

DRAFT
The Essentials of Master's Education in Nursing
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Vision for Master's Nursing Education

“As for the future, your task is not to foresee it, but to enable it.” Antoine de Saint-Exupery

The master's prepared nurse is a valued knowledge worker using expertise in the many processes required to promote health and elevate care. The realities of a global society, expanding technologies, and an increasingly diverse population require master's-prepared nurses to manage complex information, coordinate a variety of care experiences, use technology for health care information and evaluation of nursing outcomes, and assist clients to manage an increasingly complex system of care. The extraordinary explosion of knowledge in many relevant fields requires an increased emphasis on lifelong learning.

Master's nursing education is built on the foundation of baccalaureate nursing education outcomes and is different than the advanced nursing specialization of doctor of nursing practice and research-focused doctoral education. Master's education prepares nurses for flexible leadership and critical action within complex systems, ever responsive to society's needs in a dynamic context of caring. A master's prepared nurse uses reflection, praxis, and various ways of knowing in a variety of settings and roles. For some nurses, master's education equips them for a fulfilling, lifetime expression of their mastery area; others will experience master's education as a pathway to doctoral specialization.

Introduction

Graduates of master's degree programs in nursing are prepared with additional knowledge and clinical expertise that builds on baccalaureate nursing practice. The ten Essentials addressed in this document delineate the knowledge and skills that all nurses prepared in master's nursing programs acquire. The Essentials will guide the preparation of graduates for all healthcare settings and a variety of roles where the nurse can lead and mentor other nurses and healthcare workers to promote quality, evidence-based care, and collaboration with the entire interprofessional healthcare team.

The master's-prepared nurse is a leader in the healthcare delivery system, not just the acute care setting, but in all settings in which health care is delivered. The graduate assumes accountability for client care outcomes through the assimilation and application of evidence-based information to design, implement, and evaluate patient plans of care. As a provider and manager of care at the microsystem level, the master's-prepared nurse

coordinates, delegates, and supervises the care provided by the healthcare team that results in quality, safe, and cost-effective outcomes.

To be effective, graduates must be able to demonstrate advanced knowledge and skills in multiple roles and functions. As *clinician*, the master's-prepared nurse designs, coordinates, and evaluates care of individuals, families, groups, communities, and populations; understands the rationale for care; and, skillfully delivers care to an increasingly complex and diverse population in multiple environments across the lifespan that are focused on health promotion and risk reduction. The master's-prepared nurse has a keen understanding of *outcomes management* and is prepared to synthesize data, information, and knowledge to evaluate and achieve optimal client outcomes. As an informed leader for improving care, the graduate is an *advocate* for patients, the profession and the interdisciplinary healthcare team. As an *educator*, the master's-prepared nurse uses teaching principles, strategies, current information, technologies, and materials to educate individuals, groups, and other healthcare professions. The master's-prepared nurse, as *information manager*, manages and employs information systems and technology to provide knowledge at the point of care. In addition, as *systems analyst/risk anticipator*, the master's-prepared nurse participates in systems review and critically evaluates and anticipates risks to client safety aimed at preventing medical error. Finally, as *leader and partner in the interprofessional healthcare team*, the master's-prepared nurse delegates and directs the nursing team resources (human and fiscal) in collaboration with the unit manager, acquires knowledge and skills to effect change in practice and the profession; and recognizes the need for and actively pursues knowledge and skills as the role and needs of the healthcare system evolves.

Some graduates will pursue roles as Clinical Nurse Leaders in the microsystem. Others may choose various roles including nursing manager at the microsystem level, informatician, public health nurse, clinical research manager, or clinical nursing educator as examples. In addition to developing competence in all of the ten Essential areas including clinical practice, each graduate may have more in-depth development in one or two of the Essential realms in preparation for particular role(s) within the nursing profession. For example, further development of the knowledge and skills embedded in Essential IV, Translational Scholarship for Evidence-Based Practice, will prepare the nurse to manage research projects for nurse scientists, other healthcare researchers, and especially multi-professional research projects. More in-depth preparation in Essential II, Organizational and System Leadership, will provide knowledge useful for nursing management roles at the microsystem level. The master's nursing graduate prepared for the Clinical Nurse Leader role will have in-depth knowledge in Essential III, Quality Improvement and Safety, and Essential X, Master's-Level Nursing Practice. An individual who focuses on the clinical nurse educator role is prepared to teach patients, staff and/or students in the practice setting, as well as serve as a mentor to staff or students. In addition to having preparation across all ten Essential areas, including graduate level clinical practice content and experiences, clinical nurse educators will

acquire more in-depth preparation in educational-needs assessment and learner-centered theories and methods.

Essential I: Scientific Background for Practice

Rationale

Master's prepared nurses build on the competencies gained in a baccalaureate nursing program by developing a deeper understanding of nursing and the related sciences needed to fully analyze, design, implement, and evaluate nursing care. These master's degree level nurses are well-prepared to provide care to diverse populations and cohorts of patients in clinical and community-based microsystems. The master's-prepared nurse integrates scientific findings from nursing, biopsychosocial fields, genetics, public health, quality improvement, and organizational sciences for the continual improvement of nursing care at the unit, clinic, home, or program level. Nursing care reflects a more sophisticated understanding of assessment, problem identification, design of interventions, and evaluation of aggregate outcomes than the baccalaureate-prepared generalist. Nurses at this level base clinical care delivery upon advanced knowledge in health assessment, pathophysiology, and pharmacology, and on advances in genetics and genomics.

Master's-prepared nurses understand the intersection between systems science and organizational science in order to serve as lateral integrators of care across microsystems. Care coordination is based on systems science, particularly on the impact of microsystem, mesosystem, and macrosystems on health outcomes (Nelson et al., 2008). Care management incorporates an understanding of the clinical and community context, and the research relevant to the needs of the population. Nurses at this level use advanced clinical reasoning that accounts for ambiguous and uncertain clinical presentations, and incorporates concerns of family, significant others, and communities into the design and delivery of care. Master's-prepared nurses use ethical theories in the analysis of clinical problems, illness prevention, and health promotion strategies. Knowledge from information sciences, health communication, and health literacy are used to provide care to multiple populations. Master's-prepared nurses are able to address complex cultural issues and design care that responds to the needs of multiple populations, who may have potentially conflicting cultural needs and preferences. As healthcare technology becomes more sophisticated and its use more widespread, master's-prepared nurse are able to evaluate when its use is appropriate for diagnostic, educational, and therapeutic interventions. Master's-prepared nurses use quality improvement sciences to evaluate outcomes of the aggregate of patients or community members under their care, monitor

trends in clinical data, and understand the implications of trends for changing nursing care needs.

The master's-level program prepares the graduate to:

1. Integrate nursing and related sciences into the delivery of advanced nursing care to diverse populations.
2. Use advanced health assessment, pathophysiology, and pharmacology in making nursing diagnoses and decisions about educational and therapeutic interventions.
3. Incorporate knowledge about genetics and genomics in providing advanced nursing care to individuals, families, and communities.
4. Design nursing care for a clinical or community-based population based on biopsychosocial, public health, and organizational sciences.
5. Apply ethical analysis and clinical reasoning to assess, intervene, and evaluate advanced nursing care delivery.
6. Synthesize knowledge from information sciences, health communication, and literacy to provide nursing care to culturally diverse populations.
7. Use quality improvement science to evaluate clinical care and ensure patient safety.

Sample Content

- Advanced nursing science, including the major streams of nursing scientific development
- Advanced health assessment
- Advanced pathophysiology
- Advanced pharmacology
- Advanced clinical nutrition and exercise science
- Advanced behavioral science
- Genetics and genomics
- Public health science, such as basic epidemiology, surveillance, environmental science, and population health analysis and program planning
- Organizational behavior
- Organizational theory
- Microsystems
- Lateral integration
- Chaos theory
- Leadership science
- Theories of bioethics
- Information science
- Quality improvement science
- Technology assessment

Integrative Learning Strategies

- Analyze a clinical case from the perspectives of two or more scientific foundations, such as nursing science and quality improvement science.
- Debate with a group of student colleagues from multiple health professions how the ethical issues related to genetic counseling influence your perspectives on clinical practice.
- Discuss with your classmates the major scientific advances in nursing that relate most closely with the clinical care you are delivering.
- Conduct a concept analysis of lateral integration and explain how a full understanding of the concept will help you engage in lateral integration of care delivery most effectively.
- Engage in a panel discussion with your classmates about the similarities and differences between master's-prepared nurse public health nursing practice and acute care nursing practice.
- Collect data from your clinical unit about incidence trends in a particular clinical problem (e.g., falls, medication errors, STD rates) and recommend changes in practice based on scientific findings from nursing or other fields.

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Essential II: Organizational and Systems Leadership

Rationale

Organizational and systems leadership are critical to the promotion of high quality and safe patient care. Leadership skills are needed that emphasize ethical and critical decision making. The master's-prepared nurse's knowledge and skills in these areas are consistent with nursing and healthcare goals to eliminate health disparities and to promote excellence in practice. Master's-level practice includes not only direct care but also a focus on the needs of a panel of clients, a target population, a set of populations, or a broad community.

Master's-prepared nurses are responsible for the provision and management of care in and across all environments. These nurses focus not only on individual-level health care, but also manage, monitor, and maneuver within all care settings to foster health. In addition, the master's-prepared nurse develops, leverages, and serves as a steward of the environment, including human and material resources, while coordinating client care.

Master's-prepared nurses are members and leaders of healthcare teams that deliver treatment and services in an evolving healthcare system. These clinicians bring a unique blend of knowledge, judgment, skills, and caring to the healthcare team. As a leader and partner with other health professionals, master's-prepared nurses seek collaboration and consultation with other health professionals as necessary in the design, coordination, and evaluation of client care outcomes.

To be effective, graduates must be able to demonstrate leadership at the microsystem level by initiating and maintaining effective working relationships by using mutually respectful communication and collaboration within interprofessional teams, care coordination, delegation, and initiating conflict resolution strategies. The master's-prepared nurse provides and coordinates comprehensive care for clients - individuals, families, groups, and communities - in multiple and varied settings. Using information from numerous sources, the master's-prepared nurse guides the client through the healthcare system. Skills essential to this role development are communication, collaboration, negotiation, delegation, and coordination.

In an environment with ongoing changes in the organization and financing of health care, it is imperative that all master's-prepared nurses have a keen understanding of healthcare policy, organization, and financing. The purpose of this content is to prepare a graduate to provide quality cost-effective care, to participate in the implementation of care, and to assume a leadership role in the management of human, fiscal, and physical healthcare resources at the microsystem level. The master's-prepared nurse understands the economies of care, business principles, and how to work within and affect change in systems.

At the macrosystem level, the master's-prepared nurse must be able to analyze the impact of systems on patient outcomes, including the analysis of error rates. These nurses

should be prepared with knowledge and expertise in assessing organizations, identifying systems' issues, and facilitating organization-wide changes in practice delivery. In addition, master's-prepared nurse practice requires an understanding of complexity theory and systems thinking, as well as the business and financial acumen needed for the analysis of practice quality and costs.

In addition, master's-prepared nurses have the ability to organize care to address emerging practice problems and the ethical dilemmas that emerge as new diagnostic and therapeutic technologies evolve. Accordingly, these nurses are able to assess risk and collaborate with others to manage risks ethically, based on professional standards. Ethics includes values, codes, and principles that govern decisions in nursing practice, conduct, and relationships. Skill and knowledge in resolving conflicts related to role obligations and personal beliefs are necessary. The master's-prepared nurse is able to identify potential and actual ethical issues arising from practice and help clients and other healthcare providers address such issues; therefore, knowledge of ethics and ethical decision making is critical. They serve as client advocates within the healthcare delivery and policy systems. The master's-prepared nurse interfaces between the client and the healthcare delivery system to protect the rights of clients and to affect quality outcomes.

The master's-level program prepares the graduate to:

1. Apply leadership skills and decision making in the provision of high quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery at the micro-systems level.
2. Assume a leadership role in effectively implementing patient safety and quality improvement initiatives within the context of the interprofessional team using effective communication skills.
3. Support the functions of a healthcare team at the microsystems level through organization, management, and evaluation.
4. Develop an understanding of how healthcare delivery systems are organized and financed and the effect on client care and identify the economic, legal, and political factors that influence health care.
5. Exhibit an understanding of complex organizational systems and demonstrate the ability to use systems theory in the design, delivery, and evaluation of health care at the micro-systems level.
6. Develop a basic understanding of business and economic principles and practices, including budgeting, product testing, marketing, and organizational model.
7. Create and manage a programmatic budget at the microsystem level.

8. Develop and evaluate care delivery approaches that meet the needs of clients at the microsystems level based on scientific findings in nursing and other clinical, organizational, political, and economic sciences.
9. Design and implement successful systems change strategies at the client care level.

Sample Content

- Leadership, including theory, behaviors, characteristics, contemporary approaches, leadership development, and styles of leadership
- Leadership skills and strategies (organizing, managing, delegating, supervising, collaborating, coordinating)
- Decision making to promote quality patient care in a variety of healthcare settings; including creative and imaginative strategies in problem solving
- Communication, including elements, channels, levels, barriers, models, organizational communication
- Managing conflict, including conflict resolution, mediation, and negotiation
- Change theory and social change theories
- Systems theory and complexity science
- Healthcare systems (organizational structure and finance) and organizational structures and relationships (e.g., between finance, organizational structure, and delivery of care, particularly at the micro system level, including mission/vision/philosophy and values)
- Healthcare finance, including budgeting, cost benefit analysis, variance analysis, product testing, marketing
- Operations research, queuing theory, and systems designs in health care
- Teams and team work, including team leadership, building effective teams, and nurturing teams

Integrative Learning Strategies

- Conduct an organizational analysis at the microsystems level describing the relationship between organizational structure, leadership, and decision making.
- Analyze an integrative case study describing an organizational problem addressing communication and conflict within healthcare teams.
- Engage in a formal debate and present to the class a contemporary issue in healthcare leadership.
- Conduct a literature critique including a comprehensive summary and a critical analysis of contemporary healthcare leadership at the micro systems level.
- Analyze an organizational conflict and present a strategy to deal with the conflict.

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Essential III: Quality Improvement and Safety

Rationale

Quality improvement involves every level of the healthcare organization. A master's-prepared nurse must be articulate in the methodology, tools, performance measures, and standards related to quality, as well as prepared to apply quality principles within an organization to be an effective leader and change agent.

The Institute of Medicine report (1998) *To Err is Human* noted that as many as 98,000 patients die annually due to medical errors. The IOM defined patient safety as "freedom from accidental injury" and stated that patients should not be at greater risk for accidental injury in a hospital or healthcare setting than they are in their own home. Improvement in patient safety along with reducing and ultimately eliminating harm to patients is fundamental to quality care. Skills are needed that assist in identifying failures in processes and systems that lead to breakdowns and errors and then redesigning processes to make patients safe.

Knowledge and skills in human factors and basic safety design principles that affect unsafe practices are essential. Graduates of master's-level programs need to be able to recognize the value of analyzing systems and creating a culture of safety, rather than blaming individuals when errors or near misses occur. Learning how to evaluate, calculate, and improve the overall reliability of processes are core skills needed by master's-prepared nurses.

Knowledge of both the potential and the actual impact of national patient safety resources, initiatives, and regulations and the use of national benchmarks is required. Changes in healthcare reimbursement with the introduction of Medicare's list of "never events" and the regulatory push for more transparency on quality outcomes require graduates to be able to determine if the outcomes of standards of practice, performance, and competence have been met and maintained.

The master's-prepared nurse provides leadership at the point of care in the microsystem in diverse settings and across the continuum. The use of data to monitor outcomes and care processes, and the use of quality improvement and high reliability techniques will allow the generalist to improve the quality and safety of patient care.

The master's-level program prepares the graduate to:

1. Actively seeks information about quality initiatives recognizing the value of what individuals and healthcare teams can do to improve patient care.
2. Employ quality measures to assess performance and identify gaps between local and best practices utilizing evidence-based practices when appropriate.
3. Analyze errors and design system improvements using high reliability principles
4. Describe common quality improvement models and distinguish between structure, process, and outcome performance measures.
5. Role model the use of evidence-based practice and root cause analysis/just culture when analyzing possible or actual events.
6. Demonstrate professional and high level communication skills when involved in peer review, advocacy for patients and families, reporting of errors, and professional writing

Sample Content

- Structure, process, and outcome indicators
- Just culture
- Quality improvement methods and tools: Brainstorming, cause and effect diagram, flow chart, PDSA, PTCA, HCA FOCUS-PDCA, Six Sigma, Lean
- High reliability techniques
- National patient safety goals
- Organizational safety plan; chain of command
- CMS core measures
- Pay for Performance
- Nurse-sensitive indicators
- Never events
- Data collection tools; data display techniques

- Trend analysis
- RCA
- FMEA

Integrative Learning Strategies

- Participate in an interprofessional team that is performing a root cause analysis on a failure-to-rescue patient scenario when the chain of command was not utilized.
- Participate in an interprofessional team that is performing an FMEA for the administration of heparin.
- Write part of the organization's patient safety plan related to just culture.
- Mentor/Coach a new graduate who has made a medication error that resulted in an adverse patient outcome.
- Participate in an interprofessional team that is trying to improve processes related to the CMS core measure for heart failure.

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Essential IV: Translational Scholarship for Evidence-Based Practice

Rationale

Professional nursing practice at all levels is grounded in the translation of current evidence into practice. The master's-prepared nurse demands evidence for every aspect of practice, thereby translating current evidence and identifying gaps where evidence is lacking. The master's-prepared nurse applies research outcomes within the practice setting, resolves practice problems (individually or as a member of the healthcare team), and disseminates results both within the setting and in wider venues in order to advance clinical practice. Changing practice locally as well as more broadly demands that the master's-prepared nurse is skilled at challenging current practices, procedures, and policies. These nurses, therefore, must be prepared to evaluate outcomes, to implement change deemed appropriate given outcome analysis, and to assist others in efforts to improve outcomes. Evidence-based practice models provide a systematic process for the evaluation and application of scientific evidence surrounding practice issues (IOM, 2003b). Dissemination is a critical element of scholarly practice. Graduates of master's

generalist programs are prepared to share evidence of best practices within their setting and as appropriate, either individually or in collaboration with other members of the healthcare team, in external professional venues.

While master's-prepared nurses direct and oversee care, they also are leaders providing for the development of other nursing personnel. Development may include mentoring personnel in the translation of journal articles and in maximizing professional conference experiences. The role may also include dissemination of knowledge gained from their own ongoing learning. The master's-prepared nurse supports staff in lifelong learning to improve care decisions, serving as a role model and mentor for evidence-based decision making. These nurses must possess the skills necessary to bring evidenced-based practice to both individual patients for whom they directly care and to those patients for whom they are indirectly responsible. Those skills include:

- knowledge acquisition,
- working in groups,
- management of change, and
- dissemination of new knowledge to other healthcare professionals.

In all healthcare settings, ethical, and legal precepts guide research conduct to protect the rights of patients participating in investigations. Data collection and/or analysis that are beyond that needed to provide care to the individual patient requires review for the protection of human subject concerns. The master's-prepared nurse is responsible to serve as a safeguard for patient rights, including those of the most vulnerable patients, in situations where an actual or potential conflict of interest, misconduct, or harm are identified. These concerns are equally relevant when "projects" are categorized as quality initiatives, outcomes assessment, or other informal research formats.

The master's-level program prepares the graduate to:

1. Integrate theory, practice, and research to advance practice for groups of patients under his/her care.
2. Employ translational models for applying evidence to clinical practice.
3. Advocate for the protection of human subjects in the conduct of research.
4. Articulate the evidence base for practice decisions, including the credibility of sources of information, and the relevance to the practice problem confronted.
5. Lead in the process of retrieval, appraisal, and synthesis of evidence in collaboration with other members of the healthcare team to improve patient outcomes.

6. Integrate evidence, clinical judgment, and interprofessional perspectives in planning, implementing, and evaluating outcomes of care for patient aggregates.
7. Articulate as needed to the healthcare team the process for how nursing and related healthcare quality and safety measures are developed, validated, and endorsed.
8. Select mechanisms to resolve identified practice discrepancies between identified standards and practice that may adversely impact patient outcomes.
9. Direct quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care.
10. Apply relevant practice guidelines to improve practice and the practice environment.
11. At the unit or micro-level, use information technology and research methods appropriately to:
 - collect appropriate and accurate data to generate evidence for nursing practice
 - inform and guide the design of databases that generate meaningful evidence for nursing practice
 - analyze data from practice
 - design evidence-based interventions
 - predict and analyze outcomes
 - examine patterns of behavior and outcomes
 - identify gaps in evidence for practice (AACN, 2006)
12. Function as a master's-prepared nurse in collaborative team(s) to generate knowledge that improves practice and supports policy change.
13. Disseminate findings from evidence-based practice to improve healthcare outcomes

Sample Content:

- Evidence-based practice:
 - Clinical decision making
 - Critical thinking
 - Problem Identification
 - Outcome measurement
- Translational research:
 - Data collection in nursing practice

- Design of databases that generate meaningful evidence for nursing practice
- Data analysis in practice
- Evidence-based interventions
- Prediction and analysis of outcomes
- Patterns of behavior and outcomes
- Gaps in evidence for practice
- Clinical scholarship:
 - Application of research to the clinical setting
 - Resolution of clinical problems
 - Dissemination of results
- Advocacy in research
- Knowledge acquisition
- Group process
- Management of change
- Evidence-based policy development in practice
- Quality improvement models/methodologies
- Safety issues in practice

Integrative Learning Strategies

- Practice opportunity to seek and apply evidence that challenges current policies and procedures in a practice environment and incorporates evidence into practice situations.
- Create an educational experience for health team members focused on a clinical issue that has evidence-based guidelines.
- Disseminate clinical knowledge in grand rounds, case presentations, and journal clubs.
- Help a client population access and interpret the meaning and validity of health information available through multiple and varied sources and formats.
- Manage a group process to meet care objectives and complete healthcare team responsibilities.
- Use an existing database to evaluate aggregate care outcomes for designated microsystems with focus on specific nursing interventions.
- Contribute to an interdisciplinary plan of care based on best practice guidelines and evidence-based practice.
- Coordinate care for a group of patients based on desired outcomes consistent with evidence-based guidelines and quality care standards.

- Revise patient care based on an analysis of outcomes and evidence-based knowledge
- Conduct a patient care team research review seminar

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Essential V: Information and Healthcare Technology for Transformation of Microsystems

Rationale

Information and healthcare technology encompasses four broad areas:

- Use of patient care technologies to deliver and enhance care;
- Communication technologies to integrate and coordinate care;
- Data management to analyze and improve outcomes of care; and
- Health information management for evidence-based care and health education.

Knowledge and skills in information and healthcare technology are critical to the delivery of quality patient care in a variety of settings (IOM, 2003a). The use of evolving technologies to deliver, enhance, and document care is changing rapidly. In addition, information technology systems, including decision-support systems, are essential to gathering evidence to impact practice. Improvement in cost effectiveness and safety depend on evidence-based practice, outcomes research, interprofessional care coordination, and electronic health records, all of which involve information management and technology (McNeil et al., 2006). As nursing and healthcare practices evolve to better meet patient needs, the application of these technologies will change as well.

Graduates of master's-level nurse programs should have competence in integrating patient-care technologies into plans of care and determining the appropriate use of technologies to deliver or enhance care. In addition, the master's-prepared nurse should be able to educate other health professionals, staff, patients, and caregivers about principles related to the safe and effective use of care and information technologies in the delivery of quality patient care.

Technological advances in communication have made it possible for more sustained and ongoing contact with patients, families, and other health team members. The ability to develop and sustain therapeutic relationships, monitor the course of illness and health events on a continuous basis, and provide care using varied and distance technologies is a necessary component of master's-prepared nurse education. Students must have the opportunity to assess, educate, treat, and evaluate the care of patients, using distance and varied technology. Communication includes the range of interactions from face-to-face to electronic interactions with individuals and groups, as well as with the media, policy makers, and public. As the use of technology expands and care is delivered not only across multiple settings but in virtual settings as well, the master's-prepared nurse must have the knowledge and skills to deliver and coordinate care across settings using up-to-date technology. Integral to these skills is an attitude of openness to innovation and continual learning, as information systems and patient care technologies are constantly changing.

Graduates ethically manage data, information, knowledge, and technology to communicate effectively with healthcare staff, other disciplines, patients, and caregivers to laterally integrate safe and effective care within and across care settings. Master's-prepared nurses use research and clinical evidence to inform practice decisions within the microsystem of care. In addition, the master's-prepared nurse provides guidance and oversight for the implementation of evidence-based guidelines and patient care by members of the interdisciplinary care team within the microsystem of care.

As outcomes manager, the master's-prepared nurse synthesizes data, information, and knowledge to evaluate and achieve optimal client outcomes. The implementation of

standardized terminologies is foundational to the development of effective clinical information systems (CIS). Integration of standardized terminologies into the CIS not only supports day-to-day nursing practice but also the capacity to enhance interprofessional communication and generate standardized data to continuously evaluate and improve practice (American Nurses Association, 2008). Master's level graduates are prepared to gather, document, and analyze care data that serve as a foundation for decision making and the implementation of interventions or strategies to reduce cohort risks and improve care outcomes.

Health information is growing exponentially. Health literacy is a powerful tool in health promotion, disease prevention, management of chronic illnesses, and quality of life - all of which are hallmarks of excellence in nursing practice. Master's-prepared nurses serve as information managers, patient advocates, and educators by assisting patients and other caregivers in accessing, understanding, evaluating, and applying health-related information. To maximize wellness, health promotion, and risk reduction, the master's-prepared nurse designs and implements education programs using information and communication technologies for cohorts of patients and other healthcare providers, with a particular emphasis on health promotion and management of chronic illnesses.

Teaching other direct care providers how to assist clients, families, and communities to be health literate and independent managers of their own care is a system responsibility of the master's-prepared nurse and an integral component of each plan of care.

The master's-level program prepares the graduate to:

1. Analyze current and proposed use of patient-care technologies, including cost-effectiveness and appropriateness, in the design and delivery of care in diverse care settings to optimize patient safety and outcomes of care.
2. Implement the use of telecommunication technologies to coordinate and laterally integrate patient care across care settings and among healthcare providers.
3. Evaluate outcome data, using technologies and information systems, to make recommendations and develop strategies to reduce risks and improve patient care outcomes for a cohort of patients.
4. Provide oversight and guidance to healthcare team members in the integration of patient care technologies and information systems to promote quality outcomes and support safe practice environments.
5. Demonstrate the use of data sets to identify and anticipate patient risks, including failure mode effects analysis, root cause analysis and quality improvement methodologies.

6. Use information and communication technologies, resources, and materials to effectively teach patients and other healthcare team members.
7. Demonstrate the use of information and communication technologies to document patient care and evaluate the outcomes of care.
8. Demonstrate skills in using information technologies to support one's lifelong learning.

Sample Content

- Use of technology and information management systems
- Regulatory requirements for electronic data monitoring systems
- Ethical and legal issues related to the use of information technology, including copyright, privacy, and confidentiality issues
- Retrieval information systems, including access, evaluation of data, and application of relevant data to patient care
- Online review and resources for evidence-based practice
- Use and implementation of technology for virtual care delivery and monitoring
- Electronic health record, including policies related to implementation of and use to impact care outcomes.
- How the role of nurse informaticist, quality officers, and others complement the master's-prepared nurse role.
- Use and analysis of data sets to evaluate patient care outcomes
- Use and analysis of data sets to identify patient cohort risks and implement quality improvement strategies

Integrated Learning Strategies

- Complete a cost-benefit analysis for a proposed implementation of a new patient care technology, including the impact on staff and patients. Develop and present to the interdisciplinary care team a proposal regarding the recommendation or not to implement such a patient care technology.
- Prepare a written report on an identified patient care risk for a cohort of patients using aggregate data sets.
- Using an existing database, evaluate aggregate care outcomes for a designated microsystem with a focus on specific nursing interventions.
- Identify a real or virtual patient care error, perform an analysis of the causes of the error, and identify quality improvement strategies to address the identified

- cause(s). Develop a plan to implement quality improvement strategies, including targeted audience, all relevant stakeholders, needed resources, and processes for implementation.
- Identify a gap in patient care on an identified microsystem; conduct an electronic review of current evidence to address the gap in care; evaluate the appropriateness and impact of implementing current recommendations; develop a policy to address the gap in care; and develop a plan for implementing the change in policy within the microsystem but targeting relevant stakeholders within the larger meso- and macrosystems.

Essential VI: Healthcare Policy for Advocacy in Health Care

Rationale

The healthcare environment is ever evolving and influenced by technological, economic, political, and social factors. It is imperative that all graduates of master's degree nursing programs have requisite knowledge and skills to promote health and shape the health delivery system through policy processes and advocacy. The purpose of this content is to prepare graduates to intervene at the system level through the policy process and to employ advocacy strategies to influence health and health care.

Nursing's call to political activism and policy advocacy arises from several directions. As more evidence links the broad psychosocial, economic, and cultural factors to health status, nurses are compelled to incorporate these factors into their approach to care. Most often, policy processes and system-level strategies yield the strongest influence on these broad determinants of health. Secondly, being accountable for improving the quality of healthcare delivery, nurses must understand the legal and political determinants of the system and the requisite skills to partner for an improved system. Lastly, nurses' involvement in policy debates brings our professional values to bear on the process, as well as our knowledge of how the policy directives affect the daily lives of patients (Warner, 2003). The master's-prepared nurse will use their political efficacy and competence to improve the health outcomes of populations and improve the quality of the healthcare delivery system.

Healthcare Policy

Despite incremental efforts at reform, the number of uninsured continues to grow, the cost of care continues to rise, and the safety and quality of care are questioned. (American Nurses Association, 2008). Policy shapes healthcare systems and helps determine accessibility, accountability, and affordability.

The opportunity to work with clinical populations and implement strategies that address health disparities is imperative for the graduate. This serves as a prelude to influencing policy formation at the systems level. In order to influence policy there needs to be an understanding of how to work within and affect change in systems.

Financing of Health Care

Healthcare financing is an essential foundation for the delivery of healthcare service, and while a complete background of healthcare economics and accounting is not deemed essential, the graduate must understand the principles of finance, the language to collaborate with other healthcare leaders, and the relationships between policy and financial matters. Graduates must understand the fiscal context in which they are practicing and make the linkages between policy, financing, and access to health care.

Advocacy

Advocacy for clients, the profession, and health-promoting policies is operationalized in divergent ways, supported by scant evidence explaining the activities and, in general, a 'slippery concept for nursing' (Grace, 2001, p. 151). Often cited attributes include safeguarding autonomy, defending social justice, informing, and empowering (Hanks, 2007; Xiaoyan & Jezewski, 2006). Giving voice and persuasion to needs and preferred direction at the individual, institution or policy level is integral to most roles for the master's-prepared nurse.

The master's-level program prepares the graduate to:

1. Analyze how healthcare policies influence the structure and financing of health care, clinical practice, and health outcomes.
2. Influence the development and implementation of institutional, local, and state policy, and link those processes to the federal and international policy environments.
3. Examine the effect of legal and regulatory processes on nursing practice, healthcare delivery, and patient outcomes.
4. Articulate the interaction between regulatory controls and quality control within the healthcare delivery system.
5. Interpret healthcare research for policy makers and stakeholders who are shaping healthcare policy
6. Advocate for consumers and the profession utilizing nursing value and perspective.

7. Advocate for healthcare policies that reflect nursing values and perspective.

Sample Content

- Policy process: development, implementation, and evaluation
- Structure of healthcare delivery systems
- Theories and models of policy making
- Policy making environments: values, economics, politics, social
- Legislative process at various levels of government
- Ethical and value-based frameworks guiding policy making
- General principles of microeconomics and macroeconomics, accounting, and marketing strategies.

Integrative Learning Strategies

- Conduct an environmental scan of the prevalent issues affecting your clinical practice by obtaining input from patients, staff, interprofessional colleagues, media, and policy makers.
- Create a position paper on a policy issue that advocates for a policy solution that is politically feasible and economically viable.
- Develop a resolution on a health issue that can be presented to the local or state policy body. Include a timeline and specific strategies on submitting the resolution.
- Participate in a coalition of advocates who are supporting a current policy solution or senate/house bill.
- Discuss the state of empowerment and values clarification needed to be an effective nurse advocate and policy player.
- Frame a health issue so it can have traction in the contentious and controversial policy contexts.

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Essential VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

Rationale

Interprofessional collaboration is critical for achieving clinical prevention and health promotion goals in order to improve patient and population health outcomes (APTR, 2009). In 2003, the Institute of Medicine (IOM) identified that in a redesigned health system that a greater emphasis be placed on high-level coordination, communication and collaboration among all health professionals. It described a set of core competencies that all health professionals regardless of discipline should demonstrate: (1) the provision of patient-centered care, (2) working in interdisciplinary teams, (3) employing evidence-based practice, (4) applying quality improvement approaches, and (5) utilizing informatics (IOM, 2003).

The IOM also recognized the need for care providers to demonstrate a greater awareness to “patient values, preferences, and cultural values,” consistent with the Healthy People 2010 goal of achieving health equity through multidisciplinary approaches (USHHS, 2000). In this context, knowledge of broad determinants of health will enable the master’s-prepared nurse to succeed as a patient advocate, cultural and systems broker, and to lead and coordinate interprofessional teams across care environments in order to reduce barriers, improve access to care, and improve health outcomes. Successfully leading these teams is achieved through skill development and demonstrating effective communication, planning, and implementation of care directly with other healthcare professionals (AACN, 2007).

Improving patient and population health outcomes is contingent on both horizontal and vertical health delivery systems that integrate research and clinical expertise to provide patient-centered care. Inherently this must consider patients' expressed values, needs, and preferences for shared decision-making and management of their care. As members and leaders of interprofessional teams, the master's-prepared nurse should actively communicate, collaborate, and consult with other health professionals to manage and coordinate care across micro-, meso-, and macrosystems. In addition, master's-prepared nurses should effectively understand and manage information and data sources and technology, and measure and evaluate quality of care toward the improvement of patient and population health outcomes.

The master's-level program prepares graduates to:

1. Demonstrate collaborative approaches and strategies in the design, coordination, and evaluation of patient-centered care.
2. Employ leadership skills through collaboration and consultation with other health professionals in the design, coordination, and evaluation of patient care outcomes.
3. Appraise the lateral integration of healthcare services within micro-systems to affect quality care and improve patient health outcomes.
4. Use effective communication, collaboration, and leadership skills that improve patient and population health outcomes through the integration of evidence-based practice and innovations into the health delivery system.
5. Advocate for high quality, safe, and reliable patient care.
6. Demonstrate effectively use and management of health information and technology, and research findings in the delivery of patient-centered care.
7. Apply effective group participation and leadership skills as a member of interprofessional teams and community partnerships.
8. Articulate the role of the professional nurse as a member of an interprofessional healthcare team.

Sample Content

- Ecological model of the social determinants of health
- Principles of cultural competency, health equity, and social justice
- Principles of program planning, design, and evaluation
- Principles of health promotion and disease prevention
- Principles and application of health behavior modification

- Theories and applications of health literacy and health communication
- Principles of group dynamics, group process, facilitation, and time management
- Principles of quality improvement and process evaluation

Integrative Learning Strategies

- Participate in an interprofessional student group to discuss and distinguish the unique contributions of one's own and other disciplines to patient-centered care.
- Identify a patient care intervention and develop a process improvement plan using an interprofessional team approach.
- Participate in an interprofessional team practicum in a community setting that examines the barriers to health services for an underserved patient group or population with a chronic care condition, and identifies strategies to overcome those barriers.
- Conduct a review of the literature of patient-centered health technology strategies and identify evidenced-based practices that promote positive health outcomes for diabetic patients.
- Analyze a patient education strategy using an intercultural framework and its impact on improving health outcomes for a defined patient group or population.

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Essential VIII: Clinical Prevention and Population Health for Improving Health

Rationale

Clinical Prevention is defined as health promotion and risk reduction/illness prevention for individuals and families. *Population health* is defined to include aggregate, community, environmental/occupational, and cultural/socioeconomic dimensions of health. Aggregates are groups of individuals defined by a shared characteristic such as gender, diagnosis, or age. These framing definitions are endorsed by representatives of multiple disciplines including nursing (Allan et al, 2004).

The implementation of clinical prevention and population health activities is central to achieving the national goal of improving the health status of the population of the United States. Unhealthy lifestyle behaviors account for over 50 percent of preventable deaths in the U.S., yet prevention interventions are under utilized in healthcare settings. In an effort to address this national goal, *Healthy People 2010* supported the transformation of clinical education by creating an objective to increase the proportion of schools of medicine, nursing, and other health professionals that have a basic curriculum that includes the core competencies in health promotion and disease prevention (Allan et al., 2004; USHHS, 2000). The Association for Prevention Teaching and Research (APTR) developed the *Clinical Prevention and Population Health Curriculum Framework* that identifies four focal areas that include individual and population-oriented preventive interventions. This curriculum guides the development and evaluation of educational competencies expected of health professionals in clinical prevention and population health, and is endorsed by clinical professional associations including the AACN (APTR, 2009).

The master's-prepared nurse applies and integrates broad, organizational, client-centered, and culturally appropriate concepts in the planning, delivery, management, and evaluation of evidence-based clinical prevention and population care and services to individuals, families, aggregates/ identified populations.

The master's-level program prepares the graduate to:

1. Demonstrate an understanding of broad determinants of health, principles of genetics and genomics, and descriptive, statistical, scientific, and other data sources as a foundation for evidence-based practice in the planning, delivery, management, and evaluation of care to individuals, families, and aggregates/identified populations.
2. Formulate client-centered and culturally appropriate strategies in the planning, delivery, management and evaluation of clinical prevention and health promotion interventions and/or services to individuals, families, and aggregates/identified populations.
3. Apply concepts, including organization of clinical and public health systems, health economics, genetics and genomics, health information management, inter-professional collaboration, workforce development, and ethical frameworks to advance equitable and efficient prevention services, and promote effective population health policy.
4. Integrate clinical prevention and population health concepts in the development of culturally and linguistically appropriate health education and communication strategies and interventions for individuals, families, and aggregates/identified populations.
5. Engage in partnerships to assure the effective coordination, delivery, and evaluation of clinical prevention and health promotion interventions and/or services to individuals, families, and aggregates/identified populations across care environments and the health system.

Sample Content

- Principles of epidemiology
- Principles of biostatistical methods and analysis
- Ecological model of the social determinants of health
- Principles of cultural competency, health equity, and social justice
- Principles of program planning, design, and evaluation
- Principles of health promotion and disease prevention
- Principles and application of health behavior modification
- Principles of health services financing
- Theories and applications of health literacy and health communication
- Relationship of genetics and genomics in clinical prevention and health promotion
- Organization of clinical and public health systems
- Frameworks for addressing global health and emerging health issues

Integrative Learning Strategies

- Conduct community asset mapping to determine risk factors that would compromise meeting health outcomes for patients with a chronic health condition.
- Conduct a literature review of health promotion and illness prevention and develop an individual leadership framework to address the health promotion and illness prevention needs of an identified clinical patient group or aggregate/population.
- Examine the ecological model of human health and apply this to an identified health outcome at the individual, family, community, and/or system levels.
- Conduct an ethical analysis of pharmaceutical interventions for a specified racial/ethnic group from a genetics/genomic perspective.
- Analyze a system management practice from socio-economic, environmental political, and cultural contexts, and assess the impact on the health outcomes of a vulnerable patient population.

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Essential IX: Advancing Professionalism and Professional Values

Rationale

Master's-prepared nurses deepen their understanding of professional values and their use of values-based professional practice and behavior. Building on a foundation of baccalaureate generalist nursing practice, these nurses understand the complexities of clinical practice and the difficult, often very subtle professional challenges that may arise. Master's-prepared nurses base their practice on the *Essentials of Baccalaureate Nursing* (AACN, 2008) and on the professional values espoused in that document. The following professional values epitomize the caring, professional nurse. Nurses, guided by these values, demonstrate ethical behavior in patient care.

Altruism is a concern for the welfare and well being of others. In professional practice, altruism is reflected by the nurse's concern and advocacy for the welfare of patients, other nurses, and other healthcare providers.

Autonomy is the right to self-determination. Professional practice reflects autonomy when the nurse respects patients' rights to make decisions about their health care.

Human Dignity is respect for the inherent worth and uniqueness of individuals and populations. In professional practice, concern for human dignity is reflected when the nurse values and respects all patients and colleagues.

Integrity is acting in accordance with an appropriate code of ethics and accepted standards of practice. Integrity is reflected in professional practice when the nurse is honest and provides care based on an ethical framework that is accepted within the profession.

Social Justice is acting in accordance with fair treatment regardless of economic status, race, ethnicity, age, citizenship, disability, or sexual orientation" (AACN, 2008, p. ##).

Master's-level nursing education provides systematic methods for reflection about one's own professional philosophy and the intersection between that philosophy and actualizing professional nursing standards. Concepts such as nursing's metaparadigm, social justice, and a nursing approach to healthcare issues and problems underlie the master's-prepared nurse's approach to creating mental models for practice. Nurses at this level advocate for the needs of individuals, families, and communities aiming to influence organizational and health policies that promote better health. Master's-prepared nurses accept the responsibility for analyzing trends in data at the microsystem level, take action to improve care delivery, and design methods to evaluate aggregate interventions. They collaborate with others to provide equitable health care and focus on creating environments in which disparities in access, quality, and outcomes are eliminated. They

express confidence in their interactions within healthcare teams and in the community, while maintaining an openness to critique and new ideas, and a willingness to work as a member of an interprofessional team to improve health outcomes. Master's-prepared nurses possess excellent written and verbal communication skills, and are adept at building persuasive, data-driven arguments. They use active listening skills and encourage others to contribute to team-based problem-solving and innovations. Master's-prepared nurses have developed their own plans for lifelong learning and continued growth in a rapidly evolving healthcare system, and are skilled mentors and coaches for nursing students and new nurses. They take responsibility for helping newer nurses gain confidence and skill, and for improving the care in their microsystems and for working collaboratively with interprofessional teams.

The master's-level program prepares the graduate to:

1. Articulate a personal philosophy of nursing that incorporates nursing's code of ethics, one's own values, and professional nursing standards for moral, ethical, and legal conduct.
2. Develop a personal plan for lifelong learning and continued professional development in nursing and for facilitating the growth of nurses newer to the profession.
3. Present opinions and arguments in a logical, data-driven, and persuasive manner.
4. Demonstrate initiative and self-direction in seeking ways to improve health and health care, and in working with interprofessional colleagues and the public to do so.
5. Use mentoring and coaching strategies to facilitate the development of nursing students, new graduate nurses, and coworkers.
6. Facilitate healthy work environments and healthy communities using collaborative, collegial approaches to communication, problem solving, conflict resolution, and innovation.

Sample Content

- Philosophy of nursing care
- Communication strategies including team communication, conflict resolution, creativity and brainstorming, and communicating bad news
- Professional standards for moral, ethical, and legal conduct
- Risk management and risk mitigation
- Managing errors
- Principles of leadership and responsibilities for taking initiative
- Principles of self mastery and lifelong learning
- Social justice
- "History, philosophy, and responsibilities of the nursing profession" (AACN, 2007, p. 26)

Integrative Learning Strategies

- Write one's own personal philosophy as a master's-prepared nurse and explain it to classmates.
- Develop a portfolio documenting goals, accomplishments, scholarly clinical products such as manuscripts, clinical guidelines, and quality improvement projects.
- Keep a journal during one's master's program, documenting professional goals and plans for achieving them, identifying strengths, and how one will build upon them, and articulating areas of growth for self-mastery and how one plans to achieve that growth.
- Select a vulnerable population and analyze policies that could yield increases in social justice and elimination of health disparities for that population.
- Identify with the preceptors with whom one is working the most common health care errors in that microsystem; explain how errors might be managed in the most professional manner and with the greatest potential for error elimination in the future.
- Talk with staff nurses about the kinds of bad news they must communicate and how they do so in sensitive, ethical, and legally responsible ways.
- Develop a personal plan for mentoring newer nurses, whether in one's own workplace or via professional organizations.

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Essential X: Master's-Level Nursing Practice

Rationale

Essential X describes master's-prepared nursing practice at the completion of master's nursing education. This Essential includes the *practice-focused* outcomes of the master's-prepared nurse that build upon a strong base in the physical and social sciences as well as learning experiences in philosophy, the arts, and humanities. Recent and evolving trends in health care require integration into all master's-prepared nurse practice, concepts related to quality improvement, patient safety, systems, economics, environmental science, epidemiology, genetics, gerontology, global perspectives, informatics, negotiation, organizations and systems, and communication.

Master's nursing education prepares graduates as clinical experts to impact safe quality care to diverse patients in a variety of settings and roles. The realities of a global society, expanding technologies, and an increasingly diverse population require master's-prepared nurses to master complex information, to coordinate a variety of care experiences, to use technology for healthcare information and evaluation of nursing outcomes, and to assist diverse clients with managing an increasingly complex system of care. As master's prepared nurses practicing in any setting or role, graduates must understand the foundations of care and the art and science of nursing practice as it relates to the care of individuals, families, communities with the healthcare system. The extraordinary explosion of knowledge in fields also requires an increased emphasis on lifelong learning.

The master's-level program prepares the graduate to:

1. Conduct a holistic assessment of individuals across the lifespan, including genetic, social, environmental, functional, cultural, spiritual, psychological, and comprehensive physical examination.
2. Appraise actual and anticipated risks to patients across the lifespan and in diverse populations.
3. Apply research-based knowledge from nursing and the sciences as the foundation for evidence-based practice.
4. Communicate, collaborate, and interact effectively with all members of the interprofessional healthcare team.
5. Form therapeutic alliances with the client, family, caregivers and members of the healthcare team.

6. Integrate core scientific principles that underlie current and future technologies into the delivery and evaluation of client care.
7. Teach and supervise other members of the healthcare team with safety and competence.
8. Appraise epidemiological, social, and environmental data in drawing inferences regarding the health status of client populations and interventions to promote and preserve health and healthy lifestyles.
9. Employ knowledge of illness and disease management to provide evidence-based care to populations, perform risk assessments, and design plans of care.
10. Use information and communication technologies to document client care, advance client education, and enhance accessibility of care.
11. Incorporate advanced knowledge and skills in identifying potential and actual ethical issues arising from practice, and assisting clients and other healthcare providers address such issues.
12. Apply knowledge of the effects of age, developmental stage, culture, ethnicity, socioeconomics, linguistic, religious, and lifestyle variations on health status and response to health care to the design and implementation of patient care.
13. Adapt, or seek consultation to adapt, patient care in response to global environmental (international law, public health, geopolitics, and geo-economics) factors.
14. Employ knowledge and skills in economics of care, business principles, and (micro- and macro) systems of care in the design, delivery, and evaluation of care.
15. Apply theory and research-based knowledge in leading the interdisciplinary team to design, coordinate, and evaluate the delivery of client care.
16. Design strategies that promote lifelong learning of self and peers and that achieve the incorporation of professional nursing standards and accountability into practice.
17. Provide and coordinate comprehensive care for individuals, families, groups, and communities in various settings using communication, collaboration, negotiation, delegation, coordination, and evaluation knowledge and skills.
18. Integrate care delivery, laterally across settings and among care providers, to promote quality, safe, and coordinated care.

- Leadership:
 - Horizontal leadership
 - Effective use of self
 - Advocacy for patients, families, and the discipline
 - Conceptual analysis of the master's-prepared nurse's role(s)
 - Lateral integration of care

- Clinical Outcomes Management:
 - Illness/disease/health management
 - Care management
 - Client outcomes
 - Graduate-level pharmacology
 - Graduate-level physiology/pathophysiology
 - Graduate-level health assessment
 - Epidemiology
 - Biostatistics
 - Measurement of client outcomes

- Health Promotion and Disease Reduction/ Prevention Management:
 - Risk assessment
 - Health literacy
 - Health education and counseling

- Evidence-based Practice:
 - Clinical decision making
 - Critical thinking
 - Problem Identification
 - Outcome measurement

- Care Environment Management:
 - Team coordination, including delegation, supervision, interdisciplinary care, group process
 - Managing difficult people, conflict resolution
 - Healthcare reimbursement and reform
 - Resource allocation
 - Use of healthcare technologies to improve patient care delivery and outcomes
 - Healthcare finance & socioeconomic principles
 - Principles of quality management/risk reduction/patient safety
 - Informatics

Integrated Learning Strategies

- Use case studies that occur over time and address complex patients.

- Select a gap observed in one's practice setting and develop a practice protocol that is evidence-based.
- Identify clinical and cost outcomes that improve safety, effectiveness, timeliness, efficiency, quality, and client-centered care.
- Review and evaluate a patient care guideline/protocol and implement a guideline to address an identified patient care issue like pain management or readiness for discharge; follow-up to evaluate the impact on the issue.
- Participate in the development of or change in a policy within the healthcare organization.
- Analyze interdisciplinary patterns of communication and chain of command both internal and external to the unit that impact care.
- After an interprofessional interaction, complete a process analysis of the interaction, determine areas of effectiveness and areas for improvement.
- Design, coordinate, and evaluate plans of care for a cohort of patients incorporating patient/family input and team member input.
- Perform a fiscal analysis, including human and physical resources, needed to support a microsystem of care.
- Complete a cost-benefit analysis of a proposed change, which may include introduction of new patient care technology or a change in practice protocol and present to the multidisciplinary team.
- Evaluate the impact of a new technology on nursing staff, patients, and families.
- Conduct a microsystem analysis by:
 - Identifying a clinical issue with a focus on a population
 - Conducting a trend analysis of incident reports
 - Evaluating a sentinel event and conducting a root cause analysis (RCA)
 - Incorporating analysis of outcome data
 - Analyzing barriers and facilitators within the organization related to the identified issue
 - Writing an action plan related to the analysis
 - Presenting/disseminating to appropriate audience.
- Using an existing database, evaluate aggregate care outcomes for a designated microsystem with a focus on specific nursing interventions.
- Work with a quality improvement team and engage in designing and implementing a process for improving patient safety.
- Create or review an education module directed at patients and staff; develop a self-management guide for patients and families.
- Develop and implement a professional development session for other professional nursing and ancillary staff.

- Design, implement, and evaluate a health education plan, evaluating the role of the team, the teaching learning methods used, the client interactions, the expected & actual outcomes, including health status changes.

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Glossary

Advocacy: defending or maintaining a cause or proposal on behalf of the patient, client, or profession to achieve societal or other goals (IPPMG, 2007)

Care Coordination: Ensure patients receive well-coordinated care across all healthcare organizations, settings, and levels of care. (National Priorities Partnership, 2008)

Ethics: The rules or principles that govern right conduct (Kozier and Erb, 2007).

Genetics: study of individual genes and their impact on relatively rare single gene disorders. (Guttmacher & Collins, 2002)

Genomics: study of all the genes in the human genome, together including their interactions with each other, the environment, and the influence of other psychosocial and cultural factors. (Guttmacher & Collins, 2002)

Health Disparities: Health disparities are differences in the incidence, prevalence, mortality, and burden of disease and other adverse health conditions that exist among specific population groups in the United States (NIH, 2002-2006). The definition of health disparities assumes not only a difference in health but a difference in which disadvantaged social groups—who have persistently experienced social disadvantage or discrimination—systematically experience worse health or greater health risks than more advantaged social groups (Braveman, 2006). Consideration of who is considered to be within a health-disparity population has policy and resource implications. (AACN, 2009)

Health Equity: A basic principle in public health is that all people have a right to health. Health equity concerns those differences in population health that can be traced to unequal economic and social conditions and are systemic and avoidable and thus inherently unjust and unfair. (Brennan, Baker, & Meltzer, 2008)

Health Literacy: The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions (U.S. Department of Health and Human Services, 2000b)

High Reliability Organizations (HRO): Organizations or systems that operate in hazardous conditions but have fewer than their fair share of adverse events. (Weick, 2001; Reason, 2001) Commonly discussed examples include air traffic control systems, nuclear power plants, and naval aircraft carriers. (LaPorte, 1988; Roberts, 1990) It is worth noting that, in the patient safety literature, HROs are considered to operate with nearly failure-free performance records, not simply better than average ones. These organizations achieve consistently safe and effective performance records despite unpredictable operating environments or intrinsically hazardous endeavors. Some common features of HROs include:

- *Preoccupation with failure*—the acknowledgment of the high-risk, error-prone nature of an organization’s activities and the determination to achieve consistently safe operations.
- *Commitment to resilience*—the development of capacities to detect unexpected threats and contain them before they cause harm, or bounce back when they do.
- *Sensitivity to operations*—an attentiveness to the issues facing workers at the frontline. This feature comes into play when conducting analyses of specific events but also in connection with organizational decision making. Management units at the frontline are given some autonomy in identifying and responding to threats, rather than adopting a rigid top-down approach.
- *A culture of safety*, the atmosphere in which individuals feel comfortable drawing attention to potential hazards or actual failures without fear of censure from management. (AHRQ, 2009)

Just Culture: This phrase was popularized in the patient safety lexicon by a report (Marx, 2001) that outlined principles for achieving a culture in which frontline personnel feel comfortable disclosing errors—including their own—while maintaining professional accountability. The examples in the report relate to transfusion safety, but the principles clearly generalize across domains within health care organizations.

Traditionally, health care’s culture has held individuals accountable for all errors or mishaps that befall patients under their care. By contrast, a just culture recognizes that individual practitioners should not be held accountable for system failings over which they have no control. A just culture also recognizes many individual or “active” errors represent predictable interactions between human operators and the systems in which they work. However, in contrast to a culture that touts “no blame” as its governing

principle, a just culture does not tolerate conscious disregard of clear risks to patients or gross misconduct.

In summary, a just culture recognizes that competent professionals make mistakes and acknowledges that even competent professionals will develop unhealthy norms but has zero tolerance for reckless behavior (AHRQ, 2009).

Metaparadigm: represents the worldview of a discipline (the most global perspective that subsumes more specific views and approaches to the central concepts with which it is concerned). There is considerable agreement that Nursing's' metaparadigm consists of the central concepts of person, environment, health, and nursing." (Powers & Knapp, 1990, p. 87).

Microsystem:

Nursing Science: A basic science that is the substantive discipline-specific knowledge that focuses on the human-universe-health process articulated in the nursing frameworks and theories. The discipline-specific knowledge resides within schools of thought that reflect differing philosophical perspectives that give rise to ontological, epistemological, and methodological processes for the development and use of knowledge concerning nursing's unique phenomenon of concern (Parse et al., 2000)

Organizational Science: An interdisciplinary field of inquiry focusing on employee and organizational health, well-being, and effectiveness. Organizational Science is both a science and a practice, founded on the notion that enhanced understanding leads to applications and interventions that benefit the individual, work groups, the organization, the customer, the community, and the larger society in which the organization operates (UNC, 2009).

Patient: The term refers to the recipient of a healthcare service or intervention at the individual, family, community, aggregate/population level. Further, patients may function in independent, interdependent, or dependent roles, and may seek or receive nursing interventions related to disease prevention, health promotion, or health maintenance, as well as illness and end-of-life care. Depending on the context or setting, patients may, at times, more appropriately be termed clients, *consumers*, or clients of nursing services (AACN, 1998, p. 2).

Population: Refers to a set of persons having a common personal or environmental characteristic. The common characteristic might be anything thought to relate to health, such as age, race, sex, social class, medical diagnosis, level of disability, exposure to a toxin, or participation in a health-seeking behavior, such as smoking cessation. It is the researcher or health practitioner who identifies the characteristic and set of persons that make up this population (Maurer & Smith, 2004).

Professionalism: is defined as the consistent demonstration of core values evidenced by nurses working with other professionals to achieve optimal health and wellness outcomes in patients, families, and communities by wisely applying principles of altruism, excellence, caring, ethics, respect, communication, and accountability (Interprofessional Professionalism Measurement Group, 2008). Professionalism involves accountability for one's self and nursing practice, including continuous professional engagement and lifelong learning. As discussed in the American Nurses Association Code of Ethics for Nursing (2005, p.16), "The nurse is responsible for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care." Also, inherent in accountability is responsibility for individual actions and behaviors, including civility. In order to demonstrate professionalism, civility must be present. Civility is a fundamental set of accepted behaviors for a society/culture upon which professional behaviors are based (Hammer, 2003). (AACN, 2008)

Quality Improvement (QI): In health care, QI refers to giving patients the appropriate care at the appropriate time and place with the appropriate mix of information and supporting resources. In many cases, healthcare systems are designed in such a way as to be overly cumbersome, fragmented, and indifferent to patients' needs. Quality improvement tools range from those that simply make recommendations but leave decision-making largely in the hands of individual practitioners (e.g., practice guidelines) to those that prescribe patterns of care (e.g., critical pathways). Typically, QI efforts are strongly rooted in evidence-based procedures and rely extensively on data collected about processes and outcomes (RWJ, 2009).

Risk Management/Risk Mitigation: A managed program or effort directed at reducing risk, avoiding accidents, and making effective use of purchased insurance (ANA, 2009).

Self Mastery: The intentional growth and development of physical, emotional, mental, and spiritual being. It allows for flexibility; comfort with chaos, ambiguity, and uncertainty; and the ability to let go of control. The journey of self-mastery increases our capacity to support and move others beyond fear (Viney & Rivers, 2007).

Social Justice: This concept relates to upholding moral, legal, and humanistic principles. This value is reflected in professional practice when assuring equal treatment under the law and equal access to quality health care. (AACN, 2007)

Values: Something of worth; a belief held dearly by a person (Kozier & Erb, 2007).

Vulnerable Populations: Refers to social groups with increased relative risk (i.e., exposure to risk factors) or susceptibility to health-related problems. Vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life (UCLA School of Nursing, 2008).

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