## Oklahoma Board of Nursing 2501 N. Lincoln Blvd., Suite 207 Oklahoma City, OK 73105 (405) 962-1800

# Nursing Competencies by Educational Level: Guidelines for Nursing Practice and Education in Oklahoma

- I. Purpose: This model identifies competencies for the roles of nurses with various levels of nursing education: practical (P.N.), associate (A.D.N.), baccalaureate (B.S.N.), master's (M.S.), and doctoral (D.N.P.).
- II. Introduction: In 2001, a Nurse Utilization Task Force appointed by the Oklahoma Board of Nursing developed this model to address questions received by the Board members and staff regarding the appropriate utilization of nurses at each level of education. In 2009-10, the model was reviewed and updated by a Subcommittee of the Nursing Education and Practice Advisory Committee. In 2017, Nursing Education and Nursing Practice Advisory Committee reviewed and approved an updated document.

In the model, competencies that are common to all categories are identified at the level of education in which they are taught, and are not repeated at the successive levels. Since there are no diploma schools of nursing in Oklahoma, this model does not include a diploma category.

The Oklahoma Board of Nursing provides this model as a mechanism to assist nurses in education and practice with decisions regarding nursing curricula, articulation between educational levels, and nursing roles in various practice settings. The model does not mandate nursing roles, curriculum, or articulation, but rather, it is available as a resource for Oklahoma nurses.

When the original model was revised in 2009-2010, new competencies were used as the framework, as developed in 2003 by the Institute on Medicine (IOM). The IOM identified a set of five core competencies to be demonstrated by all health care professionals to meet the needs of the 21<sup>st</sup> century health system (Greiner & Knebel, 2003). The five core competencies were:

- Provide patient-centered care;
- Work in interdisciplinary teams;
- Employ evidence-based practice;
- Apply quality improvement; and
- Utilize informatics.

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OBN Policy/Guideline: #P-21 Page 1 of 24 In the revisions completed in 2017, the *Essentials of Baccalaureate Education for Professional Nursing Practice* (2008), *The Essentials of Master's Education In Nursing* (2011), and *The Essentials of Doctoral Education for Advanced Nursing Practice* (2006), published by the American Association of Colleges of Nursing, were used as key references for revising sections related to baccalaureate and master's level education, as well as for adding a new section on doctoral education. However, because master's and doctoral nursing education prepares nurses for other roles besides advanced practice, sections that focused on general competencies for all master's- or doctorally-prepared nurses were used. A subcommittee comprised of volunteers from the Nursing Education and Nursing Practice Advisory Committee met in November 2016 to further review and discuss Safety as a stand-alone competency. The former document reflects proposed changes recommended by the sub-committee and approved by the Nursing Education and Nursing Practice Advisory Committee in February 2017.

In 2023, the model was revised with new competencies used as the framework, as developed in 2021 by the American Association of Colleges of Nursing (AACN), *The Essentials: Core Competencies for Professional Nursing Education.* The AACN identified a set of ten domains of competency to "prepare individuals as members of the discipline of nursing, reflecting expectations across the trajectory of nursing education and applied experience." These ten domains and the expected competencies for each domain are considered essential to nursing practice.

A sub-committee comprised of volunteers from the Nursing Education and Nursing Practice Advisory Committee met from February 2022 through December 2023 to review, discuss, and revise the document. The current document reflects proposed changes recommended by the sub-committee and approved by the Nursing Education and Nursing Practice Advisory Committee in \*June 2024. The sub-committee combined Knowledge for Nursing Practice and Scholarship for Nursing Practice into one competency. Professionalism and Personal, Professional, and Leadership were also combined into one competency. The resulting eight core competencies that are essential for nursing practice are:

- Person-Centered Care
- Interprofessional Partnerships
- Knowledge and Scholarship for Nursing Practice
- Quality and Safety
- Informatics and Healthcare Technologies
- Population Health
- Systems Based Practice
- Professionalism: Personal, Professional, and Leadership Development

\*8/7/2024 Scrivener's error corrected to change the approval date of the Nursing Education and Nursing Practice Advisory Committee from February 2024 to June 2024.

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The competencies are defined in Section III below. Descriptors are used to provide further definition for the competencies in the table, Nursing Competencies By Educational Level. References are identified in Section #V.

#### III. Definitions

# The Essentials: Core Competencies for Professional Nursing Education (AACN 2021):

Used to define quality in nursing education, the AACN Essentials outline the necessary curriculum content and expected competencies of graduates from baccalaureate, master's, and Doctor of Nursing Practice programs. The Essentials provides a framework for preparing individuals as members of the discipline of nursing, reflecting expectations across the trajectory of nursing education and applied experience.

These Essentials introduce 10 domains that represent the essence of professional nursing practice and the expected competencies for each domain. The domains and competencies exemplify the uniqueness of nursing as a profession and reflect the diversity of practice settings yet share common language that is understandable across healthcare professions and by employers, learners, faculty, and the public. The competencies accompanying each domain are designed to be applicable across four spheres of care (disease prevention/promotion of health and wellbeing, chronic disease care, regenerative or restorative care, and hospice/palliative/supportive care), across the lifespan, and with diverse patient populations. While the domains and competencies are identical for both entry and advanced levels of education, the sub-competencies build from entry into professional nursing practice to advanced levels of knowledge and practice. The intent is that any curricular model should lead to the ability of the learner to achieve the competencies. The Essentials also feature eight concepts that are central to professional nursing practice and are integrated within and across the domains and competencies.

- Clinical Judgment
- Communication
- Compassionate Care
- Diversity, Equity, and Inclusion
- Ethics
- Evidence Based Practice
- Health Policy
- Social Determinants of Health

**Nursing**: "The practice of nursing means the performance of services provided for purposes of nursing diagnosis and treatment of human responses to actual or potential health problems consistent with educational preparation. Knowledge and skill are the basis for assessment, analysis, planning, intervention, and evaluation

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used in the promotion and maintenance of health and nursing management of illness, injury, infirmity, restoration or optimal function, or death with dignity. Practice is based on understanding the human condition across the human lifespan and understanding the relationship of the individual within the environment. This practice includes execution of the medical regime including the administration of medications and treatments prescribed by any person authorized by state law to so prescribe." [Title 59 O.S. §567.3a.2].

Person-Centered Care focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate.

Interprofessional Partnerships involves intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.

Knowledge and Scholarship for Nursing Practice encompasses generation, integration, translation, application, and dissemination of established and evolving disciplinary and interdisciplinary nursing knowledge as well as knowledge from other disciplines. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice, and results in improved health and healthcare.

Quality and Safety, as core values of nursing practice, involves enhancing quality and minimizing risk of harm to patients and providers through both system effectiveness and individual performance.

Informatics and Healthcare Technologies are used to provide safe, high-quality care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice.

Population Health spans the healthcare delivery continuum from prevention to disease management of populations and describes collaborative activities with affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes.

Systems-Based Practice prepares nurses to lead within complex systems of health care. Nurses must effectively coordinate resources to provide safe, quality, equitable care to diverse populations.

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Professionalism: Personal, Professional, and Leadership Development involves formation of a sustainable professional nursing identity, accountability, perspective, collaborative disposition, and comportment that reflects nursing's characteristics and values. This professional identity is cultivated through participation in activities and self-reflection that foster personal health, resilience, and well-being, lifelong learning, and support the acquisition of nursing expertise and assertion of leadership.

#### IV. References

American Association of Colleges of Nursing. (2021) The Essentials: Core Competencies for Professional Nursing Education. Retrieved July 26, 2023. from:

https://www.aacnnursing.org/Portals/0/PDFs/Publications/Essentials-2021.pdf

American Association of Colleges of Nursing. (2021) The Essentials: Core Competencies for Professional Nursing Education, Executive Summary. Retrieved July 26, 2023, from:

https://www.aacnnursing.org/Portals/42/Downloads/Essentials-Executive-Summary.pdf

- Greiner, A. & Knebel, E. (Eds.) (2003) Health Professions Education: A Bridge to Institute of Medicine of the National Academy of Sciences: Quality. Washington, D.C.
- National Association of Licensed Practical Nurses. (2023). NALPN Nursing Practice Standards for the Licensed Practical & Vocational Nurse. Retrieved July 26, 2023, from: https://nalpn.org/standards
- National Association for Practical Nurse Education and Service. (2009). NAPNES Standards of Practice and Educational Competencies of Graduates of Practical/Vocational Nursing Programs. Retrieved July 26, 2023, from: https://napnes.org/wordpress2/standards 2009.pdf
- Oklahoma Nursing Practice Act, Title 59, Oklahoma Statute Chapter 12, §§ 567.1 et seq. (2020).
- Quality and Safety Education for Nurses National Advisory Board. (n.d.). Quality and Safety Education for Nurses: Pre-Licensure and Graduate Knowledge. Skills, and Attitudes. Retrieved July 26, 2023, from: http://qsen.org/competencies/

Regulatory Authority: 59 O.S. §567.2.A

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#### **Nursing Competencies by Educational Level**

#### **Competency #1: Person-Centered Care**

Descriptor: Person-centered care focuses on the individual within multiple complicated contexts, including family and/or important others. Personcentered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. Personcentered care builds on a scientific body of knowledge that guides nursing practice regardless of specialty or functional area.

the patient's dignity.  Engage with the individual in establishing a caring relationship.  Demonstrate compassionate care.  Demonstrate accountability for care  the patient's dignity.  assessment skills in practice.  data in the context of the individual's current preferences, situation, and experience.  Collaborate with the interprofessional team to develop and evaluate the plan of care.  Collaborate with the interprofessional team to develop and evaluate the plan of care.  Engage the individual and team to develop	Roles	LPN	ADN	BSN	Masters	Doctorate
Implement individualized plan of care using established protocols.  Initiate, maintain and terminate the therapeutic relationship.  Demonstrate caring behaviors toward the patient and significant support person(s).  Implement individualized plan of care.  Monitor the interprofessional team to develop a comprehensive plan of care.  Promote delivery of care that supports practice at the full scope of education.  Model professional expectations for therapeutic relationships.		Provide and promote the patient's dignity.  Engage with the individual in establishing a caring relationship.  Demonstrate compassionate care.  Demonstrate accountability for care delivery.  Implement individualized plan of care using established protocols.  Initiate, maintain and terminate the therapeutic relationship.  Demonstrate caring behaviors toward the patient and significant	Integrate holistic assessment skills in practice.  Apply nursing knowledge to gain a holistic perspective of the person, family, community, and population.  Engage the individual and team to develop and evaluate the plan of care.  Monitor the implementation of the	Synthesize assessment data in the context of the individual's current preferences, situation, and experience.  Collaborate with the interprofessional team to develop and evaluate the	Promote caring relationships to effect positive outcomes.  Demonstrate practice that is informed by a comprehensive assessment appropriate to the functional area of advanced nursing practice.  Lead the interprofessional team to develop a comprehensive plan of care.  Promote delivery of care that supports practice at the full scope of education.  Model professional expectations for therapeutic	Acquire evidence to guide development of care guidelines/tools.

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# **Competency #1: Person-Centered Care**

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centered care builds on a scientific body of knowledge that guides nursing practice regardless of specialty or functional area.

Roles	LPN	ADN	BSN	Masters	Doctorate
Advocate	Act in an advocacy role to protect patient's rights.  Recognize when additional expertise and knowledge is needed to manage the patient.	Identify personal, system, and community resources available to support self-care management.  Coordinate care of individuals and families in collaboration with care team.  Communicate with relevant stakeholders across health systems.	Advocate for patient and family with relevant stakeholders across health systems.  Use personal, system, and community resources available to support self-care management.  Plan and provide coordination of care of individuals and families in collaboration with care team.	Guide coordination of care across health systems.  Evaluate adequacy of resources available to support self-care management.  Analyze system-level and public policy influence on care coordination.  Evaluate communication pathways among providers and others across settings, systems, and communities.	Lead system-level change to improve care coordination across settings.
Teacher	Instruct patient regarding individualized health needs in keeping with one's knowledge, competence, and scope of practice.	Use evidence-based patient teaching materials, considering health literacy, vision, hearing, and cultural sensitivity.  Educate individuals and families regarding selfcare for health promotion, illness prevention, and illness management.	Develop evidence-based patient teaching materials, considering health literacy, vision, hearing, and cultural sensitivity.  Educate individuals, families, and communities regarding self-care for health promotion, illness prevention, and illness management.	Employ counseling techniques, including motivational interviewing, to advance wellness and self-care management.	Develop and evaluate counseling techniques, including motivational interviewing, to advance wellness and self-care management.

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Roles	LPN	ADN	BSN	Masters	Doctorate
Communicator/ Counselor	Demonstrate relationship-centered care.  Utilize effective communication skills when interacting with patients, significant others, and members of the interdisciplinary health care team.  Facilitate health and healing through compassionate caring.  Employ empathy for the individual's life experience.	Consider individual beliefs, values, and personalized information in communications.  Demonstrate the ability to conduct sensitive or difficult conversations.	Demonstrate emotional intelligence in communications.  Apply principles of therapeutic relationships and professional boundaries.  Identify evidence-based practices that promote person-centered care.	Facilitate difficult conversations and disclosure of sensitive information.  Apply individualized information, such as genetic/genomic, pharmacogenetic, and environmental exposure information in the delivery of personalized healthcare.  Demonstrate advanced communication skills and techniques using a variety of modalities with diverse audiences.  Identify innovative and evidence-based practices that promote person-centered care.	Design evidence-based, person-centered engagement materials.  Develop innovative approaches based on evidence to advance person-centered care.

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#### **Competency #1: Person-Centered Care**

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Roles	LPN	ADN	BSN	Masters	Doctorate
Decision Maker	Contribute as a team member to the formation and improvement of diagnoses.  Use clinical judgment to make decisions and prioritize basic healthcare needs.	Use clinical judgment as a basis for responding to changes in healthcare needs of individuals and families.	Use clinical judgment and available evidence as a basis for responding to changes in healthcare needs of individuals, families and communities.	Employ context driven, advanced reasoning to the diagnostic and decision-making process.  Integrate advanced scientific knowledge to guide decision making.	Advance scientific knowledge to guide decision making.

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# **Competency #2: Interprofessional Partnerships**

Descriptor: Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes

Roles	LPN	ADN	BSN	Masters	Doctorate
Collaborator	Share an interdependent relationship with other health care team members in promoting effective group processes to provide patient-centered care that impacts health outcomes.	Clarify roles of team members and articulates areas of responsibility to implement plans for safe, quality care.	Collaborate with other team members to develop and implement plans to meet patient, family, or community goals and to promote safe, quality healthcare.  Share evidence of best practices with the inter-professional team.	Evaluate the effectiveness of interprofessional communication tools and processes in the delivery of patient-centered care and the achievement of healthcare goals.	Use inter-professional collaboration to create a climate of mutual respect for individuals and groups representing different viewpoints and experiences to improve health outcomes.  Incorporate data driven benchmarks to monitor system performance.  Integrate outcome metrics to inform change and policy recommendations.
Team Member/ Leader	Participate as a member of the healthcare team, contributing knowledge of the patient, family, and community for whom the team is providing care.  Communicate relevant, accurate, and complete information.  Utilize effective communication skills when interacting with members of the interdisciplinary health care team.	Participate as a team member through communicating essential information, respecting the profession-specific knowledge of each team member, and applying principles of team dynamics.	Contribute as team member, and leader if needed, through accurate, respectful communication and demonstration of shared accountability and inclusion of diversity.	Lead an interprofessional team, using knowledge of the roles and responsibilities of healthcare professionals.	Consult with healthcare teams in the areas of one's specialty, conflict management, interdisciplinary communication, and quality improvement.

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#### **Competency #2: Interprofessional Partnerships**

Descriptor: Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes

Roles	LPN	ADN	BSN	Masters	Doctorate
Ethicist	Function within ethical, legal, and regulatory boundaries for nursing in the provision of care.  Ensure that one's own practice is consistent with the Oklahoma Nursing Practice Act.  Incorporate ethical principles and respect for diverse values and beliefs.	Recognize ethical issues related to quality and safety.  Anticipate and contribute to the ethical decision-making process.  Function within legal boundaries as a contributing member to the profession and advancement of nursing.	Recognize nursing's essential role in improving healthcare quality and safety.  Apply bioethical principles to ethically complex decisions.  Consider multiple options to legally and ethically resolve a dilemma.	Apply ethical frameworks, specialty knowledge, and clinical reasoning to influence health care practices and outcomes.	Contribute to interprofessional teams who conduct and approve human subject research.  Collaborate to change health policy.  Lead interprofessional teams to make collaborative decisions about ethical situations with the patient and family.

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#### Competency #3: Knowledge and Scholarship for Nursing Practice

Descriptor: Generation, integration, translation, application, and dissemination of established and evolving disciplinary and interdisciplinary knowledge as well as knowledge from other disciplines. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice, and results in improved health and healthcare.

Roles	LPN	ADN	BSN	Masters	Doctorate
Scholar/Researcher	Utilize educational opportunities for lifelong learning and maintaining competence.  Participate in collecting patient outcome data.	Apply knowledge from the natural and nursing sciences that develops the foundation for nursing practice: assessment, diagnosis, planning, implementation, and evaluation.  Participate in research team activities and use interpreted nursing research findings to improve patient care and patient safety.	Integrate nursing	Demonstrate the application of nursing science to practice.  Appraise current and emerging evidence to influence clinical practice.  Create a climate in the practice setting that supports scholarly inquiry, evidence - based practice and scientific investigation.	Analyze theories and decision models from nursing and other disciplines to improve clinical judgement.  Disseminate findings and information electronically, and by publication and oral presentation as applicable.  Distinguish between nursing's distinct practice perspectives and perspectives of other disciplines.
Ethicist	Recognize the ethical and moral obligations of the practice of nursing.	Identify the beginning principles of ethical decision-making.	Examine the influence of personal values in decision-making in nursing practice.  Demonstrate ethical decision-making.	Utilize the ethical decision-making process in the provision and evaluation of nursing care.	Demonstrate socially responsible leadership.

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#### Competency #3: Knowledge and Scholarship for Nursing Practice

Descriptor: Generation, integration, translation, application, and dissemination of established and evolving disciplinary and interdisciplinary knowledge as well as knowledge from other disciplines. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice, and results in improved health and healthcare.

Roles	LPN	ADN	BSN	Masters	Doctorate
Care Provider	Report to appropriate health care personnel and document assessments, interventions, and progress or impediments toward achieving patient outcomes.	Demonstrate clinical judgement in the care of the individual and family.	Demonstrate clinical judgement in the care of the individual, family, community, and population.	Apply a systematic and defendable approach to nursing practice decisions.	Translate theories from nursing and other disciplines to practice.

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# Competency #4: Quality and Safety

Descriptor: Generation, integration, translation, application, and dissemination of established and evolving disciplinary and interdisciplinary knowledge as well as knowledge from other disciplines. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice, and results in improved health and healthcare.

Roles	LPN	ADN	BSN	Masters	Doctorate
Safety	Report errors and	Demonstrate the moral	Assume	Design evidence-based	Analyze the impact of
	supports members of	courage to report	accountability	interventions to mitigate	evidence-based
	the health care team to	concerns related to	for reporting unsafe	risk.	interventions used to
	be forthcoming about	actual or potential	conditions, near		mitigate risk.
	errors and near	hazards and/or errors.	misses, and errors to	Lead team-based	
	misses.		reduce harm.	change initiatives	Coordinate the develop
		Participate with an inter-		using national safety	of team-based change
	Participate as a team	professional team to	Use national patient	resources.	initiatives using the
	member in using	promote safety and	safety resources,		national safety
	national patient safety	prevent errors and near	initiatives, and	Evaluate the alignment	resources.
	resources, initiatives,	misses.	regulations at all	of system data and	
	and regulations at the		points of care.	comparative patient	
	point of care.	Use national patient		safety benchmarks.	Lead analysis of actual
		safety resources,	Address actual or		errors, near misses,
	Carry out measures to	initiatives, and	potential hazards	Implement emergency	and potential situations
	promote a safe	regulations at the point	and/or errors.	preparedness system-	that would impact
	environment for	of care.		level plans to protect	safety.
	patients, self, and		Examine basic safety	safety.	
	others.	Contribute to creating a	design principles to	_ , , , ,,	Design and evaluate
	Double in the in	culture of safety.	reduce risk of harm.	Foster a just culture	emergency
	Participate in	Complete processes	Duamata maliaisa fan	reflecting civility and	preparedness system-
	sustaining a just	Employ processes	Promote policies for	respect.	level plans to protect
	culture reflecting civility	used in understanding cause of error.	prevention of violence		safety.
	and respect.	Gause of error.	and risk mitigation.		
	Implement measures				
	to prevent workplace				
	violence and injury.				
	violotice and injury.				

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# Competency #4: Quality and Safety

Descriptor: Generation, integration, translation, application, and dissemination of established and evolving disciplinary and interdisciplinary knowledge as well as knowledge from other disciplines. This distinguishes the practice of professional nursing and forms the basis for clinical

judgment and innovation in nursing practice, and results in improved health and healthcare.

Roles	LPN	ADN	BSN	Masters	Doctorate
Quality	Provide patient care using standardized evidence-based processes.  Integrate continuous quality improvement principles and activities into nursing practice.  Participate in the formulation of goals and outcomes to reduce patient risks.	Implement patient care using standardized evidence-based processes.  Recognize nursing's essential role in improving healthcare quality and safety.  Participate in the implementation of a practice change.	Direct standardized, evidence-based processes for care delivery.  Formulate goals and outcomes using evidence-based data to reduce patient risks.  Develop a plan for monitoring quality improvement change to include use of benchmark and unit outcome data.	Apply data-driven benchmarks to monitor system performance.  Utilize developed outcome metrics to inform change and policy recommendations.  Participate in analyzing organizational process improvement initiatives.  Lead the implementation of quality improvement initiatives.  Recognize financial policies that impact the relationship between economics and quality care delivery.	Establish and incorporate data-driven benchmarks to monitor system performance.  Establish outcome metrics to inform change and policy recommendations.  Lead the analysis of organizational process improvement initiatives.  Lead the development of a business plan for quality improvement initiatives.  Advocate for change related to financial policies that impact the relationship between economics and quality care delivery.  Advance quality improvement practices through dissemination of outcomes.

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#### **Competency #5: Informatics and Healthcare Technologies**

Descriptor: Information and communication technologies and informatics processes are used to provide care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice. Informatics processes and technologies are used to manage and improve the delivery of safe, high-quality, and efficient healthcare services in accordance with best practice and professional and regulatory standards.

	regulatory standards.			T	_
		I.			
Roles User of Information Technology	PN  Use information and communication technology in a manner that supports the nursepatient relationship.  Demonstrate best practice use of social networking applications.  Report system processes and functional issues (error messages, misdirections, device malfunctions, etc.) according to organizational policies and procedures.  Apply knowledge of common risks, security, and legal requirements associated with using information and communication technology.	ADN Use appropriate data when planning care. Select appropriate technology for patient and family teaching. Use decision support tools to inform clinical judgment and promote safe patient care. Identify the impact of information and communication technology on quality and safety of care. Employ electronic health, mobile health, and telehealth systems to enable quality, ethical, and efficient patient care. Educate patients on their rights to access, review, and correct personal data and medical records.	Examine how nursing engagement with emerging technologies influences healthcare delivery and clinical decision making.  Explain how data entered on one patient impacts public and population health data.  Demonstrate the appropriate use of health information literacy assessments and improvement strategies.  Describe the importance of standardized nursing data to reflect the unique contribution of nursing practice.	Masters  Use best evidence and practice in the selection and implementation of information and communication technologies to support care.  Formulate a plan to influence decision-making processes for selecting, implementing, and evaluating support tools.  Evaluate the potential use, impacts, and costs of emerging technologies in health care.  Assess best practices for the use of advanced information and communication technologies to support patient and team communications at a system level.  Evaluate the impact of health information exchange, interoperability, and integration to support	Doctorate  Develop evidence and practices for the application of information and communication technologies to support care.  Appraise the impact of information and communication technologies on workflow processes and healthcare outcomes.  Generate information and knowledge from health information technology databases to evaluate decision-making and outcomes across all systems levels.

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#### **Competency #5: Informatics and Healthcare Technologies**

Descriptor: Information and communication technologies and informatics processes are used to provide care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice. Informatics processes and technologies are used to manage and improve the delivery of safe, high-quality, and efficient healthcare services in accordance with best practice and professional and regulatory standards.

Roles	PN	ADN	BSN	Masters	Doctorate
User of Information Technology (cont'd)				Advocate for federal and state policies and regulations that support the appropriate use of technologies impacting health care.	
				Evaluate the use of communication technology to improve consumer health information literacy.	

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#### **Competency #6: Population Health**

Descriptor: Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes.

Roles	PN	ADN	BSN	Masters	Doctorate
	Practice within the	Recognize ethical	Employ ethical	Incorporate ethical	Challenge biases and
	ethical obligations of the	dilemmas that arise in	principles to protect	principles in resource	barriers that impact
F	practice of nursing.	nursing practice.	the health and safety	allocation in achieving	population health
			of diverse	equitable health.	outcomes.
			populations.		
				Participate in ethical	Lead ethical decision
			Describe the impact	decision making that	making that includes
			of policies on	includes diversity, equity,	diversity, equity, and
			population outcomes,	and inclusion in	inclusion in advanced
			including social justice and health equity.	advanced preparedness	preparedness to protect
			and nealth equity.	to protect populations.	populations.
Care Provider	Apply nursing	Participate in discharge	Assess a target	Use established or	Evaluate the efficacy of
	knowledge and skills to	planning of individual	population including	evolving methods to	a system's capability to
	promote and maintain	patients returning to the	its functional and	determine population-	serve a target sub-
	health, to prevent	population.	problem-solving	focused priorities of	population's healthcare
	disease and disability		capabilities anywhere	care.	needs.
	and to optimize the		in the continuum of		
	functional capabilities of		care.	Assess the efficacy of a	Analyze primary and
	an individual patient			system's capability to	secondary population
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	within the population.		Describe general	serve a target sub-	health data and cost-
			principles and	population's healthcare	benefit data for multiple
	Model respect for		practices for the	needs.	populations against
	diversity, equity, and		clinical management	A 41 : 4 - £	relevant benchmarks.
	inclusion for all team		of populations across	Assess the impact of	Access proporation and
r	members.		the age continuum.	climate change on a specific population.	Assess preparation and readiness of partners to
			Recognize the impact		respond during natural
			of climate change on		and man-made
			environmental and		disasters.
			population health.		

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#### **Competency #6: Population Health**

Descriptor: Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry,

academia, health care, local government entities, and others for the improvement of equitable population health outcomes.

Roles	PN	ADN	BSN	Masters	Doctorate
Advocate	Act in an advocacy role to protect individual patient rights within a population.	Advocate for adequate care resources for care of individuals within a population.	Explore the impact of policies on population outcomes (including social justice and health equity) to promote quality health in the community.  Identify opportunities for health policy development to improve health in the community.	Appraise advocacy priorities for a population.  Propose possible health policy changes to improve health in the community.	Advocate for interventions that maximize cost-effective, accessible, and equitable resources for populations.  Strategize with an interdisciplinary group and others to develop effective advocacy approaches.
Collaborator	Collaborate with members of the interdisciplinary health care team in the formulation of nursing care for patient populations across the health continuum.	Identify key health care professionals to engage in addressing population health issues.	Collaborate with other health care professionals to address population health issues.	Lead partnerships to improve population health.  Contribute to system-leveling planning, decision making, and evaluation for disasters and public health emergencies.	Collaborate with interdisciplinary teams to secure and leverage resources and lead preparedness and mitigation efforts to protect population health with attention to the most vulnerable populations.  Engage in relationship-building activities with stakeholders at any level of influence, including system, local, state, national and/or global.  Evaluate the effectiveness of partnerships for achieving health equity.

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# **Competency #7: Systems Based Practice**

Descriptor: Responding to and leading within complex systems of health care. Nurses effectively and proactively coordinate resources to provide

safe, quality, equitable care to diverse populations.

Roles	PN	ADN	BSN	Masters	Doctorate
Manager	Function within a healthcare system under the scope of practice authorized by the Oklahoma Nurse Practice Act.  Supervise and evaluate care provided by unlicensed assistants.	Contribute to the organizing and evaluating the use of human and physical resources in the practice setting.  Manage small groups of caregivers to meet defined system goals.  Direct nursing team resources (human) in collaboration with the team.	Coordinate human, technological, financial, and material resources across the continuum of care within the healthcare system.  Direct nursing team resources (human and fiscal) in collaboration with the team.	Manage human and fiscal resources within the healthcare system.  Use organizational and leadership skills to improve patient and population health outcomes.	Employ systems thinking and quality improvement models to enhance patient and population health outcomes.
Innovator	Participate in unit-based initiatives to implement new approaches to patient care.	Modify nursing interventions to increase positive health outcomes.	Identify innovative approaches to correcting system weaknesses and improving the outcomes of patients, families, and populations.	Implement system-wide innovations to improve patient care, in collaboration with other professionals.	Apply evidence-based methodologies, clinical experience, and specialty knowledge to design and implement system innovations.  Initiate changes that address health equity and structural racism.

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Descriptor: Formation of a sustainable professional nursing identity, accountability, perspective, collaborative disposition, and comportment that reflects nursing's characteristics and values. This professional identity is cultivation through participation in activities and self-reflection that foster personal health, resilience, and well-being, lifelong learning, and support the acquisition of nursing expertise and assertion of leadership

personal nealth,	resilience, and well-being			ursing expertise and assert	
Roles	PN	ADN	BSN	Masters	Doctorate
Professional	Communicate in a professional manner.  Identify own strengths and limitations for the purpose of improving nursing performance.  Demonstrate civility and cultural humility.  Maintain highest possible level of professional competence through continuing education and certification opportunities.  Describe nursing's professional identity and contributions to the healthcare team.  Demonstrate accountability and accept responsibility for own decisions and actions including maintenance of professional boundaries.	Integrate comprehensive feedback to improve performance.  Identify mentors to support professional growth, expand individual knowledge, and inform clinical judgment.  Engage in professional organizations that reflect nursing's values and identity.	Engage in advocacy that promotes the best interest of the profession through leadership and professional service.  Share professional knowledge to improve clinical outcomes within the work environment.	Demonstrate leadership skills when participating in professional activities and/or organizations.  Foster a practice environment that promotes civility, cultural humility, and accountability for care outcomes across a variety of settings.  Implement activities to create an environment of lifelong learning.	Demonstrate flexibility in managing change within complex environments.  Evaluate practice environments to ensure that civility, cultural humility, and nursing core values are demonstrated.  Advocate for nursing's professional responsibility for ensuring optimal care outcomes.  Develop strategies to support an environment of lifelong learning.

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Roles	PN	ADN	BSN	Masters	Doctorate
Professional (Cont'd)	Take responsible actions in situations wherein there is unprofessional conduct by a peer or other health care provider.				
Leadership Development	Serve as a positive role model within healthcare settings and the community.  Demonstrate leadership skills in practice.  Advocate for the nursing profession in a manner that is consistent, positive, relevant, and accurate.	Modify one's own leadership behaviors based on feedback.  Identify leadership principles and styles applicable to one's work environment.  Demonstrate leadership skills in times of uncertainty and crisis within the nursing unit.	Compare and contrast leadership principles and theories.  Articulate a personal leadership style.  Recognize the importance of nursing's contributions as leaders in practice and policy issues.  Demonstrate leadership skills in times of uncertainty and crisis across healthcare settings.	Mentor others in their professional growth and leadership.  Influence intentional change guided by leadership principles and theories.  Evaluate the outcomes of intentional change.  Participate in the evaluation of other members of the care team.  Identify gaps in leadership skills in times of uncertainty and crisis across systems.	Provide leadership to advance the nursing profession.  Lead intentional change guided by leadership principles and theories.  Evaluate strategies/methods for institutional peer review.  Implement strategies to improve system leadership in times of uncertainty and crises.

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•				ursing expertise and assert	
Roles	PN	ADN	BSN	Masters	Doctorate
Personal Development	Contribute to an environment that promotes self-care, personal health, and well-being.	Practice healthy, self- care behaviors that promote wellness and resiliency.	Model healthy, self- care behaviors that promote wellness and resiliency.	Evaluate the workplace environment to determine level of health and well-being.	Initiate interventions to improve health and wellbeing of individuals within the profession.
	Recognize conflict between personal and professional responsibilities.	Manage conflict between personal and professional responsibilities.	Create an environment to mediate conflict between personal and professional responsibilities.	Role model conflict resolution between personal and professional responsibilities.  Role model and lead well-being and resiliency for self and team.	Disseminate strategies to mediate conflict resolution between personal and professional responsibilities.
Ethics/Ethicist	Commit to meeting the ethical and moral obligations of the practice of nursing.  Report unethical behaviors when observed.  Advocate for the health consumer, maintaining confidentiality as required.  Demonstrate a professional presence, honesty, integrity, and respect to preserve the dignity of patients in all personal and professional contexts.	Demonstrate ethical behaviors in patient care and professional situations.  Address unethical behaviors when reported or observed.  Advocate for ethical practices that promote health and prevent harm.	Lead with moral courage to influence team decision-making.  Advocate for social justice and health equity, including addressing the health of vulnerable populations.	Model ethical behaviors in practice and leadership roles.  Analyze policies and practices in the context of an ethical framework.  Assume accountability for working to resolve ethical dilemmas.  Advocate for policies/practices that promote social justice and health equity.	Lead the development of solutions for ethical dilemmas.  Lead the development of policies/practices that promote social justice and health equity.

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personal health,	resilience, and well-being,	, lifelong learning, and sup	port the acquisition of nu	ursing expertise and assert	ion of leadership.
Roles	PN	ADN	BSN	Masters	Doctorate
Practitioner	Practice within legislated scope of practice and competence.  Distinguish between the mandates of regulatory bodies, accreditation agencies, and professional associations.  Comply with the ethical, legal, and regulatory frameworks of nursing and one's scope of practice.  Adapt practice in response to the spiritual beliefs and cultural practices of patients.  Identify the impact of economic, political, social, cultural, spiritual, and demographic forces on the role of the nurse in the delivery of health care.	Adhere to the registered nurse scope and standards of practice.  Adhere to regulatory requirements and workplace policies consistent with one's educational preparation.  Demonstrate awareness of personal and professional values and conscious and unconscious biases.	Participate in the implementation of policies and regulations to improve the professional practice environment and healthcare outcomes.  Demonstrate respect for diverse individual differences and diverse communities and populations.  Integrate core principles of social justice and human rights into practice.	Advocate for polices that enable nurses to practice to the full extent of their education.  Critique personal and professional practices in the context of nursing's core values.  Ensure that care provided by self and others is reflective of nursing's core values.  Ensure self and others are accountable in upholding moral, legal, and humanistic principles related to health.	Assess the interaction between regulatory agency requirements and quality, fiscal, and value-based indicators.  Evaluate the effect of legal and regulatory policies on nursing practice and healthcare outcomes.  Analyze efforts to change legal and regulatory policies that improve nursing practice and health outcomes.

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