

Patient-centered Care (7)

Definition: Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.

	Knowledge	Skills	Attitudes
1.	<ul style="list-style-type: none"> Integrate understanding of multiple dimensions of patient centered care: <ul style="list-style-type: none"> ❖ patient/family/community preferences, values ❖ coordination and integration of care ❖ information, communication, and education ❖ physical comfort and emotional support ❖ involvement of family and friends ❖ transition and continuity 	<ul style="list-style-type: none"> 12. Elicit patient values, preferences and expressed needs as part of clinical interview, implementation of care plan and evaluation of care 13. Communicate patient values, preferences and expressed needs to other members of health care team 14. Provide patient-centered care with sensitivity and respect for the diversity of human experience 	<ul style="list-style-type: none"> 27. Value seeing health care situations "through patients' eyes" 28. Respect and encourage individual expression of patient values, preferences and expressed needs 29. Value the patient's expertise with own health and symptoms 30. Seek learning opportunities with patients who represent all aspects of human diversity 31. Recognize personally held attitudes about working with patients from different ethnic, cultural and social backgrounds 32. Willingly support patient-centered care for individuals and groups whose values differ from own
2.	<ul style="list-style-type: none"> Describe how diverse cultural, ethnic and social backgrounds function as sources of patient, family, and community values 		
3.	<ul style="list-style-type: none"> Demonstrate comprehensive understanding of the concepts of pain and suffering, including physiologic models of pain and comfort. 	<ul style="list-style-type: none"> 15. Assess presence and extent of pain and suffering 16. Assess levels of physical and emotional comfort 17. Elicit expectations of patient & family for relief of pain, discomfort, or suffering 18. Initiate effective treatments to relieve pain and suffering in light of patient values, preferences and expressed needs 	<ul style="list-style-type: none"> 33. Recognize personally held values and beliefs about the management of pain or suffering 34. Appreciate the role of the nurse in relief of all types and sources of pain or suffering 35. Recognize that patient expectations influence outcomes in management of pain or suffering
4.	<ul style="list-style-type: none"> Examine how the safety, quality and cost effectiveness of health care can be improved through the active involvement of patients and families 	<ul style="list-style-type: none"> 19. Remove barriers to presence of families and other designated surrogates based on patient preferences 20. Assess level of patient's decisional conflict and provide access to resources 	<ul style="list-style-type: none"> 36. Value active partnership with patients or designated surrogates in planning, implementation, and evaluation of care
5.	<ul style="list-style-type: none"> Examine common barriers to active involvement of patients in their own health care processes 	<ul style="list-style-type: none"> 21. Engage patients or designated surrogates in active partnerships that promote health, safety and well-being, and self-care management 	<ul style="list-style-type: none"> 37. Respect patient preferences for degree of active engagement in care process 38. Respect patient's right to access to personal health records
6.	<ul style="list-style-type: none"> Describe strategies to empower patients or families in all aspects of the health care process 		
7.	<ul style="list-style-type: none"> Explore ethical and legal implications of patient-centered care 	<ul style="list-style-type: none"> 22. Recognize the boundaries of therapeutic relationships 23. Facilitate informed patient consent for care 	<ul style="list-style-type: none"> 39. Acknowledge the tension that may exist between patient rights and the organizational responsibility for professional, ethical care
8.	<ul style="list-style-type: none"> Describe the limits and boundaries of therapeutic patient-centered care 		<ul style="list-style-type: none"> 40. Appreciate shared decision-making with empowered patients and families, even when conflicts occur 41.
9.	<ul style="list-style-type: none"> Discuss principles of effective communication 	<ul style="list-style-type: none"> 24. Assess own level of communication skill in encounters with patients and families 	<ul style="list-style-type: none"> 42. Value continuous improvement of own communication and conflict resolution skills
10.	<ul style="list-style-type: none"> Describe basic principles of consensus building and conflict resolution 	<ul style="list-style-type: none"> 25. Participate in building consensus or resolving conflict in the context of patient care 	
11.	<ul style="list-style-type: none"> Examine nursing roles in assuring coordination, integration, and continuity of care 	<ul style="list-style-type: none"> 26. Communicate care provided and needed at each transition in care 	

Teamwork and Collaboration (T)

Definition: Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.

Knowledge		Skills		Attitudes	
43.	Describe own strengths, limitations, and values in functioning as a member of a team	54.	Demonstrate awareness of own strengths and limitations as a team member	70.	Acknowledge own potential to contribute to effective team functioning
		55.	Initiate plan for self-development as a team member	71.	Appreciate importance of intra- and inter-professional collaboration
		56.	Act with integrity, consistency and respect for differing views		
44.	Describe scopes of practice and roles of health care team members	57.	Function competently within own scope of practice as a member of the health care team	72.	Value the perspectives and expertise of all health team members
45.	Describe strategies for identifying and managing overlaps in team member roles and accountabilities	58.	Assume role of team member or leader based on the situation	73.	Respect the centrality of the patient/family as core members of any health care team
46.	Recognize contributions of other individuals and groups in helping patient/family achieve health goals	59.	Initiate requests for help when appropriate to situation	74.	Respect the unique attributes that members bring to a team, including variations in professional orientations and accountabilities
		60.	Clarify roles and accountabilities under conditions of potential overlap in team member functioning		
		61.	Integrate the contributions of others who play a role in helping patient/family achieve health goals		
47.	Analyze differences in communication style preferences among patients and families, nurses and other members of the health team	62.	Communicate with team members, adapting own style of communicating to needs of the team and situation	75.	Value teamwork and the relationships upon which it is based
48.	Describe impact of own communication style on others	63.	Demonstrate commitment to team goals	76.	Value different styles of communication used by patients, families and health care providers
49.	Discuss effective strategies for communicating and resolving conflict	64.	Solicit input from other team members to improve individual, as well as team, performance	77.	Contribute to resolution of conflict and disagreement
		65.	Initiate actions to resolve conflict		
50.	Describe examples of the impact of team functioning on safety and quality of care	66.	Follow communication practices that minimize risks associated with handoffs among providers and across transitions in care	78.	Appreciate the risks associated with handoffs among providers and across transitions in care
51.	Explain how authority gradients influence teamwork and patient safety	67.	Assert own position/perspective in discussions about patient care		
		68.	Choose communication styles that diminish the risks associated with		
52.	Identify system barriers and facilitators of effective team functioning	69.	Participate in designing systems that support effective teamwork	79.	Value the influence of system solutions in achieving effective team functioning
53.	Examine strategies for improving systems to support team functioning				

Safety (S)

Definition: Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.

Knowledge		Skills		Attitudes	
80	<ul style="list-style-type: none"> Examine human factors and other basic safety design principles as well as commonly used unsafe practices (such as, work-arounds and dangerous abbreviations) 	84	<ul style="list-style-type: none"> Describe the benefits and limitations of selected safety-enhancing technologies (such as, barcodes, Computer Provider Order Entry, medication pumps, and automatic alerts/alarms) 	88	<ul style="list-style-type: none"> Discuss effective strategies to reduce reliance on memory
81	<ul style="list-style-type: none"> Delineate general categories of errors and hazards in care 	85	<ul style="list-style-type: none"> Describe factors that create a culture of safety (such as, open communication strategies and organizational error reporting systems) 	89	<ul style="list-style-type: none"> Communicate observations or concerns related to hazards and errors to patients, families and the health care team
82	<ul style="list-style-type: none"> Describe processes used in understanding causes of error and allocation of responsibility and accountability (such as, root cause analysis and failure mode effects analysis) 	86	<ul style="list-style-type: none"> Participate appropriately in analyzing errors and designing system improvements 	90	<ul style="list-style-type: none"> Engage in root cause analysis rather than blaming when errors or near misses occur
83	<ul style="list-style-type: none"> Discuss potential and actual impact of national patient safety resources, initiatives and regulations 	87	<ul style="list-style-type: none"> Use national patient safety resources for own professional development and to focus attention on safety in care settings 	91	<ul style="list-style-type: none"> Value relationship between national safety campaigns and implementation in local practices and practice settings

Informatics (I)

Definition: Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.

Knowledge		Skills		Attitudes	
92	<ul style="list-style-type: none"> Explain why information and technology skills are essential for safe patient care 	95	<ul style="list-style-type: none"> Seek education about how information is managed in care settings before providing care 	98	<ul style="list-style-type: none"> Apply technology and information management tools to support safe processes of care
93	<ul style="list-style-type: none"> Identify essential information that must be available in a common database to support patient care 	96	<ul style="list-style-type: none"> Contrast benefits and limitations of different communication technologies and their impact on safety and quality 	99	<ul style="list-style-type: none"> Navigate the electronic health record
94	<ul style="list-style-type: none"> Describe examples of how technology and information management are related to the quality and safety of patient care 	97	<ul style="list-style-type: none"> Recognize the time, effort, and skill required for computers, databases and other technologies to become reliable and effective tools for patient care 	100	<ul style="list-style-type: none"> Respond appropriately to clinical decision-making supports and alerts

Evidence-based Practice (EBP)

Definition: Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.

	Knowledge	Skills	Attitudes
101	<ul style="list-style-type: none"> Demonstrate knowledge of basic scientific methods and processes 	<ul style="list-style-type: none"> Describe EBP to include the components of research evidence, clinical expertise and patient/family values. 	<ul style="list-style-type: none"> Participate effectively in appropriate data collection and other research activities
102	<ul style="list-style-type: none"> Differentiate clinical opinion from research and evidence summaries 	<ul style="list-style-type: none"> Describe reliable sources for locating evidence reports and clinical practice guidelines 	<ul style="list-style-type: none"> Read original research and evidence reports related to area of practice
103	<ul style="list-style-type: none"> Explain the role of evidence in determining best clinical practice 	<ul style="list-style-type: none"> Describe how the strength and relevance of available evidence influences the choice of interventions in provision of patient-centered care 	<ul style="list-style-type: none"> Participate in structuring the work environment to facilitate integration of new evidence into standards of practice
104	<ul style="list-style-type: none"> Discriminate between valid and invalid reasons for modifying evidence 	<ul style="list-style-type: none"> based clinical practice based on clinical expertise or patient/family preferences Consult with clinical experts before deciding to deviate from evidence 	<ul style="list-style-type: none"> based protocols

Quality Improvement (QI)

Definition: Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.

	Knowledge	Skills	Attitudes
113	<ul style="list-style-type: none"> Describe strategies for learning about the outcomes of care in the setting in which one is engaged in clinical practice 	<ul style="list-style-type: none"> Seek information about outcomes of care for populations served in care setting 	<ul style="list-style-type: none"> Seek information about quality improvement projects in the care setting
114	<ul style="list-style-type: none"> Recognize that nursing and other health professions students are parts of systems of care and care processes that affect outcomes for patients and families 	<ul style="list-style-type: none"> Give examples of the tension between professional autonomy and system functioning 	<ul style="list-style-type: none"> Use tools (such as flow charts, cause-effect diagrams) to make processes of care explicit
115	<ul style="list-style-type: none"> Explain the importance of variation and measurement in assessing quality of care 	<ul style="list-style-type: none"> Use quality measures to understand performance 	<ul style="list-style-type: none"> Use tools (such as control charts and run charts) that are helpful for understanding variation
116	<ul style="list-style-type: none"> Describe approaches for changing processes of care 	<ul style="list-style-type: none"> Design a small test of change in daily work (using an experiential learning method such as Plan-Do-Study-Act) 	<ul style="list-style-type: none"> Practice aligning the aims, measures and changes involved in improving care