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FUTURE OF NURSING

THE MASSACHUSETTS
NURSING CORE COMPETENCIES:
A Toolkit for Implementation in Education and Practice Settings

The MA Nursing Core Competencies:
A Toolkit for Implementation in Education and Practice

MASSACHUSETTS DEPARTMENT OF HIGHER EDUCATION
Nurse of the Future Nursing Core Competencies©
The Art and Science of Nursing

PRACTICE ENVIRONMENT
PRACTICE

Evidence-Based Practice

Patient-Centered Care

Professionalism

Quality Improvement

Leadership

NURSING KNOWLEDGE

Systems-Based Practice

Safety

Informatics and Technology

Teamwork and Collaboration

Communication

S A K K A S

PRACTICE ENVIRONMENT
PRACTICE

K – Knowledge
A – Attitudes
S – Skills

The MA Nursing Core Competencies: *A Toolkit for Implementation in Education and Practice*

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Introduction

As articulated in the publication, *Creativity and Connections—Building the Framework for the Future of Nursing Education and Practice*, published by the Massachusetts Department of Higher Education Nursing Initiative in August 2010:

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

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

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

Please refer to http://www.mass.edu/currentinit/NiNofCompetencies.asp for a final conference summary.

"At the end of the conference a working group was formed composed of deans and faculty representing all segments of nursing education, and nursing practice leaders and clinical nursing staff representing the continuum of care. From 2006 through 2009, the working group researched and reviewed standards, initiatives, and best practices in nursing education and formed a foundation for moving the priorities forward. To expedite the process, the group formed two working committees: the Massachusetts Nurse of the Future (NOF) Competency Committee which was charged with furthering the development of a seamless continuum of nursing education by identifying a core set of nursing competencies; and the MONE Academic Practice Integration Committee, which was charged with using the identified competencies as a framework for developing a statewide transition into practice model" (DHE, 2010).

Work continued through 2011, when the Massachusetts Action Coalition (MAAC) was established and later was awarded the RWJF Academic Progression in Nursing (APIN)

grant in August 2012. In our project proposal, *Academic Progression in Nursing: A Plan for the Commonwealth of Massachusetts,* the goals are to:

1) Create accelerated pathways for nurses to achieve baccalaureate or higher degrees;
2) Promote the integration of the Nurse of the Future Nursing Core Competencies[©] (NOFNCC); and,
3) Increase faculty pool available to educate nurses from BSN through doctoral degrees.

The Nurse of the Future Nursing Core Competencies Joint Working Group has been working to develop a toolkit for academic and practice environments. Specifically we have:

1) Identified current use of NOFNCC in academic settings and current use of NOFNCC in practice settings; and,
2) Developed a toolkit and work with schools of nursing and practice settings to integrate the NOFNCC into their curricula.

Strategies proposed in our APIN grant to accomplish this work included:

Work with academic and practice institutions to integrate NOFNCC into curriculums at all levels of education and into practice programs. Specifically to:

- Develop curriculum blueprints, including toolkits, for use in academic and practice settings;
- Provide technical assistance to schools of nursing and practice settings for implementation;
- Develop and implement student competency evaluation for end of year program outcomes and a competency evaluation tool for practice;
- Evaluate utilization and success of NOFNCC in academic and practice settings post roll out, including number of institutions adopting competencies.

The purpose of this toolkit is to promote the integration of Nurse of the Future Nursing Core Compenentencies[©] (NOFNCC) in academic institutions and practice settings in the Commonwealth of Massachusetts. This toolkit has been organized in a format that is useful to both.

The integration of the competencies into academic programs connects the various levels of education programs, facilitating a smooth transition between LPN, ADN, and BSN programs, thereby increasing the likelihood that a nurse will continue his or her education. Furthermore, it is expected that the integration of these competencies may help differentiate the expected learning outcomes and achievement of competencies at the various educational levels. The integration of the competencies into practice facilitates a smooth transition for a new graduate into practice and allows academia and practice to better coordinate learning, precepting, and orienting activities. The NOFNCC document creates a common language that further facilitates integration in both academic and practice settings.

Competencies and Case Studies

Nurse of the Future Nursing Core Competencies

Patient-Centered Care
Anne-Marie Barron

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

What is Patient-Centered Care and Why is It Important?

Patient-centered care is at the core of all nursing education and practice. The IOM (2003) identified patient-centered care as one of the five core competencies to be integrated into the nursing curriculum. *The AACN Essentials of Baccalaureate Education for Professional Nursing Practice* (2008) describes patient-centered care as all nursing actions that identify and integrate patient preferences, values, expressed needs and address the patient's pain and suffering. Further, AACN emphasizes that it is the nurse's professional responsibility to coordinate care, carefully listen to patient needs and concerns, clearly inform, communicate, and educate patients, advocate disease prevention and wellness, and emphasize both individual and population health.
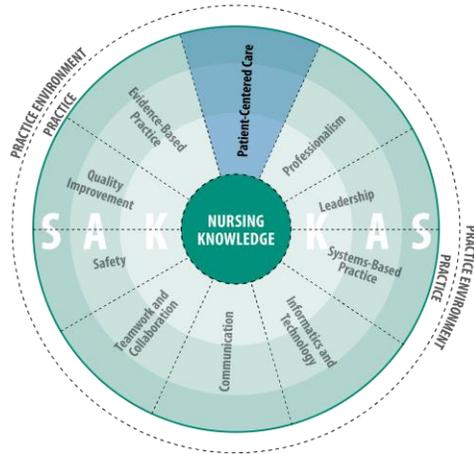
Questions for Reflection in Education and Practice:

1. What are the elements of holistic nursing care?
2. How do you assess for patient preferences and values?
3. What are the barriers and facilitators of patient-centered care?
4. How do you determine whether patient-centered care is being offered in your practice setting?
5. How are patient values and preferences incorporated in care offered in your practice setting?
6. How do you evaluate culturally appropriate care?

Learning Activities in Education:

1. Incorporate reflective practice in clinical conference and in the classroom.
2. Develop case studies that invite students to utilize critical reflection as they consider the complex and holistic needs of patients, families, and populations.
3. Present case studies based on the expert practice of faculty as they care for patients.

Learning Activities in Practice:

1. Conduct unit-based Nursing Rounds that offer nurses the opportunity to critically reflect and collaborate with colleagues in relation to the holistic care they are offering.
2. Incorporate nurses' narrative descriptions of patient encounters that demonstrate excellence in patient-centered care as part of the annual evaluation.

3. Incorporate nurses' narratives of excellence in patient-centered care as an essential element of a clinical recognition or clinical ladder program.
4. Establish institutionally-based Nursing Grand Rounds that highlight excellence in patient-centered care as an essential element of practice.
5. Examine the website http://www.medicare.gov/hospitalcompare/search.html
   a. Compare this organization's HCAHPS scores to 2 other organizations.
   b. Discuss the unit's HCAHPS scores with the Nurse Leader.
   c. Describe any opportunities to improve the patient experience that are currently underway on this unit. How can you influence this change process/opportunity as a team member?

Professionalism

Lynne Sullivan

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

What is Professionalism and Why is It Important?

The acquisition of professional behaviors is an acknowledged goal of nursing education and a recognized competency of the practicing nurse across the health care continuum. By incorporating the multi-dimensional concepts of professionalism into practice, students and nurses have the opportunity for both personal and professional growth. Nurses who demonstrate the attributes of professionalism are known to have a positive impact on patient satisfaction, health outcomes and the multidisciplinary health care team.

The charge of educators and nurse leaders is to develop the core competencies of professionalism, recognize the factors that influence professionalism, and identify strategies that will support the growth of nursing professionalism.

Questions for Reflection in Education and Practice:

1. In what ways does professional practice provide for positive patient outcomes?
2. How can a lack of professionalism have a negative effect on the patient and the health care team?

Learning Activities in Education:

1. Define the concepts of professionalism and provide example of each attribute.
2. Use the Miller model, 'Wheel of Professionalism in Nursing" to explore the interrelated concepts of professionalism.
http://www.readperiodicals.com/201201/2593962411.html

Learning Activities in Practice:

1. Describe your individual professional standards for the nursing practice and identify the barriers from achieving/maintaining them.
2. Compare professional Code of Ethics documents.
www.nursingworld.org/codeofethics
3. Reflect on the concepts of Self Care and Compassion Fatigue. How have you practiced self care this week? List activities that you have engaged both in and out of the work setting that contribute to self care. With whom do you debrief the events of your day/week?
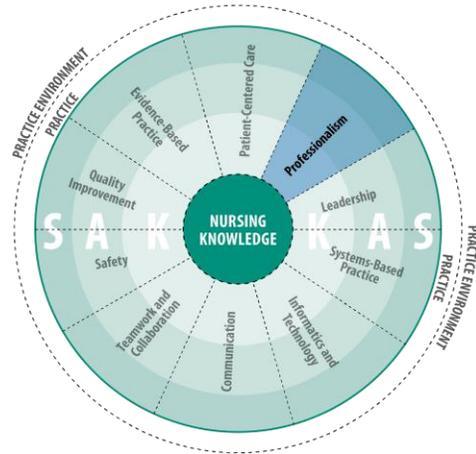
Leadership
Judith Cullinane

The Nurse of Future will transform and influence behaviors of individuals and groups to promote, to establish and to achieve shared goals determined within their settings. Nurses will advance within their leadership abilities in collaborative inter-professional efforts and for implementing change.
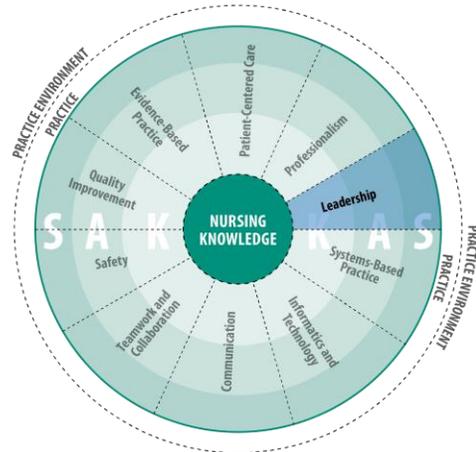
What is Leadership and Why is it Important?

In today's complex health care world, every nurse is called upon to be a leader. Leadership is action, not a position. And every nurse must be a leader and advocate for patient care. The Institute of Medicine in its "Future of Nursing" report clearly calls for nurses to be able to shape their own future and lead change to improve our nation's health. Two of the eight recommendations emphasize the need for the development of future nurse leaders: to expand opportunities for nurses to lead and diffuse collaborative improvement efforts, and to prepare and enable nurses to lead change to advance health (Institute of Medicine, 2010). Transforming the way health care is delivered will produce challenges and nurses can be pivotal agents to facilitate change by way of influence and transformational leadership. These remodeling measures can assist with ensuring patient care that is effective, efficient and safe. Leadership knowledge, attitude and skills can be taught within the academic and practice arena in a systematic way to promote this aptitude through lectures followed by seminars or organizational workshops that use problem-based scenarios and application of principles.

Questions for Reflection in Education and Practice:

1. What are some differences and similarities between leadership skills and management in nursing?
2. What are traits of a good leader? What are the traits of a good follower?
3. How can a leader create a motivating climate to work in?
4. What are some challenges nurse leaders may face in today's health care settings?
5. How does a leader promote team building?
6. How can a leader serve to coach others?
7. Compare and contrast the benefits and risks of individual versus group decision making processes.
8. What are the different leadership styles and how can they be used to transform and influence practice?
9. What are the tools needed for leadership success?
10. What are the leadership skills needed to enact decisions, problem solving and changes?
11. What are the attributes a leader needs for coaching, mentoring and guiding others?
12. How do leaders maximize team building, collaboration and conflict resolution?
13. How does shared decision making coincide with shared governance?

Learning Activities in Education:

1. Conduct an interview with a staff nurse involved in a shared governance council; i.e. unit-based practice council.
2. Interview a nurse manager, clinical nurse leader or charge resource nurse with focused questions on strategies to build staff motivation, decision making and a positive working culture.

Learning Activities in Practice:

1. Conduct a leadership self-assessment quiz with associated learning units on leadership basics, emotional intelligence and leadership approaches. http://www.mindtools.com/pages/main/newMN_LDR.htm#ei
2. Spend the day shadowing the unit's charge nurse. Discuss this nurse leader's role and responsibilities in regards to micro and macro level issues. Describe this nurse leader's role and responsibilities in terms of patient safety and quality metrics.
3. Case Studies – Identify *unit* (micro) or hospital (macro) base level problems unique to your workplace and discuss them in small groups. Review the situation; discuss the issues within the case and how they would recommend solving the problems. Identify the barriers to the resolution of the problem.
4. Work together in teams on a project for the day and then present a briefing of what was accomplished at a staff meeting or a unit-based committee meeting.
5. Conduct team-building exercises that address incivility and then present solutions to correct such behaviors.

Systems-Based Practice
Donna Glynn

The Nurse of the Future will demonstrate an awareness of and responsiveness to the larger context of the health care system, and will demonstrate the ability to effectively call on microsystem resources to provide care that is of optimal quality and value (Adapted from ACGME, N.D.).

What is Systems-Based Practice and Why is It Important?

The goal of systems-based practice is to improve the safety and quality of patient care. A systems-based practice has been described as a "village." Each health care provider must work within a community to deliver quality patient care (Ziegelstein & Fiebach, 2004). Nurses play a critical role in the microsystems and macrosystems of health care delivery and the nurse of the future will recognize the importance of individual and group actions on quality and safe patient care. Nurses will need to understand and initiate cost containment, resource allocation, patient advocacy and interdisciplinary collaboration to ensure the delivery of quality patient care. Successful implementation of a systems-based practice would include interdisciplinary patient rounds, mechanisms for respectful interdisciplinary approaches to patient care issues and team building activities (McCauley & Irwin, 2006).

Safety is a key priority within the health care field, as evidenced by the Institute of Medicine (IOM) report and national patient safety goals. The link between safety and systems is evident. Health care providers must report safety issues, evaluate the system, implement means to discover errors, and develop process improvements to reduce the risk of error.

Microsystems are constantly evolving in the health care environment responding to the needs of the patients, clinicians, technology, cost containment, system inefficiencies and regulations. Each microsystem is unique within the larger (macro) organization. Nurses must possess the necessary knowledge, attitudes and skills to provide care in a variety of patient care settings and become part of the "village."

The goal of systems-based practice for the nurse of the future is to enhance and improve the interdisciplinary system of patient care while understanding the legal, political, regulatory and economic factors that influence the delivery of health care.
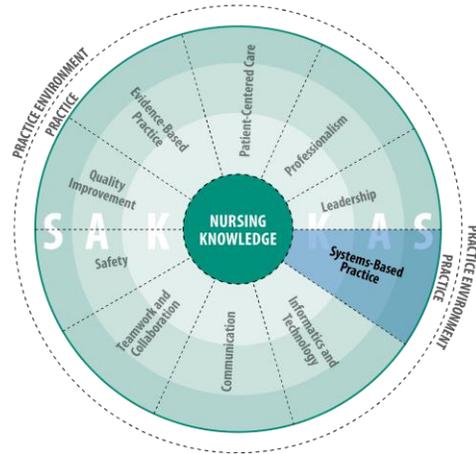
Questions for Reflection in Education and Practice:

1. What is the difference between a microsystem and a macrosystem in health care?
2. What are the principles of team building?
3. What do successful leaders do and what are successful team building activities?
4. Describe the system which you currently work in. Do you consider yourself part of the health care team in your microsystem? Macrosystem?
5. What are the issues/barriers that you can identify within your microsystem that could be improved? (Focus on patient safety and patient care.)

Learning Activities in Education:

1. Develop case studies that discuss and reflect on patient safety issues related to the microsystems and macrosystems. Students will reflect on areas where the systems could be improved to ensure quality patient care.
2. Simulate team building activities where students will reflect, discuss and identify team building techniques through respectful interdisciplinary discussions and role modeling.

Learning Activities in Practice:

1. Conduct unit-based interdisciplinary rounds to offer nurses the opportunity to discuss and improve patient care concerns with colleagues from all health care disciplines.
2. Give leadership conferences that educate nurses regarding the macro/micro systems in place at the organization and encourage nursing participation on selected committees.
3. Conduct a unit-based nursing cost containment activity where the nursing staff identifies, evaluates and recommends changes to improve patient care while controlling associated health care costs.
4. Identify system inefficiencies and operational failures that can lead to medication errors. Describe micro/macro level strategies that address interruptions and distractions. Would these strategies prevent medication errors (Example: An RN passing medications wears a vest which signals to others that she should not be interrupted.)

Informatics and Technology

Daniel David

The Nurse of the Future will use information and technology to communicate, manage knowledge, mitigate error, and support decision-making (QSEN, 2007).

What is Informatics & Why is It Important?

The ANA defines nursing informatics as a specialty that integrates nursing science, computer science and information science to manage and communicate data, information, knowledge and wisdom and nursing. In 1994, the American Nurses Association recognized nursing informatics as a professional specialty, and certification is now available at the generalist level.

Nurses harness information and technology to support their practice and provide superior care for their patients. The goal of nursing informatics is to improve the health of populations, communities, families and individuals by optimizing information management and communication. The core competency of informatics allows the nurse to serve as a bridge between the clinical world and the areas of technology.

At the bedside, nurses help patients to navigate the health care system, understand their clinical situation, and to make choices about their care. With each passing year, patients are looking to technological resources to gain insight into clinical problems and address. The nurse of the future helps them take advantage of the technological tools available to them make wise choices to acquire accurate information.

Questions for Reflection in Education and Practice:

1. How does technology improve nursing care?
2. What are the barriers that impact the quality of the interaction of an individual (patient and/or nurse) with technology?
3. How do older adults use technology? Do they use the internet? Do they use social media to ask medical questions? You might be surprised.
4. How do you feel about patients using the internet to seek information about their health? Can they be trusted to go to accurate sites to make good choices?
5. Does your institution have wireless internet access for patients? Whom do you call if they need IT help?
6. Does your institution allow patients access to their medical records through a hospital portal? Does your institution believe that patients should have immediate access to their labs and notes? Do you think patients should have access to this?
7. What is your institution's policy on social media and networking?
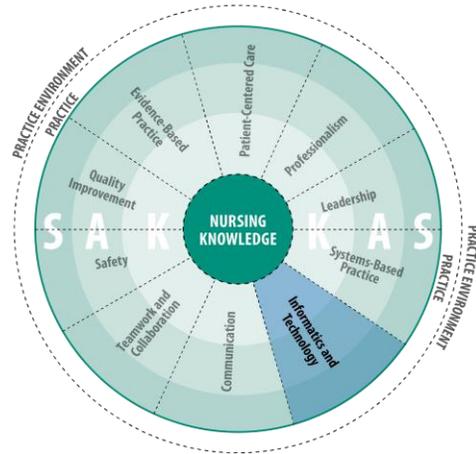
Learning Activities in Education:

1. Develop an activity for beginning student nurses that shows data mining in the electronic health record.
   http://qsen.org/data-mining-in-the-ehr-an-activity-for-beginning-student-nurses/
2. Ask students to guess what percentage of older adults use the internet, cell phones, and social media. Find the answers in the Pew report. Note the change in these activities over the past ten years.
   http://www.pewinternet.org/Reports/2012/Older-adults-and-internet-use.aspx

Learning Activities in Practice:

1. Develop a website evaluation exercise – searching the internet for information to be used in patient education.
   http://qsen.org/website-evaluation-exercise/
2. Reflect upon how individuals use information technology for their own health care. Skim the Pew Report on caregiver use of the internet. Think of the sort of patient that could benefit from one of the technologies described in the report.
   http://www.pewinternet.org/files/old-media//Files/Reports/2013/PewResearch_FamilyCaregivers.pdf
3. Attempt to access your own patient information through the patient portal of your institution. Could you teach a patient how to access their medical information electronically it if they asked?
4. Review the institution's policy on social networking. Discuss this in terms of patient and staff confidentiality. Describe a situation where a breach in confidentiality could be grounds for termination.

Communication
Donna Glynn

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

What is Communication & Why is It Important?

Effective communication is a critical component of quality patient care. Nursing communication is vital to high quality, safe nursing care. Nurses are required to effectively communicate with patients, families and members of the health care team to ensure quality, safe patient care. Breakdowns in communication are responsible for medication errors, excessive costs and unsafe patient care (Judd, 2013). Effective communication includes a self-awareness and assertiveness to advocate for the patient in the health care environment. The key to effective communication is self-knowledge and the awareness and sensitivity to others.

Effective patient communication and understanding is dependent on the patient's and family's ability to learn, readiness to learn, preferences for learning style, cultural issues, diversity and health literacy. Communication of necessary patient information occurs in both oral and written forms. A successful nursing curriculum will incorporate effective, therapeutic communication skills, both oral and written, which the nurse can carry forward to professional life.

The Nurse of the Future will be aware of nonverbal communication and apply the principles of active listening to patient care and communication with colleagues.

Collegial communication is critical to professional development. Effective collegial communication depends on an understanding of group dynamics, negotiation, and respect for all members of the health care team. The Nurse of the Future must be able to become an effective communicator in complex environments with a diverse workforce and high stakes outcomes.

Questions for Reflection in Education and Practice:

1. How does effective patient communication improve the quality and safety of care?
2. What additional methods are available to aid in patient communication?
3. What are barriers related to communication with patients and families?
4. What are effective strategies related to conflict resolution and negotiation?
5. How effective is nursing oral communication related to "hand-off" and shift reports?
6. How effective is interdisciplinary communication related to complex patient situations on the nursing unit and how can it be improved?
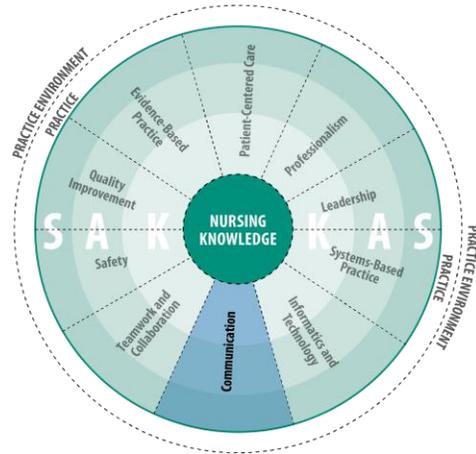
Learning Activities in Education:

1. Utilizing actual patient care experiences (while maintaining HIPAA), have students in the classroom setting give oral change of shift reports. Encourage students to identify important areas to communicate and areas that were omitted.
2. Educate students throughout the curriculum to utilize the ISBAR format for communicating patient concerns. http://www.saferhealthcare.com/sbar/what-is-sbar/
3. Develop simulation experiences related to patient, family and colleague communication that include a conflict resolution component.

Learning Activities in Practice:

1. Utilize unit-based opportunities to reflect, collaborate, and identify areas of communication breakdown and the development of improved strategies to enhance the patient care delivery system with colleagues.
2. Encourage the participation and discussion of the recent IOM initiative related to communication and patient care improvements:http://www.iom.edu/Reports/2013/Partnering-with-Patients-to-Drive-Shared-Decisions-Better-Value-and-Care-Improvement.aspx
3. Participate in communication opportunities (e.g. bedside shift report and Interdisciplinary Rounds). Reflect on the interactions that you have had or observed when communicating with colleagues from Medicine, Pharmacy, Dietary, and Case Management. Discuss both positive and negative communication experiences.

Teamwork and Collaboration

Joan Russo

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

What are Teamwork and Collaboration and Why are They Important?

Katzenbach & Smith, in 1999, defined a team as a small number of people with complementary skills who are committed to a common purpose, performance outcomes, and approach for which they hold themselves mutually accountable. The success of a team is dependent on how well the members work together. Lencioni (2002), in his model on teamwork, identified five components which must be attended to for a team to work together effectively. They are trust, productive conflict, commitment, accountability and attention to results.

Collaboration and effective teamwork go hand in hand. Successful collaboration requires working relationships that are respectful as well as joint communication and decision-making between nurses and other disciplines. Extensive evidence shows the negative impact of poor collaboration on measurable indicators such as patient and family satisfaction, patient safety, professional staff satisfaction, nurse retention and cost. The Institute of Medicine points to "a historical lack of inter-professional cooperation" as one of the barriers to safety in hospitals.

The diverse team of practitioners within health care organizations must collaborate and function together as a team for safe, quality patient care to be achieved. Without the ongoing collaborative work of the health care team, patient and family needs cannot be met in today's complex health care system. Nurses are key players in the coordination of care and must be highly skilled in the areas of collaboration and teamwork. The nurse of the future will be called upon to bring the members of the health care team together and lead the process of collaborating and working together effectively.

Questions for Reflection in Education and Practice:

1. Why is teamwork important in health care? In nursing practice?
2. What are the principles of teamwork and collaboration?
3. Describe a team that is working well together. What principles are at work?
4. What are the elements necessary for a team to work effectively together?
5. How do you evaluate the effectiveness of a team?
6. What are the barriers to successful teamwork?
7. Is there evidence that your agency/organization supports teamwork and collaboration? If yes, what is the evidence? If not, why not?
8. Describe the team you currently work in. Is it functioning effectively as a team?
9. How does the lack of a vision and clear goals affect the success of a team?
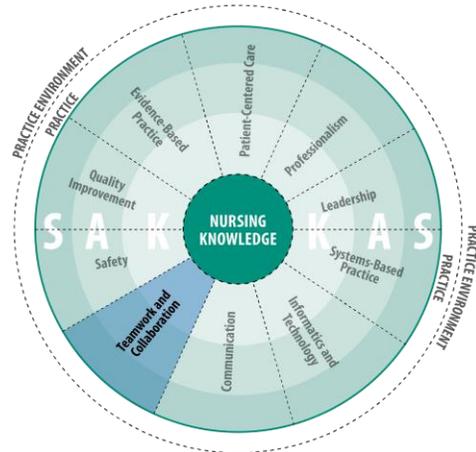
Potential Learning Activities in Education:

1. Use an actual patient case study and have students identify the team that would need to collaborate and work together to create and implement an effective plan of care.
2. Discuss the principles of teamwork and how they are used or not used in the case study.
3. Ask students to work in teams and, using a case study, identify the issue and come to consensus regarding how to move forward with a solution to the issue.
4. Use a simulation training exercise to enhance learning on teamwork and communication training available at: http://nursing.advanceweb.com/Continuing-Education/CE-Articles/Team-Building-Essentials.aspx

Potential Learning Activities in Practice:

1. Conduct unit based team building activities that include team assessments and team exercises to address the results of the assessment (Lencioni 2002)
2. Use evaluation processes that define each team member's accountability for collaboration and how unwillingness to collaborate will be addressed.
3. Provide organization-wide educational programs that address team building and collaboration among nurses, physicians and other health care team members.
4. Create forums to discuss the importance of nurse-physician collaboration and to create effective methods to improve working relationships between nurses and physicians.
5. Using the appreciative inquiry process, ask staff nurses in groups to think about a time when they were part of a team that had a high level of teamwork and collaboration among its team members and from those outside the team. Have nurses describe how it felt to be a member of that team.
   a. How were trust and respect built and communicated?
   b. What made it possible to establish trust in this group?
   c. *Briefly* describe your experience in this very positive team experience to your fellow staff members.
6. Conduct a healthy work environment departmental and/or unit based assessment using the health workplace standards.
7. Provide an example of how the nurse on an interdisciplinary team can contribute to the coordinated discharge plan of care. How does the nurse assist the patient/family achieve healthcare goals and support a successful transition to home/community.

Safety

Lynne Sullivan

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

What is Safety and Why is It Important?

It is indisputable that safety is essential to ensuring positive client outcomes; however safety has been narrowly defined in terms of individuals and did not always encompass the concept of safety from a systems perspective. To ensure safety, nurses must understand, establish and maintain a culture of safety which involves planning, assessing and evaluating client care, the assessment and evaluation of individual and systems, providing and interpreting information accurately, and utilizing technology appropriately.

Nurses in practice as well as pre-licensure students must be competent in developing and maintaining the knowledge, skills and attitudes necessary to provide quality and safety throughout the health care system.

Questions for Reflection in Education and Practice:

1. How do best practices contribute to safe client care?
2. How does evidence determine best practice?
3. What is the role of the nurse in establishing a culture of safety?
4. How can cultural influences affect safety?

Learning Activities in Education:

1. Utilize the QSEN module on teaching safety entitled "Patient Safety: Our intent is to do no harm – so why do errors happen?" http://qsen.org/faculty-resources/learning-modules/module-seventeen/
2. Utilize the AHRQ content on how to conduct safety simulation in nursing learning environments. "Enhancing Patient Safety in Nursing Education Through Patient Simulation." http://www.ahrq.gov/professionals/clinicians-providers/resources/nursing/resources/nurseshdbk/DurhamC_EPSNE.pdf

Learning Activities in Practice:

1. Review specific safety policies/best practices/safety enhancing technologies (i.e.: use of side rails, alarms, client identification, fall risk data, bar coding, standards of care, client instructions, SBAR).
2. Role-play use of SBAR in simulation exercises.
3. Review and discuss a case study with negative client outcomes. Using data from the case study, complete a sample variance report: http://www.uth.tmc.edu/uth_orgs/hcpc/procedures/volume1/chapter7/quality_improvement_activities-03.htm
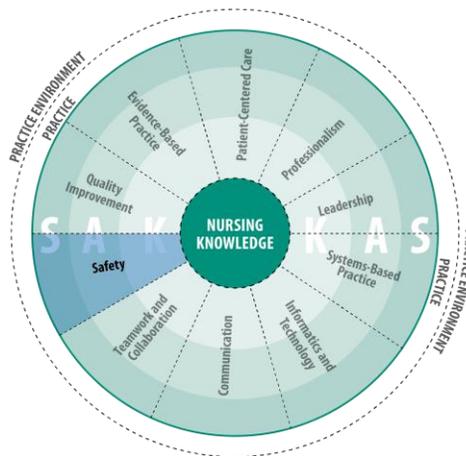
4. Review specific safety data (falls, med errors) and determine individual error vs. systems error.
5. Discuss and review the Joint Commission National Patient Safety Goals as they apply to care of specific populations.
   http://www.jointcommission.org/standards_information/npsgs.aspx
6. Examine the concept of "speaking-up behaviors" (Sayre, McNeese-Smith, Leach, and Phillips, 2012). Develop a personal action plan in order to improve patient safety.

Quality Improvement
Diane Hanley

The Nurse of the Future will 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. The American Nurses Association defines nurse-sensitive indicators as measures that reflect the structure of nursing care that may be measured by the number, the skill level, and the education/certification of nursing staff.
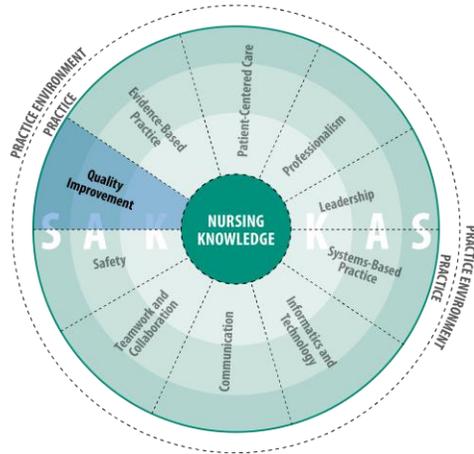
What is Quality Improvement and Why is It Important?

The primary goal of quality improvement is the continuous improvement of the delivery, quality, efficiency, and outcomes of patient care. This is accomplished through a systematic collection and review of data from ongoing monitoring and the use of data for decision-making, evaluation and improvement activities and patient outcomes. The process for quality improvement aims to drive quality care through education, evidence based practice and innovation, leadership and advocacy. Excellence is fostered at every level of practice by defining, measuring and educating about quality improvement and nursing sensitive outcomes across the continuum of care.

Nursing is a unique, identifiable and autonomous profession with the right, duty, responsibility and expertise to determine the scope and standards of nursing practice. Therefore, providing high quality care to patients is a priority for professional nursing. Quality care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. (Institute of Medicine: Strategy for Quality Assurance).

Quality improvement is designed to enhance patient care through the implementation of action plans to improve the quality, safety and appropriateness of care rendered by the nursing staff. Action plans are developed considering the impact of the issue, best practice and are evidence based.

Quality improvement is action oriented and centered on a systems approach, based on the scientific method, and principles of performance improvement. The Plan-Do-Check-Act (PDCA) cycle is shorthand for testing a change—by planning it, trying it, observing the results, and acting on what is learned.

P: Plan the project; define the mission and scope; gather data; benchmark with best-in-practice organizations.
D: Do the improvement; trial and implement solution/improvement.
C: Check or study how well improvement is doing; use data to evaluate solution/improvement; identify learning.
A: Act; adopt or adapt the solution/improvement; maintain gains or abandon solution/improvement and start cycle again.

The steps in the process include:
- Collecting data on selected indicators by trained staff nurses and/or leaders.
- Analyzing data for trends.
- Disseminating results to individuals and teams.
- Reviewing data and information by unit-based councils, committees and teams.
- Establishing an action plan for performance improvement based on data.
- Implementing and evaluating the plan.

Questions for Reflection in Education and Practice:

1. How do we integrate the commitment to quality improvement throughout, in all roles and at all levels?
2. How can nurses use benchmarked data as the driver for quality improvement?
3. What are the nurse-sensitive indicators for every patient care unit and patient population?
4. Do nurse-sensitive indicator data outperform the mean, median or other benchmark statistic of the database used? Explain why?
5. How is it best to disseminate comprehensive quality data and analysis of data to direct care nurses?

Learning Activities in Education:

1. Conduct interactive learning sessions such as The Game Guide which describes 21 simple interactive games to introduce quality improvement concepts in healthcare education. Available at https://careacttarget.org/sites/default/files/fileupload/resources/GameGuideQuality2006_0.pdf
2. Read the article by Dotson and Lewis (2013), teaching the quality improvement process to nursing students, which describes how to introduce quality improvement to senior nursing students. The article describes the learning experience and provides guides on how to construct, present and grade the assignment.

Learning Activities in Practice:

1. Seek information about quality initiatives in own care settings and organization.
2. Participate in the use of quality improvement tools to assess performance and identify gaps between local and best practices.
3. Participate in the use of quality indicators and core measures to evaluate the effect of changes in the delivery of care.

Evidence-Based Practice

Judith Cullinane

The Nurse of the Future will integrate the best evidence available using nursing expertise and the values and preferences of individuals, families and communities who are served by health care.

What is Evidence-Based Practice in Nursing and Why is It Important?

Today's nursing workforce must be educated and equipped to challenge the "status quo" and they must learn to investigate the many traditions embedded within the culture of nursing as well as evaluate their usefulness and validity in practice (Dimitroff, 2011). Evidence-Based Practice (EBP) is one of the ten competencies identified as Nurse of the Future Nursing Core Competencies© (Massachusetts Department of Higher Education, 2010). It is interwoven and connected to outcomes and includes the identification of clinical problems that relate to patients and nursing. Through the modes of knowledge, attitude, and skills (KAS), students and nurses in practice develop and gain expertise in its use for the overall improvement of patient care.
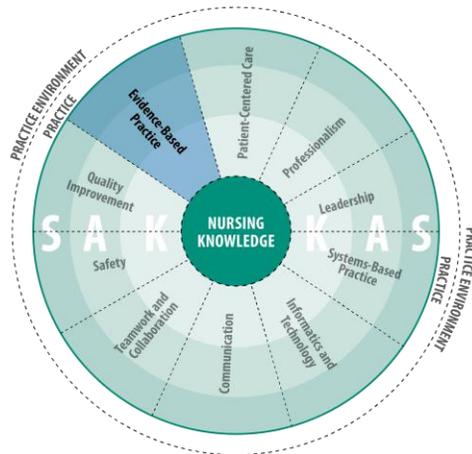
Questions for Reflection in Education and Practice:

1. How does evidence-based practice influence and improve nursing care?
2. What are barriers and probable limitations for implementing evidence-based practice and how would one overcome them? What type of infrastructure is necessary to support EBP within organizations?
3. How does evidence-based practice facilitate decision making in nursing about patients?
4. What steps are used to evaluate the evidence within clinical practice guidelines and how are these taught in academic settings?
5. How can a culture be created to promote the use of EBP and how does it enhance the critical thinking at the bedside?

Learning Activities in Education:

1. Facilitate a class assignment using the American Journal of Nursing (2010). Evidence-Based Practice: Step by Step: 12 Article Series. (Lippincott Williams & Wilkins). Available at: http://journals.lww.com/ajnonline/pages/collectiondetails.aspx?TopicalCollectionId=10
Have students conduct a search for information on a specific clinical problem and follow the steps of EBP.
2. Conduct a class assignment that connects the critical appraisal process to evidence-based practice guidelines using the article by Jakubec, S.L., Astle, B.J. (2013). Students select a clinical practice guideline from a national site and then evaluate the evidence within the clinical practice guideline, determining whether updates on the guideline are needed.

3. Incorporate a clinical assignment within a course for conducting an evidence-based poster presentation and have students select a topic, problem or nursing intervention that relates to nursing within the clinical site rotation. Have the students conduct a literature review of five nursing articles and write an annotated bibliography of the articles. Then have the students create posters for a presentation at the clinical site explaining their findings and potential implications for nursing.

Learning Activities in Practice:

1. Conduct a progressive three day modular activity forum on evidence-based practice for nurse leaders on a bi-monthly basis to increase expertise and ability to mentor staff within evidence-based process using the articles from the American Journal of Nursing (2010). Evidence Based Practice: Step by Step: 12 Article Series. Lippincott Williams & Wilkins.

2. Utilize the following resources & tutorials to facilitate and increase knowledge, skills and attitude around evidence based practice:

   American Nurses Association (2013). Nursing World: Education about Evidence-Based Practice and Research. American Nurse Association, Inc. http://www.nursingworld.org/research-toolkit/Education

   Lippincott's Nursing Center.Com (2013). Evidence-Based Practice Network http://www.nursingcenter.com/evidencebasedpracticenetwork/?utm_source=google&utm_medium=cpc&utm_term=evidence%20based%20practices%20in%20nursingutm_campaign=LWW+Nursing+Center+-+EBP%20+Search&gclid=CI_q3ZjgmLkCFUOd4AodAmgAYA

Case Studies for NOFNCC

Case Studies and Questions

Case Studies: An Overview

Robert Ready

NOF Case Studies: Further Developing the Practice-Education Partnership & Integration of the NOFCC into both settings

The Nurse of the Future will use collaboration between Academia and Practice Partners to promote the achievement of NOFCC using the framework of the Mass NOFCC for education and practice (2007). This unit provides an opportunity to apply critical thinking to three case studies. Through the lens of each of the ten core competencies, questions have been developed to stimulate thought in the real world environment.

Quality Imp
Safety
EBP
Teamwork

Academia

Practice Partner

Why are Case Studies Important to the Education-Service Partnership?

The Future of Nursing: Leading Change, Advancing Health Report Recommendations (IOM, 2010) suggests that academia and health care organizations should partner to "develop and prioritize competencies so curricula can be updated regularly… to meet the current and future health needs of the population (p.5)." Partnership between the settings allows for the gap in preparation of new graduates related to the demands and realities in the current practice environment.

Through the use of case studies, critical thinking among nursing students is encouraged and developed. The specific case studies allow students to begin to identify how the quality of their evidence based nursing practice impacts the culture of safety and quality improvement at the unit, hospital and system level.

Questions for Reflection:

1. What is the current collaboration between the academic and practice partners for your respective organization?
2. Education partners: consider requesting access to practice partners NDNQI data to build case studies that encourage nursing students' critical thinking around their role and impact of their nursing care.
3. Through sharing of the practice partners' nurse-sensitive quality/safety data, a shared learning opportunity can be created for students to learn about unit, hospital and/or system objectives.

Learning activities

1. Read/Review: An Education-Service Partnership to Achieve Safety and Quality Improvement Competencies in Nursing, Vol. 50, No.12, 2011, 693-696.
2. Small group activity: Co-Facilitated by Practice & Education Partners. Review clinical quality data from the Practice Partner that shows evidence of practice concern.

(i.e., Nurse Sensitive indicators: Infection rates, fall rates, pressure ulcer rates, etc):
Potential group questions:
   a. Does data suggest a pattern of concern?
   b. What is the concern?
   c. What members of health care team should be involved to problem solve?
   d. What QI approach should be considered to determine relevant controllable variables/factors?
   e. What factors are the likely contributors to the clinical variation?
   f. What goals can be identified as a result of findings?
   g. How will goals be achieved (methods)?
   h. What outcomes can be achieved as a result of practice change?
   i. Findings after implementation of practice changes?

3. Consider the case studies as examples to model a partnership with respective Practice-Education agencies in your area. Consider replicating case studies with actual current data from your own Education-Practice Partnership. Sample case studies:
   a. Hospital Acquired Pressure Ulcers (See sample case study exercise)
   b. Fall Rates (See sample case study exercise)
   c. Infection Rates (See sample case study exercise)

Practice-Education Partnership Case Study: Infection

An Education-Practice Partnership to Promote Competency Development
Kerry Fater PhD, RN CNE Professor of Nursing
UMASS-Dartmouth College of Nursing
Robert Ready MN, CEN, NEA-BC Senior Director Professional Development and Practice
St. Vincent Hospital, Worcester, MA
Case study for Sophomore Nursing Students in Nursing Foundations Clinical
Topic: Preventing infection and Hand hygiene
Unit: Any patient care unit

Program outcome: Promote safety through quality practice.
Level 2 Curriculum Outcomes: 1. Describe factors that create a culture of safety.
     2. Describe the importance of measurement in nursing practice.

I. Objectives of the clinical case study:

1. Appreciate how nurses may (unwittingly) contribute to nosocomial infection/transmission.
2. Use agency policy to become knowledgeable about infection prevention.
3. Describe 2010 Hospital National Patient Safety Goals as they pertain to preventing infection.
4. Review organizational data for "secret" observations of actual hand hygiene among nurses.
5. Value use of evidence-based knowledge about hand hygiene to guide nursing interventions.

II. Discussion points for the student group:

     * Studies indicate that more than 100,000 people die from nosocomial infections each year!
1. Describe hand hygiene and its importance to preventing infection.
2. *When* and *how* must you do hand hygiene?
3. Where do you locate policies re: hand hygiene and infection control? What are the expectations re: hand hygiene?
4. Consider factors influencing adherence to hand-hygiene practices reported by the CDC, 2002.

III. Analyze data collected in the agency over the last 5 months re: nurse hand hygiene observations in the chart below.

1. What may have contributed to the improvement in the observations of hand hygiene practices?

IV. Review the Evidence-based care sheet on hand-hygiene.

Practice-Education Partnership Case Study:
Fall Prevention

An Education-Practice Partnership to Promote Competency Development
Kerry Fater PhD, RN CNE Professor of Nursing
UMASS-Dartmouth College of Nursing
Robert Ready MN, CEN, NEA-BC Senior Director Professional Development and Practice
St. Vincent Hospital, Worcester, MA

Case study for Sophomore Nursing Students in Nursing Foundations Clinical
Topic: Fall Prevention
Unit: SAMPLE Adult Medical-Surgical Respiratory unit-elderly, long-term patients

Program outcome: Promote safety through quality practice.
Level 2 Curriculum Outcomes: 1. Describe factors that create a culture of safety.
                              2. Describe the importance of measurement in nursing practice.

I. Objectives of the clinical case study:
   1. Develop an appreciation for how nurses contribute to preventing patient falls (a nurse-sensitive outcome).
   2. Use agency policy to determine nursing care expectations.
   3. Review unit-based NDNQI (nurse-sensitive outcome) data, which reflect the agency's commitment to quality improvement.
   4. Values use of evidence-based knowledge to guide nursing care and prevent falls.

II. Discussion points for the student group:
1. What are common characteristics of the patient s on this unit that place them at risk for falls?
2. What assessments should the nurses/students be conducting and with what frequency?
3. How do students learn agency care expectations and where do they get the information needed?
4. What measures has the agency/unit put into place to safeguard patients?
5. To whom should the student report information that may indicate increased risk of fall for an assigned patient? Why?

III. Compare National Database of Nursing Quality Indicators (NDNQI) findings for SAMPLE Adult Medical-Surgical Respiratory unit, with data for non-teaching facilities-adult medical units.
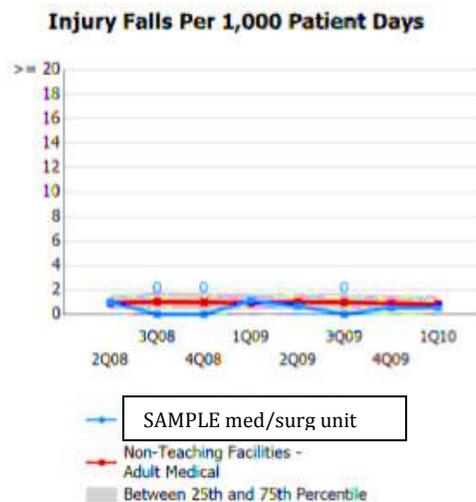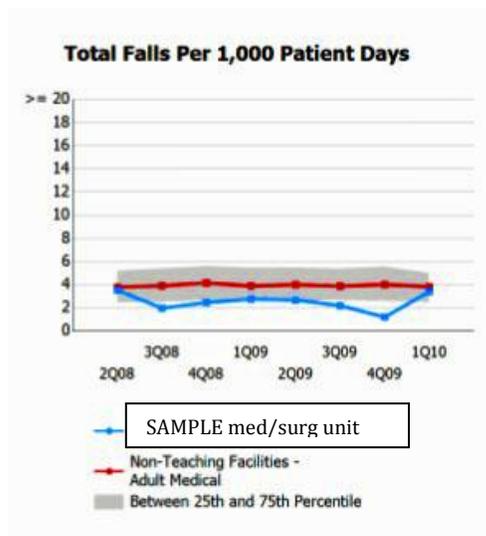
1. What do the data indicate re: the fall rates compared to other similar agencies? Do injuries occur?

Practice-Education Partnership Case Study: Pressure Ulcer Prevention

An Education-Practice Partnership to Promote Competency Development
Kerry Fater PhD, RN CNE Professor of Nursing
UMASS-Dartmouth College of Nursing
Robert Ready MN, CEN, NEA-BC Senior Director Professional Development and Practice
St. Vincent Hospital, Worcester, MA

Case study for Sophomore Nursing Students in Nursing Foundations Clinical
Topic: Pressure Ulcers (PU)
Unit: SAMPLE Rehabilitation (Adult Rehab)

Program outcome: Promote safety through quality practice.
Level 2 Curriculum Outcomes: 1. Describe factors that create a culture of safety.
                                    2. Describe the importance of measurement in nursing practice.

I. Objectives of the clinical case study:
1. Develop an appreciation for how nurses contribute to preventing pressure ulcers (a nurse-sensitive outcome).
2. Use agency policy to determine nursing care standards of practice.
3. Values the need for continuous improvement of clinical practice relative to unit-based NDNQI data for PU.

II. Discussion points for the student group:
1. What are common characteristics of the patients on this rehabilitation unit that place them at risk for PU?
2. What assessments should the nurses/students be conducting and with what frequency?
3. How do students learn about these care expectations and where do they get the information needed?
4. What interventions has the agency/unit put into place to safeguard patients?
5. To whom should the student report information that may indicate increased risk of PU or skin changes for an assigned patient? Why?

III. Compare National Database of Nursing Quality Indicators (NDNQI) findings for SAMPLE Rehab with data for non-teaching rehabilitation units.

Percent of Surveyed Patients with Pressure Ulcers

- SAMPLE Rehab Unit
- Non-Teaching Facilities - Adult Rehab
- Between 25th and 75th Percentile
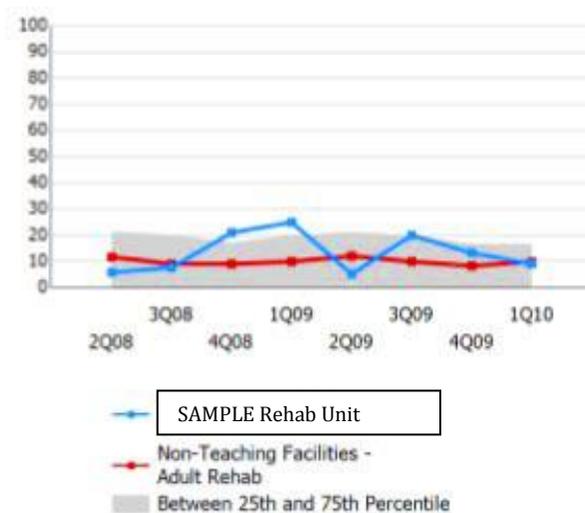
1. What do the data indicate re: the rate of PUs compared to other similar facilities during this time frame?

Patient-Centered Care

Infection Control

1. You are discharging a patient with compromised immunity to home and the care of his family. How will you determine the patient and family members' understanding of the rationale and procedure for careful hand hygiene?

2. You are caring for a patient with methicillin resistant staphylococcus aureus (MRSA). Neither the patient nor his family speaks English. How will you approach, initially, and then reinforce the importance of good hand hygiene practices with the patient and her family?

Falls

1. You are caring for an elderly patient in a rehabilitation setting following a car accident. The patient sustained a traumatic brain injury and is engaged in therapy to regain maximal function and mobility. The patient is making progress but his balance is still compromised. He was previously fully independent and makes frequent statements that your close supervision as he walks the hall makes him feel like a child. How do you respond to him considering his needs for safety, independence, and respect?

2. The patient recovers well and his discharge to home is being planned with his elderly wife. The patient's risk of falling has improved but remains a concern. What are the safety factors you consider with the physical therapist, patient, wife, and home care nurse in order to minimize the risk of falls at home?

Pressure Ulcers

1. You are caring for a patient who is on prolonged bed rest and becomes acutely delirious. When you attempt to turn the patient, he becomes combative and agitated. The patient's response is surprising to you as he had been fully cooperative with all of his care before this change in mental status. How will you approach him, again, so that you maximize safety (his and yours), minimize his fears, and achieve the goal of changing his position in order to prevent a pressure ulcer?

2. You are working the night shift caring for a patient who has suffered a recent stroke and has pneumonia. You enter the room to turn the patient. His wife asks you not to awaken him as he needs rest. How will you respond to the wife's request?

Professionalism

Infection Control

1. A nurse is present at a multidisciplinary team meeting to plan care for a client being discharged home with a chronic wound. Using the concepts of professionalism, describe the nurse's role(s) on the team.
2. A busy nursing unit is cited for having a poor performance on infection control. You suspect it is due to lax hand hygiene. How can a nurse instill improved professionalism in practice on the unit without shaming or dispiriting nurses who otherwise provide excellent care?

Falls

1. Review Benner's Novice to Expert model concentrating on the novice and beginner categories.
   http://currentnursing.com/nursing_theory/Patricia_Benner_From_Novice_to_Expert.html
2. Using a patient Risk for Fall Assessment/policy/procedure, discuss how an expert nurse mentor would educate a newly hired novice or beginner nurse to this information.
3. How responsible is nursing for fall prevention? How does a nurse define her practice reconciling fall prevention vs. risk for deconditioning due to immobility?

Pressure Ulcers

A student is assigned to care for a client in a rehabilitation facility with a chronic wound. The student takes a picture of the client's wound to share in post conference. Discuss the following:

1. Review the NCSBN guide to Professional Boundaries.
   https://www.ncsbn.org/ProfessionalBoundaries_Complete.pdf
   List professional behaviors of the nurse and behaviors that are considered a boundary violation.
2. Define the NCSBN "zone of helpfulness" as it relates to providing safe and effective care.
3. How is personal use of social media viewed through the lens of professionalism? Watch the NCSBN video on use of Social Media
   http://www.youtube.com/watch?v=i9FBEiZRnmo.
   Discuss the case and possible implications of a student nurse who posts a picture of a client on social media.

Leadership

Infection Control

1. You are asked as a nurse leader or nursing student to chair a quality improvement project to improve compliance with the central line bundle. What strategies must be considered to promote "buy-in" and motivation for the project and amongst staff?

2. You are asked to review the data of the hand washing compliance bundle within a health care setting and then present a plan. You decide to make a list of possible systems, processes or variables affecting the situation. Select one of the possible issues identified and describe how you would collect and use the data to substantiate a potential change.

Falls

1. The movement towards health care reform discusses the new onset of value-based purchasing and pay for performance. Falls within institutions continue to be a leading cause of increased length of stays and higher health care costs. How can nurse leaders insure safety measures within health care settings? What has been implemented within your practice setting?

2. Meeting the challenge to reduce falls within health care settings has led to many different initiatives. How does a multidisciplinary approach help to reduce falls? What can leaders do to assist with fall reduction strategies? (List and explain the answers).

Pressure Ulcers

1. Nurse leaders must understand the regulations around pressure ulcers. What are the regulations for both federal and state surrounding pressure ulcer for nursing homes and acute inpatient settings? How can nurse leaders communicate the possible consequences of pressure ulcers to patients, families and nurses?

2. Risk reduction is a key factor in preventing pressure ulcers. How are nurses able to impact compliance of risk reduction measures and methods chosen for measuring and monitoring pressure ulcers?

Systems-Based Practice

Infection Control/Hand Washing

1. Describe the macrosystem at your facility and the departments responsible for policy development related to nosocomial infections and hand washing. How are all departments involved? How are positive areas and areas for improvement communicated to the health care team?

2. Discuss the microsystem on your unit and identify a structure for secret observations on your unit to evaluate the effectiveness of the current hand washing policy.

Falls

1. Where is the data compiled related to falls on the nursing unit? Which hospital/long-term care/home care department is responsible for reporting the data? Which committee is responsible for identifying fall risks and developing a plan to decrease patient falls?

2. Activity: While working on a sub-acute transitional care unit, a respiratory therapist walks by the report room and states, "The patient alarm in Room 305 is going off." As the Charge RN, you first check on the patient to ensure that the patient is safe, but realize that there is a systems breakdown. While discussing this situation with the nurse manager, you report that there is an increasing frustration and identify that all member of the health care team are responsible for patient safety and to decrease fall.

3. Identify several team building activities that can improve the macrosystem/microsystem to decrease patient falls and increase patient safety.

Pressure Ulcers

1. Which department/committee at your institution is responsible for purchasing materials related to care of pressure ulcers? Who attends these committee meetings? How is the nurse able to communicate to managers regarding product effectiveness related to pressure ulcers?

2. Activity: Evaluate the current equipment/products available for the treatment of pressure ulcers? Are the products effective? Compare and contrast different products and identify the effectiveness, cost and ease of use for health care members, patients and families.

Informatics and Technology

Infection Control/Hand Washing

1. Does your organization use informatics to track infection control? Identify a person in your institution who might be able to give you an answer, call them and ask them how they measure performance.

2. How could individual nurses use information technology to identify a local outbreak in order to enact change? Read the brief one-page article to get ideas. "Informatics tools underutilized in prevention of hospital-acquired infection." http://communications.medicine.iu.edu/newsroom/stories/2013/regenstrief-study-informatics-tools-underutilized-in-prevention-/

Falls

1. What technology is used to prevent falls in your working environment? What is the future of fall prevention technology in both the institution and home settings? http://mobihealthnews.com/20351/slide-show-7-technologies-working-to-prevent-falls/

2. How are falls tracked in your working environment?

Pressure Ulcers

1. There's an app for that: Do you think technology has a role in pressure ulcer monitoring or is it just today's hot trend? http://www.mobilehealthware.com/app/woundmap-pump/

2. What resources are available in the electronic health record to initiate pressure ulcer screening?

The AHRQ (2013) recommends that individuals work with existing information technology resources in institutions to explore how the electronic medical record may be used in the quality improvement effort.

Questions to consider in this context include:

What information about skin condition and risk is already part of the patient record? Are data already in the system that can be used as part of a new process to assess pressure ulcer risk?

What is the most logical place in the record to collect/organize/assess information about patient skin condition and any necessary precautions?

Communication

Infection Control/Hand Washing

1. Activity: You are the nurse manager on the unit. You witness several interdisciplinary health care workers (nursing, dietary, respiratory and physical therapy) not following the institutional hand washing policy. How would you communicate this information to administration, managers and staff?

2. Activity: A patient in a long-term care facility develops C diff. The patient's roommate has C diff and it is likely that the spread was due to an infection control breakdown. The patient's health care proxy is upset that her mother has contracted a nosocomial infection. The daughter states, "My mother developed this infection while at your facility. Why did this happen?" What would your response to the HCP include?

Falls

1. How is data regarding increased risk or recent falls communicated to the nurses on your unit? Is the process of communication successful in decreasing falls on the unit? Are shift reports/hand offs effective in decreasing patient falls?

Pressure Ulcers

1. How are pressure ulcers reported on your units? Is there a tool to enhance consistency in documentation and shift reports?

2. Activity: The nurse manager has identified an increase in pressure ulcers on the long-term care unit. The manager wishes to develop a Pressure Ulcer Education Day for all members of the health care team. Identify which departments should present at the education day and why.

Teamwork and Collaboration

Infection Control

1. Does your organization use a hospital-wide multidisciplinary team to reduce incidence of infections?

2. Do you have a unit based multidisciplinary team that meets regularly to evaluate infection control variances and implement necessary improvements?

3. Read article below learn how two teams worked together to reduce infection rates.
   http://www.nursingtimes.net/whats-new-in-nursing/using-teamwork-to-fight-infection/1219864.article

4. Develop an Interprofessional Educational Module on Infection Control
   http://healthsci.queensu.ca/assets/NSG_Simlab/Interprofessional_Infection_Control_Simulation_Module_PPT97-03.pdf

Falls

1. Does your organization have a dedicated multidisciplinary team to prevent falls?

2. Is there a unit-based team, including nursing assistants, unit clerks, nurses, etc. that reviews individual patient falls, variances from protocol and develops interventions to improve fall protocols?

3. Is there evidence that unit based staff work together with their colleagues to prevent falls? For example, covering each other's patients during breaks, providing surveillance by watching all patients in the hallway, and responding to each other's call lights?

4. Reducing Falls Takes Teamwork. Read article below
   http://www.ltlmagazine.com/article/reducing-falls-takes-teamwork

Pressure Ulcers

1. Are all direct care givers included on a unit based team that is responsible for identifying at risk patients, performing skin and pressure ulcer assessments and implementing the plan of care?

2. Is there a department-wide pressure ulcer team that includes wound care nurses, managers, clinical specialists and bedside nurses to provide support and education in prevention and pressure ulcer care?

Safety

Infection Control

An elderly client is admitted to a rehab facility with a c-difficile infection. The client is weak and requires assistance for activities of daily living. The client has uncontrolled diarrhea requiring frequent skin care to maintain cleanliness and comfort and prevent skin breakdown. Following one episode of cleaning the patient and changing the bed linen, the nurse immediately went to a second patient to provide care without performing hand washing.

Answer the following:

1. Using the Chain of Infection, where did the nurse deviate from the standard of care?

2. In this situation, should hand washing or hand hygiene be performed? Support your answer using evidence.

3. List several nursing interventions that are appropriate for the nurse to include on the client's care plan if the goal is to maintain skin integrity?

Falls

Using the above case study, answer the following:

1. Watch the AJN "How to" series "Predicting Patient Falls" http://links.lww.com/A111.

2. List the risk factors for falls in this client.

3. Which safety device(s) are appropriate to use when transferring and ambulating this client?

Pressure Ulcers

1. Watch the AJN "How to" series "Predicting Pressure Ulcer Risk. http://links.lww.com/A106 Download the "Try this" tool and complete the tool to predict risk on the client in the case study.

2. Based on the result of the Braden Scale assessment, what would the nurse do next?

3. List appropriate nursing interventions for the client's nursing diagnosis of: Risk for Skin Breakdown.

Quality Improvement

Infection Control

1. Does your organization track specific nurse sensitive indicators related to infection control? Identify a person in your institution who might be able to give you an answer, call them and ask them how they measure performance.

2. How could individual nurses use unit-based data to identify a local outbreak in order to enact change? How could nurses measure the impact of change?

Falls

1. Does your organization collect data related to falls and falls with injury? What interventions are used to prevent falls in your working environment?

2. How is the risk for falls assessed in your working environment?

3. To whom does your organization benchmark data to drive quality improvement?

4. How is quality data related to falls disseminated throughout your organization?

Pressure Ulcers

1. Does your organization track specific nurse sensitive indicators related to pressure ulcer prevalence?

2. What resources are available in the electronic health record to initiate pressure ulcer screening and implementation of an individualized plan of care?

3. How is quality data related to pressure ulcers analyzed for trends?

Evidence-Based Practice

Infection Control

1. A group of nurses were asked to attend an informational meeting by a vendor on a new product that could assist in the reduction of central line infections. The vendor discusses the value of the product and presents company articles of success stories. Explain the process that the nursing group must do before initiating a practice change. Based on the information presented provide an example of a question or problem statement for clinical inquiry (i.e. PICOT).

2. The standard of care for skin antiseptic preparation is being reviewed by the practice council of your health care setting. What measures should be taken when reviewing a standard?

Falls

1. A new fall reduction strategy is being considered by several nurses after they attended a conference. They were able to get a handout explaining the program. What steps of the evidence-based practice model should be taken before considering the fall reduction strategy?

2. What elements must be identified in the literature on fall reduction initiatives and how are they compared and contrasted? How do nurses evaluate the clinical significance within the literature?

Pressure Ulcers

1. A nurse/nurse student brings forward the question on whether it is better to cleanse a pressure ulcer with saline or half strength peroxide and water. A guide would assist the nurse in following the steps of the evidence-based practice process. Write out a pathway of the steps with an explanation of each step.

2. Negative pressure vacuums are widely used for wound healing. What is evidence around their use and does the standard of care within your health care setting reflect this evidence?

Gap Analysis

The purpose of the Gap Analysis is to identify the gaps between what is currently being taught and what nursing programs and their clinical partners believe should be taught in order for RN students to learn the eleven Nurse of the Future Nursing Core Competencies[©] by graduation. The analysis is best coordinated by one faculty member in consultation with other faculty and representative(s) from your practice partner(s).

The Gap Analysis Tool can be found on the Department of Higher Education website at http://www.mass.edu/currentinit/NiNofCompetencies.asp.

Evaluation Tools for NOF Competencies

An evaluation of student and newly licensed nurse achievement of the NOF Competencies must be assessed. Exemplars from academia and practice may be accessed on the DHE website at http://www.mass.edu/currentinit/NiAwards.asp.

Evaluation of Toolkit

Please direct comments/feedback on the use/ease of this toolkit to the team members:

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References

General Bibliography on the NOFNCC (DHE, 2010).

Agency for Health Quality and Research (2013*). Preventing Pressure Ulcers in Hospitals - A Toolkit for Improving Quality of Care.* Available at: http://www.ahrq.gov/professionals/systems/long-term-care/resources/pressure-ulcers/pressureulcertoolkit/index.html.

American Association of Colleges of Nursing (2008). *Three Essentials of Baccalaureate Education for Professional Nursing Practice* (2nd ed.*).* Washington DC.

 American Association of Critical-Care Nurses Web Site <www.aacn.org> Copyright© 2005, American Association of Critical-Care Nurses. Available at http://www.aacn.org/WD/HWE/Docs/ExecSum.pdf

Dimitroff, L. (April, 2011). Comparing and contrasting nursing research, evidence-based practice, and quality improvement: a differential diagnosis. Capital District Nursing Research Alliance, 7th Annual Conference http://www.capitaldistrictnursingresearchalliance.com/images/Microsoft_Lynda_D_PPComparing_and_contrasting.pdf

Dotson, B. J., & Lewis, L. (2013). Teaching the quality improvement process to nursing students. *J Nurs Educ, 52*(7), 398-400. doi: 10.3928/01484834-20130613-01

Fater, K.H. & Ready R. (2011) An Education-Service Partnership to Achieve Safety and Quality Improvement Competencies in Nursing, Journal of Nursing Education, 50 (9).

Healthy Work Environment Assessment. Available at: http://www.aacn.org/hwehome.aspx?pageid=331&menu=hwe

Institute of Medicine (2010). *The Future of Nursing: Leading Change, Advancing Health. Report Recommendations.* 2010. Available at: http://www.iom.edu/Reports/2010/The-future-of-nursing-leading-change-advancing-health.aspx

Institute of Medicine (2003). *Health Professions Education: A Bridge to Quality.* Washington, DC: National Academies Press.

Jakubec, S.L., Astle, B.J. (2013). Students connecting critical appraisal to evidence based practice: A teaching learning Activity for Research Literacy. *Journal of Nursing Education*, 52 (1), p.56-58. doi:10.3928/0148434-20121121-03

Jefferies, D., Johnson, M., & Nicholls, D. (2012). Comparing written and oral approaches to clinical reporting in nursing. *Contemporary Nurse: A Journal for the Australian Nursing Profession,* 42 (1), 129-138

Judd, M. (2013). Broken communication in nursing can kill: Teaching

communication is vital. *Creative Nursing,* 19(2), 101-104.

Lencioni, Patrick. *The Five Dysfunctions of a Team.* San Francisco:Jossey-Bass, 2002.

Massachusetts Department of Higher Education (2010). Creativity and Connections: Building the framework for the Future of Nursing Education and Practice. Massachusetts Department of Higher Education Nursing and Massachusetts Organization of Nurse Executives

Massachusetts Department of Higher Education Nurse of the Future Competencies Committee. (2007). *Nurse of the Future Nursing Core Competencies, version 2.* Boston: Massachusetts Department of Higher Education. Retrieved July 10, 2009 from: http://www.mass.edu/currentinit/currentinitNursingNurseFutureComp.asp.

McCauley, K., & Irwin, R. (2006). Changing the work environment in intensive care units to achieve patient-focused care: The time has come. *American Journal of Critical Care,* 15(6), 541-548

Mindtool.com. Leadership styles-Leadership skills: Retrieved from http://www.mindtools.com/pages/main/newMN_LDR.htm

Quality and Safety Education for Nurses. (2007). Retrieved April 2, 2014, from http://qsen.org/competencies/pre-licensure-ksas/ and http://qsen.org/competencies/graduate-ksas/

Sayre, M. M., McNeese-Smith, D., Leach, L. S., & Phillips, L. R. (2012). An educational intervention to increase "speaking-up" behaviors in nurses and improve patient safety. *J Nurs Care Qual, 27*(2), 154-160. doi: 10.1097/NCQ.0b013e318241d9ff

Stanton, K., Garfield, J. Team Building Essentials. Advance Healthcare Network for Nurses. Available at http://nursing.advanceweb.com/Continuing-Education/CE-Articles/Team-Building-Essentials.aspx

Ziegelstein, R. & Fiebach, N. (2004) The mirror and the village: A new method for teaching practice based learning and improvement and systems based practice. *Academic Medicine,* 79: 83-88.

General Bibliography

Accreditation Council for Graduate Medical Education. (n.d.). *ACGME Outcome Project.* Retrieved from http://www.ACGME.org/outcome/comp/compFULL.asp

Agency for Healthcare Research and Quality (AHRQ). (n.d.). *Patient safety network.* Retrieved from http://www.psnet.ahrq.gov/

Agency for Healthcare Research and Quality (AHRQ). (n.d.). *Patient safety network: Glossary.* Retrieved from http://www.psnet.ahrq.gov/glossary.aspx

Alexander, M. & Runciman, P. (2003). *ICN framework of competencies for the generalist nurse: Report of the development, process, and consultation.* Geneva, Switzerland: International Council of Nurses.

Alfaro-LeFevre, R. (2009). *Critical thinking and clinical judgment.* St. Louis: Saunders Elsevier.

American Association of Colleges of Nursing (2008). *The Essentials of Baccalaureate Education for Professional Nursing Practice* (2nd ed*.).* Washington DC.

American Association of Colleges of Nursing. (1998). *The essentials of baccalaureate education for professional nursing practice.* Washington, D.C.: Author.

American Association of Colleges of Nursing. (2006). *Hallmarks of quality and safety: Bacca-laureate competencies and curricular guidelines to assure high quality and safe patient care.* Washington, DC: Author.

American Association of Colleges of Nursing. (2007). *White paper on the education and role of the clinical nurse leader.* Washington, DC: Author.

American Association of Colleges of Nursing. (2008). *The essentials of baccalaureate education for professional nursing practice* (2nd ed.)*.* Washington, D.C.: Author.

American Association of Colleges of Nursing. (2002). *Hallmarks of the professional nursing practice environment.* Washington: Author.

American Association of Critical-Care Nurses (2005). American Association of Critical-Care Nurses. Available at http://www.aacn.org/WD/HWE/Docs/ExecSum.pdf

Agency for Health Quality and Research (2013*). Preventing Pressure Ulcers in Hospitals - A Toolkit for Improving Quality of Care.* Available at: http://www.ahrq.gov/professionals/systems/long-term-care/resources/pressure-ulcers/pressureulcertoolkit/index.html

American Nurses Association. (2001). *Code of ethics for nurses with interpretive statements.* Silver Springs, MD: Author.

American Nurses Association. (2003). *Nursing's social policy statement* (2nd ed.). Silver Springs, MD: Author.

American Nurses Association. (2004). *Nursing scope and standards of practice*. Silver Springs, MD: Author.

American Organization of Nurse Executives. (2005). *AONE nurse executive competencies.* Retrieved April 2, 2014 from http://www.aone.org/resources/leadership%20tools/PDFs/AONE_NEC.pdf

Association of American Colleges and Universities. (2007). *College learning for the new global century*. Washington, DC: Author.

Barnum, B. & K. Kerfoot, K. 1995. The resource-driven model. In *The Nurse as Executive* (pp. 10-14), Gaithersburg, MD: Aspen Publications.

Barton, A.J. (2005). Cultivating informatics competencies in a community of practice*. Nursing Administration Quarterly, 29*, 323-328.

Bellack,J., Morjikian, R., Barger, S., et al. (2001). Developing BSN leaders for the future: Fuld Leadership Initiative for Nursing Education (LINE). *Journal of Professional Nursing, 17*(1), 23-32.

Benner, P. (1982). From novice to expert. *American Journal of Nursing, 82*, 402-407.

Benner, P., Sutphen, M., Leonard-Kahn, V., & Day, L. (2008). Formation and everyday ethical comportment. *American Journal of Critical Care, 17*, 473-476.

Berkow, S., Virkstis, K., Stewart, J., & Conway, L. (2008). Assessing new graduate nurse performance. *Journal of Nursing Administration, 38*, 468-472.

Bloom, B.S. (1956). *Taxonomy of educational objectives, the classification of educational goals, Handbook I: Cognitive domain.* New York: David McKay.

Center for American Nurses. (n.d.). *Lateral violence and bullying in nursing.* Retrieved from http://www.theamericannurse.org/index.php/2014/02/27/toward-civility/

Colorado Council on Nursing Education. (2007). *The Colorado Nursing Articulation Model 2002-2005.* Publication of the Colorado Trust. Retrieved from http://www.mesastate.edu/academics/documents/StatewideNursing.pdf

Commission on Collegiate Nursing Education (CCNE). (2009, April). *Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs.* Washington, DC: Author. Retrieved from http://www.aacn.nche.edu/Accreditation/pdf/standards09.pdf

Cronenwett, L., Sherwood, G., Barnsteiner, J., Disch, J., Johnson, J., Mitchell, P., et al. (2007). Quality and safety education for nurses. *Nursing Outlook*, 55, 122-131.

Davies, R. (2008). The Bologna process: The quiet revolution in nursing higher education. *Nurse Education Today. 28,* 935.

Day, L., & Smith, E. (2007). Integrating quality and safety into clinical teaching in the acute care setting. *Nursing Outlook, 55,* 138-143.

Dimitroff, L. (April, 2011). Comparing and contrasting nursing research, evidence-based practice, and quality improvement: a differential diagnosis. Capital District Nursing Research Alliance, 7th Annual Conference http://www.capitaldistrictnursingresearchalliance.com/images/Microsoft_Lynda_D_PPComparing_and_contrasting.pdf

Dotson, B. J., & Lewis, L. (2013). Teaching the quality improvement process to nursing students. *J Nurs Educ, 52*(7), 398-400. doi: 10.3928/01484834-20130613-01

Dreher, M., Everett, I., & Hartwig, S. (2001). The University of Iowa Nursing Collaboratory: A partnership for creative education and practice. *Journal of Professional Nursing, 17*(3), 114-120.

European Computer Driving License (ECDL) Foundation. (2006). *EqualSkills syllabus version 1.6.* Retrieved from http://ecdl.com/files/2009/programmes/docs/20090722114405_Equalskills_1.6.pdf

Fater, K.H. & Ready R. (2011) An Education-Service Partnership to Achieve Safety and Quality Improvement Competencies in Nursing, Journal of Nursing Education, 50 (9).

Fawcett, J. & Garity, J. (2009). *Evaluating research for evidence-based nursing practice.* Philadelphia: F.A. Davis Company.

Fleming, V. (2006). Developing global standards for initial nursing and midwifery education. In *Interim report of proceedings.* Geneva, Switzerland: World Health Organization.

Griffin, M. (2004). Teaching cognitive rehearsal as a shield for lateral violence: An intervention for newly licensed nurses. *Journal of Continuing Education in Nursing, 35,* 257-63.

Healthy Work Environment Assessment (2014). Available at: http://www.aacn.org/hwehome.aspx?pageid=331&menu=hwe

Hobbs, J.L. (2009). A dimensional analysis of patient-centered care. *Nursing Research, 58(*1), 52-62.

Hughes, R.G. (Ed.). (2008). *Patient safety and quality: An evidence-based handbook for nurses.* AHRQ Publication No. 08-0043. Rockville, MD: Agency for Healthcare Research and Quality.

Institute for Health Care Improvement. *Develop a culture of safety.* Retrieved from http://www.ihi.org/IHI/Topics/PatientSafety/SafetyGeneral/Changes/Develop+a+Culture+of+Safety.htm

Institute of Medicine. (1999). *To err is human: Building a safer health system.* Washington, DC: National Academies Press.

Institute of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21st century.* Washington, DC: National Academies Press.

Institute of Medicine. (2003). *Health professions education: A bridge to quality.* Washington, DC: National Academies Press.

Institute of Medicine. (2004). *Health literacy: A prescription to end confusion.* Washington, DC: National Academies Press.

Institute of Medicine (2010). *The Future of Nursing: Leading Change, Advancing Health. Report Recommendations.* 2010. Available at: http://www.iom.edu/Reports/2010/The-future-of-nursing-leading-change-advancing-health.aspx

Jakubec, S.L., Astle, B.J. (2013). Students connecting critical appraisal to evidence based practice: A teaching learning Activity for Research Literacy. *Journal of Nursing Education*, 52 (1), p.56-58. doi:10.3928/0148434-20121121-03

Jefferies, D., Johnson, M., & Nicholls, D. (2012). Comparing written and oral approaches to clinical reporting in nursing. *Contemporary Nurse: A Journal for the Australian Nursing Profession,* 42 (1), 129-138

Jennings, B. A., Scalzi, C. C., Rodgers, J. D., & Keane, A. (2007). Differentiating nursing leadership and management competencies. *Nursing Outlook, 55*, 169-175.

Johnson, D.W., Johnson, R., & Smith, K. (1998). *Active learning: Cooperation in the college classroom.* Edina, MN: Interaction Book Company.

Joint Commission Resources, Inc. (2007). *Front line of defense: The role of nurses in preventing sentinel events* (2nd ed.). Oakbrook Terrace, IL: Author.

Judd, M. (2013). Broken communication in nursing can kill: Teaching communication is vital. *Creative Nursing,* 19(2), 101-104.

Katzenbach, J., Smith, R. (1999). The Wisdom of Teams: Creating the High-Performance Organization. New York: HarperCollins.

Kennedy, H.P., Fisher, L., Fontaine, D., & Martin-Holland, J. (2008). Evaluating diversity in nursing education: A mixed method study. *Journal of Transcultural Nursing, 19*, 363-370.

Koloroutis, M. (Ed.). (2004). *Relationship-based care: A model for transforming practice.* Minneapolis, MN: Creative Health Care Management.

Lencioni, P. (2002). *The Five Dysfunctions of a Team.* San Francisco: Jossey-Bass.

Leape, L. (2000). Reporting of medical errors: Time for reality check. *Quality in Health Care, 9*(3), 144-145.

Leape, L. & Berwick, D. (2000). Safe health care: Are we up to it? *British Medical Journal* 320(7237), 725-26.

Leape, L., Lawthers, A., & Brennan, T. et al. (1993). Preventing medical injury. *Quality Review Bulletin, 19*(5), 144-149.

Lenburg, C. (1999). The framework, concepts, and methods of the Competency Outcomes and Performance (COPA) Model. *Online Journal of Issues in Nursing.* Retrieved from https://nursingworld.org/mods/archive/mod110/copafull.htm

Massachusetts Coalition for Prevention of Medical Errors. (2006). *When things go wrong: Responding to adverse events. (A consensus statement of the Harvard Hospitals.)* Retrieved from http://www.macoalition.org/documents/respondingToAdverseEvents.pdf

Massachusetts Department of Higher Education Nurse of the Future Competencies Committee. (2007). *Nurse of the Future Nursing Core Competencies, version 2.* Boston: Massachusetts Department of Higher Education. Retrieved July 10, 2009 from: http://www.mass.edu/currentinit/currentinitNursingNurseFutureComp.asp.

McBride, A.B. (2005). Nursing and the informatics revolution. *Nursing Outlook, 53*,183-191.

McCauley, K., & Irwin, R. (2006). Changing the work environment in intensive care units to achieve patient-focused care: The time has come. *American Journal of Critical Care,* 15(6), 541-548

McCormick, K.A., Delaney, C.D., Flatley Brennan, P., Effken, J.A., Kendrick, K., Murphy, J., et al. (2007). White paper: Guideposts to the future—An agenda for nursing Informatics. *Journal of the American Medical Informatics Association, 14*(1), 19-24.

Miller, B.K. (1988). A Model for Professionalism in Nursing. *Today's OR Nurse, 19(9)*,18-23.

Mindtool.com (2014). Leadership styles-Leadership skills: Retrieved from http://www.mindtools.com/pages/main/newMN_LDR.htm

Moon, J. (2002). *How to use level descriptors.* London: Southern England Consortium for Credit accumulation and Transfer (SEEC). Retrieved from http://www.seec-office.org.uk/How%20to%20Use%20Level%20Descriptors.pdf

National Council of State Boards of Nursing. (2006). *A national survey on elements of nursing education.* Retrieved from https://www.ncsbn.org/Vol_24_web.pdf

National Council of State Boards of Nursing. (2009, November 13). *Description of NCSBN's Transition to Practice Model.* Retrieved from https://www.ncsbn.org/TransitiontoPractice_modeldescription_111309.pdf

National League for Nursing Council of Associate Degree Nursing Competencies Task Force. (2000). *Educational competencies for graduates of associate degree nursing programs.* New York: Author.

National League for Nursing. (2005). *Board of Governors position statement on transforming nursing education.* Retrieved from http://www.nln.org/aboutnln/PositionStatements/transforming052005.pdf

National League for Nursing Accrediting Commission, Inc. (2008). *NLNAC accreditation manual.* New York: Author.

National League for Nursing. (2008). *Position statement: Preparing the next generation of nurses to practice in a technology-rich environment: An informatics agenda.* New York: Author.

Nelson, E.C., Batalden, P.B., & Godfrey, M.M. (2007). *Quality by design: A clinical microsystems approach.* San Francisco: Jossey-Bass.

Nichols, B. (2007). *Building global alliances III: The impact of global nurse migration on health service delivery.* Philadelphia, PA: Commission on Graduates of Foreign Nursing Schools.

Ohio League for Nursing. (n.d.). *Ohio Nursing Articulation Model (September, 2003-2005).* Retrieved from http://www.ohioleaguefornursing.org/associations/4237/files/HFFinalDocument.pdf

Oregon Consortium for Nursing Education Competencies. (2007). Retrieved from http://www.ocne.org/OCNE_Curriculum_Competencies_Dec%2007.pdf

Paulsen, M.F. (2003). *Online education and learning management systems. Global e-learning in a Scandinavian perspective.* Bekkestun: NKI Forlaget.

Ponte, P. R., Glazer, G., Dann, E., McCollum, K., Gross, A., Tyrrell, R., et al. (2007). The power of professional nursing practice — An essential element of patient and family centered care. *The Online Journal of Issues in Nursing, 12*(1), Manuscript 3. Retrieved from http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume122007/No1Jan07/tpc32_316092.aspx

Potempa, K. (2002). Finding the courage to lead: The Oregon experience. *Nursing Administration Quarterly, 26*(4), 9-15.

Quality and Safety Education for Nursing. (2007). *Quality and safety competencies.* (2007). Retrieved April 2, 2014, from http://www.qsen.org/competencies.php

Reason, J. (2000). Human error: Models and management. *British Journal of Medicine, 320*, 768-770.

Sherman, R. O. (2003). *Nursing Leadership Institute Leadership Competency Model.* Retrieved from http://nursing.fau.edu/uploads/docs/358/nursing_leadership_model2.pdf

Shirey, M. R. (2007). Leadership perspectives: Competencies and tips for effective leadership: From novice to expert. *Journal of Nursing Administration, 37*, 167-170.

Smith, J., & Crawford, L. (2003). *Report on findings from the practice and professional issues survey.* Chicago, IL: National Council of State Boards of Nursing, Inc.

Staggers, N., Gassert, C.A., & Curran C. (2001). Informatics competencies for nurses at four levels of practice. *The Journal of Nursing Education*, 40, 303-316.

Stanton, K., Garfield, J. (2014). Team Building Essentials. Advance Healthcare Network for Nurses. Available at http://nursing.advanceweb.com/Continuing-Education/CE-Articles/Team-Building-Essentials.aspx

Tanner, C.A., Gubrid-Howe, P., & Shores, L. (2008). The Oregon Consortium for Nursing
    Education: A response to the nursing shortage. *Policy, Politics, & Practice, 9*(3), 203-209.

Technology Informatics Guiding Educational Reform (TIGER). (2007). *Evidence and informatics*
    transforming nursing: 3-Year action steps toward a 1-year vision. Retrieved from:
    http://www.tigersummit.com/uploads/TIGERInitiative_Report2007_Color.pdf

Technology Informatics Guiding Educational Reform (TIGER). (2009). *Tiger Informatics*
    Competencies Collaborative (TICC) final report. Retrieved from
    www.tigersummit.com/uploads/TIGER_Collaborative_Exec_Summary_040509.pdf

The Joint Commission. (2009). *2009 National Patient Safety Goals Hospital Program.* Retrieved
    from http://www.jointcommission.org/NR/rdonlyres/40A7233C-C4F7-4680-9861-
    80CDFD5F62C6/0/09_NPSG_HAP_gp.pdf

Tomey, A.M. (2009). *Guide to nursing management and leadership* (8th ed.).
    Mosby Elsevier: St. Louis, Missouri.

Tucker, A.L., & Spear, S.J. (2006). Operational failures and interruptions in hospital nursing. *HSR:*
    Health Services Research, 41, 643-662.

University of Southampton, School of Nursing and Midwifery. (n.d.) *Assessment of practice:*
    Nursing diploma, diploma with advanced studies and degree programs NMC proficiencies.
    Retrieved February 20, 2009 from
    http://www.suht.nhs.uk/ideal/media/pdf/r/7/Nursing_AOP_NMC_Proficiencies_lowres_1.pdf

Yoder, E. A. (2010). Compassion fatigue in nurses. *Appl Nurs Res, 23*(4), 191-197. doi:
    10.1016/j.apnr.2008.09.003

Zabalegui, A., Loreto, M., Josefa, M. et al. (2006). Changes in nursing education in the European
    Union. *Journal of Nursing Scholarship. 38*(2), 114-118.

Ziegelstein, R. & Fiebach, N. (2004) The mirror and the village: A new method for
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