AACN Scope and Standards for Acute and Critical Care Nursing Practice

caring practices

Advocacy and Moral Agency

systems thinking

COLLABORATION

Response to Diversity clinical inquiry

CLINICAL JUDGMENT

Advocacy and Moral Agency Response to Diversity

caring practices Facilitation

COLLABORATION

Advocacy and Moral Agency

CLINICAL JUDGMENT

Facilitation of Learning

clinical inquiry (innovator/evaluator)

COLLABORATION

AMERICAN
ASSOCIATION
of CRITICAL-CARE
NURSES

AACN Mission
Patients and their families rely on nurses at the most vulnerable times of their lives. Acute and critical care nurses rely on AACN for expert knowledge and the influence to fulfill their promise to patients and their families. AACN drives excellence because nothing less is acceptable.

AACN Vision
AACN is dedicated to creating a healthcare system driven by the needs of patients and families where acute and critical care nurses make their optimal contribution.

AACN Core Values
As AACN works to promote its mission and vision, it is guided by values that are rooted in, and arise from, the Association's history, traditions and culture. AACN, its members, volunteers and staff will honor the following:

- **Ethical accountability and integrity** in relationships, organizational decisions and stewardship of resources.

- **Leadership to enable individuals to make their optimal contribution** through lifelong learning, critical thinking and inquiry.

- **Excellence and innovation** at every level of the organization to advance the profession.

- **Collaboration** to ensure quality patient- and family-focused care.

AACN Scope and Standards for Acute and Critical Care Nursing Practice

AMERICAN
ASSOCIATION
of CRITICAL-CARE
NURSES

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ACKNOWLEDGMENTS

Advances in scientific knowledge, technology development, healthcare reimbursement changes, and an aging society continue to drive the roles and responsibilities of nurses at all levels. The purpose of the *AACN Scope and Standards for Acute and Critical Care Nursing Practice,* 2nd edition, is to describe the practice of nurses providing care to acutely and critically ill patients within the age parameters for which they have been trained—neonatal, pediatric, adult and geriatric, or all ages across the lifespan.

This document is intended for use by all of those involved in the profession of acute and critical care nursing, including students, faculty, nurses in practice, members of the interprofessional team, and other nursing colleagues. In addition, administrators, boards of nursing, policy makers, and insurers will benefit from the description and accountabilities of the acute and critical care registered nurse.

The authors and contributors have attempted to describe the most current functions of the role in a manner consistent with nursing education and training, as well as licensure and certification, recognizing that there are variations in scope of practice based on state regulations and hospital policies. The role of the acute and critical care nurse must continue to evolve within this framework based on the needs of patients, families, and society.

definition and role of scope

Scope of practice defines the boundaries of the practitioner's license, ie, the procedures, nursing actions, and processes for which the practitioner has received the education, training, licensure and, if required, certification to practice in the state where he works. The exception to state rules and regulations occurs in federal jurisdictions such as the US Department of Veterans Affairs. Documents defining the scope of practice should describe who, what, where, when, why, and how the registered nurse functions in her role when caring for acutely and critically ill patients. A scope of practice document should allow for exchange, expansion, and flexibility of the profession to meet the changing needs of patients, organizations, and society.[1]

definition and role of standards

Standards are "authoritative statements that describe the level of care or performance common to the profession of nursing by which the quality of nursing practice can be judged."[2] AACN standards explain the roles and responsibilities that the profession and society expect the acute and critical care registered nurse to fulfill.

The Standards of Clinical Practice describe a competent level of nursing practice, while the Standards of Professional Performance address the professional activities and behaviors expected of the acute and critical care registered nurse. All of the standards include performance expectations, or competencies that describe how the acute and critical care nurse may demonstrate competent practice and build on the American Nurses Association document *Nursing: Scope and Standards of Practice.*[2]

It is expected that the standards describing clinical practice and professional performance will remain stable over time. However, the performance expectations or *competencies* will continue to be evaluated and revised to reflect advances in scientific knowledge and technology and changes in the healthcare environment in general. Nursing competencies must continue to evolve to keep pace with scientific evidence, new technologies, and the needs of patients, families, and the healthcare system.

frameworks for this document

Nursing Process

The nursing process is a systematic method to organize professional nursing practice using critical thinking and diagnostic reasoning skills. Each step is predicated on the accuracy of the previous step; however, the process is dynamic and circular rather than linear. Ongoing assessment of patients and families; their responses to interventions described in the plan; critical review and evaluation of available outcome information; and a reformulation of diagnoses, interventions, and expected outcomes occur along a continuum of care. Skilled communication and collaboration among members of the interprofessional team, patients, and families/caregivers are critical to achieve the desired outcomes.

The AACN Synergy Model for Patient Care™

The fundamental premise of the AACN Synergy Model for Patient Care is that optimal outcomes for patients and families occur when patient characteristics drive nurse competencies. A patient differs in his or her capacity for health and vulnerability to illness based on eight core characteristics. The skills and level of competency required by the nurse are driven by the patient's needs along the continuum of those core characteristics.[3] This model has been embraced as a viable framework for acute and critical care nursing practice by AACN and the AACN Certification Corporation.

The Synergy Model focuses on knowing the patient and understanding the perspectives of the patient and family. It integrates all dimensions of a patient's health status: physical, social, psychological, and spiritual. It reflects patient-driven and patient- and family-centered care that requires building relationships, and achieves synergy when a healing environment is created.

The AACN Standards for Establishing and Sustaining Healthy Work Environments

The Healthy Work Environment standards provide a framework to create an environment where the acute and critical care nurse, patient and families, and the interprofessional team work together to meet the goals of care. These standards support nurses, as part of the interprofessional team, to develop true collaboration and skilled communication for the benefit of the patient, all team members, and the organization.[4]

assumptions

The general assumptions of nursing care are that (1) a link exists between the professional work environment and the registered nurse's ability to practice; (2) nursing practice is individualized to meet the unique needs of the patient or situation; and (3) nurses establish partnerships with the patient, family, support system, and other members of the interprofessional team. In addition to these general assumptions and those of the AACN Synergy Model, the Scope and Standards Task Force used the following assumptions in relation to acute and critical care nursing practice:

- *Wherever acutely and critically ill patients receive care, nurses are required to have the competence to care for them.* This assumption rules out the labeling of acute and critical care nurses as those who work only in a traditional ICU. The boundaries of the ICU have expanded beyond its traditional walls, into environments such as other areas of the hospital, virtual units (eg, telemedicine), the community, and into the home.

- *Nurses build their knowledge, skills, and abilities in a cumulative fashion, progressing from novices with basic competencies to expert practitioners.*[5] The time frame for building and integrating their abilities into clinical practice is different for each individual nurse, and not all nurses will reach the expert level of practice. The characteristics of competent nursing care reflect the integration of knowledge, skills, experience, and attitudes.

- *Nursing is a dynamic and circular process that is holistic in nature.* Nurses are continually collecting, analyzing, and interpreting data from multiple sources to critically evaluate and revise the plan of care. Nurses realize that understanding the needs, values, beliefs, and attitudes of the patients and their families is integral to the success of the plan. They actively seek out, share, and incorporate such information into the plan.

references

[1] Institute of Medicine. *The Future of Nursing: Leading Change, Advancing Health.* Washington, DC: National Academies Press; 2010.

[2] American Nurses Association. *Nursing: Scope and Standards of Practice.* Washington, DC: Nursingworld.org; 2010.

[3] Curley MAQ. *Synergy: The Unique Relationship Between Nurses and Patients.* Indianapolis, IN: Sigma Theta Tau International; 2007.

[4] Barden C, ed. *AACN Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence.* Aliso Viejo, CA: American Association of Critical-Care Nurses; 2005.

[5] Benner P. *From Novice to Expert: Excellence and Power in Clinical Nursing Practice.* Menlo Park, CA: Addison-Wesley; 1984.

Healthcare reform and the Affordable Care Act, the national emphasis on the provision of safe and quality care, and pay-for-performance incentives all contribute to the ever-changing healthcare environment, affecting the climate in which nurses work. The challenge to nursing is to remain flexible in response to the increasingly complex needs of our patients.

Barriers to meeting these needs include an aging nursing workforce, an ongoing nursing shortage, and an explosion of technology and medical advances. Patients and families are demanding higher quality and safer care, more attention to the patient experience, and greater transparency within the healthcare system.

National initiatives, which have focused on improving the quality of nursing care, reducing adverse events, and providing safe care to all who need it influence the composition of healthcare teams. A growing number of older adults seeking healthcare services are influencing not only the way in which care is provided, but also the education and clinical preparation of its providers. Patients with complex medical and nursing problems are demanding more holistic, coordinated, and patient-centered care.

Trends in the healthcare environment also affect the required education and competencies of nurses caring for acutely and critically ill patients. The introduction of genomics-based medicines and care alternatives, as well as ongoing medical advances, impacts the knowledge, skills, and attitudes of all healthcare providers, including the nurse. Nurses must have ongoing, high-quality continuing education to maintain the knowledge and skills necessary to provide the level of care these complex patients need. Ever-increasing and complex clinical and informational technology solutions require a level of technological "savvy" that can be difficult to incorporate into the everyday world of the nurse who is responsible for managing material resources, time, families, and patient care needs while maintaining surveillance for patient care complications.

Another growing technological trend is the development of telemedicine and virtual ICUs. These advances provide all healthcare providers with the opportunity to consult other care providers to supplement and expand their knowledge and skills while supporting patients and improving outcomes.

The increased ability to extend life with technology has also created situations in which further care may not be beneficial, and may be considered futile. The need for nurses adept in managing ethical issues becomes ever more important. Development and maintenance of competence in end-of-life care is an essential component in caring for acutely and critically ill patients in any environment.

Another influential trend that affects nurses is the pay-for-performance. Pay-for-performance provides financial incentives to hospitals, physicians, and other healthcare providers to carry out quality improvements and achieve optimal outcomes for patients. The financial impact of this current focus is now being felt across the healthcare continuum. Nurses play an integral role in improving patient outcomes, such as preventing falls and pressure ulcers, and subsequently improving hospital reimbursement. In addition, nurses contribute to the patient experience and thus are important to improving patient satisfaction.

Current public health issues also impact the care of acutely and critically ill patients. The growing prevalence of antibiotic-resistant organisms such as methicillin-resistant *Staphylococcus* aureus (MRSA), once problematic only in the ICU, is now a fact of life in the out-of-hospital environment, with severe community-acquired infections becoming part of the evening news reports. The globalization of infectious disease such as the Ebola virus has changed the discussion of disaster preparedness to include pandemic outbreaks of disease. Disaster management models now include availability of material and human resources on a broad scale across cities, counties, and states, as well as military and federal support. We

have become familiar with the effect of natural disasters on healthcare resources as the healthcare providers and facilities become victims along with other members of their community.

acute and critical care nurses will always be in demand. It is essential that each nurse understands the boundaries and expectations of his or her practice. Our expertise will always afford us the opportunity to make optimal contributions.

SCOPE OF PRACTICE FOR ACUTE AND CRITICAL CARE NURSING

INTRODUCTION

The delivery of quality care to the acutely and critically ill patient and family has been the primary goal of the American Association of Critical-Care Nurses (AACN) since its inception in 1969. Supporting a contemporary and enduring model of patient and family-centered care, AACN has defined the scope of acute and critical care practice as reflecting a synergistic relationship among acute and critical care nursing, the patient, and the environment of care.[1] This scope of practice articulates the contributions of acute and critical care nursing to a patient and family-centered healthcare system. Patient and family-centered care has been defined as an "approach to the planning, delivery, and evaluation of healthcare that is grounded in mutually beneficial partnerships among healthcare providers, patients and families."[2]

For purposes of this document, the term patient refers to the individual, family or caregiver, or group or community. *Family* is defined as the family of origin or significant others and surrogate decision-makers. This definition also recognizes *family* as defined by the patient. *Caregiver* is defined as family, custodian, or legal guardian.[3]

This scope of practice incorporates the contributions and domains of nursing and specialty nursing practice. Although acute and critical care nursing is a distinct specialty, it is inseparable from the profession of nursing as a whole. acute and critical care nursing takes place in settings where the boundaries of specialty practice are often fluid, due to changing patient needs in the healthcare environment. As members of the profession, acute and critical care nurses are committed to protecting, maintaining, and optimizing the health of those entrusted to their care. The acute and critical care nurse's unique challenge is to create safety for patients and families who are in the most vulnerable and life-threatening circumstances.

acute and critical care nursing

AACN defines acute and critical care nursing as the specialty that manages human responses to actual or potential life-threatening problems. The scope of practice for nursing care of acutely and critically ill patients of all ages encompasses the dynamic interaction of the patient and his or her family, the nurse, and the environment where care is being provided with a goal of ensuring optimal patient outcomes. The competencies required by nurses caring for acutely and critically ill patients are defined within the AACN Synergy Model for Patient Care (Synergy Model).[4] These requisite competencies are Clinical Judgment, Advocacy and Moral Agency, Caring Practices, Collaboration, Systems Thinking, Response to Diversity, Facilitation of Learning, and Clinical Inquiry.

Nurses recognize patients and their families as the fundamental and central focus for the delivery of nursing care. A commitment to the vision of a patient- and family-centered healthcare system requires a holistic view of patients and their families, as well as recognition of their multiple dimensions, including physical, emotional, spiritual, and cultural needs. This commitment requires terms like *care choices* and *family* to be defined from the patient's perspective. The framework of acute and critical care nursing practice is based on a body of specialized scientific knowledge, an ethical model for decision making, nurse/patient/system inter-relatedness described in the Synergy Model, and a commitment to interprofessional collaboration.

acute and critical care nurses rely on a body of specialized knowledge, skills, abilities, and experiences to:

- Restore, support, promote, and maintain the physiologic and psychosocial stability of patients of all ages across the lifespan

- Assimilate and prioritize information in order to take immediate and decisive evidence-based, patient-focused action

- Anticipate and respond with confidence and adapt to rapidly changing patient conditions

- Respond to the unique needs of patients and families coping with unanticipated treatment, as well as quality-of-life and end-of-life decisions

- Establish and maintain a safe, respectful, healing, and caring environment

- Recognize the fiscal responsibility of nurses working in a resource-intensive environment

- Use healthcare interventions designed to restore, rehabilitate, cure, maintain, or palliate for patients of all ages across the lifespan

acutely and critically ill patients

Patients in acute and critical care nursing practice include those whose need for care is acute in nature and whose current condition could be classified as critical, but also those with complex, chronic diagnoses (and their families) across the continuum of care. The more critically ill the patient, the more likely he or she is to be highly vulnerable, unstable, and complex. acute and critical care nurses practice in settings where patients require complex assessment and therapies, high-intensity interventions, and high-level, continuous nursing vigilance. Patient characteristics in the acutely and critically ill population can be defined along the continuum described by the Synergy Model, as follows:

- Resilience – the capacity to return to a restorative level of functioning using compensatory coping mechanisms; the ability to bounce back quickly after an insult

- Vulnerability – susceptibility to actual or potential stresses that may adversely affect patient out comes

- Stability – the ability to maintain steady-state equilibrium

- Complexity – the intricate entanglement of two or more systems (eg, body, family, therapies)

- Resource availability –the body of resources (eg, technical, fiscal, personal, psychological, social) that the patient, family, and community bring to the situation

- Participation in care – extent to which the patient and family engage in aspects of care

- Participation in decision-making processes – extent to which the patient and family engage in decision-making

- Predictability – a summative characteristic that allows one to expect a certain trajectory of illness

the practice environment ────────────────────────

acute and critical care nurses practice in settings where patients require complex assessments and interventions. These settings are not defined by the patient's location within designated units, but by the needs of the patient. Nurses lead interprofessional teams in creating safe, respectful, healing, and caring environments where:

- Patient and family values and preferences drive care decisions

- Providers act as advocates on behalf of patients, families, and communities

- Ethical decision-making is supported, fostered, and promoted

- Collaboration and collegiality are embraced

- Practice is based on research and best evidence

- Leadership is fostered at all levels and activities

- Leadership encourages and supports lifelong learning and professional growth

- Individual talents and resources are optimized

- Innovation, creativity, and clinical inquiry are recognized and valued

- Diversity is recognized, supported, and respected

- Skilled communication is demonstrated at all levels

- A professional practice model drives the delivery of nursing care

- Appropriate nursing and organizational resources promote patient safety[5]

Such environments recognize and support the authority, autonomy, and accountability of nursing and support optimal patient outcomes.

education ──

The competencies of the acute and critical care nurse build upon the framework of his or her basic nursing education. Nursing care reflects an integration of knowledge, skills, abilities, experience, and attitudes to meet the needs of patients and their families. The Institute of Medicine, in its report entitled *The Future of Nursing: Leading Change, Advancing Health,* has recommended that the proportion of nurses with a baccalaureate degree be increased to 80% by the year 2020. Advancement to the level of baccalaureate education should be the goal for those currently entering practice and for those with associate level or diploma education. The ability to achieve educational advancement should be supported by educational institutions and employers.[6]

Specialty practice develops over time; sufficient orientation and education to the acute and critical care patient and environment are needed to allow the nurse to provide safe, quality patient care. Length of ori-

entation and/or residency and content should be tailored to the individual nurse's needs, education, and experience. It should focus on development of the nurse's competence in caring for the acutely and critically patient population.

Commitment to lifelong learning and professional development can be demonstrated by the attainment of advanced degrees and specialty certifications. This exemplifies the nurse's commitment to professional career development and dedication to safe, quality patient care in this constantly changing environment.[7]

regulation

Regulation of acute and critical care nursing is accomplished through scope and standards of practice, a code of ethics, specialty certification, nurse practice acts with rules and regulations, institutional policies and procedures, and self-determination.

Nursing Scope of Practice, Standards of Practice, and Specialty Certification

Scope and standards of practice are set by professional nursing organizations. The American Nurses Association (ANA) *Nursing Scope and Standards* provides the foundation for specialty organizations to define practice within the specialty and population. Certification of acute and critical care nurses is a formal recognition of knowledge, skills, and abilities based on national standards. Certification provides evidence to the public that the nurse meets established standards of quality and patient safety.[7]

Nurse Practice Act and Rules and Regulation

The practice of the acute and critical care nurse is regulated externally. Nurse practice acts are administered under the authority of state governments to assure public safety. The acute and critical care nurse is licensed as a registered nurse in the state in which the nurse practices and is subject to that state's legal constraints and regulations. The only exemptions exist within the US Department of Veterans Affairs, the Department of Defense, and the Indian Health Service. Nurses working in tele-ICUs are subject to state regulations within compact states only; otherwise, they require additional licensing in the states served.

Institutional Policies and Procedures

The nurse is also regulated by institutional policies and procedures that define practice within the institution.

Self-Determination

All nurses exercise autonomy within their scope of practice. This autonomy is based on expert knowledge and the willingness to commit to self-regulation and accountability for practice. Such self-regulation includes maintenance of a valid nursing license, the performance of personal review of his or her practice, regular performance evaluations in the workplace, and inviting peer review.

Figure 1. Model of Professional Nursing Practice Regulation

Source: Styles MM, Schumann MJ, Bickford C, White KM. *Specialization and Credentialing in Nursing Revisited: Understanding the Issues, Advancing the Profession*. Silver Spring, MD: American Nurses Association; 2008. Used with permission

ethical practice

acute and critical care nurses engage in ethical practice and base decisions and actions upon their commitment to patients and families, consistent with the ANA *Code of Ethics for Nurses with Interpretive Statements*[8] and the *AACN Values*.[9] The acute and critical care nurse acknowledges the dignity, autonomy, cultural beliefs, and privacy and confidentiality of patients and their families. In addition, the acute and critical care nurse advocates for

the patient and family in care decisions, including implementation of palliative and end-of-life care supporting the goal of patient- and family-centered care. The obligation of advocacy continues into the realm of research, whether in the conduct or facilitation of research involving the patient, family, or members of the interprofessional team.

The nurses caring for acutely and critically ill patients also have the ethical obligation to maintain patient safety by reporting any unsafe conduct by members of the interprofessional team. This applies not only to specific actions, but also to the overall maintenance of professional competence and personal health. It is essential that nurses and all members of the team caring for acutely and critically ill patients be vigilant and alert to monitor and respond appropriately to changes in patient health or illness.

When moral distress is evident within the work environment, the nurse caring for acutely and critically ill patients must seek to determine the cause and to facilitate resolution. Actions such as bullying among peers or poor communication and collaboration among members of the team must be addressed to ensure the health of the work environment and the safety of the patient.

conclusion

This Scope of Practice document clarifies the role of the acute and critical care nurse and our practice with the patients and families for whom we provide care. acute and critical care nurses face challenges unique to complex patients who may present at any point across the lifespan with multiple comorbidities and who face decisions about end-of-life. Care of these patients and families requires increased vigilance in a healthcare system with rapidly changing technology and increasingly limited resources. Transitions of care across the continuum require collaboration and communication within the interprofessional team. Nurses in acute and critical care must maintain competency in all of these dimensions to successfully achieve optimal patient outcomes.

references

[1] American Association of Critical-Care Nurses. *AACN Scope of Practice*. Aliso Viejo, CA: AACN; 1997.

[2] Institute for Patient and Family-Centered Care. What is Patient and Family Centered Health Care? Available at: http://www.ipfcc.org/faq.html. Accessed April 6, 2015.

[3] Bell L, ed. *Scope and Standards of Practice for the Acute Care Nurse Practitioner*. Aliso Viejo, CA: American Association of Critical-Care Nurses; 2006.

[4] Curley MAQ. *Synergy: The Unique Relationship Between Nurses and Patients*. Indianapolis, IN: Sigma Theta Tau International; 2007.

[5] Barden C, ed. *AACN Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence*. Aliso Viejo, CA: AACN; 2005.

[6] Institute of Medicine. *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: National Academies Press; 2010.

[7] AACN Certification Corporation. *Nurse Certification Benefits Patients and Families*. Available at: http://www.aacn.org/wd/certifications/content/benefitstoptempnrs.pcms?menu=
certification. Accessed April 6, 2015.

[8] American Nurses Association. *Code of Ethics for Nurses With Interpretive Statements*. Silver Spring, MD: Nursesbooks.org; 2015.

[9] American Association of Critical-Care Nurses. *Key Statements, Beliefs and Philosophies Behind the American Association of Critical-Care Nurses (AACN)*. Available at: http://www.aacn.org/wd/aacninfo/content/mission-vision-values-ethics.pcms?menu=aboutus. Accessed April 6, 2015.

INTRODUCTION

The standards of care and accompanying standards of professional practice are intended to be used in conjunction with the *Scope of Practice,* which addresses the role and boundaries of practice for acute and critical care nursing. These standards apply to the care that the acute and critical care nurse provides for all patients. The competencies describe how each standard is met.

The professional practice of the acute and critical care nurse is characterized by the application of relevant theories, research, and evidence-based guidelines to diagnose and treat human responses to injury and illness. Such application also provides a basis for prevention, intervention, and evaluation of outcomes. acute and critical care nurses require support for and access to continuing education programs and resources that promote evidence-based practice in all settings.

standards of care

The standards of care for the acute and critical care nurse build upon ANA's *Nursing: Scope and Standards of Practice*[1] to delineate expectations in this specialty environment. The nursing process is used as the framework; it includes assessment, diagnosis, outcomes identification, planning, implementation, and evaluation.

standard 1 ASSESSMENT

The nurse caring for the acutely and critically ill patient collects comprehensive data pertinent to the patient's health or situation.

Competencies:

- Collects data from the patient, family, other healthcare providers, and the community, as appropriate, to develop a holistic picture of patient needs

- Prioritizes data collection based on patient characteristics related to the immediate condition and anticipated needs

- Uses valid evidence-based assessment techniques, instruments, and tools

- Documents relevant data in a clear and retrievable format

standard 2 Diagnosis

The nurse caring for the acutely and critically ill patient analyzes and synthesizes data from the assessment in determining nursing diagnoses or conditions relevant to care.

Competencies:

- Derives diagnoses or relevant conditions from the assessment data

- Validates diagnoses with the patient, family, and other healthcare providers

- Documents diagnoses and relevant issues in a clear and retrievable format

standard 3 Outcomes Identification

The nurse caring for the acutely and critically ill patient identifies expected outcomes for the patient.

Competencies:

- Identifies outcomes from assessments and diagnoses

- Respects patient and family perspectives and values in formulating culturally appropriate outcomes in collaboration with the patient and family, and with the interprofessional team

- Considers associated risks, benefits, current evidence, clinical expertise, and cost when formulating expected outcomes

- Modifies expected outcomes based on changes in patient condition or situation

- Documents outcomes as measurable goals in a clear and retrievable format

standard 4 Planning

The nurse caring for the acutely and critically ill patient develops a plan that prescribes strategies and alternatives to attain outcomes.

Competencies:

- Employs critical thinking and judgment in developing an individualized plan using best evidence

- Collaborates with the patient, family, and interprofessional team to develop the plan

- Establishes priorities and continuity of care within the plan

- Includes strategies for health promotion and prevention of further illness or injury within the plan

- Considers associated risks, benefits, current evidence, clinical expertise, resources, and cost when developing the plan

- Documents the plan in a clear and retrievable manner

standard 5 IMPLEMENTATION

The nurse caring for the acutely and critically ill patient implements the plan.

Competencies:

- Employs strategies to promote and maintain safe environment
- Coordinates implementation of the plan with the patient, family, and interprofessional team
- Intervenes to prevent and minimize complications and alleviate suffering
- Facilitates learning for patients, families, and the community
- Documents implementation in a clear and retrievable format
- Provides age- and developmentally appropriate care in a culturally and ethnically sensitive manner

standard 6 EVALUATION

The nurse caring for the acutely and critically ill patient evaluates processes and outcomes.

Competencies:

- Conducts systematic and ongoing evaluations using evidence-based techniques, tools, and instruments
- Collaborates with the patient, family, and interprofessional team in the evaluation process
- Revises the assessment, diagnoses, outcomes, and interventions based on the information gained during the evaluation process
- Documents the results of evaluation in a clear and retrievable format

reference

[1]American Nurses Association. *Nursing: Scope and Standards of Practice. 2nd ed.* Washington, DC: Nursingworld.com; 2010.

Standards of professional performance describe a competent level of behavior in a professional role, including activities related to quality of practice, professional practice evaluation, education, communication, ethics, collaboration, evidence-based practice, resource utilization, leadership, and environmental health. The competency statements describe how the standards are met and are not ordered in particular level of importance.

These standards are meant to be used in conjunction with the Scope of Practice and the Standards of Practice, and not to stand alone in describing the practice of the acute and critical care nurse.

standard 1 Quality of Practice

The nurse caring for the acutely and critically ill patient contributes to the quality and effectiveness of nursing practice.

Competencies:

- Participates in clinical inquiry through quality-improvement activities

- Consults with colleagues, subject matter experts, and identified stakeholders to initiate changes in nursing practice and the healthcare delivery system

- Conducts and participates in quality improvement activities, taking into consideration patient and family beliefs, values, and preferences

- Ensures patient confidentiality in reporting any quality data

- Evaluates practice in an ongoing process, based on best evidence

- Identifies barriers to quality care and patient outcomes

- Participates in the development, implementation, evaluation, and revision of policies, procedures, and/or guidelines to improve the quality and effectiveness of nursing practice

- Uses creativity and innovation to enhance quality nursing care

- Demonstrates quality by documenting the application of the nursing process in a responsible, accountable, and ethical manner and in a clear and retrievable format

standard 2 Professional Practice Evaluation

The nurse caring for the acutely and critically ill patient evaluates his/her own nursing practice in relation to professional practice standards, organizational guidelines, relevant statutes, rules, and regulations.

Competencies:

- Engages in a self-evaluation and reflective practice on a regular basis, identifying areas of strength as well as areas where professional growth would be beneficial

- Takes action to achieve goals identified in the evaluation process

- Obtains feedback regarding his/her own practice from patients, families, peers, and professional colleagues

- Provides peers with formal or informal constructive feedback regarding their practice or role performance

standard 3 Education

The nurse acquires and maintains current knowledge and competence in the care of acutely and critically ill patients.

Competencies:

- Participates in ongoing learning experiences and activities to develop and maintain clinical and professional skills and knowledge

- Seeks learning opportunities that reflect current and evidence-based practice

- Shares educational findings, experiences, and ideas with peers

- Contributes to a work environment conducive to the education of healthcare professionals

- Maintains professional records or a portfolio that provides evidence of competence and lifelong learning

standard 4 Communication

The nurse caring for the acutely and critically ill patient uses skilled communication in a variety of formats.

Competencies:

- Assesses communication format preferences of acutely and critically ill patients, families, and the interprofessional team

- Practices interprofessional communication skills and reflects upon personal communication style.

- Solicits feedback to continuously improve her or his own communication and conflict-resolution skills

- Conveys accurate information to acutely and critically ill patients, families, and the interprofessional team

- Questions the rationale supporting care processes and decisions with all members of the interprofessional team

- Discloses observations or concerns related to safety, hazards, and errors in care or the practice environment as appropriate

- Maintains open communication with other providers to minimize risks associated with patient

handoffs, transfers, and transitions in care

- Contributes her or his own professional perspective in discussions with the interprofessional team

- Exhibits respect for others' perspectives in discussions with patients, family, and the interprofessional team

- Advocates for escalation of care delivery when the needs of the patient are not met adequately

standard 5 ETHICS

The nurse's decisions and actions are carried out in an ethical manner in all areas of practice.

Competencies:

- Practices as guided by the ANA *Code of Ethics for Nurses with Interpretive Statements,*[1] the *AACN Values,*[2] and ethical principles

- Promotes ethical accountability and integrity in relationships, organizational decisions, and stewardship of resources

- Protects patient confidentiality within legal and regulatory parameters

- Advocates for the concerns of patients, their families, and the community

- Delivers care in a nonjudgmental and nondiscriminatory manner that meets the diverse needs of the patient, family, and community

- Maintains patient autonomy, dignity, values, beliefs, and rights at all times

- Uses available resources in formulating ethical decisions

- Demonstrates a commitment to self-care and self-advocacy

- Reports unethical, illegal, incompetent, or impaired practices

- Assists patient and family in self-determination and informed decision-making

- Maintains a therapeutic and professional nurse/patient relationship within appropriate role boundaries

- Contributes to resolving ethical issues involving the patient, family, and interprofessional team

- Questions healthcare practice when necessary for safety and quality improvement

- Collaborates with the interprofessional team to promote palliative care or end-of-life discussions, decisions, and care

standard 6 Collaboration

The nurse caring for the acutely and critically ill patient collaborates with the patient, family, and inter-professional team.

Competencies:

- Partners with others to effect change and produce positive outcomes through knowledge-sharing

- Adheres to standards that govern behavior among the interprofessional team to create a healthy work environment that promotes cooperation, respect, and trust

- Collaborates with the patient, family, and interprofessional team to promote effective and safe transition across care settings

- Engages in teamwork and conflict resolution

- Contributes to creating an interprofessional plan of care

- Promotes respect and engagement among nursing colleagues

standard 7 Evidence-Based Practice/Research/Clinical Inquiry[3]

The nurse caring for the acutely and critically ill patient uses clinical inquiry and integrates best evidence into practice.

Competencies:

- Questions clinical practices for the purpose of improving the quality of care

- Describes clinical problems using evidence generated within a clinical setting, such as patient assessment data, outcomes management, and quality-improvement data

- Formulates clinical questions

- Participates in evaluating evidence to determine applicability to practice

- Assists with integrating evidence into policy, procedure, and practice

- Implements practice changes based on evidence, clinical expertise, and patient preferences to improve care processes and patient outcomes

- Evaluates outcomes of evidence-based decisions and practice changes for individuals, groups, and populations to determine best practices

- Disseminates information regarding best practices supported by evidence to improve quality of care and patient outcomes

- Participates in activities and strategies to sustain an evidence-based practice culture

standard 8 Resource Utilization

The nurse caring for the acutely and critically ill patient uses appropriate resources to plan and provide services that are safe, effective, and financially responsible.

Competencies:

- Assesses the individual patient needs and available resources to achieve desired outcomes

- Delegates elements of care (as defined by regulatory agencies) to the appropriate individual based upon assessed needs and condition of the patient, potential for harm, patient stability, predictability of the outcomes, competence of the individual, and resources available

- Assists the patient and family in identifying and securing appropriate services to address health-related needs according to resource availability

- Informs the patient and family regarding the options, alternatives, risks, and benefits of nursing interventions.

- Advocates for additional resources that enhance nursing practice and quality of care

standard 9 Leadership

The nurse caring for the acutely and critically ill patient provides leadership in the professional practice setting, as well as in the profession.

Competencies:

- Contributes to the creation and maintenance of healthy work environments

- Supports peers and colleagues through mentoring and other professional development strategies

- Demonstrates flexibility and the ability to remain patient-focused in a rapidly changing environment

- Directs the coordination of care among caregivers, including oversight of licensed and unlicensed personnel in any assigned or delegated tasks

- Participates on committees, councils, and interprofessional teams

- Promotes advancement of the profession through participation in professional organizations

- Develops a culture of safety for patients, families, and the interprofessional team

- Promotes communication of information and advancement of the profession through writing, publishing, and presentations for professional or lay audiences

- Promotes development and implementation of innovative solutions

The nurse caring for the acutely and critically ill patient maintains a safe and healthy environment.

Competencies:

- Minimizes environmental risk factors that may cause physical harm or injury to patients, families, and the interprofessional team

- Implements strategies to reduce the impact of environmental factors that jeopardize health, such as sound, odor, noise, and light

- Communicates environmental health risks and exposure-reduction strategies to patients, families, and colleagues

- Uses reliable resources to determine if a product or treatment is an environmental threat

- Participates in strategies and activities to promote healthy communities

references

[1] American Nurses Association. *Code of Ethics for Nurses With Interpretive Statements*. Silver Spring, MD: Nursebooks.org; 2015.

[2] American Association of Critical-Care Nurses. *Key Statements, Beliefs and Philosophies Behind the American Association of Critical-Care Nurses (AACN)*. Available at: http://www.aacn.org/wd/aacninfo/content/mission-vision-values-ethics.pcms?menu=aboutus. Accessed April 6, 2015.

[3] Melnyk BM, Gallagher-Ford L, Long LE, Fineout-Overholt E. The establishment of evidence-based practice competencies for practicing registered nurses and advanced practice nurses in real-world clinical settings: proficiencies to improve healthcare quality, reliability, patient outcomes, and costs. *Worldviews on Evid Based Nurs*. 2014;11(1):5-15.
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Strategies for Integration of Standards of Professional Performance

Implications for the integration and use of the Standards of Professional Performance are unlimited in their scope. The strategies outlined below reflect the potential ways the Standards of Professional Performance could be integrated into activities which are essential to establishing acute and critical care nursing professional practice environments. These strategies demonstrate application of the standards and are meant to encourage the reader to consider these and other strategies to operationalize the professional performance standards.

standard 1 Quality of Practice

All nurses need to be involved in efforts to improve quality of practice, patient safety, and clinical outcomes. Strategies that reflect integration of this standard:

- Participates in interprofessional quality-improvement committees which may focus on implementing practice changes or developing care process models, protocols, or order sets

- Participates in practice change committees focused on populations outside of acute and critical care nursing to share care-process improvement practices and experiences which may apply to other specialty areas

- Conducts patient surveys to assess patient and family expectations and satisfaction with care

- Assists with quality-improvement audits which evaluate process measures proven to improve clinical outcomes

- Maintains patient care standards to ensure that the same quality and level of care are provided across the continuum of care

- Participates in evaluation of care processes, such as root cause analyses or quality-improvement committees

- Queries interprofessional team to assess barriers to providing quality care

- Consistently reports perceived barriers to the leadership team

- Consults with peers and other hospital systems to determine if alternate innovative strategies could be applied to achieve quality outcomes

standard 2 PROFESSIONAL PRACTICE EVALUATION

Individual performance measurement and improvement are as important as unit- or hospital-based process improvement. Strategies that reflect integration of this standard:

- Participates in reflective practice on a regular basis, identifying areas of strength and opportunities for improvement

- Uses the Standards of Professional Performance and the nurse competencies in the AACN Synergy Model for Patient Care as the framework for practice self-evaluation

- Sets personal, measurable goals during annual performance evaluations and defines clear processes for achieving the goals

- Participates in peer review as part of the annual performance review process. Peer review includes receiving evaluation from and providing evaluation to peers. Effective and skilled communication must be used in this process

- Participates in mentoring relationships, using these relationships to provide or receive comments and suggestions related to personal and professional growth opportunities

standard 3 EDUCATION

Lifelong learning (formal and informal) is viewed from a broad perspective that focuses not only on attainment of knowledge, but also on the ability to apply the knowledge competently in caring for patients. Strategies that reflect integration of this standard:

- Attends ongoing skill and competency training to maintain the qualifications necessary to operate equipment, execute protocols, follow policies and procedures, and provide appropriate, age-specific care

- Reads articles from professional journals and/or attends national conferences to improve knowledge of evidence-based care practices

- Disseminates clinical knowledge and expertise by presenting relevant nursing topics at the local and/or national levels

- Participates in development of a unit-based education plan focusing on clinical knowledge and skills that address the needs of the patient population.

- Pursues further formal education or an advanced degree

- Obtains and promotes certification specific to the area of specialty and/or subspecialty. Certification makes the statement to the community that acute and critical care nurses, as individuals, have demonstrated mastery of a basic level of knowledge in acute and critical care nursing

- Maintains a current professional resume or a curriculum vita which highlights clinical and educational achievements in the area of specialty

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standard 4 COMMUNICATION

Skilled communication is an essential element in promoting respectful peer collaboration and a culture of safety. Strategies that reflect integration of this standard:

- Assesses the need for interpreters to allow patients and families to overcome language-associated communication barriers

- Uses clear, succinct, and structured communication during interactions with colleagues to improve patient condition, eg, using SBAR (situation, background, assessment, recommendation) communication framework

- Asks patients and families if communication related to the plan of care or ongoing education is understood. The nurse performs frequent check-ins with patients and families to ensure information given is understood and solicits opportunities for questions or feedback as to effectiveness of the communication

- Communicates patient and family needs to the care team in a clear and accurate manner. For example, advocates for patients and families regarding end-of-life decisions and treatment regimens

- Assesses need for continued therapies or rationale for omitted therapies during interprofessional rounds, eg, need for urinary catheter or rationale for discontinuing enteral nutrition

- Reports safety concerns to administration during daily safety huddles. Continues to ask for feedback from administrators to assess progress with mitigating safety risks

- Mentors coworkers to achieve quality outcomes by providing real-time debriefing feedback after handoffs or transitions in care

- Participates in interprofessional committees and provides nursing perspective when planning to initiate evidence-based practices

standard 5 ETHICS

Clinical decision-making and nursing actions must be based on sound ethical principles. Strategies that reflect integration of this standard:

- Ensures that decisions are patient-focused and based on the *Code of Ethics for Nurses With Interpretive Statements*[1]

- Questions motivation for changing care practices and ensures changes are patient-centered and will benefit the patient and family directly

- Ensures patient-specific information or identifiers are kept confidential after participating in morbidity and mortality rounds, root cause analyses, or case reviews

- Advocates in the care of patients and families to ensure that their rights and needs are always considered and given priority in care decisions

- Allows cultural practices to be continued at the bedside and ensures the practice will benefit the patient

- Asks for ethics committee consultation to assist the interprofessional team in developing plans to address ethical dilemmas

- Promotes understanding of advance directives with peers, patients, patient families, and community

- Participates as a member of the organizational ethics committee

- Maintains self-care and manages personal stress

- Maintains self-awareness when participating in dialogue regarding ethical dilemmas, taking care to not insert own personal beliefs into the discussion

- Reports illegal, incompetent, or impaired practices to appropriate personnel

standard 6 COLLABORATION

Inter- and intraprofessional collaboration, which builds mutual respect among disciplines, is essential to assure patient safety, positive outcomes, and a healthy work environment. Strategies that reflect integration this standard:

- Signs a code of conduct and holds self and others to the contract

- Refers patients and families to appropriate support services within the hospital and community

- Uses skilled communication techniques to interact directly and respectfully with other health-care providers

- Updates the plan as required and provides reports between providers that are based on patient characteristics and care needs

- Collaborates with care coordinators and case managers to coordinate seamless transitions across the continuum of care

- Gains a personal knowledge of organizational and community resources that can be used to promote a continuum of care

- Participates in professional practice/shared governance councils

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standard 7 EVIDENCE-BASED PRACTICE/RESEARCH/CLINICAL INQUIRY

Evidence-based care delivery requires a culture in which clinical inquiry is promoted and research is integrated into practice. Integration of evidence into practice takes into account the unique patient population, patient values and beliefs, clinician competence, and the organizational culture. Strategies that reflect integration of this standard:

- Observes variation in clinical practice among colleagues and formulates clinical questions to address care variation

- Identifies an opportunity for improvement in quality standards. Presents scope of the clinical problem to unit leadership

- Functions in a team environment to evaluate literature associated with a clinical question

- Assists with the development of policies and procedures that reflect evidence-based practice

- Considers the current clinical expertise and competence of the nursing staff when planning evidence-based practice change

- Establishes measurable outcome goals to determine success of the evidence-based practice change

- Participates in data collection to determine if practice change was successful

- Presents results of evidence-based practice projects internally and/or externally

- Continues to present ongoing educational opportunities and complete educational care process audits to sustain evidence-based practice change efforts

standard 8 RESOURCE UTILIZATION

Appropriate resource utilization in acute and critical care results in improved patient experience, quality outcomes, safe care delivery, and cost efficiency. Ultimately, keeping the patient and family at the center of decision-making results in identifying appropriate resources needed to provide quality care. Strategies that reflect integration of this standard:

- Participates in a value analysis process to consider safety, care quality, and cost when choosing products and equipment

- Incorporates patient care assignments on the identified patient characteristics and matches them with the clinical competency characteristics of nurses

- Uses tools and systems to determine the number and mix of staff needed at a specific time. Such systems should reflect the dynamic nature of patients in the acute and critical care setting

- Ensures colleagues with the appropriate expertise are present to assist with care decisions, expert consultations, or care-delivery needs. Delegates aspects of care as needed to improve patient outcomes

- Collaborates with case managers and care coordinators to communicate patient/family needs and resource availability to ensure that appropriate resources are provided to the patient and family

- Educates the patient and family on the importance of nursing interventions and discloses risks and benefits when performing bedside education

standard 9 LEADERSHIP

Leadership can be demonstrated by all levels of nursing in the professional practice environment. Formal and informal leaders collaborate with each other and their colleagues to improve care delivery and motivate others to change the surrounding environment. Strategies that reflect integration of this standard:

- Develops a process to delegate care activities based on the assessment of potential harm to an individual patient, complexity of task, amount of problem solving and innovation required, unpredictability of outcome, and level of patient and family participation

- Recognizes the unique talents of colleagues and recommends them for committee involvement or promotion

- Celebrates the success of the team and individuals who have developed or implemented innovative solutions to care-delivery problems

- Ensures interprofessional team members are heard when voicing safety concerns

- Joins professional nursing associations to role-model continued professional growth

- Volunteers for committee participation on the local and national level

- Accepts and supports change in such a way that promotes a healthy work environment

- Communicates advances in care delivery accomplished by the interprofessional team internally and externally

standard 10 Environmental Health[2]

Nurses have a responsibility to ensure that care is delivered in an environment that does not harm the patient and family. In addition, nurses also have the right to provide care in a safe, healthy environment. Environments which consider the well-being of the patient, family, and nurse are established and maintained through interprofessional collaboration. Strategies that reflect integration of this standard:

- Completes appropriate environmental risk assessments and implements strategies to mitigate risk, eg, fall risk assessment and implementation of fall prevention strategies

- Implements or promotes strategies to provide a patient-centered environment which improves rest, such as reducing ambient noise or following institutional policy to reduce alarm fatigue

- Completes environmental health risk assessment when conducting patient history review on admission

- Collaborates with colleagues to educate patients and families about environmental health risks and how to reduce or mitigate risks

- Collaborates with environmental services and value analysis teams to research new products and determine if they pose risks to patients, families, and employees

- Participates in community outreach programs which assess community members for health problems related to environmental risks or exposures

references ————————————————————————————————

[1]American Nurses Association. *Code of Ethics for Nurses With Interpretive Statements*. Silver Spring, MD: Nursesbooks.org; 2015.
[2]American Nurses Association. *ANA's principles of environmental health for nursing practice with implementation strategies*. Available at: http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/HealthyNurse/ANAsPrinciplesofEnvironmentalHealthforNursing Practice.pd. 2007. Accessed April 6, 2015.

GLOSSARY

AACN Synergy Model for Patient Care™ – the conceptual model of certified acute and critical care nursing practice that specifies that the needs and/or characteristics of patients and families drive the characteristics or competencies of the nurse from novice through advanced practice[1]

Acute- and/or critical-care nurse – a licensed professional nurse who is responsible for ensuring that all acutely and critically ill patients receive optimal care. Basic to the provision of optimal care is individual professional accountability through adherence to standards of nursing care of acutely and critically ill patients and through a commitment to act in accordance with ethical principles

acute and critical care nursing – the specialty within nursing that deals specifically with human responses to actual or potential life-threatening health symptoms and diagnoses

Acutely and critically ill patients – patients who are at high risk for mortality due to present health problems. The more critically ill the patient, the more likely he or she is to be highly vulnerable, unstable, and complex

Assessment – a systematic, dynamic process by which the nurse, through interaction with the patient/family, nursing personnel, and interprofessional team, collects and analyzes data. Data may include the following dimensions: physical, psychological, social, environmental, regulatory requirements, external demands, cultural, cognitive, functional, organizational, developmental, and economic factors

Competency – an integration of the knowledge, attitudes, and skills necessary to function in a specific role and work setting[2]

Continuity of care – an interprofessional process that includes patients and families/significant others in the development of a coordinated plan; a process which facilitates the patient's transition between settings, based on changing needs and available resources

Continuum of care – A conceptual model that describes a person's movement from wellness through desired quality of life to dignified death. A person's place on the continuum is determined individually

Criteria – relevant, measurable indicators of the standards of clinical nursing practice

Diagnosis – a clinical judgment about the patient's response to actual or potential health conditions or needs; may be medical or nursing diagnosis; provides the basis for determining an interprofessional plan of care to achieve expected outcomes

Evaluation – the process of determining the patient's progress toward the attainment of expected outcomes

Evidence-based practice (EBP) – a problem-solving approach in practice that involves the conscientious use of current best evidence in making decisions about patient care; EBP incorporates a systematic search for and critical appraisal of the most relevant evidence to answer a clinical question along with one's own clinical expertise and patient values and preferences[3].

Family – family of origin or significant others, as identified by the patient

Guidelines – broad practice recommendations based on scientific theory, research, and/or expert opinion

Healing, humane, and caring environment – acute and critical care nurses practice in settings where patients require complex assessment and therapies, high-intensity interventions, and continuous nursing vigilance. Nursing is a constant in the acute and critical care environment. As part of an interdisciplinary team, nurses work to create healing, humane, and caring environments where:

- Providers act as advocates on behalf of patients, families, and communities

- Patient and family values dominate

- Ethical decision-making is supported, fostered, and promoted

- Collaboration is embraced

- Leadership is fostered at all levels and in all activities

- Lifelong learning is fundamental to professional growth

- Existing talents and resources are optimized

- Innovation and creativity are rewarded

- Diversity is respected

Healthcare providers – individuals with special expertise who provide healthcare services or assistance to patients: nurses, advanced practice nurses, physicians, psychologists, social workers, nutritionists and dieticians, various therapists

Healthy work environment – a work environment which supports the standards of skilled communication, true collaboration, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership

Implementation – the process of carrying out the interprofessional plan of care, which may include implementing, delegating, and/or coordinating interventions. The patient and/or family or healthcare providers may be designated to implement interventions within the plan

Judgment – the formation of a conclusion that encompasses critical thinking, problem-solving, ethical reasoning, and decision-making

Nurse – an individual who is licensed by a state agency to practice as a registered nurse

Nurse characteristics (from the Synergy Model[1]) – reflect an integration of knowledge, skills, experience, and attitudes needed to meet the needs of patients and families. Thus, continuums of nurse characteristics are derived from patient needs; these include:

Advocacy and moral agency – working on another's behalf and representing the concerns of the patient, family, and community; serving as a moral agent in identifying and helping to resolve ethical and clinical concerns within the clinical setting

Caring practices – the constellation of nursing activities that are responsive to the uniqueness of the patient and family and that create a compassionate and therapeutic environment, with the aim of promoting comfort and preventing suffering. These caring behaviors include, but are not limited to, vigilance, engagement, and responsiveness

Collaboration – working with others (eg, patients, families, and healthcare providers) in a way that promotes and encourages each person's contribution toward achieving optimal and realistic patient goals. Collaboration involves intra- and interprofessional work with all colleagues

Systems thinking – the body of knowledge and the tools that allow nurses to appreciate the care environment from a perspective that recognizes the holistic interrelationship that exists within and across healthcare systems

Responses to diversity – the sensitivity to recognize, appreciate, and incorporate differences into the provision of care. Differences involving patients and their families and members of the healthcare team may include, but are not limited to, individuality, cultural differences (eg, regarding child rearing, family relations), spiritual beliefs, gender, race, ethnicity, disability, family configuration, lifestyle, socioeconomic status, age, values, and alternative medicine

Clinical inquiry or innovator/evaluator – the ongoing process of questioning and evaluating practice, providing informed practice, and innovating through research and experiential learning. The nurse engages in clinical knowledge development to promote the best patient outcomes

Nursing – a healthcare profession that protects, promotes, and optimizes patient health and abilities, prevents illness and injury, alleviates suffering through the diagnosis and treatment of human response, and provides advocacy in the care of patients, families, communities, and populations[4]

Nursing process – a dynamic, systematic method of caring for patients from a nursing perspective. The stages of the nursing process include assessment, diagnosis, planning, implementation, and evaluation. The dynamic and circular nature of the nursing process is apparent in the nurse's continuous collection (recollection) and assessment (reassessment) of data, the patient's response to care, formulation (reformulation) of the outcomes to be expected, and provision of interventions based on these data. The circular nature of the nursing process assumes that nurses include the patient, the family, and the healthcare team in the formulation of the plan

Outcomes – measurable, expected goals. The term *expected outcomes* describes the results that are anticipated or expected as a result of the interventions of the nurse

Patient – recipient of nursing care. The term *patient* is used herein to provide consistency and brevity, bearing in mind that the term *patient* or the term *individual* might be a better choice in some instances. When the patient is an individual, the focus is on the health state, problems, or needs of a single person. When the patient is a family or group, the focus is on the health state of the whole or the reciprocal effects of an individual's health state on the other members of the unit. When the patient is a community, the focus is on personal and environmental health and health risks of population groups. Patients can be described by a number of characteristics. All characteristics are connected and contribute to each other

Patient characteristics (from the Synergy Model[1]) – these patient characteristics span the continuum of health and illness:

Resilience – the capacity to return to a restorative level of functioning using compensatory coping mechanisms; the ability to bounce back quickly after an insult

Vulnerability – susceptibility to actual or potential stresses that may adversely affect patient outcomes

Stability – the ability to maintain a steady-state equilibrium

Complexity – the intricate entanglement of two or more systems (eg, body, family, therapies)

Resource availability – extent of resources (eg, technical, fiscal, personal, psychological, social) that the patient, family, and community bring to the situation

Participation in care – extent to which the patient and family engage in aspects of care

Participation in decision-making – extent to which the patient and family engage in decision making

Predictability – a summative characteristic that allows one to expect a certain trajectory of illness

Patient/family – *patient* refers to an individual or a single person, while *family* can include the family of origin or significant others as identified by the patient. The term patient/family is used to provide consistency and brevity in the focus of the services of the nurse in acute and critical care

Peer review – the process by which professionals with similar knowledge, skills, and abilities judge the processes and/or outcomes of care

Plan of care – an interprofessional outline of care based on expected outcomes for the particular patient. The patient, family, and healthcare providers participate in carrying out the plan for the implementation or delivery of care

Quality of care – a cooperative and collaborative process that combines the goals of professional standards of care with the defined expectations of the patient and family

Reflective practice – a recurrent thoughtful and personal self-assessment, analysis, and synthesis of strengths and opportunities for improvement

Skill – an ability that includes psychomotor, communication, interpersonal, and diagnostic components

Standard – an authoritative statement, articulated and supported by the profession, that describes a level of care or performance by which the quality of practice, service, or education can be measured or judged

Standards of care – authoritative statements that describe a competent level of clinical nursing practice demonstrated through assessment, diagnosis, outcome identification, planning, implementation, and evaluation

Standards of practice – authoritative statements that describe a level of care or performance common to the profession of nursing and by which the quality of nursing practices can be judged. Standards of clinical nursing practice include both standards of care and standards of professional performance

Standards of professional performance – authoritative statements that describe a competent level of behavior in the professional role, including activities related to quality of care, performance appraisal, education, collegiality, ethics, collaboration, research, resource utilization and leadership

references ———————————————————————

[1]AACN Certification Corporation. The AACN Synergy Model for Patient Care. Available at:
http://www.aacn.org/wd/certifications/content/synmodel.pcms?menu=certification. Accessed April 6, 2015.
[2]Alspach JG. *Designing Competency Assessment Programs: A Handbook for Nursing and Health-Related Professions*. Pensacola, FL:
National Nursing Staff Development Organization; 1995.
[3]Melnyk BM, Fineout-Overholt E. *Evidence-Based Practice in Nursing & Healthcare: A Guide to Best Practice.* Philadelphia, PA:
Lippincott, Williams & Wilkins; 2005:page 387.
[4]American Nurses Association. *Nursing's Social Policy Statement: The Essence of the Profession.* Silver Spring, MD: Nursesbooks.org; 2010.

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Advocacy and Moral Agency

systems thinking

COLLABORATION

Response to Diversity clinical inquiry

CLINICAL JUDGMENT

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