare team members within the profession to ensure that care is continuous and reliable.

Microsystem: The structural unit responsible for delivering care to specific patient populations or the frontline places where patients, families, and care teams meet (Nelson, Batalden, Godfrey, 2007).

Moral Agency: A person's capacity for making ethical judgments. Most philosophers suggest that only rational beings, people who can reason and form self-interested judgments, are capable of being moral agents.

Multi-dimensional Care: Relating to or having several dimensions; it speaks to the fullness of the patient-clinician experience, but also to people's lives in general. Spirituality is one of those many dimensions.

Nurse Sensitive Indicators: Measures of processes and outcomes—and structural proxies for these processes and outcomes (e.g., skill mix, nurse staffing hours)—that are affected, provided, and influenced by nursing personnel, but for which nursing is not exclusively responsible (National Quality Forum, 2003).

Outcome: Broad performance indicator, related to the knowledge, skills, and attitudes, needed by a baccalaureate graduate.

Patient: The recipient of nursing care or services. This term was selected for consistency and in recognition and support of the historically established tradition of the nurse-patient relationship. 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).

Patient-centered Care: Includes actions to identify, respect and care about patients' differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health (IOM, 2003b).

Population Health Interventions: Actions intended to improve the health of a collection of individuals having personal or environmental characteristics in common. Population health interventions are based on population-focused assessments.

Professional Nurse: An individual prepared with a minimum of a baccalaureate in nursing but is also inclusive of one who *enters* professional practice with a master's degree in nursing or a nursing doctorate (AACN, 1998).

Simulation: An activity that mimics the reality of a clinical environment and is designed to demonstrate procedures, decision-making, and critical thinking through techniques

such as role-playing and the use of devices (e.g., interactive videos, mannequins) (National Council of State Boards of Nursing, 2005).

Spiritual Care: "Interventions, individual or communal, that facilitate the ability to experience the integration of the body, mind, and spirit to achieve wholeness, health, and a sense of connection to self, others, and a higher power" (American Nurses Association and Health Ministries Association, 2005, p. 38).

Spirituality: Speaks to what gives ultimate meaning and purpose to one's life. It is that part of people that seeks healing and reconciliation with self or others (Puchalski, 2006).

Vulnerable Populations: Refers to social groups with increased relative risk (i.e., exposure to risk factors) or susceptibility to health-related problems. The vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life (Center for Vulnerable Populations Research, UCLA School of Nursing, 2008).

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APPENDIX A

Task Force on the Revision of *The Essentials of Baccalaureate Education for Professional Nursing*

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APPENDIX B
Consensus Process to Revise the *Essentials of Baccalaureate Education for Professional Nursing Practice*

In 2006, the AACN Board of Directors established a task force and charged this group to revise and update the 1998 *Essentials* document. This task force was comprised of individuals representing an array of experts in baccalaureate nursing education, including deans and faculty representatives. Additionally, a chief nurse executive represented the practice setting on the committee (see Appendix A). The task force began their work by reviewing the literature and considering the changes occurring in health care, higher education, and health professions education. In February 2007, the task force convened a group of 20 stakeholders representing leaders from higher education, professional nursing, and interprofessional education; in June 2007, three additional stakeholders met with the task force (see Appendix C). These leaders were asked to identify, from their own perspectives, the anticipated role of the professional nurse in the future healthcare system and the critical competencies needed to function in this role. These wide-ranging and lively discussions served as the basis for the development of a draft document that was then shared with nursing professionals on the AACN Web site in August 2007, prior to the beginning of the next phase of the revision process.

The next phase consisted of a series of five regional meetings from September 2007 to April 2008. The purpose of these meetings was to gather feedback and to build consensus about the *Essentials* draft document. Participants, including nurse educators, clinicians, administrators, and researchers representing a range of nursing programs, specialties, and organizations, discussed, debated, and made recommendations regarding the draft document. Over 700 individuals, representing all 50 states and the District of Columbia, participated in the consensus-building process. In addition, 329 schools of nursing, 11 professional organizations, and 13 healthcare delivery systems were represented (see Appendices D, E, & F). To ensure a broad base of nursing input, the task force sought the participation of a wide range of nursing organizations and many of these organizations such as the American Academy of Nursing, Sigma Theta Tau, and American Organization of Nurse Executives sent written feedback to the task force. Nursing administrators and clinicians were specifically asked to participate to ensure that the recommendations for nursing education would address future healthcare practice. Participants in the regional meetings were asked to focus on the rationale supporting each Essential and a list of end of program outcomes. In addition, the participants provided input into the development of supporting documents including a list of integrative learning strategies, quality indicators, and clinical learning environments. The process was iterative and following each of the regional meetings, an updated document was posted on the AACN Web site for review and comment. AACN member schools and the nursing community at large were able to provide ongoing feedback.

On July 19, 2008, the AACN Board unanimously approved the revised *Essentials of Baccalaureate Nursing Education.*

Appendix C
Participants who attended Stakeholder Meetings (N=23)

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Jean Jenkins
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Darrell Kirch
Association of American Medical Colleges (AAMC)
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Ellen Kurtzman
National Quality Forum (NQF)
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Pam Malloy
End-of-Life Nursing Education Consortium (ELNEC)
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Washington, DC

Jeanne Matthews
Quad Council of Public Health Nursing Organizations
Chair-elect, APHA Public Health Nursing (PHN) Section for the Quad Council
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Dula Pacquiao
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National Student Nurses Association (NSNA)
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Tener Veneema
Disaster Preparedness Expert
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Mary Wakefield
Institute of Medicine (IOM) Chair of Quality Chasm Series
Health Care Services Board,
Associate Dean for Rural Health,
University of North Dakota
Washington, DC

Julia Watkins
Council on Social Work Education
Executive Director
Alexandria, VA

APPENDIX D

Schools of Nursing that Participated in the Regional Meetings (N=329)

Adelphi University
Garden City, NY

Arizona State University
Phoenix, AZ

Arkansas State University
State University, AR

Armstrong Atlantic State University
Savannah, GA

Ashland University
Ashland, OH

Auburn University
Auburn, AL

Auburn University at Montgomery
Montgomery, AL

Avila University
Kansas City, MO

Azusa Pacific University
Azusa, CA

Baker University
Topeka, KS

Ball State University
Muncie, IN

Baptist Memorial College of Health Sciences
Memphis, TN

Barnes-Jewish College of Nursing
St. Louis, MO

Barry University
Miami Shores, FL

Baylor University
Dallas, TX

Becker College
Worcester, MA

Bemidji State University
Bemidji, MN

Bethune-Cookman University
Daytona Beach, FL

Binghamton University
Binghamton, NY

Biola University
La Mirada, CA

Boise State University
Boise, ID

Boston College
Chestnut Hill, MA

Bradley University
Peoria, IL

Brenau University
Gainesville, GA

Brigham Young University
Provo, UT

BryanLGH College of Health Sciences
Lincoln, NE

California Baptist University
Riverside, CA

California State University Channel Islands
Camarillo, CA

California State University-Bakersfield
Bakersfield, CA

California State University-Chico
Chico, CA

California State University-Dominguez Hills
Carson, CA

California State University-East Bay
Hayward, CA

California State University-Fullerton
Fullerton, CA

California State University-Long Beach
Long Beach, CA

California State University-Los Angeles
Los Angeles, CA

California State University-San Bernardino
San Bernardino, CA

California State University-San Marcos
San Marcos, CA

California State University-Stanislaus
Turlock, CA

Capital University
Columbus, OH

Carlow University
Pittsburgh, PA

Carson-Newman College
Jefferson City, TN

Cedar Crest College
Allentown, PA

Central Connecticut State University
New Britain, CT

Chamberlain College of Nursing
Columbus, OH

Charleston Southern University
Charleston, SC

Clayton State University
Morro, GA

Clemson University
Clemson, SC

Coe College
Cedar Rapids, IA

Colby-Sawyer College
New London, NH

College of Saint Catherine
St. Paul, MN

Creighton University
Omaha,, NE

Cumberland University
Lebanon, TN

Curry College
Milton, MA

Drexel University
Philadelphia, PA

Duke University
Durham, NC

Duquesne University
Pittsburgh, PA

East Carolina University
Greenville, NC

East Tennessee State University
Johnson City, TN

Eastern Illinois University
Charleston, IL

Eastern Kentucky University
Richmond, KY

Eastern Mennonite University
Harrisonburg, VA

Eastern Michigan University
Ypsilanti, MI

Elmhurst College
Elmhurst, IL

Elms College
Chicopee, MA

Emmanuel College
Boston, MA

Emory University
Atlanta, GA

Excelsior College
Albany, NY

Fairfield University
Fairfield, CT

Fairleigh Dickinson University
Teaneck, NJ

Fairmont State University
Fairmont, WV

Felician College
Lodi, NJ

Florida A&M University
Tallahassee, FL

Florida Atlantic University
Boca Raton, FL

Florida International University
Miami, FL

Florida Southern College
Lakeland, FL

Fort Hays State University
Hays, KS

Francis Marion University
Florence, SC

George Mason University
Fairfax, VA

Georgetown University
Washington, DC

Georgia College & State University
Milledgeville, GA

Georgia Southern University
Statesboro, GA

Georgia State University
Atlanta, GA

Gonzaga University
Spokane, WA

Governors State University
University Park, IL

Grand Valley State University
Grand Rapids, MI

Grand View College
Des Moines, IA

Hope College
Holland, MI

Hunter College of CUNY
New York, NY

Huntington University
Huntington, IN

Husson College
Bangor, ME

Idaho State University
Pocatello, ID

Illinois Wesleyan University
Bloomington, IL

Indiana University Bloomington
Bloomington, IL

Indiana University Northwest
Gary, IN

Indiana University South Bend
South Bend, IN

Indiana University Southeast
New Albany, IN

Indiana Wesleyan University
Marion, IN

Jacksonville State University
Jacksonville, AL

Jacksonville University
Jacksonville, FL

James Madison University
Harrisonburg, VA

Johns Hopkins University
Baltimore, MD

Kaplan University
Chicago, IL

Kean University
Union, NJ

Kennesaw State University
Kennesaw, GA

Keuka College
Keuka Park, NY

Lakeview College of Nursing
Danville, IL

Lamar University
Beaumont, TX

Le Moyne College
Syracuse, NY

Linfield College
Portland, OR

Loma Linda University
Loma Linda, CA

Louisiana College
Pineville, LA

Louisiana State University Health Sciences Ctr
New Orleans, LA

Lourdes College
Sylvania, OH

Luther College
Decorah, IA

Lycoming College
Williamsport, PA

Lynchburg College
Lynchburg, VA

Macon State College
Macon, GA

Madonna University
Livonia, MI

Martin Methodist College
Pulaski, TN

Maryville University-Saint Louis
St. Louis, MO

Massachusetts College of Pharmacy and Allied Health Sciences
Boston, MA

McKendree College
Lebanon, IL

McNeese State University
Lake Charles, LA

Medcenter One College of Nursing
Bismarck, ND

MedCentral College of Nursing
Mansfield, OH

Medical College of Georgia
Augusta, GA

Medical University of South Carolina
Charleston, SC

Mercy College
Dobbs Ferry, NY

Metropolitan State University
St. Paul, MN

MGH Institute of Health Professions
Boston, MA

Michigan State University
East Lansing, MI

Milwaukee School of Engineering
Milwaukee, WI

Minnesota Intercollegiate Nursing Consortium
Northfield, MN

Minnesota State University Mankato
Mankato, MN

Mississippi College
Clinton, MS

Mississippi University for Women
Columbus, MS

Missouri Western State University
St. Joseph, MO

Montana State University- Bozeman
Bozeman, MT

Moravian College
Bethlehem, PA

Mount Carmel College of Nursing
Columbus, OH

Mount Mercy College
Cedar Rapids, IA

Mount Saint Mary's College
Los Angeles, Ca

Muskingum College
New Concord, OH

National University
La Jolla, CA

Neumann College
Aston, PA

New Jersey City University
Jersey City, NJ

New Mexico Highlands University
Las Vegas, NM

New York University
New York, NY

Nicholls State University
Thibodaux, LA

North Park University
Chicago, IL

Northeastern University
Boston, Mass.

Northern Arizona University
Flagstaff, AZ

Northern Illinois University
DeKalb, IL

Northwest University
Kirkland, WA

Notre Dame College
South Euclid, OH

Oakland University
Rochester, MI

Old Dominion University
Norfolk, VA

Oregon Health and Science University
Portland, OR

Otterbein College
Westerville, OH

Pace University
New York, NY

Patty Hanks Shelton School of Nursing
Abilene, TX

Piedmont College
Demorest, GA

Platt College
Aurora, Co

Point Loma Nazarene University
San Diego, CA

Purdue University
West Lafayette, IN

Queens University of Charlotte
Charlotte, NC

Research College of Nursing
Kansas City. MO

Regis College
Weston, MA

Rhode Island College
Providence, RI

Rivier College
Nashua, NH

Robert Morris University
Moon Township, PA

Rutgers, The State University of New Jersey
Camden, NJ

Sacred Heart University
Fairfield, CT

Saginaw Valley State University
University Center, MI

Saint Ambrose University
Davenport, IA

Saint Anselm College
Manchester, NH

Saint Anthony College of Nursing
Rockford, IL

Saint Francis Medical Center College of Nursing
Peoria, IL

Saint John Fisher College
Rochester, NY

Saint Joseph's College of Maine
Standish, ME

Saint Louis University
Saint Louis, MO

Saint Luke's College of Nursing
Kansas City, MO

Saint Xavier University
Chicago, IL

Samford University
Birmingham, AL

Samuel Merritt College
Oakland, CA

San Diego State University
San Diego, CA

San Francisco State University
San Francisco, CA

Seattle Pacific University
Seattle, WA

Seattle University
Seattle, WA

Shenandoah University
Winchester, VA

Simmons College
Boston, MA

South Dakota State University
Brookings, SD

Southeast Missouri State University
Cape Girardeau, MO

Southern Illinois University
Edwardsville
Edwardsville, IL

Southern Nazarene University
Bethany, OK

Southern Utah University
Cedar City, UT

Stony Brook University
Stony Brook, NY

SUNY Downstate Medical Center
Brooklyn, NY

SUNY Institute of Technology at
Utica/Rome
Utica, NY

SUNY Plattsburgh
Plattsburgh, NY

SUNY Upstate Medical University
Syracuse, NY

Temple University
Philadelphia, PA

Tennessee Technological University
Cookeville, TN

Tennessee Wesleyan College
Knoxville, TN

Texas A&M Health Science Center
College Station, TX

Texas A&M University-Corpus Christi
Corpus Christi, TX

Texas Christian University
Fort Worth, TX

Texas Tech University Health Sciences
Center

Lubbock, TX

Texas Woman's University
Denton, TX

The Catholic University of America
Washington, DC

The College of St. Scholastica
Duluth, MN

The Ohio State University
Columbus, OH

The Sage Colleges
Troy, NY

The University of Alabama
Tuscaloosa, AL

The University of Alabama in Huntsville
Huntsville, AL

The University of Louisiana at Lafayette
Lafayette, LA

The University of Louisiana at Monroe
Monroe, LA

The University of North Carolina-Chapel Hill
Chapel Hill, NC

Thomas Jefferson University
Philadelphia, PA

Touro University
Henderson, NV

Tuskegee University
Tuskegee, AL

University at Buffalo
Buffalo, NY

University of Alabama at Birmingham
Birmingham, AL

University of Alabama in Huntsville
Huntsville, AL

University of Alaska Anchorage
Anchorage, AK

University of Arizona
Tuscon, AZ

University of Arkansas for Medical Sciences
Little Rock, AR

University of Arkansas-Fayetteville
Fayetteville, AR

University of California- Davis
Davis, CA

University of California-Los Angeles
Los Angeles, CA

University of Central Arkansas
Conway, AR

University of Cincinnati
Cincinnati, OH

University of Colorado at Colorado Springs
Colorado Springs, CO

University of Colorado Denver
Aurora, CO

University of Connecticut
Storrs, CT

University of Delaware
Newark, DE

University of Detroit Mercy
Detroit, MI

University of Florida
Gainesville, FL
University of Hawaii at Manoa
Honolulu, HI

University of Illinois at Chicago
Chicago, IL

University of Iowa
Iowa City, IA

University of Kansas
Kansas City, KS

University of Louisiana at Monroe
Monroe, LA

University of Louisville
Louisville, KY

University of Mary
Bismark, ND

University of Maryland
Baltimore, MD

University of Massachusetts-Amherst
Amherst, MA

University of Massachusetts-Lowell
Lowell, MA

University of Medicine & Dentistry of New Jersey
Newark, NJ

University of Memphis
Memphis, TN

University of Michigan
Ann Arbor, MI

University of Minnesota
Minneapolis, MN

University of Mississippi Medical Center
Jackson, MS

University of Missouri-Columbia
Columbia, MO
University of Missouri-Kansas City
Kansas City, MO

University of Missouri-Saint Louis
St. Louis, MO

University of Nevada-Las Vegas
Las Vegas, NV

University of Nevada-Reno
Reno, NV

University of New Hampshire
Durham, NH

University of New Mexico
Albuquerque, NM

University of North Carolina at Greensboro
Greensboro, NC

University of North Carolina-Charlotte
Charlotte, NC

University of North Dakota
Grand Forks, ND

University of North Florida
Jacksonville, FL

University of Northern Colorado
Greeley, CO

University of Oklahoma
Oklahoma City, OK

University of Pennsylvania
Philadelphia, PA

University of Phoenix
Phoenix, AZ

University of Pittsburgh
Pittsburgh, PA

University of Portland
Portland, OR

University of Rhode Island
Kingston, RI

University of Saint Francis- Indiana
Fort Wayne, IN

University of Saint Mary
Leavenworth, KS

University of San Diego
San Diego, CA

University of San Francisco
San Francisco, CA

University of South Alabama
Mobile, AL

University of South Carolina
Columbia, SC

University of South Carolina Aiken
Aiken, SC

University of South Carolina Upstate
Spartanburg, SC

University of Southern Maine
Portland, ME

University of Southern Mississippi
Hattiesburg, MS

University of St. Francis- Illinois
Joliet, IL

University of Tennessee – Knoxville
Knoxville, TN

University of Tennessee Health Science Center
Memphis, TN

University of Tennessee-Chattanooga
Chattanooga, TN

University of Texas Health Science Center – Houston
Houston, TX

University of Texas Health Science Center-San Antonio
San Antonio, TX

University of Texas-El Paso
El Paso, TX

University of Texas-Tyler
Tyler, TX

University of the Incarnate Word
San Antonio, TX

University of Toledo
Toledo, OH

University of Utah
Salt Lake City, UT

University of Vermont
Burlington, VT

University of Virginia
Charlottesville, VA

University of West Georgia
Carrollton, GA

University of Wisconsin-Eau Claire
Eau Claire, WI

University of Wisconsin-Green Bay
Green Bay, WI

University of Wisconsin-Milwaukee
Milwaukee, WI

University of Wisconsin-Oshkosh
Oshkosh, WI

University of Wyoming
Laramie, WY

Upper Iowa University
Fayette, IA

Ursuline College
Pepper Pike, OH

Utica College
Utica, NY

Valdosta State University
Valdosta, GA

Valparaiso University
Valparaiso, IN

Vanguard University of Southern California
Costa Mesa, CA

Villa Julie College
Stevenson, MD

Wagner College
Staten Island, NY

Washburn University
Topeka, KS

Washington State University
Spokane, WA

Waynesburg University
Waynesburg, PA

West Chester University
West Chester, PA

West Texas A&M University
Canyon, TX

West Virginia University
Morgantown, WV

Western Carolina University
Cullowhee, NC

Western Kentucky University
Bowling Green, KY

Western Michigan University
Kalamazoo, MI

Wichita State University
Wichita, KS

Widener University
Chester, PA

Wilkes University
Wilkes-Barre, PA

William Carey University
Hattiesburg, MS

William Jewell College
Liberty, MO

William Paterson University
Wayne, NJ

Wilmington University
New Castle, DE

Winston-Salem State University
Winston-Salem, NC

Wisconsin Lutheran College
Milwaukee, WI

Wright State University
Dayton, OH

Xavier University
Cincinnati, OH

York College of Pennsylvania
York, PA

Yale University
New Haven, CT

APPENDIX E

Professional Organizations that Participated in the Regional Meetings (N=11)

American Holistic Nurses Association
Flagstaff, Arizona

American Nurses Association
Silver Spring, MD

Association of Community Health Nursing Educators
Wheat Ridge, CO

Association of Perioperative Registered Nurses
Denver, CO

Association of Rehabilitation Nurses
Glenview, IL

Commission on Graduates of Foreign Nursing Schools International
Philadelphia, PA

International Society of Nurses in Genetics
Pittsburgh, PA

Kentucky Board of Nursing
Louisville, KY

Minnesota Board of Nursing
Minneapolis, MN

National Council of State Boards of Nursing
Chicago, IL

National League for Nursing
New York, NY

Oncology Nursing Society
Pittsburgh, PA

Society of Pediatric Nurses
Pensacola, FL

APPENDIX F

Healthcare Systems that Participated in the Regional Meetings (N= 13)

Advocate Christ Medical Center
Oak Lawn, IL

Baptist Memorial Health Care Corporation
Memphis, TN

Baptist Memorial Health Care Corporation- DeSoto
Southaven, MS

Bon Secours Hampton Roads Health System
Norfolk, VA

Children's Healthcare of Atlanta
Atlanta, GA

Dartmouth Hitchcock Medical Center
Lebanon, NH

Hospital Corporation of America
Nashville, TN

INOVA Health Systems
Falls Church, VA

Ovations/ Evercare
Minnetonka, MN

Southeast Health District
Waycross, GA

St. Mary's Hospital
Passaic, NJ

UPMC St. Margaret's
Pittsburgh, PA

Miriam Hospital
Providence, RI

American Association of
Colleges of Nursing

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