

Table 1. Patient-centered care		
Definition: Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.		
Knowledge	Skills	Attitudes
Integrate understanding of multiple dimensions of patient-centered care: Patient/family/community preferences, values, Coordination, transitions	Elicit patient values, preferences and Communicate patient values, preferences	Value seeing health care situations "Through patients' eyes" Willingly support patient-centered care for individuals and groups whose values differ from own
Demonstrate comprehensive understanding of the concepts of pain and suffering,	Assess presence and extent of pain and suffering, physical and emotional comfort	Recognize personally held values and beliefs about the management of pain or suffering
Examine how the safety, quality, and cost-effectiveness of health care can be improved through the active involvement of patients and families Examine common barriers to active involvement of patient in their own healthcare processes Describe strategies to empower patients or families in all aspects of HC	Remove barriers to presence of families and other designated surrogates based on patient preferences Engage patients in active partnerships that promote health, safety and well-being, and self-care management	Value active partnership with patients or designated surrogates in planning, implementation, and evaluation of care Respect patient preferences for degree of active engagement in care process
Explore ethical and legal implications of PCC Describe the limits and boundaries of PCC	boundaries of therapeutic relationships Facilitate informed patient consent for care	Acknowledge the tension that may exist between patient rights and the organizational responsibility for professional, ethical care Appreciate Shared decision making
Effective communication Consensus building and conflict resolution Role in assuring coordination, integration, and continuity of care	Assess own level of communication skill Participate in building consensus or CR Communicate in transitions in care	Value continuous improvement of own communication and conflict resolution skills

Table 2. Teamwork and Collaboration		
Definition: Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care		
Knowledge	Skills	Attitudes
Describe own strengths, limitations, and values in functioning as a member of a team	Demonstrate awareness of own strengths and limitations as a member Initiate plan for self-development Act with integrity and respect	Acknowledge own potential to contribute to effective team Appreciate importance of intra and inter-professional collaboration
Describe scopes of practice and roles of HC team members Recognize contributions of other individuals and groups in helping patient/family achieve health goals	Assume role of team member or leader Initiate requests for help Clarify roles and accountabilities Integrate the contributions of others who play a role in care	Value the perspectives and expertise of all HCP Respect the centrality of the patient/family as core members of HC team Respect the unique attributes that members bring to a team, including variations in professional
Analyze diff. in comm. style among pts/families, ns and other HCP Describe impact of own comm. Discuss effective strategies for comm. And resolving conflict	Comm. With team members, adapting own style of comm to needs of the team Demonstrate commitment to team Solicit input from other team members Initiate actions to resolve conflict	Value teamwork and the relationships Value diff styles of communication used by patients, families and HCP Contribute to resolution of conflict and disagreement
Describe examples of the impact of team func. on Q & S of care Explain how authority gradients influence teamwork and patient safety	Follow comm. practices that minimize risks assoc. with handoffs Assert own position in discussions Choose comm. styles that diminish the risk assoc with authority gradients	Appreciate the risks associated with handoffs among providers and across transitions of care
Identify system barriers and facilitators of effective team functioning Examine strategies for improving systems to support team functioning	Participate in designing systems that support teamwork	Value the influence of system solutions in achieving effective team functioning

Table 3 Evidenced Based Practice		
Definition: Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care		
Knowledge	Skills	Attitudes
Basic scientific methods & processes EBP=research evidence, clinical expertise and patient/family values	Participate in data collection & research Adhere to IRB Base care plan on values/expertise/evidence	Appreciate strengths and weaknesses of scientific bases for practice Value ethical conduct and EPB
Differentiate opinion from research Describe reliable sources	Read original research Locate evidence reports	Appreciate importance of reading professional. journals
Explain the role of evidence in practice Describe strength & relevance of available evidence influences choice of interventions	Participate in structuring the work environment. To facilitate integration of EBP Question rationale for routine approaches to care	Value need for continuous quality improvement in clinical practice based on new knowledge
Discriminate between valid and invalid reasons for modifying EBP based on expertise or patient/family preferences	Consult with clinical experts before deciding to deviate from Evidenced Based protocols	Acknowledge own limitations in knowledge and clinical expertise before determining when to deviate from EBP

Table 4 Quality Improvement		
Definition: Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems		
Knowledge	Skills	Attitudes
Describe strategies for learning about the outcomes of care	Seek info about outcomes and QI projects in the care setting	Appreciate that CQI is an essential part of the daily work of all health professionals
Recognize that nursing and other HCP are part of systems of care Give examples of the tension between professional. autonomy and system functioning	Use tools (flow charts, cause effect) to make processes of care explicit Participate in a root cause analysis of a sentinel event	Value own and others; contributions to outcomes of care in local care settings
Explain importance of variation and measurement in assessing quality	Use quality measures and tools (control charts) to explain variation ID gaps between local & best practices	Appreciate how unwanted variation affects care Value measurement and role in good patient care
Describe approaches for changing processes of care	Design small tests of change in daily work (PDSA)	Value change and role in creating joy in work Appreciate what teams can do to improve care

Table 5 Safety		
Definition: Minimize risk of harm to patients and providers through both system effectiveness and individual performance		
Knowledge	Skills	Attitudes
Examine human factors and other safety design principles and unsafe practices (work-arounds, short-cuts, abbreviations) Describe benefits/limitations of safety enhancing technologies Discuss strategies to reduce reliance on memory	Use technology and standardized practices to support safety Use strategies to reduce risk of harm Use strategies to reduce reliance on memory (forcing functions, checklists)	Value contributions of standardization Appreciate the cognitive and physical limits of human performance
Delineate general categories of errors Describe factors that create a culture of safety (open comm. Org. error reporting)	Communicate observations related to errors Use error reporting systems (near misses)	Value own role in preventing errors
Describe processes used in understanding error (RCA and FMEA)	Analyze errors and design of sys improvements Engage in RCA rather than blaming	Value vigilance and monitoring (even own performance) by patient, families and other HCP
Discuss potential and actual impact of national patient safety resources	Use National patient safety resources	Value relationship between national safety campaigns and implementation in local setting

Table 6 Informatics		
Definition: Use information and technology (IT) to communicate, manage knowledge, mitigate error, and support decision-making		
Knowledge	Skills	Attitudes
Explain why informatics & tech skills are essential	Seek ed. About how info is managed in setting Apply tech & info management tools to support safe processes	Appreciate the necessity for all HCP to seek lifelong learning on IT skills
Identify essential info that must be available in databases to support care Contrast benefits & limitations of different comm. tech. and impact on Q & S	Navigate the electronic health record (EHR) Document in an HER Employ communication tech. to coordinate care	Value technologies that support decision making, error prevention, and care coordination Protect confidentiality of protected health information in HER
Describe examples of how IT management are related to Q & S Recognize the time, effort, and skill req. for tech. to become reliable and effective tools for patient care	Respond appropriately to decision-making supports/alert Use IT to monitor outcomes Use high quality electronic sources of HC information	Value nurses' involvement in design, selection, implementation and evaluation of information technologies to support patient care