



School of Health Sciences  
Registered Nursing Department Meeting

**Agenda**

Thursday, **September 10, 2015**

**1530 -1700 P.M. Room 807B**

Facilitator: G. Burgess  
 Recorder: G. Burgess  
 Faculty Present: C. Cyr, E. Freed, V. Enummou, E. Craig (TC), E. Glenn (1<sup>st</sup> Year Student)  
 Faculty Absent: J. Averett, D. Dorrrough,

<i>Topic</i>	<i>Discussion</i>	<i>Action</i>
<b>CALL TO ORDER</b>		Time: 1535
<b>APPROVAL OF AGENDA</b>		
<b>APPROVAL OF MINUTES</b>	Please review prior to the meeting. Meeting minutes can be found on the N drive.	
<b>ANNOUNCEMENTS</b>		
<ul style="list-style-type: none"> <li>• Assistant Directors Interviews</li> </ul>	I will need a 1 -2 people to participate on the AD interview committee. If interested please email me. Cathy volunteered to be on the interview committee.	
<ul style="list-style-type: none"> <li>• BRN Clinical and Faculty approval list</li> </ul>	Please review BRN reports to make sure they are correct. Cathy is not on the list and Glenn will work with the BRN to get her added to the list.	
<ul style="list-style-type: none"> <li>• Faculty up-date</li> </ul>	First semester is complete (Vitalis, Joyce, Elizabeth, Myra, Bess, Wanda). Second semester is complete.	
<ul style="list-style-type: none"> <li>• Spring 2016</li> </ul>	Email me any special requests for teaching assignments. So far 54 – Joyce, _____ 55 – Elizabeth & Vitalis 63 – Glenn, Marivic, Erin 64 – Erin 65 – Glenn, Marivic, Erin	
<b>REPORT FROM THE STUDENTS</b>	1 <sup>st</sup> Year – Things are going well, Officers have been elected and names will be submitted to the DON. The class thought that Jan could be their faculty advisor but clarification was provided. They are in the process of completing all the club paperwork to be submitted. 1 <sup>st</sup> meeting will be next week. They will be selling t-shirts and sweaters as a fundraiser.  2 <sup>nd</sup> Year – Differed	
<b>STUDENT SUCCESS REPORT</b> (10 min or less per item)	Natalie –Differed	
<b>REPORT FROM THE DEAN / DON</b> (10 min or less per item)	Dr. Gabriel - Differed	

<i>Topic</i>	<i>Discussion</i>	<i>Action</i>
<b>DISCUSSION / ACTION ITEMS</b> (2 min or less per member)		
<ul style="list-style-type: none"> <li>Mission &amp; Philosophy</li> </ul>	Email Sent 8/31/15 by Elizabeth Freed. No additional comments. Voted and approved as written.	Vote
<ul style="list-style-type: none"> <li>KSA's</li> </ul>	Email sent with QSEN KSA's link 8/31/15 by Glenn Burgess – The QSEN KSA's were provided as a reference for everyone to review prior to the meeting to be used as examples.	Discussion
<ul style="list-style-type: none"> <li>Student Learning Outcomes</li> </ul>	See below. The attachment was what Dr. Caputti submitted with the curriculum she developed for us a couple years ago. A discussion was related to including them with a minor revision to Program Student Learning Outcomes and Competencies 1c. to replace patient with the individual, family, group and community. This was to be consistent with the definition of patient found in the mission and philosophy section. Glenn will add the document to the approved Mission & Philosophy and get out to the faculty for their review and submit any suggestions in writing to the DON. We will be voting on the document in its entirety at the next meeting. There was some discussion regarding the lay out of the courses and having students rotate out for the specialty content areas (OB, Peds, Psych) for the 5 week blocks. Erin feels that students should rotate out for 8 week blocks to psych and less time should be spent in MS. This topic was differed to a later meeting.	Discussion
<b>COMMITTEE REPORTS</b>		
<b>NEXT MEETING</b>	September 24, 2015	
<b>CLOSED SESSION</b>	None	
<b>ADJOURNMENT</b>		Time: 1640

		<b>STRENGTHS</b>	<b>WEAKNESS</b>
<b>INTERNAL FACTORS</b>		<ul style="list-style-type: none"> <li>• Acute Care Focus</li> <li>• Introduction to different specialties</li> <li>• Qualified faculty with years of experience</li> <li>• Starting to use test blue prints</li> <li>• Integration of QSEN</li> <li>• Technology upgrades in the curriculum have been implemented</li> <li>• Dedicated Clinical Simulation Center</li> <li>• Good reputation in the community</li> <li>• Use of computer testing</li> <li>• Good 1<sup>st</sup> time NCLEX pass rates</li> </ul>	<ul style="list-style-type: none"> <li>• Disease Oriented</li> <li>• We can do a better job integrating the specialties into the program</li> <li>• Critical thinking. Big jump from 1<sup>st</sup> year to 2<sup>nd</sup> year</li> <li>• Leveling of content</li> <li>• Not consistent with use of test blue prints</li> <li>• Need to get students thinking more critically earlier on</li> <li>• Faculty and leadership retention</li> <li>• Lack of program consistency</li> <li>• 8 week rotations</li> <li>• Haven't done a major curriculum revision in over 20 years.</li> <li>• Cited twice from BRN on old curriculum.</li> <li>• Minor curriculum revisions not reflected in the Section K's</li> <li>• Lack of written policies</li> <li>• Limited skills lab space for open practice.</li> <li>• Inconsistency of computer testing</li> <li>• Majority of new faculty</li> <li>• Lack of consistency in new faculty orientation / mentorship</li> <li>• 71% 1<sup>st</sup> Time NCLEX pass rate.</li> </ul>
		<b>OPPORTUNITIES</b>	<b>THREATS</b>
<b>EXTERNAL FACTORS</b>		<ul style="list-style-type: none"> <li>• Support of college for curriculum changes</li> <li>• Library support for students</li> <li>• Great / Centrally located</li> <li>• Support of local hospitals</li> <li>• Building relationships with BSN / MSN programs</li> </ul>	<ul style="list-style-type: none"> <li>• Increase complexities of hospital orientations.</li> <li>• Limited clinical placements in specialty areas</li> <li>• Limited financial support for faculty &amp; equipment</li> <li>• No dedicated class space</li> <li>• Increase in number of competitors</li> <li>• Lack of clinical placements for preceptorships</li> </ul>

## Preparation for Current Nursing Practice

The faculty believe in the importance of incorporating professional standards, guidelines, and competencies as the basis for the nursing curriculum. The program must reflect current nursing practice and be based on current nursing and healthcare initiatives. A curriculum built in this manner provides an evidence-based curriculum to meet today's healthcare needs. To this end, a rigorous and thorough examination of the current literature on nursing practice and nursing education was conducted. These findings guided the development of the program student learning outcomes. These program student learning outcomes along with their related competencies reflect the expected knowledge, skills, and attitudes of the graduates of the Solano Community College Nursing Program. Therefore, these program student learning outcomes are used to organize the curriculum, and guide all activities related to the teaching/learning process, including delivery of instruction and evaluation of student progress.

The six program student learning outcomes are:

1. Provide quality, safe, humanistic, patient-centered, evidence-based nursing care in a caring environment to diverse patients across the life span.
2. Engage in critical thinking necessary to provide quality patient care.
3. Communicate and collaborate with members of the interdisciplinary team, the patient, and families to provide and improve patient care.
4. Provide leadership in a variety of healthcare settings for diverse patient populations.
5. Use information technology to communicate, manage knowledge, mitigate error, and support decision-making.
6. Assimilate professional, ethical, and legal guidelines in practice as a professional nurse.

These six program learning outcomes embody the Solano Community College competencies of:

1. Communication (Nursing Program SLO 3 and 5)
2. Critical thinking and information competency (Nursing Program SLO 2 & 5)
3. Global awareness (Nursing Program SLO 1 and 4)
4. Personal responsibility and professional development (Nursing Program SLO 6)

### The Evidence Base for the Nursing Program Student Learning Outcomes

This section presents each program student learning outcome and the evidence from the nursing and nursing education literature on which it is based. The reference list provides the full citation of each cited source.

1. **Provide quality, safe, humanistic, patient-centered, evidence-based nursing care in a caring environment to diverse patients across the life span.**

This outcome focuses on the many aspects of the nurse/patient relationship and integrates the work of the QSEN group derived from the IOM studies (Finkelman & Kenner, 2009). Safety is a major concept and is based on QSEN.org documentation as well as the NCSBN's *Nursing Pathways for Patient Safety* (Benner, Malloch, & Sheets, 2010). The importance of patient-centered care is addressed by the Institute of Medicine (2010a) stating that many systems are designed to meet the needs of providers. "True patient- and family-centered care will focus on the whole patient, putting the patient, family, and care team together as a system" (p. 16). This outcome also relates to two of NLN's Competencies for ADN Graduates (2010): "Advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings" (p. 33), and "Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context" (p. 35). The humanistic aspect of this SLO refers to humanistic nursing theory

which proposes the nurse works to nurture the well-being and more-being of the patient in need (Parker & Smith, 2010). This outcome also embraces the major categories of content presented in the NCLEX-RN® test plan. The ANA's (2010) *Nursing: Scope and Standards of Practice* is applied when planning quality, patient-centered nursing care.

Major concepts for this learning outcome include:

- The nursing process (assessment, diagnosis, goals/outcome criteria, interventions, and evaluation)
- Patient teaching
- Patient-centered care
- Evidence-based practice
- Cultural sensitivity
- Cultural diversity
- Humanistic care
- Standards of practice
- Quality measures
- Caring
- Safety
- NCLEX-RN® categories and their subcategories:
  - Safe and effective care environment
  - Health promotion and maintenance
  - Psychosocial integrity
  - Physiological integrity

## **2. Engage in critical thinking necessary to provide quality patient care.**

Critical thinking is a broad term that encompasses all the thought processes that relate to, and provide the basis for, clinical decision making and clinical reasoning. It is part of the term NLN (2010) defines as nursing judgment which encompasses three processes: critical thinking, clinical judgment, and integration of best evidence into practice (p. 67). The National Council of State Boards of Nursing (NCSBN) identified critical thinking as the number two attribute for entry level RNs (NCSBN, 2006). Critical thinking is evidenced not only by the student's use of the nursing process, but also when interfacing with the clinical microsystem and the larger healthcare system to deliver quality, safe, patient-centered care. Clinical judgment builds on the skills of critical thinking to move the student to engaged, practical reasoning that complements the scientific, or theoretical reasoning, represented in the nursing process (Benner, Tanner, & Chesla, 2009). This outcome also relates to the NLN's Competencies for ADN graduates (2010): "Make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care and promote the health of patients within a family and community context" (p. 34).

Major concepts for this learning outcome include:

- Critical thinking
- Clinical decision making
- Clinical judgment
- Integration of best evidence
- Nursing process

## **3. Communicate and collaborate with members of the interdisciplinary team, the patient, and families to provide and improve patient care.**

The importance of collaboration is emphasized in the work of the QSEN group derived from the IOM studies (Finkelman & Kenner, 2009) with the competencies of teamwork and collaboration. The QSEN and IOM competencies of quality improvement and patient-centered care also relate to this outcome. This outcome

incorporates NLN's 2010 definition of teamwork: "to function effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision making to achieve quality care" (p. 69).

The silo approach to care in which each professional works in parallel is no longer acceptable in the current healthcare environment. Health professionals must "cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable" (IOM, 2003, p. 4). Additionally, the Institute of Medicine (2010b, p. 39) notes that 60 to 70% of adverse events happening to patients in the acute care setting can be traced to problems with communication. Some of those problems stem from disruptive behavior by both nurses and physicians.

This program student learning outcome also addresses the nurse's role in working with other healthcare professionals to plan and implement care and quality improvement measures. The importance of the broader context of a systems approach to care rather than the narrower nurse/patient relationship as the primary focus of the work environment is imperative for meeting the quality improvement competency for this outcome (Day & Smith, 2007).

The "improve patient care" part of this program student learning outcome derives from the IOM reports on quality and health care. These reports discuss the need for all healthcare professionals to be more aware of, and implement, quality improvement measures. The QSEN project identified quality improvement as one of the six competencies of prelicensure nursing education graduates. Quality improvement refers to the use of data to monitor the outcomes of care processes and the use of improvement methods to design and test changes to continuously improve the quality and safety of healthcare systems (Smith, Cronenwett, & Sherwood, 2007). This outcome also relates to the NLN's Competencies for ADN Graduates (2010): "Examine the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and offer new insights to improve the quality of care for patients, families, and communities" (p. 36).

Major concepts for this learning outcome include:

- Patient-centered care
- Teamwork/collaboration
- Quality improvement
- Quality care/quality measures
- Safe care environment
- Levels of the work environment:
  - The larger healthcare system
  - Clinical microsystems
  - Nurse/patient relationship

#### **4. Provide leadership in a variety of healthcare settings for diverse patient populations.**

This outcome focuses on the core component of leadership. Leadership is comprehensive and includes managing care, delegating to others, integrating and coordinating care, investigating and sharing best practice guidelines, and serving as a leader in many capacities within the healthcare environment. This outcome relates to the NLN's Competencies for ADN Graduates (2010): "Advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings" (p. 33).

Major concepts for this learning outcome include:

- Management of care
- Delegation
- Leadership
- Human flourishing

#### **5. Use information technology to communicate, manage knowledge, mitigate error, and support decision-making.**

Traditionally, communication referred to engaging in verbal and written exchange of information. More recently it also includes using information and communication technologies. Knowledge and use of information systems and nursing informatics in health care mandates that students learn about new technologies. This program student learning outcome is a specific competency recommended by QSEN. Knowledge of informatics is also recommended by the NLN in their 2008 position statement *Preparing the Next Generation of Nurses to Practice in a Technology-Rich Environment: An Informatics Agenda*. In this position paper the NLN called for nursing schools to incorporate informatics into the curriculum.

Major concepts for this learning outcome include:

- Information systems
- Nursing informatics
- Information technology

#### **6. Assimilate professional, ethical, and legal guidelines in practice as a professional nurse.**

The general term professionalism is used to include all professional, ethical, and legal principles to guide the practice of the Registered Nurse. The foundation for this program student learning outcome flows from two American Nurses Association documents, *Nursing: Scope and Standards of Practice* (2010) and *The ANA Code of Ethics* (2008) as well as the California Board of Registered Nursing's Nurse Practice Act. This outcome also relates to one of NLN's Competencies for ADN Graduates (2010): "Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context" (p. 35). Ongoing professional development is part of this competency which includes lifelong learning.

Major concepts for this learning outcome include:

- Professionalism
- Ethical behavior
- Legal principles
- Standards of practice
- Professional development
- Lifelong learning

### **Program Student Learning Outcomes and Competencies**

Program student learning outcomes are the overall, general abilities students will demonstrate proficiency performing by the end of the nursing program. Competencies are behaviors that are demonstrated by the student that can be measured to evaluate the student's achievement of a program student learning outcome. Each of the six program student learning outcomes has a number of related competencies. Each of the six program student learning outcomes is listed in this section along with its related competencies.

1. Provide safe, quality, humanistic, patient-centered, evidence-based nursing care in a caring environment to diverse patients across the life span.
  - a. Conduct comprehensive and focused physical, behavioral, psychological, and spiritual assessments of health and illness parameters in patients, using developmentally and culturally appropriate approaches.
  - b. Implement patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management, and nursing management across the lifespan, and in all healthcare settings.
  - c. Deliver compassionate, humanistic, patient-centered, evidence-based care that respects patient and family preferences.
  - d. Promote factors that create a culture of safety and caring.

- e. Provide patient teaching that reflects developmental stage, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in own care.
- f. Implement evidence-based nursing interventions appropriate for managing the acute and chronic care of patients, promoting health across the lifespan, and providing end-of-life care.
- g. Monitor patient outcomes, including interpretation of assessment data and appropriate follow-up, to evaluate the effectiveness of nursing interventions.
- h. Deliver care within expected timeframe.
- i. Facilitate patient-centered transitions of care, including discharge planning, and ensuring the caregiver's knowledge of care requirements to promote safe care.
- j. Incorporate health promotion and risk reduction in the care of patients.
- k. Provide nursing care based on the principles of evidence-based practice that contribute to safe and high quality patient outcomes within healthcare microsystems.
- l. Revise the plan of care based on an ongoing evaluation of patient outcomes.
- m. Demonstrate the safe performance of psychomotor skills for the efficient, safe, and compassionate delivery of patient care.
- n. Accurately document all aspects of patient care.

2. Engage in critical thinking necessary to provide quality patient care.

- a. Use critical thinking to make clinical judgments and management decisions to ensure accurate and safe care in all nursing actions.
- b. Use critical thinking when implementing all steps of the nursing process.
- c. Prioritize patient care.
- d. Evaluate the impact of economic, political, social, and demographic forces on the delivery of health care.
- e. Participate in analyzing errors and identifying system improvements.

3. Communicate and collaborate with members of the interdisciplinary team, the patient, and families to provide and improve patient care.

- a. Communicate patient values, preferences, and expressed needs to other members of the healthcare team.
- b. Collaborate with the patient, the patient's support network, and other members of the healthcare team to evaluate progress toward achievement of outcomes.
- c. Coordinate the decision making process with the patient, the patient's support network, and other members of the healthcare team.
- d. Interact creatively and openly with others to solve problems to achieve patient goals and outcomes.
- e. Apply basic principles of consensus building and conflict resolution when interacting with members of the interdisciplinary team.
- a. Participate in quality and patient safety initiatives.
- b. Seek information about outcomes of care for populations served in the healthcare setting.
- c. Seek information about quality improvement projects in the care setting.
- d. Identify gaps between local and best practice.
- e. Apply quality improvement processes to effectively implement patient safety initiatives and monitor performance measures, including nurse-sensitive indicators in the microsystem of care.
- f. Apply National Patient Safety Goals to maintain a safe environment for all patients.
- f. Identify and offer suggestions related to quality improvement in a variety of healthcare settings with diverse patient populations.

4. Provide leadership in a variety of healthcare settings for diverse patient populations.

- a. Apply the delegation process when working with other healthcare team members.



- b. Coordinate the implementation of an individualized plan of care for patients and the patient's family and/or support network.
  - c. Adapt the provision of patient care to changing healthcare settings and management systems.
  - d. Evaluate the effect of nursing leadership on improved patient safety and quality care.
5. Use information technology to communicate, manage knowledge, mitigate error, and support decision-making.
- a. Apply technology and information management tools to support safe processes of care.
  - b. Maintain organizational and client confidentiality.
  - c. Navigate the electronic health record.
  - d. Document and plan patient care in an electronic health record.
  - e. Employ communication technologies to coordinate care for patients.
  - f. Use high quality electronic sources of healthcare information.
6. Assimilate professional, ethical, and legal guidelines in practice as a professional nurse.
- a. Practice within the ethical, legal, and regulatory frameworks of nursing and standards of professional nursing practice.
  - b. Demonstrate accountability for nursing care given by self and/or delegated to others.
  - c. Practice within the parameters of individual knowledge and experience.
  - d. Demonstrate use of appropriate resources, including both institutional and national guidelines.
  - e. Identify the importance of ongoing professional development and lifelong learning.

## Definitions of Major Concepts Used in the Program Student Learning Outcomes and Competencies

**Caring:** In nursing, those values, attitudes, and behaviors that engender feeling cared for by recipients. In nursing, "its meaning connotes a human way of relating that includes specific knowledge, actions, and demeanors or attitudes" (Duffy, 2010, p. 582).

**Clinical judgment:** A process of observing, interpreting, responding, and reflecting situated within and emerging from the nurse's knowledge and perspective (Tanner, 2006). Involves ways in which nurses come to understand the problems, issues, or concerns of clients and patients, to attend to salient information, and to respond in concerned and involved ways (Benner, Tanner, & Chesla, 2009).

**Clinical microsystem:** A small group of people who work together on a regular basis – or as needed – to provide care and the individuals who receive that care (who can also be recognized as members of a discrete subpopulation of patients) (Trustees of Dartmouth College, 2004, p. 5).

**Collaboration:** "Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care." (Quality and Safety Education for Nurses [QSEN], 2007). Collaboration also includes communication and partnerships with providers, patients, families, and stakeholders.

**Critical thinking:** "Identifying, evaluating, and using evidence to guide decision making by means of logic and reasoning" (NLN, 2010, p. 67). Critical thinking is the basis of clinical reasoning, clinical judgment, and clinical problem solving.

**Diversity:** “Recognizing differences among persons, ideas, values, and ethnicities, while affirming the uniqueness of each (NLN, 2010, p. 12).

**Ethics:** “Involves reflective consideration of personal, societal, and professional values, principles, and codes that shape nursing practice. Ethical decision making requires applying an inclusive, holistic, systematic process for identifying and synthesizing moral issues in health care and nursing practice, and for acting as moral agents in caring for patients, families, communities, societies, populations, and organizations. Ethics in nursing integrates knowledge with human caring and compassion, while respecting the dignity, self-determination, and worth of all persons” (NLN, 2010, p. 13).

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

**Healthcare environment:** the aggregate of surrounding things, conditions, or influences; surroundings; milieu. (dictionary.com). In healthcare, nurses turn the environment into a caring and healing environment by initiating and sustaining a therapeutic relationship with patients and their families (Koloroutis, 2004).

**Human flourishing:** “An effort to achieve self-actualization and fulfillment within the context of a larger community of individuals, each with the right to pursue his or her own such efforts. The process of achieving human flourishing is a lifelong existential journey of hope, regret, loss, illness, suffering, and achievement. Human flourishing encompasses the uniqueness, dignity, diversity, freedom, happiness, and holistic well-being of the individual within the larger family, community, and population. The nurse helps the individual in efforts to reclaim or develop new pathways toward human flourishing.” (NLN, 2010, p. 66-67).

**Humanistic nursing care:** Refers to the ability to struggle with another person through experiences related to health and suffering. The participants are, and become in accordance with, their human potential. The participants engage in dialogue. For the nurse, the purpose of this dialogue is to nurture the well-being and more-being of the person in need (Parker & Smith, 2010).

**Informatics:** The use of information and technology to communicate, manage knowledge, mitigate error, and support decision making (Quality and Safety Education for Nurses [QSEN], 2007).

**Information management:** Refers to “the processes whereby nursing data, information, knowledge, and wisdom are collected, stored, processed, communicated, and used to support the delivery of health care” (Nelson, 2010, p. 653).

**Integrity:** “Representing the dignity and moral wholeness of every person without conditions or limitation” (NLN, 2010, p. 13).

**Knowledge, skills, and attitudes:** In nursing education there are three domains of learning in which faculty engage students. The cognitive domain represents the knowledge needed to carry out the professional roles of the nurse. The skills are the psychomotor activities that are represented by the psychomotor domain. Attitudes represent the beliefs and values about all aspects of the patient and health care that represent the affective domain. The content of each domain is equally important and necessary for the student to fulfill the roles of the professional nurse.

**Leadership:** Leadership is Standard 12 of the American Nurses Association’s Scope and Standards of Practice (2010, p. 55). Leadership is defined and evaluated with the following measurement criteria related to the student nurse:

- Oversees the nursing care given by others while retaining accountability for the quality of care given to the healthcare consumer.
- Abides by the vision, the associated goals, and the plan to implement and measure progress of an individual healthcare consumer or progress within the context of the healthcare organization.
- Demonstrates a commitment to continuous, lifelong learning and education for self and others.
- Mentors colleagues for the advancement of nursing practice, the profession, and quality health care.
- Treats colleagues with respect, trust, and dignity.
- Develops communication and conflict resolution skills.
- Participates in professional organizations.
- Communicates effectively with the healthcare consumer and colleagues.
- Seeks ways to advance nursing autonomy and accountability.
- Participates in efforts to influence healthcare policy involving healthcare consumers and the profession.

**Nursing judgment:** “Encompasses three processes: namely, critical thinking, clinical judgment, and integration of best evidence into practice. Nurses must employ those processes as they make decisions about clinical care, the development and application of research and the broader dissemination of insights and research findings to the community, and management and resource allocation” (NLN, 2010, p. 67).

**Patient:** The recipient of nursing care or services. Patients may be individuals, families, groups, communities, or populations (American Association of Colleges of Nursing [AACN], 2008, p. 38).

**Patient-centered care:** Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values, and needs (Quality and Safety Education for Nurses [QSEN], 2007).

**Personal and professional development:** “A lifelong process of learning, refining, and integrating values and behaviors that (a) are consistent with the profession’s history, goals, and codes of ethics; (b) serve to distinguish the practice of nurses from that of other health care providers; and (c) give nurses the courage needed to continually improve the care of patients, families, and communities and to ensure the profession’s ongoing viability” (NLN, 2010, p. 68).

**Professional identity:** “Involves the internalization of core values and perspectives recognized as integral to the art and science of nursing. These core values become self-evident as the nurse learns, gains experience, and grows in the profession. The nurse embraces these fundamental values in every aspect of practice while working to improve patient outcomes and promote the ideals of the nursing profession. Professional identity is evidence in the lived experience of the nurse, in his or her ways of being, knowing, and doing” (NLN, 2010, p. 68).

**Quality improvement:** “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” (Quality and Safety Education for Nurses [QSEN], 2007). Also relates to the improvement of healthcare processes and at the local, state, and federal levels to affect positive outcomes from the impact of economics on healthcare quality.

**Safety:** Minimizes risk of harm to patients and providers through both system effectiveness and individual performance (Quality and Safety Education for Nurses [QSEN], 2007).