

Ohio Action Coalition
 Work Group: Increasing # BSN Prepared Nurses in Ohio
 (IOM: 80% by 2020)
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PATIENT-CENTERED CARE (QSEN)		
Definition: Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.		
Knowledge	Skills	Attitudes
<p>K1: Integrate understanding of multiple dimensions of patient centered care:</p> <ul style="list-style-type: none"> • patient/family/community preferences, values • coordination and integration of care • information, communication, and education • physical comfort and emotional support • involvement of family and friends • transition and continuity 	<p>S1a: Elicit patient values, preferences and expressed needs as part of clinical interview, implementation of care plan and evaluation of care.</p> <p>S1b: Communicate patient values, preferences and expressed needs to other members of health care team</p>	<p>A1a: Value seeing health care situations “through patients’ eyes”.</p> <p>A2b: Respect and encourage individual expression of patient values, preferences and expressed needs</p> <p>A3c: Value the patient’s expertise with own health and symptoms</p>
<p>K2: Describe how diverse cultural, ethnic and social backgrounds function as sources of patient, family, and community values</p>	<p>S2a: Provide patient-centered care with sensitivity and respect for the diversity of human experience</p>	<p>A2a: Seek learning opportunities with patients who represent all aspects of human diversity</p> <p>A2b: Recognize personally held attitudes about working with patients from different ethnic, cultural and social backgrounds</p>

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		A2c: Willingly support patient-centered care for individuals and groups whose values differ from own
K3: Demonstrate comprehensive understanding of the concepts of pain and suffering, including physiologic models of pain and comfort.	<p>S3a: Assess presence and extent of pain and suffering.</p> <p>S3b: Assess levels of physical and emotional comfort</p> <p>S3c: Elicit expectations of patient & family for relief of pain, discomfort, or suffering</p> <p>S3d: Initiate effective treatments to relieve pain and suffering in light of patient values, preferences and expressed needs</p>	<p>A3a: Recognize personally held values and beliefs about the management of pain or suffering.</p> <p>A3b: Appreciate the role of the nurse in relief of all types and sources of pain or suffering</p> <p>A3c: Recognize that patient expectations influence outcomes in management of pain or suffering</p>
<p>K4a: Examine how the safety, quality, and cost effectiveness of health care can be improved through the active involvement of patients and families.</p> <p>K4b: Examine common barriers to active involvement of patients in their own health care processes</p>	<p>S4a: Remove barriers to presence of families and other designated surrogates based on patient preferences.</p> <p>S4b: Assess level of patient's decisional conflict and provide access to resources</p>	<p>A4a: Value active partnership with patients or designated surrogates in planning, implementation, and evaluation of care.</p> <p>A4b: Respect patient preferences for degree of active engagement in care process</p>

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<p>K4c: Describe strategies to empower patients or families in all aspects of the health care process</p>	<p>S4c: Engage patients or designated surrogates in active partnerships that promote health, safety and well-being, and self-care management</p>	<p>A4c: Respect patient's right to access to personal health records</p>
<p>K5a: Explore ethical and legal implications of patient-centered care.</p> <p>K5b: Describe the limits and boundaries of therapeutic patient-centered care</p>	<p>S5a: Recognize the boundaries of therapeutic relationships.</p> <p>S5b: Facilitate informed patient consent for care</p>	<p>A5a: Acknowledge the tension that may exist between patient rights and the organizational responsibility for professional, ethical care.</p> <p>A5b: Appreciate shared decision-making with empowered patients and families, even when conflicts occur</p>
<p>K6a: Discuss principles of effective communication.</p> <p>K6b: Describe basic principles of consensus building and conflict resolution</p> <p>K6c: Examine nursing roles in assuring coordination, integration, and continuity of care</p>	<p>S6a: Assess own level of communication skill in encounters with patients and families.</p> <p>S6b: Participate in building consensus or resolving conflict in the context of patient care</p> <p>S6c: Communicate care provided and needed at each transition in care</p>	<p>A6a: Value continuous improvement of own communication and conflict resolution skills</p>

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EVIDENCE-BASED PRACTICE (EBP) (QSEN)		
Definition: Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.		
Knowledge	Skills	Attitudes
K1: Demonstrate knowledge of basic scientific methods and processes.	S1a: Participate effectively in appropriate data collection and other research activities.	A1a: Appreciate strengths and weaknesses of scientific bases for practice.
K2: Describe EBP to include the components of research evidence, clinical expertise, and patient/family values.	S2a: Adhere to Institutional Review Board (IRB) guidelines	A2a: Value the need for ethical conduct of research and quality improvement
	S2b: Base individualized care plan on patient values, clinical expertise and evidence	A2b: Value the concept of EBP as integral to determining best clinical practice
K3a: Differentiate clinical opinion from research and evidence summaries.	S3a: Read original research and evidence reports related to area of practice.	A3a: Appreciate the importance of regularly reading relevant professional journals
K3b: Describe reliable sources for locating evidence reports and clinical practice guidelines	S3b: Locate evidence reports related to clinical practice topics and guidelines	
K4a: Explain the role of evidence in determining best clinical practice.	S4a: Participate in structuring the work environment to facilitate integration of new evidence into standards of practice.	A4a: Value the need for continuous improvement in clinical practice based on new knowledge

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<p>K4b: Describe how the strength and relevance of available evidence influences the choice of interventions in provision of patient-centered care</p>	<p>S4b: Question rationale for routine approaches to care that result in less-than-desired outcomes or adverse events</p>	
<p>K5: Discriminate between valid and invalid reasons for modifying evidence-based clinical practice based on clinical expertise or patient/family preferences</p>	<p>S5a: Consult with clinical experts before deciding to deviate from evidence-based protocols</p>	<p>A5a: Acknowledge own limitations in knowledge and clinical expertise before determining when to deviate from evidence-based best practices</p>

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QUALITY IMPROVEMENT (QI) & SAFETY (QSEN)		
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 thus minimizing the risk of harm to patients and providers through both system effectiveness and individual performance.		
Knowledge	Skills	Attitudes
K1: Describe strategies for learning about the outcomes of care in the setting in which one is engaged in clinical practice	S1a: Seek information about outcomes of care for populations served in care setting. S1b: Seek information about quality improvement projects in the care setting	A1a: Appreciate that continuous quality improvement is an essential part of the daily work of all health professionals
K2a: Recognize that nursing and other health professions students are parts of systems of care and care processes that affect outcomes for patients and families. K2b: Give examples of the tension between professional autonomy and system functioning	S2a: Use tools (such as flow charts, cause-effect diagrams) to make processes of care explicit. S2b: Participate in a root cause analysis of a sentinel event	A2a: Value own and others' contributions to outcomes of care in local care settings
K3: Explain the importance of variation and measurement in assessing quality of care	S3a: Use quality measures to understand performance. S3b: Use tools (such as control charts and run charts) that are helpful for understanding variation S3c: Identify gaps between local and best practice	A3a: Appreciate how unwanted variation affects care. A3b: Value measurement and its role in good patient care

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<p>K4: Describe approaches for changing processes of care</p>	<p>S4a: Design a small test of change in daily work (using an experiential learning method such as Plan-Do-Study-Act)</p> <p>S4b: Practice aligning the aims, measures and changes involved in improving care</p> <p>S4c: Use measures to evaluate the effect of change</p>	<p>A4a: Value local change (in individual practice or team practice on a unit) and its role in creating joy in work.</p> <p>A4b: Appreciate the value of what individuals and teams can do to improve care</p>
<p>K5a: Examine human factors and other basic safety design principles as well as commonly used unsafe practices (such as, work-arounds and dangerous abbreviations)</p> <p>K5b: 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>K5c: Discuss effective strategies to reduce reliance on memory</p>	<p>S5a: Demonstrate effective use of technology and standardized practices that support safety and quality.</p> <p>S5b: Demonstrate effective use of strategies to reduce risk of harm to self or others</p> <p>S5c: Use appropriate strategies to reduce reliance on memory (such as, forcing functions, checklists)</p>	<p>A5a: Value the contributions of standardization/reliability to safety.</p> <p>A5b: Appreciate the cognitive and physical limits of human performance</p>
<p>K6a: Delineate general categories of errors and hazards in care.</p> <p>K6b: Describe factors that create a culture of safety (such as, open communication strategies and organizational error reporting systems)</p>	<p>S6a: Communicate observations or concerns related to hazards and errors to patients, families and the health care team.</p> <p>S6b: Use organizational error reporting systems for near miss and error reporting</p>	<p>A6a: Value own role in preventing errors</p>

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		A6b: Value vigilance and monitoring (even of own performance of care activities) by patients, families, and other members of the health care team
K6c: Describe processes used in understanding causes of error and allocation of responsibility and accountability (such as, root cause analysis and failure mode effects analysis)	S6c: Participate appropriately in analyzing errors and designing system improvements. S6d: Engage in root cause analysis rather than blaming when errors or near misses occur	
K7: Discuss potential and actual impact of national patient safety resources, initiatives and regulations	S7a: Use national patient safety resources for own professional development and to focus attention on safety in care settings	A7a: Value relationship between national safety campaigns and implementation in local practices and practice settings

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INFORMATICS & TECHNOLOGY (QSEN)		
Definition: Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.		
Knowledge	Skills	Attitudes
K1: Explain why information and technology skills are essential for safe patient care	S1a: Seek education about how information is managed in care settings before providing care. S1b: Apply technology and information management tools to support safe processes of care	A1a: Appreciate the necessity for all health professionals to seek lifelong, continuous learning of information technology skills
K2a: Identify essential information that must be available in a common database to support patient care. K2b: Contrast benefits and limitations of different communication technologies and their impact on safety and quality	S2a: Navigate the electronic health record. S2b: Document and plan patient care in an electronic health record S2c: Employ communication technologies to coordinate care for patients	A2a: Value technologies that support clinical decision-making, error prevention, and care coordination. A2b: Protect confidentiality of protected health information in electronic health records
K3a: Describe examples of how technology and information management are related to the quality and safety of patient care.	S3a: Respond appropriately to clinical decision-making supports and alerts. S3b: Use information management tools to monitor outcomes of care processes	A3a: Value nurses' involvement in design, selection, implementation, and evaluation of information technologies to support patient care

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K3b: Recognize the time, effort, and skill required for computers, databases and other technologies to become reliable and effective tools for patient care	S3c: Use high quality electronic sources of healthcare information	
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COMMUNICATION , TEAMWORK, & COLLABORATION (NOF-MA & QSEN)		
Definition: Interact effectively with patients and families and within nursing and inter-professional teams, to foster open communication, mutual respect, and shared decision-making, to achieve quality patient care and positive health outcomes, and to enhance patient satisfaction.		
Knowledge	Skills	Attitudes
K1: Describe own strengths, limitations, and values in functioning as a member of a team	S1a: Demonstrate awareness of own strengths and limitations as a team member. S1b: Initiate plan for self-development as a team member S1c: Act with integrity, consistency and respect for differing views	A1a: Acknowledge own potential to contribute to effective team functioning. A1b: Appreciate importance of intra- and inter-professional collaboration
K2a: Describe scopes of practice and roles of health care team members. K2b: Describe strategies for identifying and managing overlaps in team member roles and accountabilities K2c: Recognize contributions of other individuals and groups in helping patient/family achieve health goals	S2a: Function competently within own scope of practice as a member of the health care team. S2b: Assume role of team member or leader based on the situation S2c: Initiate requests for help when appropriate to situation S2d: Clarify roles and accountabilities under conditions of potential overlap in team member functioning	A2a: Value the perspectives and expertise of all health team members. A2b: Respect the centrality of the patient/family as core members of any health care team A2c: Respect the unique attributes that members bring to a team, including variations in professional orientations and accountabilities

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	S2e: Integrate the contributions of others who play a role in helping patient/family achieve health goals	
<p>K3a: Analyze differences in communication style preferences among patients and families, nurses and other members of the health team.</p> <p>K3b: Describe impact of own communication style on others</p> <p>K3c: Discuss effective strategies for communicating and resolving conflict</p>	<p>S3a: Communicate with team members, adapting own style of communicating to needs of the team and situation.</p> <p>S3b: Uses clear, concise, and effective , written, electronic, and verbal communications</p> <p>S3c: Demonstrate commitment to team goals</p> <p>S3d: Solicit input from other team members to improve individual, as well as team, performance</p> <p>S3e: Initiate actions to resolve conflict</p>	<p>A3a: Value teamwork and the relationships upon which it is based.</p> <p>A3b: Value different styles of communication used by patients, families and health care providers</p> <p>A3c: Contribute to resolution of conflict and disagreement</p>
<p>K4: Describe examples of the impact of team functioning on safety and quality of care.</p>	<p>S4a: Follow communication practices that minimize risks associated with handoffs among providers and across transitions in care.</p>	<p>A4a: Appreciate the risks associated with handoffs among providers and across transitions in care</p>
<p>K5: Explain how authority gradients influence teamwork and patient safety</p>	<p>S5a: Assert own position/perspective in discussions about patient care</p>	

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	S5b: Choose communication styles that diminish the risks associated with authority gradients among team members	
K6a: Identify system barriers and facilitators of effective team functioning. K6b: Examine strategies for improving systems to support team functioning	S6a: Participate in designing systems that support effective teamwork	A6a: Value the influence of system solutions in achieving effective team functioning
K7: Applies the principles of teaching	S7a: Assesses factors that influence the patient's and family's ability to learn, including readiness to learn, preferences for learning style, and levels of health literacy	A7a: Accepts the role and responsibility for providing health education to patients and families
K8: Uses the influences of different learning styles in the education of patients and families	S8a: Assists patients and families in accessing and interpreting health information and identifying healthy lifestyle behaviors	

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Leadership & Professionalism (NOF-MA)		
Definition: Influences the behavior of individuals or groups of individuals within their environment in a way that will facilitate the establishment and acquisition/achievement of shared goals; and demonstrates accountability for the delivery of standard-based nursing care consistent with moral, altruistic, legal, ethical, regulatory, and humanistic principles.		
Knowledge	Skills	Attitudes
K1: Identifies leadership skills essential to the practice of nursing	S1a: Integrates leadership skills of systems thinking, communication, and facilitating change in meeting patients' needs	A1a: Recognizes the role of nurse as leader
K2: Understands critical thinking and problem-solving processes	S2a: Uses systematic approaches in problem solving S2b: Demonstrates purposeful, informed, outcome-oriented thinking	A2a: Values critical thinking processes in the management of clinical situations A2b: Values efficiency, effectiveness, and innovation in the practice environment.
K3a: Understands human behavior, mental processes, and individual and group performance K3b: Identifies the roles and skills of the health care team	S3a: Demonstrates ability to effectively participate in Interprofessional teams S3b: Promotes a productive culture by valuing individuals and their contributions S3c: Models effective communication and promotes cooperative behaviors S3d: Shows tolerance for different viewpoints	A3a: Recognizes the centrality of an interprofessional team approach to patient care A3b: Values the perspectives and expertise of each member of the health care team

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<p>K4: Explains the importance, necessity, and process of change</p>	<p>S4a: Implements change to improve patient care</p> <p>S4b: Anticipates consequences, plans ahead, and changes approaches to get best results</p> <p>S4c: Participates in the change process to improve patient care, the work environment, and patient and staff satisfaction</p>	<p>A4a: Recognizes one's own reaction to change and strives to remain open to new ideas and approaches</p> <p>A4b: Values new ideas and interventions to improve patient care</p>
<p>K5: Understands the principles of accountability and delegation</p>	<p>S5a: Demonstrates accountability for own nursing practice.</p> <p>S5b: Exercises critical thinking within standards of practice</p> <p>S5c: Assigns, directs, and supervises ancillary personnel and support staff in carrying out particular roles/functions aimed at achieving patient care goals</p>	<p>A5a: Accepts accountability and responsibility for one's own professional judgment and actions</p> <p>A5b: Recognizes the value of delegation</p> <p>A5c: Shows commitment to provision of high quality, safe, and effective patient care</p> <p>A5d: Accepts accountability for nursing care given by self and delegated to others</p>
<p>K6: Describes legal and regulatory factors that apply to nursing practice</p>	<p>S6a: Uses recognized professional standards of practice</p> <p>S6b: Implements plan of care within legal, ethical, and regulatory framework of nursing practice</p> <p>S6c: Complies with safety and regulatory standards and includes mandated reporting regulations</p>	<p>A6a: Values professional standards of practice</p> <p>A6b: Values and upholds legal and regulatory principles and standards</p>

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	<p>S6d: Recognizes and acts upon breaches of law relating to nursing practice and professional codes of conduct</p> <p>S6e: Understands limits to one's scope of practice and adheres to licensure law and regulations</p> <p>.....</p>	
<p>K7: Understands the professional standards of practice, the evaluation of that practice, and the responsibility and accountability for the outcome of practice</p>	<p>S7a: Demonstrates professional comportment</p> <p>S7b: Provides and receives constructive feedback to/from peers</p>	<p>A7a: Recognizes personal capabilities, knowledge base, and areas for development</p> <p>A7b: Values collegiality, openness to critique, and peer review</p>
<p>K9a: Describes factors essential to the promotion of professional development</p> <p>K9b: Describes the role of a professional organization shaping the practice of nursing</p>	<p>S9a: Participates in life-long learning</p>	<p>A9a: Committed to life-long learning</p>

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<p>K10: Understands the importance of reflection to advancing practice and improving outcomes of care</p>	<p>S10a: Seeks appropriate mentors</p> <p>S10b: Clarifies biases, inclinations, strengths, and self-limitations</p> <p>S10c: Adapts to stressful situations</p> <p>S10d: Acts as an effective role model and resource for students and support staff</p> <p>S10e: Demonstrates ability to stand up for beliefs and does not avoid challenges</p> <p>S10f: Demonstrates ability for reflection in action, reflection for action, and reflection on action</p>	<p>A10a: Values the mentoring relationship for professional development</p> <p>A10b: Values and is committed to being a reflective practitioner</p> <p>A10c: Recognizes that personal attitudes, beliefs and experiences influence one's leadership style</p> <p>A10d: Recognizes the limits of one's own role and competence and, where necessary, consults with other health professionals with the appropriate competencies</p> <p>A10e: Values fairness and open mindedness</p> <p>A10f: Values an environment encouraging creative thinking and innovations</p> <p>A10g: Values courage as a leadership skill</p>
<p>K11a: Understands the concept of autonomy and self-regulation in nursing practice</p> <p>K11b: Understands the culture of nursing and the health care system</p>	<p>S11a: Seeks ways to advocate for nursing's role, professional autonomy, accountability, and self-regulation</p> <p>S11b: Promotes and maintains a positive image of nursing</p>	<p>A11a: Recognizes the responsibility to function within acceptable behavioral norms appropriate to the discipline of nursing and the health care organization</p>
<p>K12: Understands role and responsibilities as patient advocate</p>	<p>S12a: Serves as a patient advocate</p>	<p>A12a: Values role and responsibilities as a patient advocate</p>

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<p>K13: Understands ethical principles, values, concepts, and decision making that apply to nursing and patient care</p>	<p>.....</p> <p>S13a: Applies and incorporates ANA professional nursing code of ethics and professional guidelines into daily clinical practice</p> <p>S13b: Utilizes an ethical decision-making framework in clinical situations</p> <p>S13c: Identifies and responds to ethical concerns, issues, and dilemmas that affect nursing practice</p> <p>S13d: Enlists system resources and participates in efforts to resolve ethical issues in daily practice</p> <p>S13e: Recognizes moral distress and seeks resources for resolution</p>	<p>A13a: Values the application of ethical principles in daily practice</p> <p>A13b: Values acting in accordance with codes of ethics and accepted standards of practice</p> <p>A13c: Clarifies personal and professional values and recognizes their impact on decision making and professional behavior</p>
<p>K14a: Understands responsibilities inherent in being a member of the nursing profession</p> <p>K14b: Recognizes the relationship between personal health, self-renewal and the ability to deliver sustained quality care</p> <p>K14c: Recognizes the relationship between civic and social responsibility and volunteerism with the advancement of one's own practice and the profession of nursing</p>	<p>S14a: Understands the history and philosophy of the nursing profession</p> <p>S14b: Incorporates professional nursing standards and accountability into practice</p> <p>S14c: Advocates for professional standards of practice using organizational and political processes</p>	<p>A14a: Recognizes need for personal and professional behaviors that promote the profession of nursing</p> <p>A14b: Values and upholds altruistic and humanistic principles</p>

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	<p>S14c: Articulates to the public the values of the profession as they relate to patient welfare</p> <p>S14d: Advocates for the role of the professional nurse as a member of the interdisciplinary health care team</p> <p>S14e: Develops personal goals for professional development</p> <p>S14f: Assumes social and civic responsibility through participation in community volunteer activities</p> <p>S14g: Assumes professional responsibility through participation in professional nursing organizations</p>	
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SYSTEMS-BASED PRACTICE (NOF-MA)		
Definition: Demonstrate an awareness of and responsiveness to the larger context of the health care system, and will demonstrate the ability to effectively call on microsystem resources to provide care that is of optimal quality and value (Adapted from ACGME, n.d.).		
Knowledge	Skills	Attitudes
K1: Understands the difference between microsystems and macrosystems in health care	S1a: Identifies inefficiencies and failures on the work unit, such as those involving supplies, medications, equipment and information. S1b: Plans, organizes, and delivers patient care in the context of the work unit	A1a: Appreciates the role of new staff nurses in the operations of an effective microsystem A1b: Appreciates how the elements of the microsystem impact on one's practice
K2a: Understands the impact of macrosystem changes on planning, organizing, and delivering patient care at the work unit level K2b: Understands interrelationships among nursing, the nursing work unit, and organizational goals	S2a: Considers the influences of the macrosystem, work unit, and patient/family when making patient care decisions S2b: Seeks to solve problems encountered at the point of care S2c: Makes management aware of clinical and work unit problems encountered in daily practice	A2a: Appreciates the complexity of the work unit environment A2b: Recognizes the complexity of individual and group practice on a work unit A2c: Appreciates the impact of one's decisions on the work unit

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	<p>S2d: Identifies inefficiencies and failures on the work unit, such as those involving supplies, medications, equipment, and information</p> <p>S2e: Participates in solving work unit inefficiencies and operational failures that impact patient care, such as those involving supplies, medications, equipment, and information</p>	<p>A2d: Recognizes the importance of work unit systems in providing supplies, medications, equipment, and information in a timely and accurate fashion</p> <p>A2e: Appreciates role in identifying work unit inefficiencies and operational failures</p>
<p>K3a: Understands the concept of patient care delivery models</p> <p>K3b: Understands role and responsibilities as a member of the health care team in planning and using work unit resources to achieve quality patient outcomes</p> <p>K3c: Understands the relationship between the outcomes of one's own nursing care and work unit resources</p>	<p>S3a: Considers resources available on the work unit when contributing to the plan of care for a patient or group of patients</p> <p>S3b: Collaborates with members of the health care team to prioritize resources, including one's own work time and activities delegated to others, for the purposes of achieving quality patient outcomes</p> <p>S3c: Evaluates outcomes of one's own nursing care In collaboration with others</p>	<p>A3a: Acknowledges the tension that may exist between a goal-driven and a resource-driven patient care delivery model</p> <p>A3b: Values the contributions of each member of the health care team to the work unit</p> <p>A3c: Values the management of one's own time as a critical work unit resource in delivering patient care</p>

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	<p>S3d: Uses evidence to facilitate work unit change to achieve desired patient outcomes</p>	<p>A3d: Values the partnerships required to coordinate health care activities that can affect work unit performance</p>
<p>K4: Understands role and responsibilities as patient advocate, assisting patient in navigating through the health care system</p>	<p>S4a: Serves as a patient advocate</p> <p>S4b: Assists patients and families in dealing with work unit complexities</p> <p>S4c: Uses education and referral to assist the patient and family through transitions across the continuum of care</p>	<p>A4a: Values role and responsibilities as patient advocate</p> <p>A4b: Values partnerships in providing high quality patient care</p> <p>A4c: Values effective communication and information sharing across disciplines and throughout transitions in care</p> <p>A4d: Appreciates role and responsibilities in using education and referral to assist the patient and family through transitions across the continuum of care.</p>

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<p>K5a: Understands that legal, political, regulatory and economic factors influence the delivery of patient care</p> <p>K5b: Is aware that different models of health care financing and regulation can influence patient access to care</p>	<p>S5a: Provides care based on current legal, political, regulatory, and economic requirements</p> <p>S5b: Articulates issues at the work unit level that impact care delivery and facilitate resolution</p> <p>S5c: Brings issues of concern at the work unit level to the attention of others who can facilitate resolution.</p>	<p>A5a: Appreciates that legal, political, regulatory and economic factors influence the delivery of patient care</p> <p>A5b: Values the need to remain informed of how legal, political, regulatory, and economic factors impact professional nursing practice</p>
<p>K6: Is aware of global aspects of health care</p>	<p>S6a: Engages in self-reflection on one's role and responsibilities related to global health issues</p>	<p>A6a: Appreciates the potential of the global environment to influence patient health</p> <p>A6b: Appreciates the potential of the global environment to nursing practice</p>

Ohio Action Coalition
Work Group: Increasing # BSN Prepared Nurses in Ohio
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References

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