

Consideration of Approval of the Differentiated Essential Competencies

Summary of Request:

Consider the revisions to the *Differentiated Entry Level Competencies (DELCS) of Graduates of Texas Nursing Programs, Vocational (VN), Diploma/Associate Degree (DIP/ADN), Baccalaureate Degree (BSN), September 2002*, and approval of new document, *Differentiated Essential Competencies (DECs) of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments, and Behaviors, October 2010*.

Historical Perspective:

- In 1993 the first competency document, *Essential Competencies of Texas Graduates of Education Programs in Nursing*, was approved and provided a guideline for Texas nursing programs.
- In 2002 the competencies were revised to become the *DELCS*.
- At the July 17-18, 2008 meeting, the Board charged ACE to review and revise the 2002 document.
- In October 2008 a DELC work group was appointed by ACE and they began work on the revision focusing on current nursing standards, publications, and research.
- The DELC Work Group was composed of representatives from all levels of prelicensure nursing education, several areas of nursing practice, and from nursing organizations (See Attachment #1 for member lists for ACE and the DELC Work Group).
- Over a two-year period, the Work Group has communicated in face-to-face meetings, in telephone conference calls, and through email correspondence.
- Nursing programs have had the opportunity for input through Dean and Directors meetings and through a survey. The Work Group have considered all comments and incorporated many suggestions from nursing programs.
- Board staff have conducted focus groups with groups of affiliating agencies in communities across the state and have received other helpful suggestions.
- A survey for feedback from clinical affiliating agencies was conducted by board staff in August 2010. Survey data are presented in Attachment #2.
- The ACE members have accepted the revised DECs for presentation to the Board (See Attachment #3).

Overview of the DECs:

Purpose of the DECs:

The DECs:

- provide guidance to nursing educational programs for curriculum development and revision;
- provide guidance to nursing educational programs for effective preparation of graduates who will provide safe, competent, compassionate care;
- form the foundation of a nurse=s scope of practice;
- serve as a guideline for employers to assimilate new graduates into the workplace;
- provide an outline of knowledge and clinical behaviors/judgments necessary to meet the essential competencies (See Attachment #4).

Definition of Competency:

The American Nurses Association defined a competency as an expected level of performance that integrates knowledge, skills, abilities, and judgment.

Outline of the DEC's:

Twenty-five (25) core competencies are categorized under four (4) main nursing roles:

1. Member of the Profession
2. Provider of Patient-Centered Care
3. Patient Safety Advocate
4. Member of the Health Care Team

Each core competency is further developed into specific knowledge areas and clinical behaviors/judgments based upon the knowledge areas. Redundancy is intentional so that sections of the document or educational levels can be separated yet remain complete as stand-alone documents. Competencies for each level of educational preparation are presented in a table format. The competencies are differentiated and progressive across the levels, and the scope of practice and expectations may be compared across the table.

Implications of the DEC's:

Nursing Education:

- Guideline and tool for curriculum development and revision.
- Tool for benchmarking and evaluation of the program.
- State standard to ensure graduates will enter practice as safe and competent nurses.

Employers:

- Provides a template for discussion and feedback between nursing education programs and employers of nurses.
- Guide for development of employee orientation and internship programs.
- Guide for job descriptions and career ladder.
- Information for determining entry level competencies.

Staff Recommendation:

Move to approve the *Differentiated Essential Competencies (DECs) of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments, and Behaviors, October 2010.*

Advisory Committee on Education (ACE)

Eileen Deges Curl, PhD, RN, Chair
Texas Organization of Baccalaureate and Graduate Nursing Education (TOBGNE)

Frances Chatman, LVN - Licensed Vocational Nurses Association of Texas (LVNAT)

Bonnie Higgins, EdD, MSN, RN - Texas Organization for Associate Degree Nursing (TOADN)

Nancy Mabijs, PhD, RN - Career Colleges and Schools Vocational Nursing Education

Betty Sims, MSN, RN - Texas Association of Vocational Nurse Educators (TAVNE)

Beverly Skloss, MSN, RN - Hospital Based Vocational Nursing Education

Kendra Slaton, MSN, RN, CDE - Texas Organization of Nurse Executives (TONE)

Susan Sportsman, PhD, RN - Texas Nurses Association (TNA)

Vicki Thornley, MSN, RN - Diploma Nursing Education

Board Representatives:

Kristin Benton, MSN, RN

Blanca Rosa Garcia, PhD, RN

Josefina Lujan, PhD, RN

Differentiated Entry Level Competencies (DELIC) Work Group:

Elizabeth Poster, PhD, RN - Work Group Leader
Baccalaureate Degree Nursing Education

Alicia Anger, MSN, RN - Diploma Nursing Education

Frances Chatman, LVN - Licensed Vocational Nurses Association of Texas (LVNAT)

Eileen Deges Curl, PhD, RN - Texas Organization of Baccalaureate and Graduate Nursing Education (TOBGNE)

Cathy Harris, BSN, RN - Texas School Nurses Organization (TSNO)

Bonnie Higgins, EdD, MSN, RN - Texas Organization of Associate Degree Nursing (TOADN)

Kim Judd, MSN, RN, NEA-BC - Texas Organization of Nurse Executives (TONE)

Dianna Miller, EdD, MSN, RN - Associate Degree Nursing Education

Diane Moy, MSN, RN - Texas Department of State Health Services (TDSHS)

Gail Roberts, MSN, RN - St. David's HealthCare Clinical Nurse Coordinator

April Ernst, MSN, RN - Vocational Nursing Education

Betty Sims, MSN, RN - Texas Association of Vocational Nurse Educators (TAVNE)

Beth Skelton, BSN, RN - Texas Department of Aging and Disability Services (TDADS)

Susan Sportsman, PhD, RN - Texas Nurses Association (TNA)

Board Representatives:

Kristin Benton, MSN, RN

Blanca Rosa Garcia, PhD, RN

Josefina Lujan, PhD, RN

Texas Board of Nursing

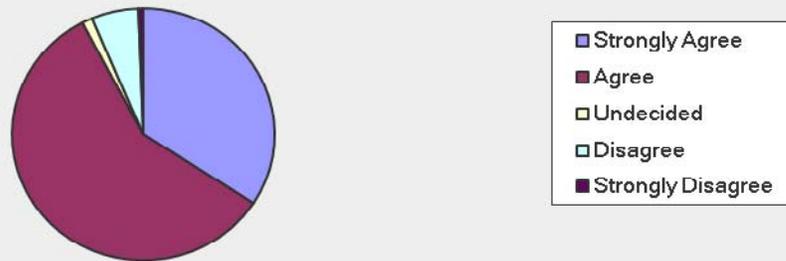
**Employer Response to the
Differentiated Essential Competencies**

August 2010

The competencies clearly define the educational preparation of each level of nursing education (i.e., vocational, associate degree/diploma, and baccalaureate).

| Answer Options | Response Percent | Response Count |
|--------------------------|------------------|----------------|
| Strongly Agree | 34.2% | 53 |
| Agree | 58.1% | 90 |
| Undecided | 1.3% | 2 |
| Disagree | 5.8% | 9 |
| Strongly Disagree | 0.6% | 1 |
| <i>answered question</i> | | 155 |
| <i>skipped question</i> | | 1 |

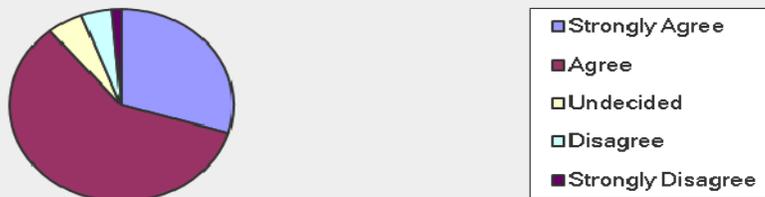
The competencies clearly define the educational preparation of each level of nursing education (i.e., vocational, associate degree/diploma, and baccalaureate).



The competencies help differentiate between the scope of practice of the beginning nurse for each level of nursing education (i.e., vocational, associate degree/ diploma, and baccalaureate).

| Answer Options | Response Percent | Response Count |
|--------------------------|------------------|----------------|
| Strongly Agree | 29.7% | 46 |
| Agree | 59.4% | 92 |
| Undecided | 5.2% | 8 |
| Disagree | 4.5% | 7 |
| Strongly Disagree | 1.3% | 2 |
| <i>answered question</i> | | 155 |
| <i>skipped question</i> | | 1 |

The competencies help differentiate between the scope of practice of the beginning nurse for each level of nursing education (i.e., vocational, associate degree/ diploma, and baccalaureate).



**ADVISORY COMMITTEE ON EDUCATION/DELIC WORK GROUP MEETING
TEXAS BOARD OF NURSING
AUSTIN, TEXAS**

DRAFT MINUTES (revised 5/11/10)
Joint Meeting
May 7, 2010
Hobby Building, Room 102

Present

Alicia Anger, MSN, RN
Frances Chatman, LVN
Bonnie Higgins, EdD, MS, RN
Nancy Maebius, PhD, RN
Dianna Miller, EdD, MSN, RN
Diane Moy, MSN, RN
Elizabeth Poster, PhD, RN
April Ernst, MSN, RN
Beth Skelton, BSN, RN
Kendra Slatton, MSN, RN, CDE
Beverly Skloss, MSN, RN
Susan Sportsman, PhD, RN
Vicki Thornley, MSN, RN

Representing

Diploma Programs (DELIC Work Group)
LVNAT (ACE and DELIC)
TOADN (ACE and DELIC)
VN Career Colleges (ACE and DELIC)
AD Education (DELIC Work Group)
Community Health (DELIC Work Group)
DELIC Work Group Leader
VN Education (DELIC Work Group)
DADS, LTC (DELIC Work Group)
TONE (DELIC Work Group)
VN Hosp-Based Prog (ACE and DELIC)
TNA (ACE and DELIC)
Diploma Programs (ACE)

Absent

Eileen Deges Curl, PhD, RN, Chair
Cathy Harris, BSN, RN
Kim Judd, MSN, RN
Betty Sims, MSN, RN

TADDPNP (ACE and DELIC)
RN Practice (DELIC Work Group)
TONE
TAVNE (ACE and DELIC)

Board Staff

Mary Beth Thomas, PhD, RN
Virginia Ayars, MS, RN
Robin Caldwell, PhD, RN
Janice Hooper, PhD, RN
Paul Waller, PhD, RN

Recorded by Janice Hooper
Approval Date: September 9, 2010

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| <p>I. CALL TO ORDER: The meeting was called to order at 10:05 a.m. by E. Poster. Members and staff introduced themselves.</p> | <p>N. Maebius made a motion to approve the minutes. It was seconded by D. Moy and passed.</p> |
| <p>II. APPROVAL OF MINUTES: Minutes for the combined ACE/DELIC Work Group meeting for January 27, 2010 were</p> | |

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| <p>reviewed.</p> <p>III. REVIEW OF DRAFTS OF INTRODUCTION, EXECUTIVE SUMMARY, AND LIST FOR GLOSSARY: The drafts were a compilation of statements from work group sessions that certain areas should be included in the introduction and suggested items for the glossary. Suggestions were made for changes to the introduction. The executive summary written by staff was noted to be a useful document.</p> <p>Words in the draft of the glossary list were reviewed and selections made for words to include.</p> <p>IV. PLANS FOR MOVING FORWARD: MB Thomas reviewed the handout outlining the proposed DEC Time Line. The overall goal is to seek feedback from clinical stakeholders through several intensive activities to distribute the DEC. The first step is a series of face-to-face meetings with stakeholder groups in Houston, Austin (Seton), Dallas/Ft. Worth, and San Antonio. Other face-to-face presentations may be held in Harlingen/McAllen, West Texas, and El Paso. Board staff, committee members, and Board members will assist in the presentations.</p> <p>An online survey will be sent to clinical affiliates identified on the NEPIS, including long term care and rural settings.</p> <p>It is expected that a final DEC document will be sent to the ACE and DELC Work Group in</p> | <p>Staff will revise draft of Introduction with following suggestions:</p> <ul style="list-style-type: none"> • Addition of 8th item (beneficence) under Values and Ethics: D. Moy will email suggested wording • Addition of content about the value of liberal arts curriculum to professional nurses: will be written by S. Sportsman. <p>S. Sportsman made a motion to accept the Introduction with proposed revisions and the Executive Summary as written. D. Miller seconded and motion carried.</p> <p>Suggestions for checking DEC:</p> <ul style="list-style-type: none"> • Review DEC for word “client” • Remove word “multidisciplinary” <p>Suggestions for Glossary:</p> <ul style="list-style-type: none"> • Reference guideline in definitions for comprehensive and focused assessment • Reference JC in definition of culture of safety • Reference NPA in definition for directed scope of practice • Reference NPA or BON documents for scope of practice <p>Staff will develop suggested definitions and send to DELC Work Group and ACE members for review</p> <p>DELC Work Group members and ACE members will be involved in the organization of the sessions as well as attending them as resources.</p> <p>Survey questions will be finalized by staff. They will focus on the application of the DEC in clinical work settings.</p> |
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| <p>September followed by a teleconference.</p> <p>The tentative goal is to present the revised DEC's to the October Board meeting on October 21-22, 2010. Members of ACE and the DELC Work Group are encouraged to attend this meeting.</p> <p>IV. ARTICLES FOR PUBLICATION: Various group members committed to the writing and dissemination of information of 4 articles related to DEC by October 2010.</p> <p>V. BON WORKSHOP FALL 2011: Board staff plan to host a workshop at the Capitol in Fall 2011 focusing on implementation of the DEC's. DELC Work Group and ACE members may participate in the program planning and presentations.</p> <p>VI. NEXT MEETING: A teleconference will be scheduled for September to finalize readiness of the revised DEC.</p> <p>VII. ADJOURNMENT: Meeting was adjourned at 12 noon. The meeting continued after lunch for the ACE committee.</p> <p>Handouts:</p> <ul style="list-style-type: none"> • Agenda • Minutes of January 27, 2010 meeting • Draft of Introduction to DEC • Draft of Executive Summary to DEC • List of suggested words for Glossary • Proposed DEC Time Line <p>VIII. ACE MEETING Members of the DELC Work Group were dismissed and only A. Anger remained as an observer.</p> <p>IX. NPAC/ACE CHARGE: Melinda Hester, Practice Consultant, reviewed the status of the joint charge related to re-entry into practice.</p> | <p>1. Overview article: E. Poster (leader), S. Sportsman, E. Curl, and B. Higgins</p> <p>2. Member of Health Care Team: N. Maebius, B. Sims, D. Miller (leader)</p> <p>3. Advocate for Patient Safety: F. Chatman, D. Moy (leader), B. Skloss, A. Anger, A. Ernst</p> <p>4. Employer perceptions of the uses of DEC in practice settings: S. Sportsman, N. Maebius, K. Slatton, E. Poster</p> <p>L. Poster had forwarded list of journals to board staff. The list will be emailed to these authors. Groups should review the list of journals and author guidelines for each. A deadline of August 30, 2010 to share written work and review. Goal: to have articles written by October Board meeting.</p> <p>Staff and E. Poster will begin to determine a date for the workshop.</p> <p>A joint NPAC/ACE meeting is scheduled for May</p> |
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| <p>X. BOARD CHARGE TO ACE: New Board Charges to ACE:</p> <p>1. Develop a position statement related to the effective use of the commercially prepared benchmark standardized examination score tests as an evaluation method in the progression of students in nursing educational programs. This charge is a response to issues around the use of standardized exams as a “high stakes” exam at the end of nursing programs and a possibility of legislation regulating the use of these exams.</p> <p>Board staff interviewed two popular vendors to learn their perspectives on purposes, recommendations and cautions about using standardized exams in nursing programs. Staff drafted a summary of information learned from these vendors and forwarded this written document to the vendors.</p> <p>ACE reviewed the document proposed as a guideline and suggested changes. One suggestion was to request feedback from NLN as another vendor.</p> <p>2. Review Rules 214.6(f) and 214.7(c) related to director and faculty qualifications for vocational nursing educational programs and develop rule revisions as needed. This charge is related to concerns about the lack of clarity in qualifications especially for new VN programs. ACE suggested: VN Director Qualifications: (1) Keep (2) Add 5 years with employment in supervision and teaching and a minimum of 1 year teaching experience in all prelicensure nursing educational programs. VN Faculty Qualifications: Add language in 215.7(c)(2)(b)</p> <p>These changes would begin with acceptance of rule change and not apply to faculty and directors presently in place.</p> <p>3. Revise Education Guideline 3.4.1.c. to clarify program director qualifications which may not be waived for professional nursing educational programs. ACE determined that current rule</p> | <p>17, 2010 to discuss this charge.</p> <p>Staff will make changes to the guideline and send it to NLN for any feedback. Staff will email the revised document to ACE members for acceptance. This item can be presented at the July Board meeting.</p> <p>Board staff will draft new rule language for these changes and will email drafted language to ACE members for approval before they go to the Board.</p> |
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language only allows waivers for fully approved programs and new programs must meet rule requirements. ACE determined no changes are needed but staff are encouraged to continue to discourage programs from seeking waivers. Any waivers received and presented will be treated on an individual basis.

XI. FUTURE MEETING DATES:
No future meetings necessary at this time.

X. ADJOURNMENT:
Meeting adjourned at 2:00 PM.

Handouts:
Board Charges to ACE

Introduction

Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments, and Behaviors 2010

Nursing practice in Texas by licensed nurses flows along a scope of practice continuum based upon educational preparation from the Licensed Vocational Nurse (LVN) to the doctorally prepared Registered Nurse (RN). While selected aspects of nursing care may be assigned or delegated by licensed practicing nurses to ancillary persons such as nursing assistants or aides, LVNs and RNs currently form the core in the roles identified as members of the profession, providers of patient-centered care, patient safety advocates, and members of the health care team.

Basic educational preparation for the LVN examination is provided at the vocational level in Texas Board of Nursing (BON or Board) approved programs in community colleges, hospitals, career schools, and the military. Educational preparation for the RN licensure examination may be obtained through Texas BON approved diploma, associate degree, and baccalaureate degree programs (including generic master=s degree programs). Each of these programs provides the necessary preparation for practice as a registered professional nurse. The curricula of each of the nursing programs differ and the outcomes of the educational levels dictate a differentiated set of essential competencies of graduates. The competency statements describe progression in expected behaviors across the types of programs from vocational nursing (VN) to diploma and associate degree nursing (ADN) to baccalaureate degree nursing (BSN). The competencies of each educational level build upon the previous level.

HISTORY AND METHODOLOGY

On January 20, 2000, the then Board of Nurse Examiners (BNE) charged the Advisory Committee on Education (ACE) to review and revise the original competency document, the *Essential Competencies of Texas Graduates of Education Programs in Nursing* (BNE, 1993). The Board of Vocational Nurse Examiners ("BVNE," later merged with the BNE) conducted a parallel process to survey vocational programs for review and revision of the VN competencies and then joined the ACE to finalize the process.

ACE instituted a subcommittee which included six nurses who represented Diploma, ADN, and BSN education in addition to Texas League for Nursing (TLN) and Texas Organization of Nurse Executives (TONE) members who represented nursing practice. This subcommittee met August 9, 2000 to begin the process of review and revision. The subcommittee analyzed the *Essentials of Baccalaureate Education* (American Association of Colleges of Nursing, 1998) and the *Educational Competencies for Graduates of Associate Degree Nursing Programs* (National League for Nursing, 2000) and found that the original 14 competencies in the Texas document were consistent with these two publications. The subcommittee also recognized that over the preceding seven years, schools of nursing used the 14 core competencies in various ways, one of which was to revise course objectives and outcome statements. The revised document was approved in 2002.

At the July 17-18, 2008 meeting of the Texas BON, the Board charged the ACE to review and revise the 2002 Differentiated Entry Level Competencies (DELCL). This was the first review and revision after the merger of the BVNE and BNE in 2004. Following the methodology used for the 2002 revision, ACE appointed a DELC Work Group to lead the revision process. Members of the DELC Work Group represented VN, Diploma, ADN, and BSN education; vocational and professional nursing practice; the Licensed Vocational Nurses Association of Texas (LVNAT); the Texas Nurses Association (TNA); and the Texas Organization of Nurse Executives (TONE). Through meetings and telephone conference calls over

a period of about 20 months, the work group revised the DELC, changing the title to Differentiated Essential Competencies (DECs) and expanding the three roles to four.

The four roles are listed with a brief rationale for the change:

- § Member of the Profession: listed as primary role to focus on the profession
- § Provider of Patient-Centered Care: a change in current literature from *client* to *patient*, emphasizing patient-centered care
- § Patient Safety Advocate: based upon new concerns about patient safety
- § Member of the Health Care Team: relates to the nurse=s participation in the health care team

The core competencies were increased from 14 in the DELC to 25 in the DECs with an increasing focus on patient safety. All competencies were updated using current literature, national standards, and research (e.g., the Quality and Safety Education for Nurses Competencies, the Institute of Medicine Reports, the Carnegie Report), and incorporated new focus concepts including safety, advocacy, patient-centered care, evidence-based practice, and informatics. The 25 core competencies fall under the four nursing roles and are further delineated into a series of more specific expected clinical judgments and behaviors related to each core competency. These more detailed competencies are preceded by the necessary content (or knowledge) needed as a basis for competency development. The knowledge statements indicate the student learning needs during the educational experience; the content determines the subject matter to be taught. The knowledge should provide the tools to the student for critical thinking and reflection in clinical decision-making for safe, compassionate, and effective patient care. The program of study prepares the students (and graduates) with a knowledge base to make sound clinical judgments for their nursing behaviors and interventions.

The revised competencies were distributed to all Texas BON approved nursing programs for comments in September 2009. ACE members and Board staff presented information about the revised document to deans, directors, and coordinators at meetings of the vocational and professional program directors. Comments and responses were considered as further revisions of the document continued. The revised document was disseminated to affiliating agencies (including long term care, hospitals, and public health settings) and other stakeholders during the spring and summer of 2010. The final revision of the DECs was presented to the Board for adoption at the October 2010 meeting. Programs will be expected to develop a plan for implementation by fall 2011.

COMPETENCIES

The competencies are written to guide nursing programs to meet the approval criteria established by the BON and to ensure that programs prepare graduates to provide safe, competent care to the people of Texas. A competency is described as *an expected level of performance that integrates knowledge, skills, abilities, and judgment* (American Nurses Association, 2008, p. 3).

Competencies were designed to demonstrate the progression of expectations across the types of nursing programs based upon educational preparation. It is acknowledged that it may be impossible to evaluate students' abilities on some of the competencies since new graduates will grow from novice to advanced beginner as they transition into practice (Benner, 1984; National Council of State Boards of Nursing, 2006). It is expected that the education should have prepared the graduate with a background to demonstrate these advanced competencies which are italicized and identified by an asterisk in the document. All of the competencies may be utilized to develop curriculum.

There may seem to be redundancy in the competencies within the DECs but the redundancy is intentional. The document was designed so that sections related to a specific competency or educational level could be separated and could stand alone from the larger document. Most competencies build across educational levels and yet some of the competencies are the same across levels. For example, a general high level of safety is expected across all levels of nursing practice.

The scope of nursing practice for which the student is being prepared is reflected in the competencies. The scope of practice defines the extent of the provision of care within each level of educational preparation. Patients for the LVN are individuals in the context of their families; patients for the diploma graduate or the ADN are individuals and their families; and patients for the BSN are individuals, families, populations, and communities. Rule 215 lists specific content areas for BSN programs: research, community, and leadership, all of which affect scope of practice.

In addition to the DEC's being used for curriculum development, the DEC's may also be used in the practice area to assist employers in developing orientation and internship programs, establishing career ladders, determining entry level competencies, determining job descriptions, and reviewing and revising policies and procedures.

EFFECTIVENESS OF THE 2002 DELC AND TRANSITION TO USING THE DEC'S

Texas programs have used the competencies since 1993 and have experienced a statewide NCLEX examination pass rate above the national average. The DELC could be viewed as a type of core curriculum for nursing programs in Texas and established the framework for the preparation of safe, competent nursing graduates. The DELC provided guidelines for curriculum development and evaluation, as well as benchmarks for program effectiveness. The new document will continue to provide a common core competency statement for all Texas BON approved nursing programs; provide guidelines for curriculum development, benchmarking, and evaluation; and support the mission of the BON to protect the public and ensure safe, competent nursing graduates.

VALUES AND ETHICS IN NURSING

Through the educational process, students are provided the necessary experiences to develop the knowledge, behaviors, and skills expected of practicing nurses. In addition, the clinical judgments of the nurse are guided by various values and beliefs about oneself and society. It is recommended that nursing educators strive to foster commitment to the following values and ethical principles believed to be inherent to the nursing profession:

- 1) Altruism - Concern for the welfare of others seen through caring, commitment, and compassion
- 2) Human Dignity - Belief in the inherent worth and uniqueness of the individual seen through respect, empathy, humanness, and trust
- 3) Truth - Faithfulness to fact seen through honesty, accountability, and authenticity
- 4) Justice - Upholding moral and legal principles seen through courage, advocacy, and objectivity
- 5) Freedom - Capacity to exercise choice seen through openness, self-direction, and self-discipline
- 6) Equality - Having the same rights and privileges seen through acceptance, tolerance, and fairness
- 7) Esthetics - Identifying the qualities of objects, events, and persons that provide satisfaction as seen through creativity, sensitivity, and appreciation

Values and beliefs about oneself and society guide the clinical judgments of the nurse. To act as a moral agent and to advocate on behalf of patients, the nurse must be sensitive to ethical issues inherent in health care settings and health care policies. Through the educational process, students clarify personal and professional values and develop the knowledge, judgments, behaviors, and skills expected of nurses practicing ethically.

Professional values are enduring beliefs or ideals that guide practitioners and serve as a framework for professional decisions and action. These values are the foundation for moral standards of right and wrong, established in accordance with the profession's norms and traditions. As a practice discipline, nursing's fundamental value is caring, growing from altruism -- a concern for the well-being of others. Caring, as a human endeavor, places demands on the character, knowledge, judgments, behaviors, and skills of the nurse. A nurse's first moral obligation is to be a competent practitioner.

Nursing ethics offer general moral principles and rules to address potential and actual ethical issues arising within the health care encounter. This system of valued beliefs and behaviors (identified as rights, duties, and obligations as well as good professional character) guides the conduct of nurses.

A code of ethics for nursing embodies the profession's central values and standards of conduct, reflecting nursing's responsibility to society and its collegial solidarity. The code provides the framework for decision-making for the profession and the parameters of professional integrity. Violation of the code's professional standards may result in disciplinary action.

IMPLICATIONS

This document has the potential to add clarity and consistency to education outcomes. It may be used by nursing programs to review curricula through content mapping for evidence that knowledge, clinical judgments and behaviors, and skills of new graduates are relevant and consistent with the education program. This document provides a foundation for the state's nursing educational programs to design seamless articulation plans for education mobility and for employers to create differentiated job descriptions for entry-level nursing practice.

RECOMMENDATION

Periodic reviews and revisions need to be conducted to ensure that the competencies reflect changes in nursing practice, education, and research.

Executive Summary

Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments, and Behaviors 2010

Background:

The Differentiated Essential Competencies (DECs) is the third generation of Texas Board of Nursing (BON or Board) education competencies with differentiation based upon the education outcomes of the three levels of prelicensure nursing education programs. Previous documents were approved in 2002 (Differentiated Entry Level Competencies) and 1993 (Essential Competencies). All revisions were developed within the BON Advisory Committee for Education (ACE) with input from nursing programs, nursing organizations, affiliating agencies, employers, and other stakeholders. The 2010 revision incorporates concepts from current literature, national standards, and research.

Purpose:

The DECs were designed to provide guidance to nursing education programs for curriculum development and revision and for effective preparation of graduates who will provide safe, competent, compassionate care. The DECs outline knowledge, clinical behaviors, and judgments necessary to meet the essential competencies, but it is acknowledged that not all competencies can be evaluated upon graduation. It is intended that the graduate will have received the educational preparation to demonstrate each competency, but it will not be reasonable to evaluate some advanced competencies (italicized and identified by an asterisk) until the nurse has transitioned into nursing practice.

Definition of Competency:

The American Nurses Association (2008) defined a competency as *An expected level or performance that integrates knowledge, skills, abilities, and judgment* (p. 3).

Outline of the DECs:

Twenty-five core competencies are categorized under four main nursing roles:

- \$ Member of the Profession
- \$ Provider of Patient-Centered Care
- \$ Patient Safety Advocate
- \$ Member of the Health Care Team

Each core competency is further developed into specific knowledge areas and clinical judgments and behaviors based upon the knowledge areas. Redundancy is intentional so that sections of the document or educational levels can be separated yet remain complete as stand-alone documents. Competencies for each level of educational preparation are presented in a table format. The competencies are differentiated and progressive across the levels, and the scope of practice and expectations may be compared across the table.

Implications of the DECs:

Nursing Education:

- \$ Guideline and tool for curriculum development and revision
- \$ Tool for benchmarking and evaluation of the program
- \$ Statewide standard to ensure graduates will enter practice as safe and competent nurses

Employers:

- \$ Guide for development of employee orientation and internship programs
- \$ Guide for job descriptions and career ladders
- \$ Information for determining entry level competencies
- \$ Information for reviewing and revising policies and procedures for nursing care

TEXAS BOARD OF NURSING VOCATIONAL NURSING EDUCATION

The curriculum for vocational nursing (VN) education is delivered in a clinically intensive certificate program of approximately one year in length. The Texas Board of Nursing (BON or Board) education rules for VN programs require a minimum of 558 theory and 840 clinical hours, although most programs include more than the total 1,398 hours. VN education is provided in community colleges, hospital settings, career schools, and the military.

The BON approved curriculum includes requirements for instruction in the five basic areas of nursing care: (1) adults; (2) mothers and newborns; (3) children; (4) elderly; and (5) individuals with mental health problems. The initial clinical instruction takes place in the skills and simulation laboratories, progressing to faculty supervised, hands-on clinical experiences in health care agencies. Clinical experience in a unit or facility specifically designed for psychiatric care is optional.

Required support courses should provide instruction in biological, physical, social, behavioral, and nursing sciences, including body structure and function, microbiology, pharmacology, nutrition, signs of emotional health, human growth and development; vocational adjustments; and nursing skills. Content may be integrated within the core nursing curriculum or may be taken as stand-alone courses. With advances in education and practice, programs may include content in the use of technology and informatics through learning experiences in the clinical practice arena, simulated practice, and skills laboratories.

All levels of prelicensure nursing education prepare graduates to demonstrate the *Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments, and Behaviors (DECs)*. The competencies for each educational level are based upon the preparation in the program of study. Licensure to practice is issued by the BON to individuals who pass the National Council Licensure Examination for Practical Nurses (NCLEX-PN⁷). Qualified graduates of VN programs, who have completed all aspects of the application for examination, typically receive a temporary permit to practice under direct supervision for a 75-day period while awaiting testing and licensure.

The entry level graduate of a VN program provides nursing care within a directed scope of practice under appropriate supervision. The vocational nurse uses a systematic problem-solving process in the care of multiple patients with predictable health care needs to provide individualized, goal-directed nursing care. The vocational nurse contributes to the plan of care by collaborating with interdisciplinary team members and with the patient=s family. The new graduate can readily integrate technical skills and use of computers and equipment into practice.

Educational opportunities exist for Licensed Vocational Nurses (LVNs) to articulate into professional nursing programs. Vocational nursing represents the beginning level of the nursing practice continuum in the roles of Member of the Profession, Provider of Patient-Centered Care, Patient Safety Advocate, and Member of the Health Care Team. The entry level competencies of the VN graduate are listed below:

ESSENTIAL COMPETENCIES OF GRADUATES OF TEXAS VOCATIONAL NURSING EDUCATIONAL PROGRAMS

I. Member of the Profession:

- A. Function within the nurse=s legal scope of practice and in accordance with the policies and procedures of the employing health care institution or practice setting.
- B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.
- C. Contribute to activities that promote the development and practice of vocational nursing.
- D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.

II. Provider of Patient-Centered Care:

- A. Use clinical reasoning and established evidence-based policies as the basis for decision making in nursing practice.
- B. Assist in determining the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients and their families based on interpretation of health-related data.
- C. Report data to assist in the identification of problems and formulation of goals/ outcomes and patient-centered plans of care in collaboration with patients, their families, and the interdisciplinary health care team.
- D. Provide safe, compassionate, basic nursing care to assigned patients with predictable health care needs through a supervised, directed scope of practice.
- E. Implement aspects of the plan of care within legal, ethical, and regulatory parameters and in consideration of patient factors.
- F. Identify and report alterations in patient responses to therapeutic interventions in comparison to expected outcomes.
- G. Implement teaching plans for patients and their families with common health problems and well-defined health learning needs.
- H. Assist in the coordination of human, information, and materiel resources in providing care for assigned patients and their families.

III. Patient Safety Advocate:

- A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.
- B. Implement measures to promote quality and a safe environment for patients, self, and others.
- C. Assist in the formulation of goals and outcomes to reduce patient risks.
- D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.
- E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.
- F. Accept and make assignments that take into consideration patient safety and organizational policy.

IV. Member of the Health Care Team:

- A. Communicate and collaborate with patients, their families, and the interdisciplinary health care team to assist in the planning, delivery, and coordination of patient-centered care to assigned patients.
- B. Participate as an advocate in activities that focus on improving the health care of patients and their families.

- C. Participate in the identification of patient needs for referral to resources that facilitate continuity of care, and ensure confidentiality.
- D. Communicate and collaborate in a timely manner with members of the interdisciplinary health care team to promote and maintain optimal health status of patients and their families.
- E. Communicate patient data using technology to support decision making to improve patient care.
- F. Assign nursing care to LVNs or unlicensed personnel based upon an analysis of patient or unit need.
- G. Supervise nursing care provided by others for whom the nurse is responsible.

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TEXAS BOARD OF NURSING DIPLOMA AND ASSOCIATE DEGREE NURSING EDUCATION

Although the programs for Diploma nursing and Associate Degree Nursing (ADN) may vary in the missions and philosophies of the sponsoring institutions, competencies have been identified as common for graduates of both programs. These competencies are the expectations for entry level into registered nursing practice.

Diploma programs are hospital-based, single purpose schools of nursing that consist of two to three years of general education and nursing courses. These programs are based on the missions, values, and purposes of the governing institutions, and prepare graduates to provide and coordinate health care of individuals and their families throughout the life span across the health continuum.

General education courses, from an accredited college or university, may be required as prerequisites to or offered concurrently with nursing courses. The general education courses provide a foundation in communication, psychology, human growth and development, and related sciences to support the nursing courses. A Diploma program of study that is completed on or after December 31, 2014, must entitle a student to receive a degree [Texas Occupation Code 301.157(a-1)].

ADN programs, located in community colleges, senior colleges, and career schools, require a minimum of two years of full-time study, integrating a balance between courses in liberal arts; natural, social, and behavioral sciences; and nursing. Academic associate degrees consist of 60 to 72 credit hours with approximately half the program requirements in nursing courses. General education courses provide a foundation for nursing content in ADN programs and enable graduates to apply theoretical content and evidence-based findings in the provision of nursing care. The Texas Board of Nursing (BON or Board) approved curriculum includes requirements for didactic instruction and clinical learning experiences in four content areas: medical-surgical, maternal/child health, pediatrics, and mental health nursing.

Nursing courses in Diploma and ADN programs provide opportunities to demonstrate competence in the application of nursing knowledge and clinical judgments and behaviors in health care settings. The entry level graduate from a Diploma or ADN program integrates knowledge from general education and sciences for the delivery of safe and compassionate care for patients and their families. Nursing content includes the importance of establishing partnerships with patients and their families in the promotion, prevention, rehabilitation, maintenance, and restoration of health of individuals of all ages. Nursing care supervision, basic nursing management, and legal/ethical content are imbedded in the curriculum.

All levels of prelicensure nursing education prepare graduates to demonstrate the *Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments, and Behaviors (DECs)*. The competencies for each education level are based upon the preparation in the program of study.

The Texas BON licenses individuals who pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN⁷). Qualified graduates of Diploma and ADN programs typically receive a temporary permit to practice under direct supervision of a registered professional nurse for a 75-day period while awaiting testing and licensure.

The primary role of the entry level graduate of a Diploma or ADN program is to provide direct nursing care to or coordinate care for a limited number of patients in various health care settings. Such patients may have complex multiple needs with predictable or unpredictable outcomes.

With additional experience and continuing education, the Diploma or ADN graduate can increase the numbers of assigned patients, provide independent direct care, supervise health care of patients and their families, and receive certification in various specialty areas. Through articulation, graduates may continue their education to prepare for expanded roles.

The entry level competencies of the Diploma and ADN graduate build upon the entry level competencies of the Vocational Nursing (VN) graduate and are listed below:

ESSENTIAL COMPETENCIES OF GRADUATES OF TEXAS DIPLOMA AND ASSOCIATE DEGREE NURSING EDUCATION PROGRAMS

I. Member of the Profession:

- A. Function within the nurse=s legal scope of practice and in accordance with the policies and procedures of the employing health care institution or practice setting.
- B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.
- C. Participate in activities that promote the development and practice of professional nursing.
- D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.

II. Provider of Patient-Centered Care:

- A. Use clinical reasoning and knowledge based on the diploma or associate degree nursing program of study and evidence-based practice outcomes as a basis for decision making in nursing practice.
- B. Determine the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients and their families based upon interpretation of comprehensive health assessment findings compared with evidence-based health data derived from the diploma or associate degree nursing program of study.
- C. Analyze assessment data to identify problems, formulate goals/ outcomes, and develop plans of care for patients and their families using information from evidence-based practice in collaboration with patients, their families, and the interdisciplinary health care team.
- D. Provide safe, compassionate, comprehensive nursing care to patients and their families through a broad array of health care services.
- E. Implement the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.
- F. Evaluate and report patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care.
- G. Develop, implement, and evaluate teaching plans for patients and their families to address health promotion, maintenance, and restoration.
- H. Coordinate human, information, and materiel resources in providing care for patients and their families.

III. Patient Safety Advocate:

- A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.
- B. Implement measures to promote quality and a safe environment for patients, self, and others.
- C. Formulate goals and outcomes using evidence-based data to reduce patient risks.
- D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.
- E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.
- F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.

IV. Member of the Health Care Team:

- A. Coordinate, collaborate, and communicate with patients, their families, and the interdisciplinary health care team to plan, deliver, and evaluate patient-centered care.
- B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients and their families.
- C. Refer patients and their families to resources that facilitate continuity of care; health promotion, maintenance, and restoration; and ensure confidentiality.
- D. Communicate and collaborate in a timely manner with members of the interdisciplinary health care team to promote and maintain optimal health status of patients and their families.
- E. Communicate and manage information using technology to support decision making to improve patient care.
- F. Assign and/ or delegate nursing care to other members of the health care team based upon an analysis of patient or unit need.
- G. Supervise nursing care provided by others for whom the nurse is responsible by using evidence-based nursing practice.

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TEXAS BOARD OF NURSING BACCALAUREATE DEGREE NURSING EDUCATION

Baccalaureate education, offered in college and university settings, provides students with a broad perspective and understanding of nursing; health and healing; the environment; and persons as diverse individuals, families, populations, and communities. The Baccalaureate Degree Nursing (BSN) program of study integrates approximately 60 hours from liberal arts and natural, social, and behavioral science courses and approximately 60-70 hours of nursing courses. In addition to a liberal arts education that provides a solid foundation for the development of clinical judgment skills, baccalaureate education includes instruction in community health, public health, research, nursing leadership, and nursing management with preparation in skills and knowledge needed to practice evidence-based nursing (U.S. Department of Health and Human Services, 2008). Baccalaureate education provides a strong foundation for future critical thinking and problem solving skills with its inclusion of a broad range of basic sciences, behavioral and social management sciences, communication, and data analysis content. Community health nursing, research, and courses that provide depth and breadth in the understanding of leadership, management, health promotion, and care of vulnerable groups are required by the Texas Board of Nursing (BON or Board) education rules for inclusion in the baccalaureate curriculum, and these areas of study are generally not addressed in the preceding levels of education. The BSN from Board approved nursing programs meets the educational requirements for eligibility to take the National Council Licensure Examination for Registered Nurses (NCLEX-RN⁷) as mandated for practice in the State of Texas by the Nursing Practice Act and regulated by the Texas BON.

Baccalaureate graduates synthesize information from various disciplines, think logically, analyze critically, and communicate effectively with patients and other health care professionals. The baccalaureate graduate uses research findings and other evidence in designing and implementing care that is multi-dimensional, high quality, and cost-effective (American Association of Colleges of Nursing, 2008, p. 9). Graduates are expected to demonstrate all the competencies (knowledge, clinical judgments, and behaviors) of the preceding levels of education, but with greater depth and breadth of application and synthesis.

Graduates of baccalaureate programs are prepared to provide and direct care for patients, families, populations, and communities experiencing complex and unpredictable health care needs in structured and unstructured settings. With additional experience and continuing education, BSN graduates are able to provide care for communities and society within the context of the environment, available resources, and technology.

Qualified graduates of BSN programs typically receive a temporary permit to practice under direct supervision of a registered professional nurse for a 75-day period while awaiting testing and licensure. These graduates routinely begin their careers in structured settings but rapidly move into community-based settings and/ or leadership roles. A BSN degree is the most common requirement for entry into graduate nursing education where nurses may further develop their professional roles to become nurse educators, researchers, administrators, or advanced practice nurses.

All levels of prelicensure nursing education prepare graduates to demonstrate the *Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments, and Behaviors (DECs)*. The competencies for each educational level are based upon the preparation in the program of study.

The entry level competencies of the BSN graduate which build upon the entry level competencies of the Diploma or Associate Degree Nursing (ADN) graduate are listed below:

**ESSENTIAL COMPETENCIES OF GRADUATES OF TEXAS
BACCALAUREATE DEGREE NURSING EDUCATION PROGRAMS**

I. Member of the Profession:

- A. Function within the nurse=s legal scope of practice and in accordance with the policies and procedures of the employing health care institution or practice setting.
- B. Assume responsibility and accountability for the quality of nursing care provided to patients, families, populations, and communities.
- C. Promote the practice of professional nursing through leadership activities and advocacy.
- D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.

II. Provider of Patient-Centered Care:

- A. Use clinical reasoning and knowledge based on the baccalaureate degree nursing program of study, evidence-based practice outcomes, and research studies as the basis for decision making and comprehensive patient care.
- B. Determine the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients, families, populations, and communities based upon interpretation of comprehensive health assessment findings compared with evidence-based health data and a synthesis of knowledge derived from a baccalaureate degree nursing program of study.
- C. Synthesize comprehensive assessment data to identify problems, formulate goals/ outcomes, and develop plans of care for patients, families, populations, and communities using information from evidence-based practice and published research in collaboration with the above groups and the interdisciplinary health care team.
- D. Provide safe, compassionate, comprehensive nursing care to patients, families, populations, and communities through a broad array of health care services.
- E. Implement the plan of care for patients, families, populations, and communities within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.
- F. Evaluate and report patient, family, population, and community outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice and research findings, and plan follow-up nursing care.
- G. Develop, implement, and evaluate teaching plans for patients, families, populations, and communities to address health promotion, maintenance, restoration, and population risk reduction.
- H. Coordinate human, information, and materiel management resources in providing care for patients, families, populations, and communities.

III. Patient Safety Advocate:

- A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.
- B. Implement measures to promote quality and a safe environment for patients, self, and others.
- C. Formulate goals and outcomes using an evidence-based and theoretical analysis of available data to reduce patient and community risks.
- D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.
- E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.
- F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.

IV. Member of the Health Care Team:

- A. Coordinate, collaborate, and communicate with patients, families, populations, communities, and the interdisciplinary health care team to plan, deliver, and evaluate care.
- B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients, families, populations, and communities.
- C. Use multiple referral resources for patients, families, populations, and communities, considering cost, confidentiality, effectiveness and efficiency of care, continuity and continuum of care, and health promotion, maintenance, and restoration.
- D. Communicate and collaborate in a timely manner with members of the interdisciplinary health care team to promote and maintain optimal health status of patients, families, populations, and communities.
- E. Communicate and manage information using technology to support decision making to improve patient care and delivery systems.
- F. Assign and/ or delegate nursing care to other members of the health care team based upon an analysis of patient or organizational need.
- G. Supervise nursing care provided by others for whom the nurse is responsible by using best practices of management, leadership, and evaluation.

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**Texas Board of Nursing
Differentiated Essential Competencies (DECs)**

Vocational Nursing

Diploma and Associate Degree Nursing

Baccalaureate Degree Nursing

I. Member of the Profession:

I. Member of the Profession:

I. Member of the Profession:

A. Function within the nurse's legal scope of practice and in accordance with the policies and procedures of the employing health care institution or practice setting.

A. Function within the nurse's legal scope of practice and in accordance with the policies and procedures of the employing health care institution or practice setting.

A. Function within the nurse's legal scope of practice and in accordance with the policies and procedures of the employing health care institution or practice setting.

B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.

B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.

B. Assume responsibility and accountability for the quality of nursing care provided to patients, families, populations, and communities.

C. Contribute to activities that promote the development and practice of vocational nursing.

C. Participate in activities that promote the development and practice of professional nursing.

C. Promote the practice of professional nursing through leadership activities and advocacy.

D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.

D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.

D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.

II. Provider of Patient-Centered Care:

II. Provider of Patient-Centered Care:

II. Provider of Patient-Centered Care:

A. Use clinical reasoning and established evidence-based policies as the basis for decision making in nursing practice.

A. Use clinical reasoning and knowledge based on the diploma or associate degree nursing program of study and evidence-based practice outcomes as a basis for decision making in nursing practice.

A. Use clinical reasoning and knowledge based on the baccalaureate degree nursing program of study, evidence-based practice outcomes, and research studies as the basis for decision making and comprehensive patient care.

B. Assist in determining the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients and their families based on interpretation of health-related data.

B. Determine the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients and their families based upon interpretation of comprehensive health assessment findings compared with evidence-based health data derived from the diploma or associate degree nursing program of study.

B. Determine the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients, families, populations, and communities based upon interpretation of comprehensive health assessment findings compared with evidence-based health data and a synthesis of knowledge derived from a baccalaureate degree nursing program of study.

**Texas Board of Nursing
Differentiated Essential Competencies (DECs)**

| | | |
|---|---|---|
| <p>C. Report data to assist in the identification of problems and formulation of goals/ outcomes and patient-centered plans of care in collaboration with patients, their families, and the interdisciplinary health care team.</p> | <p>C. Analyze assessment data to identify problems, formulate goals/ outcomes, and develop plans of care for patients and their families using information from evidence-based practice in collaboration with patients, their families, and the interdisciplinary health care team.</p> | <p>C. Synthesize comprehensive assessment data to identify problems, formulate goals/ outcomes, and develop plans of care for patients, families, populations, and communities using information from evidence-based practice and published research in collaboration with the above groups and the interdisciplinary health care team.</p> |
| <p>D. Provide safe, compassionate, basic nursing care to assigned patients with predictable health care needs through a supervised, directed scope of practice.</p> | <p>D. Provide safe, compassionate, comprehensive nursing care to patients and their families through a broad array of health care services.</p> | <p>D. Provide safe, compassionate, comprehensive nursing care to patients, families, populations, and communities through a broad array of health care services.</p> |
| <p>E. Implement aspects of the plan of care within legal, ethical, and regulatory parameters and in consideration of patient factors.</p> | <p>E. Implement the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.</p> | <p>E. Implement the plan of care for patients, families, populations, and communities within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.</p> |
| <p>F. Identify and report alterations in patient responses to therapeutic interventions in comparison to expected outcomes.</p> | <p>F. Evaluate and report patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care.</p> | <p>F. Evaluate and report patient, family, population, and community outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice and research findings, and plan follow-up nursing care.</p> |
| <p>G. Implement teaching plans for patients and their families with common health problems and well-defined health learning needs.</p> | <p>G. Develop, implement, and evaluate teaching plans for patients and their families to address health promotion, maintenance, and restoration.</p> | <p>G. Develop, implement, and evaluate teaching plans for patients, families, populations, and communities to address health promotion, maintenance, restoration, and population risk reduction.</p> |
| <p>H. Assist in the coordination of human, information, and materiel resources in providing care for assigned patients and their families.</p> | <p>H. Coordinate human, information, and materiel resources in providing care for patients and their families.</p> | <p>H. Coordinate human, information, and materiel management resources in providing care for patients, families, populations, and communities.</p> |

**Texas Board of Nursing
Differentiated Essential Competencies (DECs)**

| Vocational Nursing | Diploma and Associate Degree Nursing | Baccalaureate Degree Nursing |
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| | | |
| III. <u>Patient Safety Advocate:</u> | III. <u>Patient Safety Advocate:</u> | III. <u>Patient Safety Advocate:</u> |
| A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards. | A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards. | A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards. |
| B. Implement measures to promote quality and a safe environment for patients, self, and others. | B. Implement measures to promote quality and a safe environment for patients, self, and others. | B. Implement measures to promote quality and a safe environment for patients, self, and others. |
| C. Assist in the formulation of goals and outcomes to reduce patient risks. | C. Formulate goals and outcomes using evidence-based data to reduce patient risks. | C. Formulate goals and outcomes using an evidence-based and theoretical analysis of available data to reduce patient and community risks. |
| D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices. | D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices. | D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices. |
| E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act. | E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act. | E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act. |
| F. Accept and make assignments that take into consideration patient safety and organizational policy. | F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy. | F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy. |
| | | |
| Vocational Nursing | Diploma and Associate Degree Nursing | Baccalaureate Degree Nursing |
| | | |
| IV. <u>Member of the Health Care Team:</u> | IV. <u>Member of the Health Care Team:</u> | IV. <u>Member of the Health Care Team:</u> |
| A. Communicate and collaborate with patients, their families, and the interdisciplinary health care team to assist in the planning, delivery, and coordination of patient-centered care to assigned patients. | A. Coordinate, collaborate, and communicate with patients, their families, and the interdisciplinary health care team to plan, deliver, and evaluate patient-centered care. | A. Coordinate, collaborate, and communicate with patients, families, populations, communities, and the interdisciplinary health care team to plan, deliver, and evaluate care. |

**Texas Board of Nursing
Differentiated Essential Competencies (DECs)**

| | | |
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| B. Participate as an advocate in activities that focus on improving the health care of patients and their families. | B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients and their families. | B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients, families, populations, and communities. |
| C. Participate in the identification of patient needs for referral to resources that facilitate continuity of care, and ensure confidentiality. | C. Refer patients and their families to resources that facilitate continuity of care; health promotion, maintenance, and restoration; and ensure confidentiality. | C. Use multiple referral resources for patients, families, populations, and communities, considering cost; confidentiality; effectiveness and efficiency of care; continuity and continuum of care; and health promotion, maintenance, and restoration. |
| D. Communicate and collaborate in a timely manner with members of the interdisciplinary health care team to promote and maintain optimal health status of patients and their families. | D. Communicate and collaborate in a timely manner with members of the interdisciplinary health care team to promote and maintain optimal health status of patients and their families. | D. Communicate and collaborate in a timely manner with members of the interdisciplinary health care team to promote and maintain optimal health status of patients, families, populations, and communities. |
| E. Communicate patient data using technology to support decision making to improve patient care. | E. Communicate and manage information using technology to support decision making to improve patient care. | E. Communicate and manage information using technology to support decision making to improve patient care and delivery systems. |
| F. Assign nursing care to LVNs or unlicensed personnel based upon an analysis of patient or unit need. | F. Assign and/ or delegate nursing care to other members of the health care team based upon an analysis of patient or unit need. | F. Assign and/ or delegate nursing care to other members of the health care team based upon an analysis of patient or organizational need. |
| G. Supervise nursing care provided by others for whom the nurse is responsible. | G. Supervise nursing care provided by others for whom the nurse is responsible by using evidence-based nursing practice. | G. Supervise nursing care provided by others for whom the nurse is responsible by using best practices of management, leadership, and evaluation. |

FINAL FOR APPROVAL

I. Member of the Profession

A licensed nurse (LVN or RN) who exhibits behaviors that reflect commitment to the growth and development of the role and function of nursing consistent with state and national regulations and with ethical and professional standards; aspires to improve the discipline of nursing and its contribution to society; and values self-assessment and the need for lifelong learning.

VN

Diploma and ADN

BSN

A. Function within the nurse's legal scope of practice and in accordance with the policies and procedures of the employing health care institution or practice setting.

A. Function within the nurse's legal scope of practice and in accordance with the policies and procedures of the employing health care institution or practice setting.

A. Function within the nurse's legal scope of practice and in accordance with the policies and procedures of the employing health care institution or practice setting.

Knowledge

1. a. Texas Nursing Practice Act.
b. Texas Board of Nursing Rules, Position Statements, and Guidelines.
c. Federal, state, or local laws, rules, and regulations affecting nursing practice.

1. a. Texas Nursing Practice Act.
b. Texas Board of Nursing Rules, Position Statements, and Guidelines.
c. Federal, state, or local laws, rules, and regulations affecting nursing practice.

1. a. Texas Nursing Practice Act.
b. Texas Board of Nursing Rules, Position Statements, and Guidelines.
c. Federal, state, or local laws, rules, and regulations affecting nursing practice.

2. Nursing scope of practice in relation to delegated medical acts and facility policies.

2. Nursing scope of practice in relation to delegated medical acts and facility policies.

2. Nursing scope of practice in relation to delegated medical acts and facility policies.

3. Standards and guidelines from professional organizations.

3. Standards and guidelines from professional organizations.

3. Standards and guidelines from professional organizations.

4. Facility policies and procedures.

4. Facility policies and procedures.

4. Facility policies and procedures.

Clinical Judgments and Behaviors

1. Function within a directed scope of practice of the vocational nurse with appropriate supervision.

1. Function within the scope of practice of the registered nurse.

1. Function within the scope of practice of the registered nurse.

2. Assist in determination of predictable health care needs of patients to provide individualized, goal-directed nursing care.

2. Use a systematic approach to provide individualized, goal-directed nursing care to meet health care needs of patients and their families.

2. Use a systematic approach to provide individualized, goal-directed nursing care to meet health care needs of patients, families, populations, and communities.

| | | |
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| <p>3. a. Practice according to facility policies and procedures and provide input in the development of facility policies and procedures. b. Question orders, policies, and procedures that may not be in the patient's best interest.</p> | <p>3. a. Practice according to facility policies and procedures and participate in the development of facility policies and procedures. b. Question orders, policies, and procedures that may not be in the patient's best interest.</p> | <p>3. a. Practice according to facility policies and procedures and participate in the development of facility policies and procedures. b. Question orders, policies, and procedures that may not be in the patient's best interest.</p> |
| <p>B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.</p> | <p>B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.</p> | <p>B. Assume responsibility and accountability for the quality of nursing care provided to patients, families, populations, and communities.</p> |
| <p><i>Knowledge</i></p> | | |
| <p>1. a. Texas Board of Nursing Standards of Practice. b. National standards of vocational nursing practice and care. c. National Federation of Licensed Practical Nurses Code of Ethics. d. Advocacy process.</p> | <p>1. a. Texas Board of Nursing Standards of Practice. b. National standards of nursing practice and care. c. American Nurses Association Code of Ethics. d. Models of ethical decision making. e. Advocacy process.</p> | <p>1. a. Texas Board of Nursing Standards of Practice. b. National standards of nursing practice and care; process for the development of standards of nursing practice and care. c. American Nurses Association Code of Ethics. d. Models of ethical decision making. e. Legislative advocacy process. f. Resources and strategies for access to standards of practice.</p> |
| <p>2. Legal parameters of vocational nursing practice and the Texas Nursing Practice Act, including Safe Harbor.</p> | <p>2. a. Legal parameters of nursing practice and the Texas Nursing Practice Act, including Safe Harbor. b. Legal principles relative to health care.</p> | <p>2. a. Legal parameters of nursing practice and the Texas Nursing Practice Act, including Safe Harbor. b. Legal principles and practice theories and principles relative to health care.</p> |
| <p>3. Issues affecting the vocational nurse role and the delivery of culturally-sensitive care to patients and their families.</p> | <p>3. Issues affecting the registered nurse role and the delivery of culturally-sensitive care to patients and their families.</p> | <p>3. Issues affecting the registered nurse role, the BSN role, and the delivery of culturally-sensitive care to patients, families, populations, and communities.</p> |
| <p>4. Continuing competency and professional development.</p> | <p>4. Continuing competency and professional development.</p> | <p>4. a. Continuing competency and professional development. b. Principles of staff development and learner behaviors.</p> |
| <p>5. Self evaluation, staff evaluation, and peer evaluation processes.</p> | <p>5. Self evaluation, staff evaluation, and peer evaluation processes.</p> | <p>5. a. Self evaluation, staff evaluation, and peer evaluation processes. b. Human resource management and performance evaluation processes.</p> |
| <p>6. Employment setting policies and procedures.</p> | <p>6. a. Employment setting policies and procedures. b. Methods for the development of policies and procedures.</p> | <p>6. a. Employment setting policies and procedures. b. Methods for the development of policies and procedures. c. Role of committees in the development of health</p> |

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| | | care policies and procedures. d. Communication skills in the areas of writing, speaking, and presenting as required to function in leadership positions. |
| 7. a. Professional characteristics and values such as altruism, human dignity, truth, justice, freedom, equality, and esthetics. b. Aspects of professionalism including attention to appearance and demeanor. c. Communication techniques to maintain professional boundaries. | 7. a. Professional characteristics and values such as altruism, human dignity, truth, justice, freedom, equality, and esthetics. b. Aspects of professionalism including attention to appearance and demeanor. c. Communication techniques and management skills to maintain professional boundaries. | 7. a. Professional characteristics and values such as altruism, human dignity, truth, justice, freedom, equality, and esthetics. b. Aspects of professionalism including attention to appearance and demeanor. c. Communication techniques, management and leadership skills, and role modeling to maintain professional boundaries. |
| 8. Principles of quality improvement. | 8. Principles of quality improvement and basic outcome measurement in health care organizations. | 8. Principles and tools of quality improvement and outcome measurement in systems of care delivery. |
| <i>Clinical Judgments and Behaviors</i> | | |
| 1. Pass the Nursing Jurisprudence Examination before licensure. | 1. Pass the Nursing Jurisprudence Examination before licensure. | 1. Pass the Nursing Jurisprudence Examination before licensure. |
| 2. a. Provide nursing care within the parameters of vocational nursing knowledge, scope of practice, education, experience, and ethical/ legal standards of care. b. Participate in evaluation of care administered by the interdisciplinary health care team. | 2. a. Provide nursing care within the parameters of professional nursing knowledge, scope of practice, education, experience, and ethical/ legal standards of care. b. Evaluate care administered by the interdisciplinary health care team. c. Advocate for standards of practice through professional memberships. | 2. a. Provide nursing care within the parameters of professional nursing knowledge, scope of practice, education, experience, and ethical/ legal standards of care. b. Evaluate care administered by the interdisciplinary health care team. c. Advocate for standards of practice using professional and legislative processes. |
| 3. a. Practice nursing in a caring, nonjudgmental, nondiscriminatory manner. b. Provide culturally sensitive health care to patients and their families. c. Provide holistic care that addresses the needs of diverse individuals across the lifespan. | 3. a. Practice nursing in a caring, nonjudgmental, nondiscriminatory manner. b. Provide culturally sensitive health care to patients and their families. c. Provide holistic care that addresses the needs of diverse individuals across the lifespan. | 3. a. Practice nursing in a caring, nonjudgmental, nondiscriminatory manner. b. Provide culturally sensitive health care to patients, families, populations, and communities. c. Provide holistic care that addresses the needs of diverse individuals and populations across the lifespan. d. Advocate for policy development to support care of vulnerable populations and communities. |
| 4. Use performance and self-evaluation processes to improve individual nursing practice and professional growth. | 4. a. Use performance and self-evaluation processes to improve individual nursing practice and professional growth. b. Evaluate the learning needs of self, peers, and others and intervene to assure quality of care. c. Apply management skills in collaboration with the interdisciplinary health care team to implement quality patient care. | 4. a. Use performance and self-evaluation processes to improve individual nursing practice and professional growth. b. Evaluate the learning needs of self, peers, and others and intervene to assure quality of care. c. Apply leadership and management concepts and skills in collaboration with the interdisciplinary health care team to implement quality patient care. |

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| 5. a. Assume accountability for individual nursing practice. b. Follow established evidence-based clinical practice guidelines. | 5. a. Assume accountability for individual nursing practice. b. Promote accountability for quality nursing practice through participation on policy and procedure committees. c. Implement established evidence-based clinical practice guidelines. | 5. a. Assume accountability for individual nursing practice. b. Promote accountability for quality nursing practice through participation on policy and procedure committees. c. Implement established evidence-based clinical practice guidelines. d. Participate in designing systems that support quality nursing practice. e. Apply research findings and principles of research to enhance evidence-based practice. |
| 6. a. Follow established policies and procedures. b. Question orders, policies, and procedures that may not be in the patient's best interest. c. Use nursing judgment to anticipate and prevent patient harm, including invoking Safe Harbor. | 6. a. Follow established policies and procedures. b. Question orders, policies, and procedures that may not be in the patient's best interest. c. Use nursing judgment to anticipate and prevent patient harm, including invoking Safe Harbor. | 6. a. Follow established policies and procedures. b. Question orders, policies, and procedures that may not be in the patient's best interest. c. Use nursing judgment to anticipate and prevent patient harm, including invoking Safe Harbor. |
| 7. Use communication techniques to maintain professional boundaries in the nurse/ patient relationship. | 7. Use communication techniques and management skills to maintain professional boundaries between patients and individual health care team members. | 7. a. Use communication techniques and management skills to maintain professional boundaries between patients and individual health care team members. b. Use leadership and role modeling skills to promote professional boundaries among the members of the interdisciplinary team. |
| 8. Comply with professional appearance requirements according to organizational standards and policies. | 8. Comply with professional appearance requirements according to organizational standards and policies. | 8. Comply with professional appearance requirements according to organizational standards and policies. |
| 9. Implement principles of quality improvement in collaboration with the health care team. | 9. Collaborate with interdisciplinary team on basic principles of quality improvement and outcome measurement. | 9. Collaborate with interdisciplinary team on principles and tools of quality improvement and outcome measurement in systems of care delivery. |
| C. Contribute to activities that promote the development and practice of vocational nursing. | C. Participate in activities that promote the development and practice of professional nursing. | C. Promote the practice of professional nursing through leadership activities and advocacy. |
| Knowledge | | |
| 1. Historical evolution of nursing practice. | 1. Historical evolution of professional nursing. | 1. Links between nursing history and medical, social, political, religious, and cultural influences. |
| 2. Issues affecting the development and practice of vocational nursing. | 2. Issues and trends affecting nursing practice, the nursing profession, and health care delivery. | 2. a. Issues and trends affecting nursing practice, the nursing profession, and health care delivery system. b. Inquiry, analysis, and information approaches in addressing practice issues. |

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| 3. The role of vocational nursing organizations, regulatory agencies, and health care organizations. | 3. The role of professional nursing organizations, regulatory agencies, and health care organizations. | 3. a. The role of professional nursing organizations, regulatory agencies, and health care organizations. b. Research related to organizational and societal change. |
| 4. Factors affecting the public image of nursing. | 4. Strategies to influence the public perception of nursing. | 4. Strategies to influence the public perception of nursing. |
| 5. Distinctions between the evolving vocational and professional nursing roles. | 5. a. The evolving practice roles of professional nurses and their contributions to the profession. b. Types of leadership. c. Political processes to promote professional nursing practice. | 5. a. Evolving leadership roles in the advancement of the nursing profession; distinction of roles and scopes of practice among nursing and other health care professions. b. Theories of leadership. c. Strategies to influence legislative action processes and public policy. |
| <i>Clinical Judgments and Behaviors</i> | | |
| 1. Identify historical evolution of nursing practice and issues affecting the development and practice of vocational nursing. | 1. Analyze the historical evolution of professional nursing and the application to current issues and trends. | 1. Synthesize the links between nursing history and medical, social, political, religious, and cultural influences to promote professional nursing practice. |
| 2. Work collegially with members of the interdisciplinary health care team. | 2. Promote collegiality among interdisciplinary health care team members. | 2. Provide leadership in collaboration with the interdisciplinary health care team. |
| 3. Participate in activities individually or in groups through organizations that promote a positive image of the vocational nursing role. | 3. a. Participate in activities individually or in groups through organizations that promote a positive image of the profession of nursing. b. Collaborate with nursing colleagues and health care organizations to promote the profession of nursing. c. Articulate the values and roles of nursing to the public. | 3. a. Participate in activities individually or in groups through organizations that promote a positive image of the profession of nursing. b. Collaborate with nursing colleagues and health care organizations and with others outside the health care industry to promote the profession of nursing. c. Articulate the values and roles of nursing to the public. d. Communicate with state legislators and representatives of other regulatory bodies to promote a competent nursing workforce and protection of the public's safety and welfare. |
| 4. Recognize roles of vocational nursing organizations, regulatory agencies, and organizational committees. | 4. Recognize roles of professional nursing organizations, regulatory agencies, and organizational committees. | 4. Recognize and analyze the impact of professional nursing organizations, regulatory agencies, and organizational committees upon the nursing profession and the roles of nurses. |
| 5. Practice within the vocational nursing role and Scope of Practice. | 5. Practice within the professional nursing role and Scope of Practice. | 5. Practice within the professional nursing role and Scope of Practice. |
| 6. Serve as a positive role model for students, peers, and members of the interdisciplinary health care team. | 6. a. Serve as a positive role model for students, peers, and members of the interdisciplinary health care team. b. Participate in activities that promote consumer awareness of nursing's contribution to society. | 6. a. Serve as a positive role model for students, peers, and members of the interdisciplinary health care team. b. Participate in activities that promote consumer awareness of nursing's contribution to society. |

| D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning. | D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning. | D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning. |
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| Knowledge | | |
| 1. Texas Board of Nursing rules for continuing competence. | 1. Texas Board of Nursing rules for continuing competence. | 1. Texas Board of Nursing rules for continuing competence. |
| 2. Resources, tools, and processes to assess vocational learning needs. | 2. Resources, tools, and processes to assess professional learning needs. | 2. Resources, tools, and processes to assess professional learning needs. |
| 3. Lifelong learning opportunities to facilitate continuing competence (e.g., certifications and educational articulation/ mobility). | 3. Lifelong learning opportunities to facilitate continuing competence (e.g., certifications and educational articulation/ mobility). | 3. Lifelong learning opportunities to facilitate continuing competence (e.g. certifications and graduate education). |
| 4. Changing roles and competencies in vocational nursing. | 4. Changing roles and competencies in professional nursing. | 4. Changing roles and competencies in professional nursing. |
| Clinical Judgments and Behaviors | | |
| 1. Participate in educational activities to maintain/improve competency, knowledge, and skills. | 1. Participate in educational activities to maintain/improve competence, knowledge, and skills. | 1. Participate in educational activities to maintain/improve competence, knowledge, and skills. |
| *2. Participate in nursing continuing competency activities to maintain licensure. | *2. Participate in nursing continuing competency activities to maintain licensure. | *2. Participate in nursing continuing competency activities to maintain licensure. |
| 3. Use self evaluation, reflection, peer evaluation, and feedback to modify and improve practice. | 3. Use self evaluation, reflection, peer evaluation, and feedback to modify and improve practice. | 3. Use self evaluation, reflection, peer evaluation, and feedback to modify and improve practice. |
| 4. Demonstrate accountability to reassess and establish new competency when changing practice areas. | 4. Demonstrate accountability to reassess and establish new competency when changing practice areas. | 4. Demonstrate accountability to reassess and establish new competency when changing practice areas. |
| 5. Demonstrate commitment to the value of lifelong learning. | 5. Demonstrate commitment to the value of lifelong learning. | 5. Demonstrate commitment to the value of lifelong learning. |

II. Provider of Patient-Centered Care

A licensed nurse (LVN or RN) who, based on educational preparation and scope of practice, accepts responsibility for the quality of nursing care and provides safe, compassionate nursing care using a systematic process of assessment, analysis, planning, intervention, and evaluation that focuses on the needs and preferences of patients and their families. The nurse incorporates professional values and ethical principles into nursing practice. The patients for LVNs and for Diploma and ADN educated RNs include individual patients and their families; the BSN-educated RN is also prepared to provide care to populations and communities.

| VN | Diploma and ADN | BSN |
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| <p>A. Use clinical reasoning and established evidence-based policies as the basis for decision making in nursing practice.</p> | <p>A. Use clinical reasoning and knowledge based on the diploma or associate degree nursing program of study and evidence-based practice outcomes as a basis for decision making in nursing practice.</p> | <p>A. Use clinical reasoning and knowledge based on the baccalaureate degree nursing program of study, evidence-based practice outcomes, and research studies as the basis for decision making and comprehensive patient care.</p> |
| <p>Knowledge</p> | | |
| <p>1. A systematic problem-solving process in the care of patients and their families.</p> | <p>1. a. A systematic problem-solving process in the care of patients and their families based on selected liberal arts and sciences, and evidence-based practice outcomes. b. Conceptual frameworks of nursing practice as a means of planning care and solving clinical problems in care of patients and families.</p> | <p>1. a. A systematic problem-solving process in the care of patients and families based on the liberal arts, sciences, and evidence-based practice outcomes and research studies. b. Conceptual frameworks of nursing practice as a means of planning care and solving clinical problems in care of patients and families. c. Nursing frameworks, theories, and models that relate to managing and evaluating health care delivery with consideration of related costs in care of patients, families, populations, and communities.</p> |
| <p>2. a. Priority setting based on patient health status and individual characteristics. b. Clinical reasoning processes.</p> | <p>2. a. Priority setting based on patient health status and individual characteristics. b. Clinical reasoning processes, systematic clinical judgment, and best practices.</p> | <p>2. a. Priority setting based on patient health status and individual characteristics. b. Clinical reasoning models, systematic clinical judgment, research process, and best practices.</p> |
| <p>3. Application of current literature, available work setting resources, and evidence-based practice to assist in decision making.</p> | <p>3. Application of current literature and/ or research findings and evidence-based practice in improving patient care.</p> | <p>3. a. Research utilization and evidence-based practice. b. Analysis of reliability, validity, and limitations of quality of evidence. c. Informed consent for participation in research.</p> |
| <p>4. Resources from scientifically valid sources.</p> | <p>4. Resources for accurate and scientifically valid current information.</p> | <p>4. a. Resources for accurate and scientifically valid current information. b. Research and evaluation methodologies.</p> |

Clinical Judgments and Behaviors

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| <p>1. Use problem-solving approach to make decisions regarding care of assigned patients.</p> | <p>1. Use clinical reasoning and nursing science as a basis for decision making in nursing practice.</p> | <p>1. Use systematic approaches for clinical decision making, including nursing research, epidemiology, and political, social, ethical, and legal processes.</p> |
| <p>2. a. Organize care for assigned patients based upon problem-solving and identified priorities. b. Proactively manage priorities in patient care and follow-up on clinical problems that warrant investigation with consideration of anticipated risks.</p> | <p>2. a. Organize care based upon problem-solving and identified priorities. b. Proactively manage priorities in patient care and follow-up on clinical problems that warrant investigation with consideration of anticipated risks.</p> | <p>2. a. Organize care based upon problem-solving and identified priorities. b. Proactively manage priorities in patient care and follow-up on clinical problems that warrant investigation with consideration of anticipated risks. c. Apply knowledge from genomics, epidemiology, bioterrorism, and current population demographics in decision making to reduce health risks in communities and vulnerable populations.</p> |
| <p>3. Identify and communicate patient physical and mental health care problems encountered in practice.</p> | <p>3. Use knowledge of societal and health trends and evidence-based outcomes to identify and communicate patient physical and mental health care problems.</p> | <p>3. Use knowledge of societal and health trends and current research findings to identify and communicate patient physical and mental health care problems.</p> |
| <p>4. Apply relevant, current nursing practice journal articles to practice and clinical decisions.</p> | <p>4. Apply relevant, current nursing practice journal articles and evidence-based outcomes from research findings to practice and clinical decisions.</p> | <p>4. Analyze and incorporate research findings/studies and evidence-based data into nursing practice and clinical decisions.</p> |
| <p>B. Assist in determining the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients and their families based on interpretation of health-related data.</p> | <p>B. Determine the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients and their families based upon interpretation of comprehensive health assessment findings compared with evidence-based health data derived from the diploma or associate degree nursing program of study.</p> | <p>B. Determine the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients, families, populations, and communities based upon interpretation of comprehensive health assessment findings compared with evidence-based health data and a synthesis of knowledge derived from a baccalaureate degree nursing program of study.</p> |
| <p>Knowledge</p> | | |
| <p>1. Steps of a systematic process in clinical decision making that includes VN scope of practice in focused assessment, planning, implementation, and evaluation.</p> | <p>1. Steps of a systematic approach, which includes assessment, analysis, planning, implementation, and evaluation.</p> | <p>1. a. Steps of a systematic approach, which includes assessment, analysis, planning, implementation, and evaluation. b. Systematic processes, including nursing research, epidemiologic, psychosocial, and management. c. Systematic approach to performing a community assessment.</p> |

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| 2. Components of focused nursing assessment. | 2. Comprehensive nursing assessment of patients and their families. | 2. Comprehensive nursing assessment of patients, families, populations, and communities. Analysis of nursing research, epidemiologic, and social data to draw inferences and conclusions. |
| 3. Structured data collection tools and techniques of assessment of patients including interviewing. | 3. Structured and unstructured data collection tools and techniques of assessment of patients and their families including interviewing. | 3. a. Structured data collection tools and techniques of assessment of patients including interviewing. b. Unstructured data collection tools and techniques for assessment of patients, families, populations, and communities. c. Components of comprehensive databases and methods for data collection, health screening and case finding. |
| 4. Characteristics, concepts, and processes related to patients, including: gross anatomy; basic physiology and pathophysiology; psychosocial growth and development; basic psychopathology; ethical reasoning; and major cultural and spiritual belief and practices related to health, illness, birth, death, and dying. | 4. Characteristics, concepts, and processes related to patients, including: anatomy and physiology; physical and psychosocial growth and development; pathophysiology and psychopathology; ethical reasoning; and cultural and spiritual beliefs and practices related to health, illness, birth, death and dying. | 4. Characteristics, concepts, processes, and theories related to patients including: anatomy and physiology; physical and psychosocial growth and development; pathophysiology and psychopathology; cultural and spiritual beliefs and practices related to health, illness, birth, death and dying; history; research; statistics; humanities; genomics; global health; ethics; and logical and ethical reasoning. |
| 5. Cultural differences of patients across the lifespan. | 5. Cultural differences of patients across the lifespan and major needs of vulnerable patients. | 5. Cultural differences and integration of patient needs across the lifespan into the health care system including comprehensive needs of vulnerable patients, families, populations, and communities. |
| 6. Characteristics, concepts, and processes related to transmission of common communicable diseases including individual risk factors and preventive health practices. | 6. Characteristics, concepts, and processes related to disease transmission, risk factors, preventive health practices and their implications for selected populations and community resources. | 6. Characteristics, concepts, and processes related to communities, including epidemiology, risk factors and preventive health practices and their implications for vulnerable populations, resources and resource assessment techniques, environmental factors and social organizations. |
| 7. Common disease processes, medication administration, and other therapies and treatments. | 7. Disease processes, pharmacotherapeutics, and other therapies and treatments. | 7. Disease processes, pharmacotherapeutics, and other therapies and treatments. |
| 8. Introduction to established approaches that guide nursing practice. | 8. Introduction to established theories, models and approaches that guide nursing practice. | 8. Nursing theories, research findings, and interdisciplinary roles to guide nursing practice. |
| 9. Family processes that impact health. | 9. Characteristics, concepts and processes related to families, including family development, risk factors, family communication patterns, and decision making structures. Functional and dysfunctional characteristics of families that impact health. | 9. Characteristics, concepts and processes related to families, including family development, risk factors, family communication patterns, and decision making structures. Functional and dysfunctional characteristics of families that impact health. |

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| 10. Application of clinical technology in the delivery of safe patient care and documentation. | 10. Application of clinical technology and use of nursing informatics in the delivery of safe patient care. | 10. Application of clinical technology, information management, and use of nursing informatics in the delivery of safe patient care. |
| 11. Introduction to patients with multiple healthcare problems. | 11. Introduction to complex and multiple healthcare problems and issues, including evidence-based complementary health care practices. | 11. Complex and multiple health care problems and issues, integrating evidence-based traditional and complementary healthcare practices, and population interventions and solutions. |
| 12. Political, economic, and societal forces affecting health of individuals. | 12. Political, economic, and societal forces affecting the health of individuals and their families. | 12. Political, economic, and societal forces affecting health care for patients, families, populations, and global communities. |
| <i>Clinical Judgments and Behaviors</i> | | |
| 1. Use structured assessment tool to obtain patient history. | 1. Use structured and unstructured data collection tools to obtain patient and family history in areas of physical, psychiatric/ mental health, spiritual, cultural, familial, occupational, and environmental information, risk factors, and patient resources. | 1. a. Use structured and unstructured data collection tools to obtain patient and family history in areas of physical, psychiatric/ mental health, spiritual, cultural, familial, occupational, environmental information, risk factors, and patient resources. b. Expand and modify data collection tools using evidence-based practice. |
| 2. Perform focused assessment to assist in identifying health status and monitoring change in patients. | 2. Perform comprehensive assessment to identify health needs and monitor changes in health status of patients and families. | 2. Perform comprehensive assessment and monitor changes to include factors impacting health status and health needs of patients, families, populations, and communities. |
| 3. Report and document focused patient assessment data. | 3. a. Validate, report, and document comprehensive assessment data for patients and families, including physical and mental health status and needs for patients and their families. b. Evaluate the use of safe complementary health care practices. | 3. a. Validate, report, and document comprehensive assessment data, including physical and mental health status and needs for patients, families, populations, and communities. b. Evaluate evidence supporting traditional and complementary health care practices being used by patients, families, populations, and communities. |
| 4. Identify predictable and multiple health needs of patients and recognize signs of decompensation. | 4. Identify complex multiple health needs of patients, with consideration of signs and symptoms of decompensation of patients and families. | 4. Identify complex multiple health needs of patients, with consideration of signs and symptoms of decompensation of patients and families. |
| 5. Share observations that assist members of the health care team in meeting patient needs. | 5. Use clinical reasoning to identify patient needs based upon analysis of health data and evidence-based practice outcomes and communicate observations. | 5. Use clinical reasoning to identify patient needs based upon analysis of health data, evidence based practice outcomes and research findings and communicate observations. |

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| 6. Assist with health screening. | 6. Perform health screening and identify anticipated physical and mental health risks related to lifestyle and activities for prevention. | 6. Perform health screening and case finding, and identify links between physical and mental health, lifestyle, prevention, and cost and access to healthcare. |
| 7. Differentiate abnormal from normal health data of patients. | 7. Interpret and analyze health data for underlying pathophysiological changes in the patient=s status. | 7. Interpret and analyze health data of patients, families, populations, and communities including pathophysiology, genomics and epidemiological considerations. |
| 8. Recognize healthcare outcomes and report patient status. | 8. Incorporate multiple determinants of health when providing nursing care for patients and families. | 8. Incorporate the multiple determinants of health when providing nursing care for patients, families, populations and communities. |
| 9. Recognize that economic and family processes affect the health of patients. | 9. Recognize that political, economic, and societal forces affect the health of patients and their families. | 9. a. Recognize that political, economic, and societal forces affect the health of patients, families, populations, and communities. b. Examine populations at risk from epidemiological, social and environmental perspectives. |
| 10. N/A | 10. N/A | 10. Use epidemiological, social, and environmental data to draw inferences about the health status of populations and communities. |
| C. Report data to assist in the identification of problems and formulation of goals/ outcomes and patient-centered plans of care in collaboration with patients, their families, and the interdisciplinary health care team. | C. Analyze assessment data to identify problems, formulate goals/ outcomes, and develop plans of care for patients and their families using information from evidence-based practice in collaboration with patients, their families, and the interdisciplinary health care team. | C. Synthesize comprehensive assessment data to identify problems, formulate goals/ outcomes, and develop plans of care for patients, families, populations, and communities using information from evidence-based practice and published research in collaboration with the above groups and the interdisciplinary health care team. |
| <i>Knowledge</i> | | |

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| 1. Process to establish the nurse-patient/ family relationship including cultural aspects of care. | 1. a. Principles of establishing nurse-patient/ family relationship including cultural aspects of care. b. Principles for recognizing functional and dysfunctional relationships. | 1. a. Principles of establishing nurse-patient/ family relationship including cultural aspects of care. b. Models for understanding the dynamics of functional and dysfunctional relationships. |
| 2. Written, verbal, and non-verbal modes of communication including information technologies. | 2. a. Techniques of written, verbal, and nonverbal communication including electronic information technologies. b. Principles of effective communication and the impact on nursing practice. | 2. a. Techniques of written, verbal, and nonverbal communication including electronic information technologies. b. Communication theories and their impact on nursing practice. |
| 3. Fundamental principles of disease prevention and health promotion/restoration for patients. | 3. Principles of disease prevention, health promotion, education, and rehabilitation for patients. | 3. a. Principles and theories of disease prevention, health promotion, education, and rehabilitation for patients. b. Principles of epidemiology and genomics. |
| 4. Interventions to support the patients and their families during life stages, including end-of-life care. | 4. a. Evidence-based clinical practice guidelines as a basis of interventions to support patients and their families throughout the lifespan, including end-of-life care. b. Interdisciplinary collaboration. | 4. a. Evidence-based clinical practice guidelines as a basis of interventions to support patients and families throughout the lifespan, including end-of-life care. b. Interdisciplinary interventions, including nursing care across all settings. |
| 5. Relationships among the nursing plan of care, the therapeutic regimen, the plan of care of other interdisciplinary health care team members, and basic cost factors. | 5. Congruence of the relationships among the nursing plan of care, the therapeutic regimen, the plan of care of other interdisciplinary health care team members, and basic cost factors. | 5. Congruence of the relationships among the nursing plan of care, the therapeutic regimen, the plan of care of other interdisciplinary health care team members and cost factors in multiple settings. |
| 6. Criteria for setting priorities in planning and evaluating care. | 6. A systematic approach for problem-solving and decision-making for prioritizing and evaluating the plan of care. | 6. A variety of systematic approaches for problem-solving and decision making for prioritizing and evaluating the plan of care . |
| 7. Steps and procedures in discharge planning process. | 7. Strategies for collaborative discharge planning. | 7. a. Strategies for collaborative discharge planning. b. Research findings related to nursing care and discharge planning. |
| 8. Concepts from basic sciences and support courses. | 8. Concepts from humanities and natural, social, and behavioral sciences applied to care planning for patients and their families. | 8. Concepts and principles of arts, humanities, and natural, social, and behavioral sciences as applied to care planning for patients, families, populations, and communities. |

Clinical Judgments and Behaviors

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| 1. Integrate concepts from basic sciences and humanities to deliver safe and compassionate care in delivery of patient care. | 1. Integrate knowledge from general education and sciences for the direct and indirect delivery of safe and compassionate care for patients and their families. | 1. Synthesize theory and research-based knowledge from arts, humanities, and sciences for the direct and indirect delivery of safe and compassionate care for patients, families, populations, and communities. |
| 2. Identify short-term goals and outcomes, select interventions considering cultural aspects, and establish priorities for care in collaboration with patients, their families, and the interdisciplinary team. | 2. Establish short- and long-term goals and outcomes, select interventions considering cultural aspects, and establish priorities for care in collaboration with patients, their families, and the interdisciplinary team. | 2. Establish short- and long-term goals and outcomes, select interventions considering cultural aspects, and establish priorities for care with patients, families, populations, communities, and the interdisciplinary team. |
| 3. Participate in the development and modification of the nursing plan of care across the lifespan, including end-of-life care. | 3. a. Use current technology and evidence-based information to formulate and modify the nursing plan of care across the lifespan, including end-of-life care. b. Assist with collection of data from direct patient care to redefine practice guidelines. | 3. a. Use current technology and evidence-based information to formulate and modify the nursing plan of care across the lifespan, including end-of-life care. b. Assist in the development of clinical practice guidelines using evidence-based based practice and research findings. |
| 4. Contribute to the plan of care by collaborating with interdisciplinary team members. | 4. Collaborate with interdisciplinary team members to plan for comprehensive services for patients and their families. | 4. Collaborate with interdisciplinary team members to plan for comprehensive services for patients, families, populations, and communities. |
| 5. Assist in the discharge planning of selected patients. | 5. Plan, implement, and evaluate discharge planning using evidence-based guidelines in collaboration with the interdisciplinary health care team. | 5. Use research findings and evidence-based guidelines to plan, implement, and evaluate discharge plans in collaboration with the interdisciplinary health care team. |
| 6. Demonstrate fiscal accountability in providing patient care. | 6. Demonstrate fiscal accountability in providing care for patients and their families. | 6. In collaboration with the interdisciplinary team, use knowledge of financial resources to demonstrate fiscal accountability for health care of patients, families, populations, and communities. |
| 7. Demonstrate basic knowledge of disease prevention and health promotion in delivery of care to patients and their families. | 7. Demonstrate knowledge of disease prevention and health promotion in delivery of care to patients and their families. | 7. Demonstrate knowledge of disease prevention and health promotion in delivery of care to patients, families, populations, and communities. |

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| <p>D. Provide safe, compassionate, basic nursing care to assigned patients with predictable health care needs through a supervised, directed scope of practice.</p> | <p>D. Provide safe, compassionate, comprehensive nursing care to patients and their families through a broad array of health care services.</p> | <p>D. Provide safe, compassionate, comprehensive nursing care to patients, families, populations, and communities through a broad array of health care services.</p> |
| <p>Knowledge</p> | | |
| <p>1. a. Components of compassionate, patient-centered care. b. Standards of Care; Standards of Practice; institutional policies and procedures for delivery of nursing care. c. Professional ethics. d. Professional characteristics and values such as altruism, human dignity, truth, justice, freedom, equality, and esthetics.</p> | <p>1. a. Components of compassionate, patient-centered care. b. Standards of Care; Standards of Practice; institutional policies and procedures for delivery of nursing care. c. Professional ethics. d. Professional characteristics and values such as altruism, human dignity, truth, justice, freedom, equality, and esthetics. e. Nursing unit and staffing management.</p> | <p>1. a. Components of compassionate, patient-centered care. b. Standards of Care; Standards of Practice; institutional policies and procedures for delivery of nursing care. c. Professional ethics. d. Professional characteristics and values such as altruism, human dignity, truth, justice, freedom, equality, and esthetics. e. Nursing unit staff management. f. Resource management and organizational behavior.</p> |
| <p>2. Characteristics, trends, and issues of health care delivery.</p> | <p>2. Characteristics, trends, and issues of health care delivery.</p> | <p>2. a. Characteristics, trends, and issues of health care delivery. b. Models for health care delivery in organizations and communities.</p> |
| <p>3. a. Basis for determining nursing care priorities in patient care. b. Principles of decision-making.</p> | <p>3. a. Basis for determining nursing care priorities in patient care. b. Principles for determining priorities and organization of nursing care.</p> | <p>3. a. Basis for determining nursing care priorities in patient care. b. Principles for determining priorities and organization of nursing care. c. Models of priority setting and organizational management.</p> |
| <p>4. Scope of responsibilities and accountability for supervision and collaboration.</p> | <p>4. a. Scope of responsibilities and accountability for supervision and collaboration. b. Principles of delegation, supervision, and collaboration including Texas Board of Nursing delegation rules. c. Models and patterns of nursing care delivery.</p> | <p>4. a. Scope of responsibilities and accountability for supervision and collaboration. b. Principles of delegation, supervision, and collaboration including Texas Board of Nursing delegation rules. c. Systems of nursing care delivery.</p> |

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| 5. Channels of communication for decision making processes within the work setting. | 5. a. Channels of communication for decision making processes within work settings. b. Principles of decision making. | 5. a. Channels of communication and decision making processes within work settings, organizations, and communities. b. Decision making principles and models. |
| <i>Clinical Judgments and Behaviors</i> | | |
| 1. Assume accountability and responsibility for nursing care through a directed scope of practice under the supervision of a registered nurse, advanced practice registered nurse, physician assistant, physician, podiatrist, or dentist using standards of care and professional values. | 1. Assume accountability and responsibility for nursing care provided within the professional scope of practice, standards of care, and professional values. | 1. Assume accountability and responsibility for nursing care provided within the professional scope of practice, standards of care, and professional values. |
| 2. a. Identify priorities and make judgments concerning basic needs of multiple patients with predictable health care needs in order to organize care. b. Manage multiple responsibilities. c. Recognize changes in patient status. d. Communicate changes in patient status to other providers. | 2. a. Identify priorities and make judgments concerning the needs of multiple patients in order to organize care. b. Anticipate and interpret changes in patient status and related outcomes. c. Communicate changes in patient status to other providers. d. Manage priorities and multiple responsibilities to provide care for multiple patients. | 2. a. Identify priorities and make judgments concerning the needs of multiple patients, families, communities, and populations in order to organize care. b. Anticipate and interpret changes in patient and group status and related outcomes. c. Communicate changes in patient status to other providers. d. Manage priorities and multiple responsibilities to provide care for patients and groups. |
| 3. a. Implement plans of care for multiple patients. b. Collaborate with others to ensure that healthcare needs are met. | 3. a. Implement plans of care for multiple patients. b. Collaborate within and across health care settings to ensure that healthcare needs are met, including primary and preventive health care. c. Manage care for multiple patients and their families. | 3. a. Implement plans of care for multiple patients. b. Collaborate within and across a broad array of settings to ensure that healthcare needs are met, including primary and preventive health care. c. Manage care for multiple patients, families, communities, and populations. |
| 4. Participate in management activities. | 4. Apply management skills to assign and/ or delegate nursing care to other members of the nursing team. | 4. Apply concepts and skills from management theory to assign and/ or delegate nursing care to other members of the nursing team in a variety of settings. |

| E. Implement aspects of the plan of care within legal, ethical, and regulatory parameters and in consideration of patient factors. | E. Implement the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles. | E. Implement the plan of care for patients, families, populations, and communities within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles. |
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| Knowledge | | |
| 1. Common health practices and behaviors of patients and their families related to their developmental level, gender, culture, belief system, and the environment. | 1. a. Health practices and behaviors and early manifestations of disease in patients and their families related to their developmental level, gender, culture, belief system, and the environment. b. Healthy lifestyles and early manifestations of disease in patients and their families. | 1. a. Health practices and behaviors and early manifestations of disease in patients, families, communities, and populations related to developmental level, gender, cultures, belief systems, and the environment. b. Healthy lifestyles, early manifestations of disease, and epidemiology in populations. c. Health behavior change strategies to promote health and manage illness. |
| 2. Methods of therapeutic communication. | 2. Patterns and modes of therapeutic and non-therapeutic communication, delegation, and collaboration. | 2. Theories, models, patterns, and modes of therapeutic and non-therapeutic communication, delegation, and collaboration. |
| 3. Rights and responsibilities of patients related to health care and basic advocacy. | 3. a. Rights and responsibilities of patients related to health care and advocacy. b. Advocacy for health promotion for patients and their families. | 3. a. Rights and responsibilities of patients related to health care and advocacy. b. Public policy advocacy. |
| 4. Basic physiological and mental health aspects of nursing interventions. | 4. a. Physiological, psychiatric, and mental health aspects of nursing interventions. b. Approaches to comprehensive healthcare, including health promotion and preventive practices for patients and families. | 4. a. Physiological, psychiatric, and mental health aspects of nursing interventions. b. Approaches to comprehensive healthcare, including health promotion and preventive practices for patients, families, populations, and communities. |
| 5. Principles and factors that contribute to the maintenance or restoration of health and prevention of illness | 5. Principles and factors that contribute to the maintenance or restoration of health and prevention of illness. | 5. Principles and research findings of factors that contribute to the maintenance or restoration of health and prevention of illness. |
| 6. a. Properties, effects, and basic principles underlying the use and administration of pharmacotherapeutic agents, including patients' | 6. a. Principles and rationale underlying the use, administration, and interaction of pharmacotherapeutic and psychopharmacotherapeutic agents using | 6. a. Principles and rationale underlying the use, administration, and interaction of pharmacotherapeutic and |

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| <p>responses.</p> <p>b. Effects of misuse of prescription and nonprescription medications and other substances.</p> | <p>evidence-based outcomes which impact patients' responses.</p> <p>b. Effects of misuse of prescription and nonprescription medications and other substances</p> | <p>psychopharmacotherapeutic agents and research studies impacting patients' responses to these agents.</p> <p>b. Effects of misuse of prescription and nonprescription medications and other substances</p> |
| <p>7. Coping mechanisms for managing stress and identifying resources for crisis management.</p> | <p>7. Principles and strategies of stress management, crisis intervention, and conflict management.</p> | <p>7. Principles, strategies, theories, and models of stress, crisis responses, and conflict management.</p> |
| <p>8. Code of vocational nurse ethics and patient's rights.</p> | <p>8. Code of ethics, ethical practices, and patient's rights and framework for ethical decision making.</p> | <p>8. Code of ethics, ethical practices, current issues, and patient=s rights in the health care delivery system.</p> |
| <p>9. Legal parameters of vocational nursing practice and health care.</p> | <p>9. Legal parameters of professional nursing practice and health care.</p> | <p>9. Legal standards and implications for professional nursing care in multiple health care delivery settings.</p> |
| <p>10. Available intradisciplinary and interdisciplinary resources within the employment setting.</p> | <p>10. Intradisciplinary and interdisciplinary resources and organizational relationships including structure, function, and utilization of resources.</p> | <p>10. Intradisciplinary and interdisciplinary resources and organizational relationships including structure, function, and utilization of health care delivery system resources.</p> |
| <p>11. Key federal and state statutes and institutional policies regarding patient confidentiality.</p> | <p>11. a. Key federal and state statutes and institutional policies regarding patient confidentiality.</p> <p>b. Issues and factors impacting confidentiality.</p> <p>c. Management of nursing informatics using principles of confidentiality.</p> | <p>11. a. Key federal and state statutes and institutional policies regarding patient confidentiality.</p> <p>b. Issues and factors impacting confidentiality.</p> <p>c. Information systems management consistent with principles of confidentiality.</p> |
| <p>12. Nursing interventions to implement plan of care.</p> | <p>12. Nursing interventions to implement plan of care, reduce risks, and promote health for patients and their families.</p> | <p>12. Nursing interventions to implement plan of care, reduce risks, and promote health for individuals, families, populations, and communities.</p> |
| <p>13. Clinical reasoning in the delivery of care to patients with predictable health care needs.</p> | <p>13. Clinical reasoning for patients and their families with complex health care needs using framework of knowledge derived from the diploma or associate degree nursing program of study.</p> | <p>13. Clinical reasoning for complex health care needs of patients, families, communities, and populations using a broad framework of knowledge from the baccalaureate nursing program of study.</p> |

Clinical Judgments and Behaviors

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| 1. Implement individualized plan of care to assist patient to meet basic physical and psychosocial needs. | 1. Implement individualized plan of care to assist patients and their families to meet physical and mental health needs. | 1. Implement individualized plan of care to assist patients, families, communities, and vulnerable populations to meet comprehensive physical and mental health care needs in multiple settings. |
| 2. Implement nursing interventions to promote health, rehabilitation, and implement nursing care for clients with chronic physical and mental health problems and disabilities. | 2. a. Implement nursing interventions to promote health and rehabilitation. b. Implement nursing care to promote health and manage acute and chronic physical and mental health problems and disabilities. c. Assist patients and their families to learn skills and strategies to protect and promote health. | 2. a. Implement nursing interventions to promote health and rehabilitation. b. Implement nursing care to promote health and manage acute and chronic physical and mental health problems and disabilities. c. Assist patients and families to learn skills that promote and protect health in multiple settings. |
| 3. Initiate interventions in rapidly-changing and emergency patient situations. | 3. a. Adjust priorities and implement nursing interventions in rapidly-changing and emergency patient situations. b. Participate with the interdisciplinary team to manage health care needs for patients and their families. | 3. a. Adjust priorities and implement nursing interventions in rapidly-changing and emergency patient situations. b. Participate with the interdisciplinary team to manage health care needs for communities and populations. |
| 4. Communicate accurately and completely and document responses of patients to prescription and nonprescription medications, treatments, and procedures to other health care professionals clearly and in a timely manner. | 4. Communicate accurately and completely and document responses of patients to prescription and nonprescription medications, treatments, and procedures to other health care professionals clearly and in a timely manner. | 4. Communicate accurately and completely and document responses of patients to prescription and nonprescription medications, treatments, and procedures to other health care professionals clearly and in a timely manner. |
| 5. Foster coping mechanisms of patients and their families during alterations in health status and end of life. | 5. a. Facilitate coping mechanisms of patients and their families during alterations in health status and end of life. b. Apply evidence-based practice outcomes to support patient and family adaptation during health crises. | 5. a. Facilitate patient and family coping during alterations in health status and end of life. b. Apply evidenced-based practice outcomes and research findings to support patient, family, population, and community coping and adaptation during health crises. |
| 6. a. Assist interdisciplinary health care team members with examinations and procedures. b. Seek clarification as needed. c. Provide accurate and pertinent communication when transferring patient care to another | 6. a. Collaborate with other health care providers with treatments and procedures. b. Promote interdisciplinary team collaboration in carrying out the plan of care. c. Seek clarification as needed. | 6. a. Collaborate with other health care providers with treatments and procedures. b. Promote interdisciplinary team collaboration in carrying out the plan of care. c. Seek clarification as needed. |

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| provider. | d. Provide accurate and pertinent communication when transferring patient care to another provider. | d. Provide accurate and pertinent communication when transferring patient care to another provider. |
| 7. a. Inform patient of Patient Bill of Rights. b. Encourage active engagement of patients and their families in care. | 7. a. Inform patient of Patient Bill of Rights. b. Evaluate and clarify patient=s understanding of health care rights. c. Encourage active engagement of patients and their families in care. | 7. a. Inform patient of Patient Bill of Rights. b. Evaluate and clarify patient=s understanding of health care rights. c. Encourage active engagement of patient, family, population, and community in care. |
| 8. Communicate ethical and legal concerns through established channels of communication. | 8. Use interdisciplinary resources within the institution to address ethical and legal concerns. | 8. Use interdisciplinary, institutional, community, and scholarly resources to address ethical and legal concerns. |
| 9. Use basic therapeutic communication skills when interacting with patients, their families, and other professionals. | 9. Use therapeutic communication skills when interacting with and maintaining relationships with patients and their families, and other professionals. | 9. a. Use therapeutic communication skills when interacting with and maintaining relationships with patients and families, and other professionals. b. Apply communication theory and techniques in maintaining professional relationships with patients, families, populations, and communities. |
| 10. Apply current technology and informatics to enhance direct patient care while maintaining patient confidentiality and promoting safety. | 10. Apply current technology and informatics to enhance patient care while maintaining confidentiality and promoting safety. | 10. a. Apply current technology and informatics to enhance patient care while maintaining confidentiality and promoting safety. b. Use informatics to promote health and reduce risk in the community. |
| 11. Facilitate maintenance of patient confidentiality. | 11. Facilitate maintenance of patient confidentiality. | 11. Facilitate maintenance of patient confidentiality. |
| 12. a. Demonstrate accountability by providing nursing interventions safely and effectively using a directed scope of practice. b. Provide nursing interventions safely and effectively using established evidence-based practice guidelines. | 12. a. Demonstrate accountability by using independent clinical judgment and established clinical guidelines to reduce risks and promote health. b. Provide nursing interventions safely and effectively using evidence-based outcomes. | 12. a. Demonstrate accountability by using independent clinical judgment and established clinical guidelines to reduce risks and promote health. b. Provide nursing interventions safely and effectively using current research findings and evidence-based outcomes. |
| 13. Provide direct patient care in disease prevention and health promotion and/or restoration. | 13. Provide direct and indirect patient and family care in disease prevention and health promotion and/or restoration. | 13. a. Provide direct and indirect patient and family care in disease prevention and health promotion and/or restoration. |

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| | | b. Provide direct and indirect care in community-based programs whose primary goals are disease prevention and health promotion and/or restoration. |
| F. Identify and report alterations in patient responses to therapeutic interventions in comparison to expected outcomes. | F. Evaluate and report patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care. | F. Evaluate and report patient, family, population, and community outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice and research findings, and plan follow-up nursing care. |
| Knowledge | | |
| 1. Mechanisms to evaluate specific nursing interventions and patient outcomes. | 1. Methods to evaluate health care processes and patient outcomes. | 1. Systematic processes to assess methods for evaluating patient outcomes, including reliability and validity of evaluation tools. |
| 2. Factors indicating changes that have potential for life-threatening consequences based on knowledge of life sciences. | 2. Factors indicating changes that have potential for life-threatening consequences based on knowledge including physiology, pathophysiology, and pharmacology. | 2. Factors indicating changes that have potential for life-threatening consequences based on knowledge including advanced pathophysiology, neurobiology, pharmacology, genomics, chemistry, humanities, and liberal arts education. |
| 3. Basic performance improvement activities in patient care delivery. | 3. Introduction to performance improvement concepts in patient care delivery. | 3. Performance improvement concepts, motivation theory, and research/evaluation outcome measures to evaluate efficacy and effectiveness of care. |
| Clinical Judgments and Behaviors | | |
| 1. Report changes in assessment data. | 1. a. Report changes in assessment data. b. Evaluate need to intervene to stabilize and prevent negative patient outcomes and/or to support end-of-life care. c. Evaluate patterns of behavior and changes that warrant immediate intervention. | 1. a. Report changes in assessment data. b. Evaluate need to intervene to stabilize and prevent negative patient outcomes and/or to support end-of-life care. c. Evaluate patterns of behavior and changes that warrant immediate intervention. |

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| <p>2. Use standard references to compare expected and achieved outcomes of nursing care.</p> | <p>2. a. Use standard references to compare expected and achieved outcomes of nursing care. b. Analyze patient data to compare expected and achieved outcomes for patient using evidence-based practice guidelines.</p> | <p>2. a. Use standard references to compare expected and achieved outcomes of nursing care. b. Analyze patient data and use research findings, evidence-based practice guidelines, and a variety of systematic processes to compare expected and achieved outcomes for patient.</p> |
| <p>3. Communicate reasons for deviations from plan of care to supervisory health care team member.</p> | <p>3. a. Communicate reasons and rationale for deviation from plan of care to interdisciplinary health care team. b. Use nursing knowledge to recommend revisions of plan of care with interdisciplinary team.</p> | <p>3. a. Communicate reasons and rationale for deviation from plan of care to interdisciplinary health care team. b. Use research findings to help explain deviations from plan of care and revise plan of care with interdisciplinary health care team.</p> |
| <p>4. Assist in modifying plan of care.</p> | <p>4. Modify plan of care based on overt or subtle shifts in patient status and outcomes.</p> | <p>4. Modify plan of care based on overt or subtle shifts in patient status, research findings, and evaluation data.</p> |
| <p>5. Report and document patient=s responses to nursing interventions.</p> | <p>5. a. Report and document patient=s responses to nursing interventions. b. Evaluate and communicate quality and effectiveness of therapeutic interventions. c. Collaborate with interdisciplinary health care team to evaluate plan of care and to promote quality and effectiveness of care.</p> | <p>5. a. Report and document patient=s responses to nursing interventions. b. Evaluate and communicate quality and effectiveness of therapeutic interventions. c. Collaborate with interdisciplinary health care team to evaluate plan of care and to promote quality and effectiveness of care.</p> |
| <p>6. Assist in evaluating patient care delivery based on expected outcomes in plan of care and participate in revision of plan of care.</p> | <p>6. Evaluate the effectiveness of nursing interventions based on expected patient outcomes; modify interventions to meet the changing needs of patients; and revise plan of care as a result of evaluation.</p> | <p>6. a. Evaluate the effectiveness of nursing interventions based on expected patient outcomes; modify interventions to meet the changing needs of patients; and revise plan of care as a result of evaluation. b. Evaluate evidence-based data for use in providing comprehensive, efficient, cost-effective care to diverse patients, families, populations, and communities.</p> |
| <p>G. Implement teaching plans for patients and their families with common health problems and well-defined health learning needs.</p> | <p>G. Develop, implement, and evaluate teaching plans for patients and their families to address health promotion, maintenance, and restoration.</p> | <p>G. Develop, implement, and evaluate teaching plans for patients, families, populations, and communities to address health promotion, maintenance, restoration, and population risk reduction.</p> |

| Knowledge | | |
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| 1. Lifespan development and common situational variables affecting learning, such as stress, pain, and fear. | 1. a. Lifespan development and sociocultural variables affecting the teaching/learning process. b. Techniques for assessment of learning needs and factors affecting learning. | 1. a. Lifespan development and sociocultural variables affecting the teaching/learning process. b. Techniques for assessment of learning needs and factors affecting learning. c. Techniques for assessment of community health literacy, learning needs, and factors affecting quality of life and health care. |
| 2. Basic principles of the teaching/ learning process. | 2. a. Principles, methods, strategies, and outcomes of learning and teaching. b. Methods and strategies to evaluate learning and teaching. | 2. a. Principles, methods, strategies, and outcomes of learning and teaching. b. Learning theories and best practices for evaluating methods, strategies, and outcomes of learning and teaching. |
| 3. Resources that support patient health care knowledge, decision making, and self-advocacy. | 3. a. Resources that support patient health care knowledge, decision making, and self-advocacy. b. Methods for advocating for patient and family health. | 3. a. Resources that support patient health care knowledge, decision making, and self-advocacy. b. Methods for advocating for patient, family, population, and community health. |
| Clinical Judgments and Behaviors | | |
| 1. Identify health-related learning needs of patients and their families. | 1. Assess learning needs of patients and their families related to risk reduction and health promotion, maintenance, and restoration. | 1. a. Assess learning needs of patients, families, populations, and communities related to health promotion, maintenance, and restoration. b. Assess genetic, protective, and predictive factors that influence the learning needs of patients, families, populations, and communities, related to risk reduction and health promotion, maintenance, and restoration. |

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| <p>2. Contribute to the development of an individualized teaching plan.</p> | <p>2. a. Collaborate with the patient and interdisciplinary health care team to develop individualized teaching plans based upon developmental and health care learning needs. b. Use best practice standards and other evidence-based findings in developing and modifying teaching plans for patients and their families.</p> | <p>2. a. Collaborate with the patient and interdisciplinary health care team to develop individualized teaching plans based upon developmental and health care learning needs. b. Use best practice standards and other evidence-based findings in developing and modifying teaching plans and strategies for patients, families, populations, and communities.</p> |
| <p>3. Implement aspects of an established teaching plan for patients and their families.</p> | <p>3. Develop and implement comprehensive teaching plans for health promotion, maintenance, and restoration and risk reduction for patients and their families with consideration of their support systems.</p> | <p>3. Develop and implement comprehensive teaching plans for health promotion, maintenance and restoration and risk reduction of patients, families, populations, and communities.</p> |
| <p>4. Assist in evaluation of learning outcomes using structured evaluation tools.</p> | <p>4. Evaluate learning outcomes of the patients and their families receiving instruction.</p> | <p>4. Evaluate learning outcomes of comprehensive teaching plans for patients, families, populations, and communities.</p> |
| <p>5. Teach health promotion and maintenance and self care to individuals from a designated teaching plan.</p> | <p>5. a. Modify teaching plans for health promotion and maintenance and self-care to accommodate patient and family differences. b. Teach health promotion and maintenance and self-care to individuals and their families based upon teaching goals.</p> | <p>5. a. Modify teaching plans for health promotion and maintenance and self-care to accommodate patient and family differences. b. Develop teaching plans with special considerations for vulnerable populations. c. Teach health promotion and maintenance and self-care to individuals, families, and groups based upon teaching goals.</p> |
| <p>6. Provide the patient with the information needed to make choices regarding health.</p> | <p>6. Provide patients and their families with the information needed to make choices regarding health.</p> | <p>6. a. Provide patients, families, populations, and communities with the information needed to make choices regarding health. b. Implement risk reduction strategies to address social and public health issues.</p> |
| <p>7. Provide patients and families with basic sources of health information.</p> | <p>7. Serve as an advocate and resource for health education and information for patients and their families.</p> | <p>7. Advocate for health education, healthy lifestyles, and early detection and treatment of disease, targeting vulnerable populations.</p> |

| H. Assist in the coordination of human, information, and materiel resources in providing care for assigned patients and their families. | H. Coordinate human, information, and materiel resources in providing care for patients and their families. | H. Coordinate human, information, and materiel management resources in providing care for patients, families, populations, and communities. |
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| Knowledge | | |
| 1. Organizational mission, vision, and values as a framework for care. | 1. Organizational mission, vision, and values as a framework for care and management. | 1. Organizational mission, vision, and values as a framework for care, management, and leadership. |
| 2. Lines of authority and accountability within structured health care settings. | 2. Types of organizational frameworks of various health care settings. | 2. Organizational theories/principles of organizational behavior. |
| 3. Workplace safety consistent with current federal, state, and local regulations and guidelines. | 3. a. Workplace safety consistent with current federal, state, and local regulations and guidelines. b. Promoting a safe environment. | 3. a. Workplace safety consistent with current federal, state, and local regulations and guidelines. b. Safe environmental management and promoting a culture of safety. |
| 4. VN role in implementing established cost containment measures. | 4. a. Key issues related to budgetary constraints impacting the use of resources. b. Basic models of reimbursement. | 4. a. Workplace unit budgeting and workforce resource management. b. Basic models of reimbursement. |
| 5. Communication within organizational framework. | 5. Basic principles of management and communication within an organization. | 5. a. Management and communication within an organization. b. Leadership and management theory, practice, and skills. |
| 6. Roles and responsibilities of members of the interdisciplinary health care team. | 6. Roles and responsibilities of members of the interdisciplinary health care team. | 6. Roles and responsibilities of members of the interdisciplinary health care team. |
| 7. Individual response to organizational change. | 7. Change process and strategies for initiating and evaluating effectiveness of change. | 7. Change theory, processes, and strategies and change agent role, including methods for evaluating effectiveness of change. |
| Clinical Judgments and Behaviors | | |
| 1. Participate in implementing changes that lead to improvement in the work setting. | 1. Identify and participate in activities to improve health care delivery within the work setting. | 1. a. Identify and participate in activities to improve health care delivery within the work setting. b. Assess the management structure and nursing care delivery system within a health care organization and recommend changes for improvement. |

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| <p>2. Report unsafe patient care environment and equipment.</p> | <p>2. Report the need for corrective action within the organization for safe patient care.</p> | <p>2. a. Report the need for corrective action within the organization for safe patient care. b. Design and implement strategies (e.g., coaching to increase the effectiveness of teamwork) to respond to the need for corrective action to promote a safe work environment.</p> |
| <p>3. Implement established cost containment measures in direct patient care.</p> | <p>3. Collaborate with interdisciplinary health care team to select human and materiel resources that are optimal, legal, and cost effective to achieve patient-centered outcomes and meet organizational goals.</p> | <p>3. Collaborate with interdisciplinary health care team to use human and materiel resources that are optimal, legal, and cost efficient to achieve patient-centered outcomes, meet organizational goals, and promote health in the community.</p> |
| <p>4. Assign patient care activities taking patient safety into consideration according to Texas Board of Nursing rules (217.11).</p> | <p>4. Use basic management and leadership skills, act as a team leader, supervise and delegate care, and contribute to shared goals.</p> | <p>4. a. Supervise and delegate care and contribute to shared goals. b. Use management, leadership, teambuilding, and administrative skills; organize, manage, and evaluate the functioning of groups of individuals and staff.</p> |
| <p>5. Use management skills to assign to licensed and unlicensed personnel.</p> | <p>5. a. Use management skills to delegate to licensed and unlicensed personnel. b. Demonstrate leadership role in achieving patient goals.</p> | <p>5. a. Use management skills to delegate to licensed and unlicensed personnel. b. Demonstrate a leadership role in achieving patient/ family/ population/ community goals and management goals.</p> |
| <p>6. Assist with maintenance of standards of care.</p> | <p>6. Implement established standards of care.</p> | <p>6. a. Implement established standards of care. b. Collaborate in the development of standards of care based on evidence-based practice congruent with organizational structure and goals.</p> |

III. Patient Safety Advocate

A licensed nurse (LVN or RN) who promotes safety in the patient and family environment by: following scope and standards of nursing practice; practicing within the parameters of individual knowledge, skills, and abilities; identifying and reporting actual and potential unsafe practices; and implementing measures to prevent harm. The BSN-educated RN is also prepared to be a patient safety advocate for populations and communities.

A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.

A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.

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Knowledge

1. Texas Nursing Practice Act and Texas Board of Nursing rules.

1. Texas Nursing Practice Act and Texas Board of Nursing rules.

1. Texas Nursing Practice Act and Texas Board of Nursing rules.

2. National Standards of Nursing Practice.

2. National Standards of Nursing Practice.

2. National Standards of Nursing Practice.

3. Federal, state, and local government and accreditation organizations' safety requirements and standards.

3. Federal, state, and local government and accreditation organizations' safety requirements and standards.

3. Federal, state, and local government and accreditation organizations' safety requirements and standards.

4. Facility policies and procedures.

4. Facility policies and procedures.

4. Facility policies and procedures.

5. Facility licensing agency or authority standards.

5. Facility licensing agency or authority standards.

5. Facility licensing agency or authority standards.

6. Principles of quality improvement.

6. Principles of quality improvement and outcome measurement in health care organizations.

6. Principles and tools of quality improvement and outcome measurement in systems of care delivery.

Clinical Judgments and Behaviors

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| 1. Attain licensure. | 1. Attain licensure. | 1. Attain licensure. |
| 2. Practice according to Texas Nursing Practice Act and Texas Board of Nursing rules. | 2. Practice according to Texas Nursing Practice Act and Texas Board of Nursing rules. | 2. Practice according to Texas Nursing Practice Act and Texas Board of Nursing rules. |
| 3. Seek assistance if practice requires behaviors or judgments outside of individual knowledge and expertise. | 3. Seek assistance if practice requires behaviors or judgments outside of individual knowledge and expertise. | 3. Seek assistance if practice requires behaviors or judgments outside of individual knowledge and expertise. |
| 4. Use standards of nursing practice to provide and evaluate patient care. | 4. Use standards of nursing practice to provide and evaluate patient care. | 4. Use standards of nursing practice to provide and evaluate patient care. |
| 5. Recognize and report unsafe practices and contribute to quality improvement processes. | 5. a. Recognize and report unsafe practices. b. Manage personnel to maintain safe practice including participation in quality improvement processes for safe patient care. | 5. a. Recognize and report unsafe practices. b. Manage personnel to maintain safe practice and manage quality improvement processes for safe patient care. |
| 6. Participate in peer review. | 6. Participate in peer review. | 6. Participate in peer review. |
| B. Implement measures to promote quality and a safe environment for patients, self, and others. | B. Implement measures to promote quality and a safe environment for patients, self, and others. | B. Implement measures to promote quality and a safe environment for patients, self, and others. |

Knowledge

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| 1. Principles of patient safety including safe patient handling. | 1. a. Principles of patient safety including safe patient handling. b. Management of the patient environment for safety. | 1. a. Principles of patient safety including safe patient handling. b. Quality improvement, environmental management, and risk management with a focus on patient safety. |
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| 2. Methods for promoting safety in the patient care environment consistent with current standards and guidelines. | 2. Methods for promoting safety in the patient care environment consistent with current standards and guidelines. | 2. Methods for promoting safety in the patient care environment consistent with current standards and guidelines. |
| 3. Role in safety and risk management for patients and others. | 3. Role in safety and risk management for patients and others. | 3. Leadership role in quality, safety, and patient risk management and management of the environment for patient and others' safety. |
| 4. Principles of a culture of safety including safe disposal of medications and hazardous materials. | 4. Principles of a culture of safety including safe disposal of medications and hazardous materials. | 4. Principles of a culture of safety including safe disposals of medications and hazardous materials. |
| 5. Texas Board of Nursing rules related to mandatory reporting, Safe Harbor, and "Whistleblower" protection. | 5. Texas Board of Nursing rules related to mandatory reporting, Safe Harbor, and "Whistleblower" protection. | 5. Texas Board of Nursing rules related to mandatory reporting, Safe Harbor, and "Whistleblower" protection. |
| <i>Clinical Judgments and Behaviors</i> | | |
| 1. Promote a safe, effective care environment conducive to the optimal health and dignity of the patients and their families. | 1. Promote a safe, effective environment conducive to the optimal health and dignity of the patients and their families. | 1. Promote and manage a safe, effective environment conducive to the optimal health and dignity of the patient, family, population, and community. |
| 2. Accurately identify patients. | 2. Accurately identify patients. | 2. Accurately identify patients. |
| 3. a. Safely perform preventive and therapeutic procedures and nursing measures including safe patient handling. b. Safely administer medications and treatments. | 3. a. Safely perform preventive and therapeutic procedures and nursing measures including safe patient handling. b. Safely administer medications and treatments. c. Reduce patient risk related to medication administration and treatment based on evidenced-based data. | 3. a. Safely perform preventive and therapeutic procedures and nursing measures including safe patient handling. b. Safely administer medications and treatments. c. Use epidemiologic process to manage and reduce risks related to medication and treatment administration and modify techniques in a variety of settings. |

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| 4. Clarify any order or treatment regimen believed to be inaccurate, non-efficacious, contraindicated, or otherwise harmful to the patient. | 4. Clarify any order or treatment regimen believed to be inaccurate, non-efficacious, contraindicated, or otherwise harmful to the patient. | 4. Clarify any order or treatment regimen believed to be inaccurate, non-efficacious, contraindicated, or otherwise harmful to the patient. |
| 5. Document and report reactions and untoward effects to medications, treatments, and procedures and clearly and accurately communicate the same to other health care professionals. | 5. Document and report reactions and untoward effects to medications, treatments, and procedures and clearly and accurately communicate the same to other health care professionals. | 5. Document and report reactions and untoward effects to medications, treatments, and procedures and clearly and accurately communicate the same to other health care professionals. |
| 6. Report environmental and systems incidents and issues that affect safety. | 6. Report environmental and systems incidents and issues that affect quality and safety, promote a culture of safety, and participate in organizational initiatives that enhance a culture of safety. | 6. a. Report environmental and systems incidents and issues that affect quality and safety, and promote a culture of safety. b. Participate in organizational initiatives that enhance a culture of safety for patients, families, populations, and communities. |
| 7. Use evidence-based information to contribute to development of interdisciplinary policies and procedures related to a safe environment including safe disposal of medications and hazardous materials. | 7. Use evidence-based information to participate in development of interdisciplinary policies and procedures related to a safe environment including safe disposal of medications and hazardous materials. | 7. Use evidence-based findings to develop interdisciplinary policies and procedures related to a safe environment including safe disposal of medications and hazardous materials. |
| 8. Implement measures to prevent risk of patient harm resulting from errors and preventable occurrences. | 8. Assess potential risk for patient harm related to accidents and implement measures to prevent risk of patient harm resulting from errors and preventable occurrences. | 8. Use evidence-based findings to initiate accident prevention measures for patients and implement measures to prevent risk of patient harm resulting from errors and preventable occurrences. |
| 9. Inform patients regarding their plans of care and encourage participation to ensure consistency and accuracy in their care. | 9. Inform patients regarding their plans of care and encourage participation to ensure consistency and accuracy in their care. | 9. Inform patients regarding their plans of care and encourage participation to ensure consistency and accuracy in their care. |
| C. Assist in the formulation of goals and outcomes to reduce patient risks. | C. Formulate goals and outcomes using evidence-based data to reduce patient risks. | C. Formulate goals and outcomes using an evidence-based and theoretical analysis of available data to reduce patient and community risks. |

Knowledge

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| 1. Principles of disaster preparedness and fundamental principles of communicable disease prevention for patients and their families. | 1. Principles of disaster preparedness and communicable disease prevention and control for patients and their families. | 1. a. Principles and theoretical models of epidemiology and communicable disease prevention and control for patients, families, populations, and communities. b. Evidence-based risk reduction. c. Epidemic and pandemic prevention and control. d. Disaster preparedness, response, and recovery. |
| 2. Current national and state standards and guidelines and local procedures for infection control. | 2. Current national and state standards and guidelines and local procedures for infection control. | 2. Current international, national, and state standards and guidelines and local procedures for infection control. |

Clinical Judgments and Behaviors

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| 1. Assist in the formulation of goals and outcomes to reduce patient risk of health care-associated infections. | 1. Formulate goals and outcomes using evidence-based data to reduce the risk of health care-associated infections. | 1. Formulate goals and outcomes using an evidence-based and theoretical analysis of available data to reduce the risk of health care-associated infections. |
| 2. a. Implement measures to prevent exposure to infectious pathogens and communicable conditions. b. Anticipate risk for the patient. | 2. a. Implement measures to prevent exposure to infectious pathogens and communicable conditions. b. Anticipate risk for the patient. | 2. a. Implement measures to prevent exposure to infectious pathogens and communicable conditions. b. Anticipate risk for the patient, family, population, and community. |
| 3. Implement established policies related to disease prevention and control. | 3. Participate in development of policies to prevent exposure to infectious pathogens, communicable conditions, and occupational hazards | 3. a. Assist in developing policies and procedures to prevent exposure to infectious pathogens, communicable conditions, and other occupational hazards. |

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| | | b. Participate in programs and systems to address safety of patients, families, populations, and communities in the event of emergency or disaster. |
| D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices. | D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices. | D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices. |
| Knowledge | | |
| 1. a. Standards of Practice. b. Texas Board of Nursing rules (including Scope of Practice), Texas Board of Nursing Position Statements and Guidelines. c. Facility policies and procedures. | 1. a. Standards of Practice. b. Texas Board of Nursing rules (including Scope of Practice), Texas Board of Nursing Position Statements and Guidelines. c. Facility policies and procedures. | 1. a. Standards of Practice. b. Texas Board of Nursing rules (including Scope of Practice), Texas Board of Nursing Position Statements and Guidelines. c. Facility policies and procedures. |
| Clinical Judgments and Behaviors | | |
| 1. Evaluate individual scope of practice and competency related to assigned task. | 1. Evaluate individual scope of practice and competency related to assigned task. | 1. Evaluate individual scope of practice and competency related to assigned task. |
| 2. Seek orientation/ training for competency when encountering unfamiliar patient care situations. | 2. Seek orientation/ training for competency when encountering unfamiliar patient care situations. | 2. Seek orientation/ training for competency when encountering unfamiliar patient care situations. |
| 3. Seek orientation/ training for competency when encountering new equipment and technology. | 3. Seek orientation/ training for competency when encountering new equipment and technology. | 3. Seek orientation/ training for competency when encountering new equipment and technology. |
| E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act. | E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act. | E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act. |

Knowledge

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| 1. a. Standards of Practice. b. Texas Board of Nursing rules, Position Statements and Guidelines. c. Scope of Practice. | 1. a. Standards of Practice. b. Texas Board of Nursing rules, Position Statements and Guidelines. c. Scope of Practice. | 1. a. Standards of Practice. b. Texas Board of Nursing rules, Position Statements and Guidelines. c. Scope of Practice. |
| 2. Facility policies and procedures. | 2. Facility policies and procedures. | 2. Facility policies and procedures. |

Clinical Judgments and Behaviors

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| 1. Report unsafe practices of healthcare providers using appropriate channels of communication. | 1. Report unsafe practices of healthcare providers using appropriate channels of communication. | 1. Report unsafe practices of healthcare providers using appropriate channels of communication. |
| 2. Understand Safe Harbor rules and implement when appropriate. | 2. Understand Safe Harbor rules and implement when appropriate. | 2. Understand Safe Harbor rules and implement when appropriate. |
| 3. Report safety incidents and issues through the appropriate channels. | 3. Report safety incidents and issues to the appropriate internal or external individual or committee. | 3. Report safety incidents and issues to the appropriate internal or external individual or committee. |
| 4. Implement established safety and risk management measures. | 4. Participate in committees that promote safety and risk management. | 4. a. Participate in committees that promote quality, safety, and risk management. b. Interpret and guide others toward safe and legal clinical practice. c. Identify systems issues that impact nursing practice. |
| * F. Accept and make assignments that take into consideration patient safety and organizational policy. | * F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy. | * F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy. |

Knowledge

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| 1. a. Standards of Practice. b. Texas Board of Nursing Rules (including awareness of RN Delegation Rules), Position Statements, and Guidelines. c. Scope of Practice. | 1. a. Standards of Practice. b. Texas Board of Nursing Rules (including RN Delegation Rules), Position Statements, and Guidelines. c. Scope of Practice. | 1. a. Standards of Practice. b. Texas Board of Nursing Rules (including RN Delegation Rules), Position Statements, and Guidelines. c. Scope of Practice. |
| 2. Facility policies and procedures. | 2. Facility policies and procedures. | 2. Facility policies and procedures. |

Clinical Judgments and Behaviors

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| 1. Accept only those assignments that fall within individual scope of practice based on experience and educational preparation. | 1. Accept only those assignments that fall within individual scope of practice based on experience and educational preparation. | 1. Accept only those assignments that fall within individual scope of practice based on experience and educational preparation. |
| <i>* 2. When making assignments, ensure clear communication regarding other caregivers' levels of knowledge, skills, and abilities.</i> | <i>* 2. When making assignments and delegating tasks, ensure clear communication regarding other caregivers' levels of knowledge, skills, and abilities.</i> | <i>* 2. When making assignments and delegating tasks, ensure clear communication regarding other caregivers' levels of knowledge, skills, and abilities.</i> |
| <i>* 3. When assigning nursing care, retain accountability and supervise personnel based on Texas Board of Nursing rules according to the setting to ensure patient safety.</i> | <i>* 3. a. When assigning and delegating nursing care, retain accountability and supervise personnel according to Texas Board of Nursing rules based on the setting to ensure patient safety. b. Implement and participate in development of organizational policies and procedures regarding assignments and delegated tasks.</i> | <i>* 3. a. When assigning and delegating nursing care, retain accountability and supervise personnel according to Texas Board of Nursing rules based on the setting to ensure patient safety. b. Implement and develop organizational policies and procedures regarding assignments and delegated tasks.</i> |

IV. Member of the Health Care Team:

A licensed nurse (LVN or RN) who provides patient-centered care by collaborating, coordinating, and/ or facilitating comprehensive care with an interdisciplinary/ multidisciplinary health care team to determine and implement best practices for the patients and their families. The BSN-educated RN is also prepared to become a leader of the health care team as well as to provide care to populations and communities.

| VN | Diploma and ADN | BSN |
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| <p>A. Communicate and collaborate with patients, their families, and the interdisciplinary health care team to assist in the planning, delivery, and coordination of patient-centered care to assigned patients.</p> | <p>A. Coordinate, collaborate, and communicate with patients, their families, and the interdisciplinary health care team to plan, deliver, and evaluate patient-centered care.</p> | <p>A. Coordinate, collaborate, and communicate with patients, families, populations, communities, and the interdisciplinary health care team to plan, deliver, and evaluate care.</p> |
| <p>Knowledge</p> | | |
| <p>1. a. Structure and function of the health care delivery system. b. Roles of interdisciplinary health care team members.</p> | <p>1. a. Structure, function, and interdisciplinary relationships within the health care delivery system. b. Models of care delivery and roles of interdisciplinary health care team members.</p> | <p>1. a. Structure, function, and interdisciplinary relationships within the health care delivery system. b. Social, economic, and political processes impacting the access to and delivery of health care in communities. c. Models of care delivery including integrated care.</p> |
| <p>2. Methods of effective communication and cooperation.</p> | <p>2. Patterns and processes of effective communication and collaboration including assertiveness, negotiation, conflict resolution, and delegation.</p> | <p>2. a. Theories and strategies of effective communication and collaboration including assertiveness, negotiation, conflict resolution, and delegation.</p> |
| <p>3. a. Strategies to deal with situational change. b. Roles of all levels of nursing and other health care professionals.</p> | <p>3. a. Principles of change, team management, and leadership. b. Roles of all levels of nursing and other health care</p> | <p>3. a. Role theory, change theory, management and leadership theory. b. Roles of all levels of nursing and other health</p> |

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| | professionals. | care professionals. c. Theories of leadership and organization and group dynamics. |
| 4. a. Patient advocacy and consumer rights and responsibilities. b. Legal and ethical processes related to healthcare. | 4. a. Patient advocacy and consumer rights and responsibilities. b. Legal and ethical processes related to healthcare. | 4. a. Patient advocacy and consumer rights and responsibilities. b. Legislative, legal, and ethical processes related to healthcare. |
| 5. Contribution of evidence-based practice in development of health care and quality improvement. | 5. a. Principles of evidence-based practice and application of evidence-based outcomes related to health care. b. Methods of evaluation for continuous quality improvement. | 5. a. Evidence-based practice and research findings related to health care. b. Process of translating current evidence into practice. c. Methods of evaluation for continuous quality improvement. d. Processes of continuous quality improvement and application of quality improvement data. |
| <i>Clinical Judgments and Behaviors</i> | | |
| 1. Involve patients and their families with other interdisciplinary health care team members in patient care across the lifespan. | 1. Involve patients and their families in collaboration with other interdisciplinary health care team members for planning health care delivery to improve the quality of care across the lifespan. | 1. a. Involve patients, families, populations, and communities in collaboration with interdisciplinary health care team members for planning health care delivery to improve the quality of care across the lifespan. b. Use models of health care delivery to plan and improve healthcare for patients, families, populations, and communities. |
| 2. Cooperate and communicate to assist in planning and delivering interdisciplinary health care. | 2. a. Use strategies of cooperation, collaboration, and communication to plan, deliver, and evaluate interdisciplinary health care. b. Promote the effective coordination of services to patients and their families in patient-centered health | 2. a. Use strategies of cooperation, collaboration, and communication to plan, deliver, and evaluate interdisciplinary health care. b. Promote and provide leadership in the |

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| | care. | effective coordination of services to patients, families, populations, and communities. |
| 3. Participate in evidence-based practice in development of patient care policy with the interdisciplinary team to promote care of patients and their families. | 3. Apply principles of evidence-based practice and methods of evaluation with the interdisciplinary team to provide quality care to patients and their families. | 3. Synthesize evidence-based practices, research findings, and methods of evaluation with the interdisciplinary team by translating current evidence into practice for patients, families, populations, and communities. |
| B. Participate as an advocate in activities that focus on improving the health care of patients and their families. | B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients and their families. | B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients, families, populations, and communities. |

Knowledge

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| 1. a. Rights and responsibilities of patients regarding health care, including self-determination and right of refusal. b. Current legal factors relating to safeguarding patient rights. | 1. a. Rights and responsibilities of patients regarding health care, including self-determination and right of refusal. b. Current legal and societal factors that influence access to health care for patients and their families relating to safeguarding patient rights. | 1. a. Rights and responsibilities of patients regarding health care, including self-determination and right of refusal. b. Current economic, legal, and political factors that influence access to health care delivery for patients, families, populations, and communities. |
| 2. a. Individual responsibility for quality of nursing care. b. Role of the nurse as patient advocate for patients. | 2. a. Individual responsibility for quality of nursing care. b. Role of the nurse as advocate for patients and their families . | 2. a. Individual responsibility for quality of nursing care. b. Role of the nurse as advocate for patients, families, populations, and communities. c. Research and theories related to advocacy for access to health care for patients, families, populations, and communities. |
| 3. a. Role of nurse in quality improvement process. b. Peer review committee. c. Knowledge of reliable online sites for quality health care data. | 3. a. Role of organizational committees, peer review committees, nursing organizations, and community groups involved with improving the quality of health care for patients and families. b. Knowledge of reliable online sites and other resources that provide quality health care data. | 3. a. Leadership role in organizational committees, peer review committees, nursing organizations, and community groups involved with improving the quality of health care for patients, families, populations, and communities. b. Formal and informal sources of power and negotiation processes. |

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| | | <p>c. Historical development of professional advocacy groups and the growth of consumer advocacy.</p> <p>d. Knowledge of reliable online sites and other resources that provide quality health care data.</p> |
| 4. Responsibility for reporting to licensing and public protective agencies, which may involve mandatory reporting. | 4. Role and responsibility for public safety and welfare, which may involve mandatory reporting. | 4. Health care policies and regulations related to public safety and welfare, mandatory reporting, and development of the future workforce. |
| <i>Clinical Judgments and Behaviors</i> | | |
| 1. Respect the privacy and dignity of the patient. | <p>1. a. Support the patient's right of self-determination and choice even when these choices conflict with values of the individual professional.</p> <p>b. Apply legal and ethical principles to advocate for patient well being and preference.</p> | <p>1. a. Support the patient's right of self-determination and choice even when these choices conflict with values of the individual professional.</p> <p>b. Apply legal and ethical principles to advocate for human and societal well being and preferences.</p> |
| 2. Identify unmet health needs of patients. | 2. Identify unmet needs of patients and their families from a holistic perspective. | <p>2. a. Identify the unmet needs of patients, families, communities, and populations from a holistic perspective.</p> <p>b. Identify problems that patients and vulnerable populations have in accessing health care and disparities in health care.</p> |
| 3. Act as an advocate for patient's basic needs, including following established procedures for reporting and solving institutional care problems and chain of command. | <p>3. a. Act as an advocate for patient's basic needs, including following established procedures for reporting and solving institutional care problems and chain of command.</p> <p>b. Advocate on behalf of patients and their families with other members of the interdisciplinary health care team.</p> <p>c. Teach patients and families about access to reliable and valid sources of information and resources including health information</p> | <p>3. a. Act as an advocate for patient's basic needs, including following established procedures for reporting and solving institutional care problems and chain of command.</p> <p>b. Advocate on behalf of patients, families, populations, and communities with other members of the interdisciplinary health care team by implementing strategies for improving health care delivery systems.</p> <p>c. Teach patients, families, populations, and communities about access to reliable and valid sources of information and resources including health information.</p> |
| 4. Participate in quality improvement activities. | <p>4. a. Participate in quality improvement activities.</p> <p>b. Participate in professional organizations and community groups to improve the quality</p> | <p>4. a. Participate in quality improvement activities.</p> <p>b. Participate in professional organizations and community groups to improve the quality of health care.</p> |

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| | of health care. | |
| 5. Refer patients and their families to community resources. | 5. a. Refer patients and their families to community resources. b. Serve as a member of health care and community teams to provide services to individuals and their families who experience unmet needs. | 5. a. Refer patients, families, populations, and communities to resources. b. Serve as a member of health care and community teams to provide services to individuals and communities with unmet needs. c. Initiate and participate in community partnerships and coalitions to provide health care to targeted, diverse populations. |
| C. Participate in the identification of patient needs for referral to resources that facilitate continuity of care, and ensure confidentiality. | C. Refer patients and their families to resources that facilitate continuity of care; health promotion, maintenance, and restoration; and ensure confidentiality. | C. Use multiple referral resources for patients, families, populations, and communities, considering cost; confidentiality; effectiveness and efficiency of care; continuity and continuum of care; and health promotion, maintenance, and restoration. |

Knowledge

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| 1. Work setting and major community resources. | 1. Institutional and community resources including agencies/ services and health care providers. | 1. Institutional, community, state, and federal resources including agencies/ services and health care providers. |
| 2. Role of the case manager. | 2. Principles of case management. | 2. Theory and principles of case management, population characteristics, and epidemiology. |
| 3. Roles of family and significant others in providing support to the patient. | 3. Roles of family and significant others in providing support to the patient. | 3. a. Roles of family and significant others in providing support to the patient. b. Family systems theory. |
| 4. a. Functions of members of the interdisciplinary health care team. b. Confidentiality regulations (e.g., HIPAA). | 4. a. Roles and functions of members of the interdisciplinary health care team. b. Confidentiality regulations (e.g., HIPAA). | 4. a. Roles and functions of members of the interdisciplinary health care team. b. Confidentiality regulations (e.g., HIPAA). |
| 5. Need for patient referrals to promote continuity of care. | 5. Referral processes for patients and their families to promote continuity of care. | 5. Referral processes and methods for promoting continuity of care and improving |

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| | | access to health care for patients, families, populations, and communities. |
| 6. Issues in current treatment modalities. | 6. Issues and trends in health care delivery. | 6. a. Issues and trends in health care delivery. b. Implications of demographic, epidemiological, and genetics data on the changing needs for health care resources and services. |
| 7. Cost of health care services. | 7. Major current issues affecting public/ government/ private health care services, programs, and costs. | 7. Past, present, and future issues affecting public/ government/ private health care services, programs, policies and costs. |
| 8. Organizational and local resources for health promotion, maintenance, and restoration. | 8. Organizational, local, and state resources for risk reduction, and health promotion, maintenance, and restoration. | 8. Organizational, local, state, federal, and global resources for risk reduction and health promotion, maintenance, and restoration. |
| <i>Clinical Judgments and Behaviors</i> | | |
| 1. a. Identify support systems of patients and their families. b. Identify major community resources that can assist in meeting needs. | 1. a. Assess the adequacy of the support systems of patients and their families. b. Work with families to use resources to strengthen support systems. c. Identify providers and national and community resources to meet the needs of patients and their families. | 1. a. Assess the adequacy of the support systems of patients, families, populations, and communities. b. Work with family and community resources to develop and strengthen support systems for patients, families, populations and communities. c. Identify providers and national and community resources to meet the needs of patients, families, populations and communities. |
| 2. a. Communicate patient needs to the family and members of the health care team. b. Maintain confidentiality according to HIPAA guidelines. c. Promote system-wide verbal, written, and electronic confidentiality. | 2. a. Facilitate communication among patients, their families, and members of the health care team to use institutional or community resources to meet health care needs. b. Maintain confidentiality according to HIPAA guidelines. | 2. a. Facilitate communication among patients, families, and interdisciplinary team to use institutional or community resources to meet health care needs. b. Maintain confidentiality according to HIPAA guidelines. |

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| | c. Promote system-wide verbal, written, and electronic confidentiality. | c. Promote system-wide verbal, written, and electronic confidentiality. |
| 3. a. Advocate with other members of the interdisciplinary health care team on behalf of patients and families to procure resources for care. b. Assist patient to communicate needs to their support systems and to other health care professionals. | 3. a. Advocate with other members of the interdisciplinary health care team on behalf of patients and families to procure resources for care. b. Assist patients and their families to communicate needs to their support systems and to other health care professionals. | 3. a. Advocate with members of the interdisciplinary health care team and community resources on behalf of patients, families, and vulnerable populations to procure resources for care. b. Assist patients, families, and vulnerable populations to communicate needs to their support systems and to other health care professionals. c. Advocate for public policies to support health care access for vulnerable populations. |
| 4. Identify treatment modalities and cost of health care services for patients and their families. | 4. Collaborate with interdisciplinary team concerning issues and trends in health care delivery affecting public/ government/ private health care services, programs, and cost to patients and families. | 4. a. Collaborate with interdisciplinary team concerning issues and trends in health care delivery. b. Analyze demographic and epidemiology data on the changing needs for health care resources and services. c. Participate in meetings/ organizations addressing past, present, and future issues affecting public/ government/ private health care services, programs, and cost to patients, families, populations, and communities. |
| D. Communicate and collaborate in a timely manner with members of the interdisciplinary health care team to promote and maintain optimal health status of patients and their families. | D. Communicate and collaborate in a timely manner with members of the interdisciplinary health care team to promote and maintain optimal health status of patients and their families. | D. Communicate and collaborate in a timely manner with members of the interdisciplinary health care team to promote and maintain optimal health status of patients, families, populations, and communities. |
| Knowledge | | |
| 1. Principles of communication with patients, their | 1. Principles of communication theory with patients, | 1. Communication theories as applied to patients, families, populations, and communities, |

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| families, and the interdisciplinary health care team. | families, and the interdisciplinary health care team. | and to the interdisciplinary health care team. |
| 2. Principles of interpersonal conflict management, problem solving, data collection, and basic time management skills. | 2. Principles of management, decision making, assertiveness, conflict management, communication, motivation, time management, delegation, and principles of change. | 2. Theories of leadership and management, including critical thinking, change theory, systems theory, assertiveness, conflict management, budgeting, principles of delegation, supervision, collaboration and performance appraisal. |
| 3. Functions of interdisciplinary health care team members. | 3. a. Functions of interdisciplinary health care team members. b. Group process as a means of achieving and evaluating goals. | 3. a. Functions of interdisciplinary health care team members. b. Management of group processes to facilitate meeting patient goals. |
| 4. Principles and strategies of situational changes. | 4. Principles of change and conflict resolution and strategies for effective management and improvement of patient care. | 4. Change theory and conflict resolution strategies for effective and efficient resource management and improvement of patient care. |
| <i>Clinical Judgments and Behaviors</i> | | |
| 1. a. Communicate changes in patient status and/or negative outcomes in patient responses to care with members of the interdisciplinary health care team. b. Follow legal guidelines in communicating changes in patient status, including chain of command and Texas Nursing Practice Act. | 1. a. Communicate changes in patient status and/or negative outcomes in patient responses to care with members of the interdisciplinary health care team. b. Follow legal guidelines in communicating changes in patient status, including chain of command and Texas Nursing Practice Act. c. Facilitate joint decision making with the interdisciplinary health care team. | 1. a. Communicate changes in patient status and/or negative outcomes in patient responses to care with members of the interdisciplinary health care team. b. Follow legal guidelines in communicating changes in patient status, including chain of command and Texas Nursing Practice Act. c. Use leadership skills in creating processes that facilitate joint decision making with the interdisciplinary health care team. |
| 2. Identify health care providers and others who can assist in patient care. | 2. Refer to community agencies and health care resources to provide continuity of care for patients | 2. a. Refer to community agencies and health care resources to provide continuity of care for |

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| | and their families. | patients and families. b. Apply case management and population-based service models for coordinating delivery of health care services across levels of care in the community. |
| 3. Contribute to positive professional working relationships. | 3. Assist the interdisciplinary health care team to implement quality, goal-directed patient care. b. Facilitate positive professional working relationships. | 3. a. Apply leadership and management concepts in assisting the interdisciplinary health care team to implement quality, goal-directed patient care. b. Facilitate positive professional working relationships. |
| 4. Use evidence-based clinical practice guidelines to guide critical team communications during transitions in care between providers. | 4. Use evidence-based clinical practice guidelines to guide critical team communications during transitions in care between providers. | <i>*4. Develop and use evidence-based clinical practice guidelines to guide critical team communications during transitions in care between providers.</i> |
| 5. Recognize and manage conflict through the chain of command. | 5. Recognize and manage conflict through the chain of command. | 5. Recognize and manage conflict through the chain of command. |
| 6. a. Identify and report need for nursing or interdisciplinary team meetings. b. Participate in interdisciplinary team meetings. | 6. a. Initiate and participate in nursing or interdisciplinary team meetings. b. Provide evidence-based information during interdisciplinary meetings | 6. a. Initiate and participate in nursing or interdisciplinary team meetings. b. Use leadership skills in interdisciplinary team meetings. c. Provide evidence-based information during interdisciplinary meetings. |
| 7. Respond to situational changes in the work environment to facilitate optimum patient care. | 7. Use change strategies in the work environment to achieve stated patient outcomes to facilitate optimum patient care. | 7. Use change theory and strategies in the work environment for effective and efficient resource management and improvement of patient care. |

| E. Communicate patient data using technology to support decision making to improve patient care. | E. Communicate and manage information using technology to support decision making to improve patient care. | E. Communicate and manage information using technology to support decision making to improve patient care and delivery systems. |
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| Knowledge | | |
| <p>1. a. Current information and communication systems for managing patient care, data, and the medical record.</p> <p>b. Current technology-based information and communication systems.</p> | <p>1. a. Current information and communication systems for managing patient care, data, and the medical record.</p> <p>b. Current technology-based information and communication systems.</p> | <p>1. a. Current information and communication systems for managing patient care, data, the medical record, and population-based data.</p> <p>b. Current technology-based information and communication systems.</p> <p>c. Information management for health care systems.</p> |
| <p>2. Regulatory and ethical considerations protecting confidentiality when using technology.</p> | <p>2. Regulatory and ethical considerations protecting confidentiality when using technology.</p> | <p>2. Regulatory and ethical considerations protecting confidentiality when using technology.</p> |
| <p>3. Technology skills including word-processing, e-mailing, and accessing multiple online resources.</p> | <p>3. Technology skills including word-processing, e-mail, accessing databases, bibliographic retrieval, and accessing multiple online resources.</p> | <p>3. Technology skills including word-processing, e-mail, accessing databases, bibliographic retrieval, and accessing multiple online resources.</p> |
| Clinical Judgments and Behaviors | | |
| <p>1. a. Identify, collect, process, and manage data in the delivery of patient care and in support of nursing practice and education.</p> <p>b. Use recognized, credible sources of information, including internet sites.</p> <p>c. Access, review, and use electronic data to support decision making.</p> | <p>1. a. Identify, collect, process, and manage data in the delivery of patient care and in support of nursing practice and education.</p> <p>b. Evaluate credibility of sources of information, including internet sites.</p> <p>c. Access, review, and use electronic data to support decision making.</p> <p>d. Participate in quality improvement studies.</p> | <p>1. a. Identify, collect, process, and manage data in the delivery of patient care and in support of nursing practice, administration, education, and research.</p> <p>b. Evaluate credibility of sources of information, including internet sites.</p> <p>c. Access, review, and use electronic data to support decision making.</p> <p>d. Participate in designing, conducting, and</p> |

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| | | evaluating quality improvement studies. |
| 2. a. Apply knowledge of facility regulations when accessing client records. b. Protect confidentiality when using technology. c. Intervene to protect patient confidentiality when violations occur. | 2. a. Apply knowledge of facility regulations when accessing client records. b. Protect confidentiality when using technology. c. Intervene to protect patient confidentiality when violations occur. | 2. a. Apply knowledge of facility regulations when accessing client records. b. Protect confidentiality when using technology. c. Intervene to protect patient confidentiality when violations occur. |
| 3. a. Use current technology and informatics to enhance communication, support decision making, and promote improvement of patient care. b. Advocate for availability of current technology. | 3. a. Use current technology and informatics to enhance communication, support decision making, and promote improvement of patient care. b. Advocate for availability of current technology. c. Use informatics to promote health care delivery and reduce risk in patients and their families. | 3. a. Use current technology and informatics to enhance communication, support decision making, and promote improvement of patient care and delivery systems. b. Advocate for availability of current technology. c. Use informatics to promote health care delivery and reduce risk in patients, families, populations, and communities. |
| 4. Document electronic information accurately, completely, and in a timely manner. | 4. Document electronic information accurately, completely, and in a timely manner. | 4. Document electronic information accurately, completely, and in a timely manner. |
| *F. Assign nursing care to LVNs or unlicensed personnel based upon an analysis of patient or unit need. | *F. Assign and/ or delegate nursing care to other members of the health care team based upon an analysis of patient or unit need. | *F. Assign and/ or delegate nursing care to other members of the health care team based upon an analysis of patient or organizational need. |
| Knowledge | | |
| 1. Awareness of Texas Board of Nursing RN Delegation Rules. | 1. Texas Board of Nursing RN Delegation Rules. | 1. Texas Board of Nursing RN Delegation Rules. |
| 2. a. Principles of supervision and team work/ group dynamics. b. Competencies of assistive personnel and other licensed team members. c. Structure and function of the interdisciplinary | 2. Principles of supervision and management, team work/ group dynamics, and nursing care delivery systems. b. Competencies of assistive personnel and other licensed team members. | 2. a. Principles of supervision, team work/ group dynamics, nursing care delivery systems, and health policy. b. Competencies of assistive personnel and other licensed team members. |

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| <p>team. d. Patient care requirements and focused assessments.</p> | <p>c. Structure and function of the interdisciplinary team. d. Patient care requirements and assessment techniques. e. Evaluation processes and methods to assess competencies.</p> | <p>c. Structure and function of the interdisciplinary team. d. Patient care requirements and assessment techniques. e. Evaluation processes and methods to assess competencies. f. Management and systems theory.</p> |
| <p>3. Time management.</p> | <p>3. Time management.</p> | <p>3. Time management.</p> |
| <p>4. a. Principles of communication. b. Regulatory laws and facility policies</p> | <p>4. a. Principles of communication. b. Regulatory laws and facility policies.</p> | <p>4. a. Principles of communication. b. Regulatory laws and facility policies. c. Motivational theories.</p> |
| <p>Clinical Judgments and Behaviors</p> | | |
| <p><i>*1. Compare needs of patient with knowledge, skills, and abilities of assistive and licensed personnel prior to making assignments.</i></p> | <p><i>*1. a. Compare needs of patient with knowledge, skills, and abilities of assistive and licensed personnel prior to making assignments or delegating tasks. b. Assess competency level and special needs of nursing team members. c. Participate in decision making related to delegation and assigned tasks.</i></p> | <p><i>1. *a. Compare needs of patient with knowledge, skills, and abilities of assistive and licensed personnel prior to making assignments or delegating tasks. *b. Assess competency level and special needs of nursing team members. *c. Participate in decision making and establishing facility policy related to delegated and assigned tasks.</i></p> |
| <p><i>*2. a. Assign and monitor tasks of unlicensed and licensed personnel in compliance with Texas Board of Nursing rules. b. Reassess adequacy of care provided.</i></p> | <p><i>*2. a. Assign, delegate, and monitor performance of unlicensed and licensed personnel in compliance with Texas Board of Nursing rules. b. Assign patient care based on analysis of patient or organizational need c. Reassess competency and learning needs of team members.</i></p> | <p><i>*2. a. Assign, delegate, and monitor performance of unlicensed and licensed personnel in compliance with Texas Board of Nursing rules. b. Use leadership skills to promote team building and team work. c. Assign patient care based on analysis of patient or organizational need. d. Reassess competency and learning needs of team members.</i></p> |

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| <p><i>*3. a. Document and/ or report responses to care or untoward effects. b. Provide feedback on competency levels of team members.</i></p> | <p><i>*3. a. Evaluate responses to delegated and assigned tasks and make revisions based on assessment. b. Plan activities to develop competency levels of team members</i></p> | <p><i>*3. a. Evaluate responses to delegated and assigned tasks and make revisions based on assessment. b. Plan and manage activities to develop competency levels of team members.</i></p> |
| <p><i>*G. Supervise nursing care provided by others for whom the nurse is responsible.</i></p> | <p><i>*G. Supervise nursing care provided by others for whom the nurse is responsible by using evidence-based nursing practice.</i></p> | <p><i>*G. Supervise nursing care provided by others for whom the nurse is responsible by using best practices of management, leadership, and evaluation.</i></p> |
| <p>Knowledge</p> | | |
| <p>1. Principles of supervision and group dynamics.</p> | <p>1. Principles of management and organizational behavior.</p> | <p>1. Theories of management and leadership, and evaluation of organizational behavior.</p> |
| <p>2. Principles of communication in groups.</p> | <p>2. Principles of communication and group process.</p> | <p>2. Communication theory and group process.</p> |
| <p>3. Principles of teaching and learning.</p> | <p>3. a. Assessment of learning needs. b. Instructional methods. c. Evaluation of teaching effectiveness.</p> | <p>3. a. Assessment of learning needs. b. Instructional methods. c. . Evaluation of teaching effectiveness.</p> |
| <p>4. a. Facility policies and procedures. b. Organizational structure including chain of command.</p> | <p>4. a. Facility policies and procedures. b. Organizational structure including chain of command.</p> | <p>4. a. Facility policies and procedures. b. Organizational structure including chain of command and various health care delivery systems.</p> |
| <p>Clinical Judgments and Behaviors</p> | | |
| <p><i>*1. Provide instruction where needed to members of the health care team to promote safe care.</i></p> | <p><i>*1. Provide staff education to members of the health care team to promote safe care.</i></p> | <p><i>*1. a. Use leadership skills to provide staff education to members of the health care team to promote safe care.</i></p> |

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| | | <p><i>b. Evaluate the effectiveness of the process for staff education.</i></p> <p><i>c. Develop new policies and procedures.</i></p> |
| <p><i>*2. Seek direction and clarification from supervisors when questions arise to promote safe care by health care team.</i></p> | <p><i>*2. Provide direction and clarification to health care team members or seek additional direction and clarification to promote safe care by health care team.</i></p> | <p><i>*2. Provide direction and clarification to health care team members or seek additional direction and clarification to promote safe care by health care team.</i></p> |
| <p><i>*3. a. Oversee and monitor patient care provided by unlicensed assistive personnel and vocational licensed personnel as assigned.</i></p> <p><i>b. Base assignments on individual team member competencies.</i></p> | <p><i>*3. a. Oversee and follow through on patient care provided by health team members.</i></p> <p><i>b. Base assignments and delegation on team member competencies.</i></p> | <p><i>*3. a. Oversee and follow through on patient care provided by health team members.</i></p> <p><i>b. Base assignments and delegation on team member competencies.</i></p> |
| <p><i>*4. Ensure timely documentation by assigned health team members.</i></p> | <p><i>*4. a. Ensure timely documentation by assigned health team members.</i></p> <p><i>b. Ensure documentation of patient care follow-up.</i></p> | <p><i>*4. a. Ensure timely documentation by assigned health team members.</i></p> <p><i>b. Ensure documentation of patient care follow-up</i></p> |

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Glossary

1. **Best Practice:** nursing practices that are based on the **best evidence** available from nursing research, the goal being to apply the most recent, relevant, and helpful nursing interventions based on research in real-life practice (University of Iowa, 2009).
2. **Case Management:** a dynamic and systemic collaborative approach to providing and coordinating health care services to a defined population; a participative process to identify and facilitate options and services for meeting individual health care needs, while decreasing fragmentation and duplication of care and enhancing quality, cost-effective, clinical outcomes (American Nurses Association, 2003).
3. **Clinical Reasoning:** the ability to reason as a clinical situation changes, taking into account the context and concerns of the patient and family (Benner, Sutphen, Leonard-Kahn, & Day, 2008).
4. **Clinical Practice Guidelines:** systematically developed statements that are designed to assist nurses toward decisions on appropriate healthcare for specific conditions and provide various diagnostic criteria and therapeutic interventions from national health advisory boards and authoritative sources with which to carefully judge patient care (Broughton & Rathbone, 1999).
5. **Competency:** an expected level of performance that integrates knowledge, skills, abilities, and judgment (American Nurses Association, 2008).
6. **Complementary Health Care Practices:** please reference <http://www.bon.state.tx.us/practice/position.html#15.23>
7. **Comprehensive Nursing Assessment:** please reference <http://www.bon.state.tx.us/practice/lvn-guide.html>
8. **Culture of Safety:** an organizational commitment to safety that permeates all levels of the organization and is characterized by the following features: an acknowledgment of the high-risk, error prone nature of healthcare activities; promotion of a blame-free environment where staff are able to report errors or close calls without fear of reprisal; an expectation of collaboration across disciplines; and a willingness on the part of the organization to direct resources for addressing safety concerns (Marquis & Huston, 2009).
9. **Directed Scope of Practice:** please reference <http://www.bon.state.tx.us/practice/lvn-guide.html>
10. **Evidence-Based Practice:** a problem-solving approach to clinical decision making within a health-care organization that integrates the best available scientific evidence with the best available experiential (patient and practitioner) evidence (Newhouse, Dearholt, Poe, Pugh, & White, 2007).
11. **Focused Nursing Assessment:** please reference <http://www.bon.state.tx.us/practice/lvn-guide.html>
12. **Interdisciplinary Health Care Team (IHCT):** a group of individuals with diverse training and backgrounds who work together as an identified unit or system. Team members consistently collaborate to solve patient problems that are too complex to be solved by one discipline or many disciplines in sequence. Team members determine the team's mission and common goals, work interdependently through shared leadership to define and treat patient problems, work through formal and informal structures, accept and capitalize on disciplinary differences and overlapping roles (Drinka & Clark, 2000).

13. Materiel: equipment, apparatus, and supplies used by an organization or an institution (Merriam-Webster Dictionary, 2010).
14. Scope of Practice: please reference <http://www.bon.state.tx.us/practice/pdfs/scope-of-practice.pdf>

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