

Patient-centered Care (PCC)

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 (K)	Skills (S)	Attitudes (A)
<p>1. Integrate understanding of multiple dimensions of patient centered care:</p> <ul style="list-style-type: none"> o patient/family/community preferences, values o coordination and integration of care o information, communication, and education o physical comfort and emotional support o involvement of family and friends o transition and continuity <p>2. Describe how diverse cultural, ethnic and social backgrounds function as sources of patient, family, and community values</p>	<p>1. Elicit patient values, preferences and expressed needs as part of clinical interview, implementation of care plan and evaluation of care</p> <p>2. Communicate patient values, preferences and expressed needs to other members of health care team</p> <p>3. Provide patient-centered care with sensitivity and respect for the diversity of human experience</p>	<p>1. Value seeing health care situations "through patients' eyes"</p> <p>2. Respect and encourage individual expression of patient values, preferences and expressed needs</p> <p>3. Value the patient's expertise with own health and symptoms</p> <p>4. Seek learning opportunities with patients who represent all aspects of human diversity</p> <p>5. Recognize personally held attitudes about working with patients from different ethnic, cultural and social backgrounds</p> <p>6. Willingly support patient-centered care for individuals and groups whose values differ from own</p>
<p>3. Demonstrate comprehensive understanding of the concepts of pain and suffering, including physiologic models of pain and comfort.</p>	<p>4. Assess presence and extent of pain and suffering</p> <p>5. Assess levels of physical and emotional comfort</p> <p>6. Elicit expectations of patient & family for relief of pain, discomfort, or suffering</p> <p>7. Initiate effective treatments to relieve pain and suffering in light of patient values, preferences and expressed needs</p>	<p>7. Recognize personally held values and beliefs about the management of pain or suffering</p> <p>8. Appreciate the role of the nurse in relief of all types and sources of pain or suffering</p> <p>9. Recognize that patient expectations influence outcomes in management of pain or suffering</p>
<p>4. Examine how the safety, quality and cost effectiveness of health care can be improved through the active involvement of patients and families</p>	<p>8. Remove barriers to presence of families and other designated surrogates based on patient preferences</p> <p>9. Assess level of patient's decisional conflict and provide access to resources</p>	<p>10. Value active partnership with patients or designated surrogates in planning, implementation, and evaluation of care</p> <p>11. Respect patient preferences for degree of active engagement in care process</p>

<p>5. Examine common barriers to active involvement of patients in their own health care processes</p> <p>6. Describe strategies to empower patients or families in all aspects of the health care process</p>	<p>10. Engage patients or designated surrogates in active partnerships that promote health, safety and well-being, and self-care management</p>	<p>12. Respect patient's right to access to personal health records</p>
<p>7. Explore ethical and legal implications of patient-centered care</p> <p>8. Describe the limits and boundaries of therapeutic patient-centered care</p>	<p>11. Recognize the boundaries of therapeutic relationships</p> <p>12. Facilitate informed patient consent for care</p>	<p>13. Acknowledge the tension that may exist between patient rights and the organizational responsibility for professional, ethical care</p> <p>14. Appreciate shared decision-making with empowered patients and families, even when conflicts occur</p>
<p>9. Discuss principles of effective communication</p> <p>10. Describe basic principles of consensus building and conflict resolution</p> <p>11. Examine nursing roles in assuring coordination, integration, and continuity of care</p>	<p>13. Assess own level of communication skill in encounters with patients and families</p> <p>14. Participate in building consensus or resolving conflict in the context of patient care</p> <p>15. Communicate care provided and needed at each transition in care</p>	<p>15. Value continuous improvement of own communication and conflict resolution skills</p>

Teamwork and Collaboration (T&C)

Definition: Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.

Knowledge (K)	Skills (S)	Attitudes (A)
<p>1. Describe own strengths, limitations, and values in functioning as a member of a team</p>	<p>1. Demonstrate awareness of own strengths and limitations as a team member</p> <p>2. Initiate plan for self-development as a team member</p> <p>3. Act with integrity, consistency and respect for differing views</p>	<p>1. Acknowledge own potential to contribute to effective team functioning</p> <p>2. Appreciate importance of intra- and inter-professional collaboration</p>
<p>2. Describe scopes of practice and roles of health care team members</p> <p>3. Describe strategies for identifying and managing overlaps in team member roles and accountabilities</p> <p>4. Recognize contributions of other individuals and groups in helping patient/family achieve health goals</p>	<p>4. Function competently within own scope of practice as a member of the health care team</p> <p>5. Assume role of team member or leader based on the situation</p> <p>6. Initiate requests for help when appropriate to situation</p> <p>7. Clarify roles and accountabilities under conditions of potential overlap in team member functioning</p> <p>8. Integrate the contributions of others who play a role in helping patient/family achieve health goals</p>	<p>3. Value the perspectives and expertise of all health team members</p> <p>4. Respect the centrality of the patient/family as core members of any health care team</p> <p>5. Respect the unique attributes that members bring to a team, including variations in professional orientations and accountabilities</p>
<p>5. Analyze differences in communication style preferences among patients and families, nurses and other members of the health team</p> <p>6. Describe impact of own communication style on others</p> <p>7. Discuss effective strategies for communicating and resolving conflict</p>	<p>9. Communicate with team members, adapting own style of communicating to needs of the team and situation</p> <p>10. Demonstrate commitment to team goals</p> <p>11. Solicit input from other team members to improve individual, as well as team, performance</p> <p>12. Initiate actions to resolve conflict</p>	<p>6. Value teamwork and the relationships upon which it is based</p> <p>7. Value different styles of communication used by patients, families and health care providers</p> <p>8. Contribute to resolution of conflict and disagreement</p>
<p>8. Describe examples of the impact of team functioning on safety and quality of care</p>	<p>13. Follow communication practices that minimize risks associated with handoffs among providers and across transitions in care</p>	<p>9. Appreciate the risks associated with handoffs among providers and across transitions in care</p>

<p>9. Explain how authority gradients influence teamwork and patient safety</p>	<p>14. Assert own position/perspective in discussions about patient care</p> <p>15. Choose communication styles that diminish the risks associated with authority gradients among team members</p>	
<p>10. Identify system barriers and facilitators of effective team functioning</p> <p>11. Examine strategies for improving systems to support team functioning</p>	<p>16. Participate in designing systems that support effective teamwork</p>	<p>10. Value the influence of system solutions in achieving effective team functioning</p>

Definition: Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.		
Knowledge (K)	Skills (S)	Attitudes (A)
<p>1. Demonstrate knowledge of basic scientific methods and processes</p> <p>2. Describe EBP to include the components of research evidence, clinical expertise and patient/family values.</p>	<p>1. Participate effectively in appropriate data collection and other research activities</p> <p>2. Adhere to Institutional Review Board (IRB) guidelines</p> <p>3. Base individualized care plan on patient values, clinical expertise and evidence</p>	<p>1. Appreciate strengths and weaknesses of scientific bases for practice</p> <p>2. Value the need for ethical conduct of research and quality improvement</p>
<p>3. Differentiate clinical opinion from research and evidence summaries</p> <p>4. Describe reliable sources for locating evidence reports and clinical practice guidelines</p>	<p>4. Read original research and evidence reports related to area of practice</p> <p>5. Locate evidence reports related to clinical practice topics and guidelines</p>	<p>3. Appreciate the importance of regularly reading relevant professional journals</p>
<p>5. Explain the role of evidence in determining best clinical practice</p> <p>6. Describe how the strength and relevance of available evidence influences the choice of interventions in provision of patient-centered care</p>	<p>6. Participate in structuring the work environment to facilitate integration of new evidence into standards of practice</p> <p>7. Question rationale for routine approaches to care that result in less-than-desired outcomes or adverse events</p>	<p>4. Value the need for continuous improvement in clinical practice based on new knowledge</p>
<p>7. Discriminate between valid and invalid reasons for modifying evidence-based clinical practice based on clinical expertise or patient/family preferences</p>	<p>8. Consult with clinical experts before deciding to deviate from evidence-based protocols</p>	<p>5. Acknowledge own limitations in knowledge and clinical expertise before determining when to deviate from evidence-based best practices</p>

Quality Improvement (QI)		
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 (K)	Skills (S)	Attitudes (A)

<p>1. Describe strategies for learning about the outcomes of care in the setting in which one is engaged in clinical practice</p>	<p>1. Seek information about outcomes of care for populations served in care setting</p> <p>2. Seek information about quality improvement projects in the care setting</p>	<p>1. Appreciate that continuous quality improvement is an essential part of the daily work of all health professionals</p>
<p>2. Recognize that nursing and other health professions students are parts of systems of care and care processes that affect outcomes for patients and families</p> <p>3. Give examples of the tension between professional autonomy and system functioning</p>	<p>3. Use tools (such as flow charts, cause-effect diagrams) to make processes of care explicit</p> <p>4. Participate in a root cause analysis of a sentinel event</p>	<p>2. Value own and others' contributions to outcomes of care in local care settings</p>
<p>4. Explain the importance of variation and measurement in assessing quality of care</p>	<p>5. Use quality measures to understand performance</p> <p>6. Use tools (such as control charts and run charts) that are helpful for understanding variation</p> <p>7. Identify gaps between local and best practice</p>	<p>3. Appreciate how unwanted variation affects care</p> <p>4. Value measurement and its role in good patient care</p>
<p>5. Describe approaches for changing processes of care</p>	<p>8. Design a small test of change in daily work (using an experiential learning method such as Plan-Do-Study-Act)</p> <p>9. Practice aligning the aims, measures and changes involved in improving care</p> <p>10. Use measures to evaluate the effect of change</p>	<p>5. Value local change (in individual practice or team practice on a unit) and its role in creating joy in work</p> <p>6. Appreciate the value of what individuals and teams can do to improve care</p>

Safety (S)		
Definition: Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.		
Knowledge (K)	Skills (S)	Attitudes (A)
<p>1. Examine human factors and other basic safety design principles as well as commonly used unsafe practices (such</p>	<p>1. Demonstrate effective use of technology and standardized practices that support safety and quality</p>	<p>1. Value the contributions of standardization/reliability to safety</p>

<p>as, work-arounds and dangerous abbreviations)</p> <p>2. Describe the benefits and limitations of selected safety-enhancing technologies (such as, barcodes, Computer Provider Order Entry, medication pumps, and automatic alerts/alarms)</p> <p>3. Discuss effective strategies to reduce reliance on memory</p>	<p>2. Demonstrate effective use of strategies to reduce risk of harm to self or others</p> <p>3. Use appropriate strategies to reduce reliance on memory (such as, forcing functions, checklists)</p>	<p>2. Appreciate the cognitive and physical limits of human performance</p>
<p>4. Delineate general categories of errors and hazards in care</p> <p>5. Describe factors that create a culture of safety (such as, open communication strategies and organizational error reporting systems)</p>	<p>4. Communicate observations or concerns related to hazards and errors to patients, families and the health care team</p> <p>5. Use organizational error reporting systems for near miss and error reporting</p>	<p>3. Value own role in preventing errors</p>
<p>6. Describe processes used in understanding causes of error and allocation of responsibility and accountability (such as, root cause analysis and failure mode effects analysis)</p>	<p>6. Participate appropriately in analyzing errors and designing system improvements</p> <p>7. Engage in root cause analysis rather than blaming when errors or near misses occur</p>	<p>4. Value vigilance and monitoring (even of own performance of care activities) by patients, families, and other members of the health care team</p>
<p>7. Discuss potential and actual impact of national patient safety resources, initiatives and regulations</p>	<p>8. Use national patient safety resources for own professional development and to focus attention on safety in care settings</p>	<p>5. Value relationship between national safety campaigns and implementation in local practices and practice settings</p>

Informatics (I)

Definition: Use information and technology to communicate, manage knowledge, mitigate error, and support decision-making.

Knowledge (K)

Skills (S)

Attitudes (A)

<p>1.Explain why information and technology skills are essential for safe patient care</p>	<p>1.Seek education about how information is managed in care settings before providing care</p> <p>2.Apply technology and information management tools to support safe processes of care</p>	<p>1.Appreciate the necessity for all health professionals to seek lifelong, continuous learning of information technology skills</p>
<p>2.Identify essential information that must be available in a common database to support patient care</p> <p>3.Contrast benefits and limitations of different communication technologies and their impact on safety and quality</p>	<p>3.Navigate the electronic health record</p> <p>4.Document and plan patient care in an electronic health record</p> <p>5.Employ communication technologies to coordinate care for patients</p>	<p>2.Value technologies that support clinical decision-making, error prevention, and care coordination</p> <p>3.Protect confidentiality of protected health information in electronic health records</p>
<p>4.Describe examples of how technology and information management are related to the quality and safety of patient care</p> <p>5.Recognize the time, effort, and skill required for computers, databases and other technologies to become reliable and effective tools for patient care</p>	<p>6.Respond appropriately to clinical decision-making supports and alerts</p> <p>7.Use information management tools to monitor outcomes of care processes</p> <p>8.Use high quality electronic sources of healthcare information</p>	<p>4.Value nurses' involvement in design, selection, implementation, and evaluation of information technologies to support patient care</p>

References

¹ Institute of Medicine. Health professions education: A bridge to quality. *Washington DC: National Academies Press;2003.*

² Cronenwett, L., Sherwood, G., Barnsteiner J., Disch, J., Johnson, J., Mitchell, P., et al (2007). *Quality and safety education for nurses.* Nursing Outlook, 55(3)122-131.