

---

**Differentiated Entry Level Competencies of  
Graduates of Texas Nursing Programs**

**Vocational (VN)  
Diploma/Associate Degree (DIP/ADN)  
Baccalaureate Degree (BSN)**



**The Board of Nurse Examiners for the State of Texas  
&  
Texas Board of Vocational Nurse Examiners**

**September, 2002**

---

**Differentiated Entry Level Competencies of  
Graduates of Texas Nursing Programs**

**Vocational (VN)  
Diploma/Associate Degree (DIP/ADN)  
Baccalaureate Degree (BSN)**



**Published by**

**The Board of Nurse Examiners for the State of Texas  
&  
Texas Board of Vocational Nurse Examiners**

**DIFFERENTIATED ENTRY LEVEL COMPETENCIES OF  
GRADUATES OF TEXAS NURSING PROGRAMS**

**TABLE OF CONTENTS**

<b>Introduction</b> .....	<b>ii</b>
<b>Nursing Program Descriptions and Entry Level Competencies</b>	
<b>Vocational Nursing Programs</b> .....	<b>1</b>
<b>Diploma/Associate Degree Nursing Programs.</b> .....	<b>3</b>
<b>Baccalaureate Degree Nursing Programs.</b> .....	<b>7</b>
<b>Differentiated Entry Level Competencies</b>	
<b>Provider of Care.</b> .....	<b>9</b>
<b>Coordinator of Care.</b> .....	<b>23</b>
<b>Member of a Profession</b> .....	<b>29</b>
<b>Appendices</b>	
<b>A. Committee List.</b> .....	<b>35</b>
<b>B. Essential Competencies Survey.</b> .....	<b>37</b>
<b>C. Survey Respondents.</b> .....	<b>39</b>
<b>D. Survey Collaborators.</b> .....	<b>41</b>
<b>E. Glossary.</b> .....	<b>43</b>
<b>F. References.</b> .....	<b>45</b>

## **INTRODUCTION**

### **DIFFERENTIATED ENTRY LEVEL COMPETENCIES OF GRADUATES OF TEXAS NURSING PROGRAMS**

#### **VOCATIONAL (VN) DIPLOMA/ASSOCIATE DEGREE (DIP/ADN) BACCALAUREATE DEGREE (BSN)**

In Texas, licensed nursing practice flows along a continuum from the licensed vocational nurse to the doctorally prepared registered nurse. While selected aspects of nursing care may be delegated by licensed practitioners to ancillary persons such as nursing assistants or aides, Licensed Vocational Nurses (LVNs) and Registered Nurses (RNs) currently form the core of providers of care, coordinators of care and members of the nursing profession.

Basic educational preparation for the LVN examination is at the vocational level. Programs are provided through either community colleges, hospitals or proprietary schools and are approved by the Board of Vocational Nurse Examiners for the State of Texas (BVNE).

Educational preparation for the RN licensure examination may be obtained through diploma, associate degree and baccalaureate degree programs (including generic master's degree programs). Each program provides the necessary preparation for practice as a registered professional nurse and is approved by the Board of Nurse Examiners for the State of Texas (BNE).

The curricula of each of the nursing programs differ, resulting in differentiated entry level competencies of graduates. The competencies progress from vocational nursing to diploma/associate degree nursing to baccalaureate degree nursing. The competencies of each educational level build upon the previous level.

#### **METHODOLOGY**

On January 20, 2000, the BNE charged the Advisory Committee on Education (ACE) to review and revise the *Essential Competencies of Texas Graduates of Education Programs in Nursing* (BNE, 1993). The Board of Vocational Nurse Examiners conducted a parallel process to survey their programs for review and revision of the VN competencies and then joined the ACE to finalize the process.

In as much as the constituencies represented in the original (1993) Nursing Education Advisory Committee (NEAC) were very similar to those represented in the current ACE, a review undertaken by ACE was felt to be comparable to that which might be conducted by another statewide committee convened for this purpose and could be completed in a far more timely and cost-effective fashion.

ACE instituted a subcommittee which included six nurses who represented Diploma, ADN, and BSN education in addition to Texas League for Nursing (TLN) and Texas Organization of Nurse Executives (TONE) members who represented nursing practice. This subcommittee met August 9, 2000 to begin the process of review and revision.

The subcommittee analyzed the *Essentials of Baccalaureate Education* (AACN, 1998) and the *Educational Competencies for Graduates of Associate Degree Nursing Programs* (NLN, 2000) and found that the framework of the original 14 competencies provided for inclusion of the content of these two documents. The subcommittee also recognized that over the past seven years, schools of nursing have used the 14 core competencies in various ways, one of which was to revise course objectives and outcome statements. Therefore, major changes to these competencies were discouraged.

The goal of the subcommittee was to receive information from schools of nursing and employers of nurses for content revision in the areas of *knowledge and clinical behaviors/judgement*. A survey was sent to Texas VN, Diploma, ADN, and BSN Program Deans and Directors (Appendix B). A list of the survey respondents is included (Appendix C). In order to avoid burdening nursing programs with a request for each program to address all 14 competencies, each program was responsible for providing input related to selected competencies. Any program could go beyond their identified competencies. The survey facilitated inclusion of current and relevant knowledge, skills, judgement, and professional values to update the competencies.

In order to assure broad-based input from the health care community, the subcommittee requested that nursing programs involve selected health care agencies in their areas in the discussion of the revisions and the completion of the survey. Such collaboration provided input from a diversity of settings across Texas in order to strengthen the final revision. Each agency's name (Appendix D) as it appeared on the survey is included in this final report as a collaborating institution.

## **COMPETENCIES**

The competencies are written for nursing programs to meet the approval criteria established by the Boards of Nursing (BVNE and BNE).

Competencies are defined as "effective demonstration, by the time of graduation, of knowledge, judgement, skills and professional values derived from the nursing and general education content (BNE, 1993, p. ii)." The competencies describe the expected outcomes for students at the time of graduation. The intent of this document is not to include the expected competencies of VN, DIP/ADN, or BSN prepared nurses who have been in practice and have progressed beyond the novice level.

The competencies are organized according to three major roles of the nurse: Provider of Care, Coordinator of Care, and Member of Profession. Broad competency statements describe the expected behaviors of the graduate. The competencies are then further described in terms of "knowledge needed to achieve the competency" and "related clinical behaviors and judgements."

The competency statements serve as guidelines for utilization of new graduates in practice settings and the development of plans for building upon competencies (e.g., orientation programs, job descriptions, clinical ladders, etc.). The competencies with general descriptions of roles and responsibilities for each type of nursing follow. The competencies are consistent with the Board of Nurse Examiners' "Standards of Professional Nursing Practice" and the Board of Vocational Nurse Examiners' "Minimum Standards of Vocational Nursing Education."

The 14 competencies identified as headings have had minimal changes from 1993 as they continue to reflect the updated *Essentials of Baccalaureate Education* (AACN, 1998) and the *Educational Competencies of Associate Degree Nursing Programs* (NLN, 2000). The *Pew Health Professional Commission 21 Competencies for the 21<sup>st</sup> Century* (SC Colleagues in Caring, 2001) were incorporated into the competencies.

Structure and terminology changes based on survey results included the following:

1. The term "aggregates" was replaced by the term "groups" and "society as a client" was omitted.
2. The additional knowledge and additional clinical behavior/judgements were grouped together under each competency according to type of education in the same section of the document and horizontally aligned progressively from left to right.

## **VALUES AND ETHICS IN NURSING**

Through the educational process, students are provided the necessary experiences to develop the knowledge, behaviors and skills expected of practicing nurses. In addition, the clinical judgements of the nurse are guided by various values and beliefs about oneself and society. It is recommended that nursing educators strive to foster

commitment to the following values and ethical principles believed to be inherent to the nursing profession:

- 1) Altruism - Concern for the welfare of others seen through caring, commitment and compassion.
- 2) Human Dignity - Belief in the inherent worth and uniqueness of the individual seen through respectfulness, empathy, humanness, and trust.
- 3) Truth - Faithfulness to fact seen through honesty, accountability and authenticity.
- 4) Justice - Upholding moral and legal principles seen through courage, advocacy, and objectivity.
- 5) Freedom - Capacity to exercise choice seen through openness, self-direction, and self-discipline.
- 6) Equality - Having the same rights and privileges seen through acceptance, tolerance, and fairness.
- 7) Esthetics - Identifying the qualities of objects, events and persons that provide satisfaction as seen through creativity, sensitivity and appreciation.

Values and beliefs about oneself and society guide the clinical judgements of the nurse. To act as a moral agent and to advocate on behalf of patients, the nurse must be sensitive to ethical issues inherent in health care settings and health care policies and be able to systematically reason through ethical dilemmas. Through the educational process, students clarify personal and professional values and develop the knowledge, behaviors, judgements, and skills expected of nurses practicing ethically.

Professional values are enduring beliefs or ideals that guide practitioners and serve as a framework for professional decisions and action. These values are the foundation for moral standards of right and wrong, established in accordance with the profession's norms and traditions. As a practice discipline, caring is the fundamental value of nursing, growing from altruism -- a concern for the well-being of others. Caring, as a human endeavor, places demands on the character, knowledge, behaviors, judgements, and skills of the nurse. A nurse's first moral obligation is to be a competent practitioner.

Nursing ethics applies general moral principles and rules to address potential and actual ethical issues arising within the health care encounter. This system of valued beliefs and behaviors (identified as rights, duties, and obligations as well as good professional character) guides the conduct of nurses.

A code of ethics for nursing embodies the profession's central values and standards of conduct, reflecting its responsibility to society and its collegial solidarity. It provides the framework for decision-making for the profession and the parameters of professional integrity. Violation of the code's professional standards may result in disciplinary action.

## **IMPLICATIONS**

This document has the potential to add clarity and consistency to educational outcomes. It can be used by nursing programs to review curricula through content mapping for evidence that knowledge, clinical behaviors and judgements, and skills of new graduates are relevant and consistent with the educational program. This document provides a foundation for the state's nursing education programs to design seamless articulation plans for educational mobility and for employers to create differentiated job descriptions for entry-level nursing practice.

## **RECOMMENDATION**

Periodic reviews and revisions need to be conducted to ensure that the competencies reflect changes in nursing practice, education, and research.

NURSING  
PROGRAM  
DESCRIPTIONS  
AND  
ENTRY LEVEL  
COMPETENCIES

## VOCATIONAL NURSING PROGRAMS

The curriculum for vocational nurse education is delivered in a clinically intensive certificate program of approximately one year in length. The Board of Vocational Nurse Examiners (BVNE) minimum requirements encompass 558 theory and 840 clinical hours, although most programs include more than the 1,398 minimum. The primary providers of vocational nurse education are community colleges. Other providers include hospitals, technical institutes and the military.

The Board of Vocational Nurse Examiners approved curriculum includes requirements for instruction in the four basic areas of nursing care: adults; mothers and newborns; children; and the elderly. The initial clinical instruction takes place in the skills laboratory and progresses to clinical experiences in health care agencies. Classroom instruction is also required in mental health/mental illness concepts, but a clinical component is not required.

Required support courses and content include: basic human anatomy and physiology; microbiology; pharmacology; administration of medications; nutrition; life cycle/growth and development; professional (vocational) adjustments; legal and ethical aspects of nursing practice; and fundamental nursing skills. Content may be integrated within the core nursing curriculum or may be taken as stand alone courses. Since technological advances allow new techniques in instruction, most programs provide introduction to technology in computer laboratories, simulated laboratory practice, and in the clinical practice arena.

Licensure to practice is issued by the Board of Vocational Nurse Examiners to individuals who pass the National Council Licensure Examination for Practical Nurses (NCLEX-PN). Qualified graduates of vocational nursing programs typically receive a temporary permit to practice under direct supervision for a 90-day period while awaiting testing and licensure.

The primary role of the entry level graduate of a vocational nursing program is to provide nursing care in structured health care settings for individual clients who are experiencing common, well-defined health problems with predictable outcomes. The new graduate can readily integrate technical skills and use of computers and equipment into practice.

With continuing education and experience the Licensed Vocational Nurse might practice in unstructured settings with clients having complex health problems. The Texas title act for LVNs allows an expanded practice according to documented education, experience, and job description. The LVN and employer are jointly responsible for ensuring competence in expanded practice. Although, the LVN is sometimes placed in practice situations where complex decision making and independent clinical judgment skills are required, it is discouraged until the next level of nursing education and licensure is obtained. Educational opportunities exist for LVNs to articulate into Diploma/Associate Degree Nursing (DIP/ADN) and Baccalaureate Degree in Nursing (BSN) programs.



The vocational nursing role represents the beginning level of the nursing practice continuum as Provider of Care, Coordinator of Care, and Member of a Profession. The entry level competencies of the Vocational Nursing (VN) graduate are listed below:

### **ENTRY LEVEL COMPETENCIES OF TEXAS GRADUATES OF VOCATIONAL NURSING PROGRAMS**

#### **A. Provider of Care:**

1. Assist in determining the health status and health needs of clients (individual) based on interpretation of health related data, and preventive health practices in collaboration with clients (individual), their families, and other members of the immediate health care team.
2. Assist in the formulation of goals/outcomes and a plan of care in collaboration with the client (individual), their families, and interdisciplinary health care team members.
3. Implement plan of care within legal and ethical parameters, including scope of education, in collaboration with the client (individual) and interdisciplinary health care team to assist client (individual) in meeting health care needs.
4. Implement teaching plan for client (individual) with common health problems and well-defined learning needs.
5. Assist in the evaluation of the client's (individual) responses and outcomes to therapeutic interventions.
6. Provide direct basic care to assigned multiple clients (individual) in structured settings.
7. Use the problem-solving approach as the basis for decision making in practice.

#### **B. Coordinator of Care:**

1. Assist in the coordination of human and material resources for the provision of care for assigned clients (individual).
2. Collaborate with clients (individual) and the interdisciplinary health care team to provide direct care to assigned clients (individual).
3. Participate in the identification of client (individual) needs for referral to resources that facilitate continuity of care
4. Participate in activities which support the organizational framework of structured health care settings.

#### **C. Member of a Profession:**

1. Demonstrate accountability for own nursing practice.
2. Participate as an advocate in activities that focus on improving the health care of clients (individual).
3. Demonstrate behaviors that promote the development and practice of vocational nursing.

## **DIPLOMA AND ASSOCIATE DEGREE NURSING PROGRAMS**

Although the programs for diploma nursing and associate degree nursing may vary in the mission and philosophies of the sponsoring institutions, competencies have been identified as common for graduates of both programs. These competencies are the entry level into registered nursing practice. Specific program information is presented by program type.

### **Diploma Programs**

Diploma programs are hospital based single purpose schools of nursing that consist of two to three years general education and nursing courses. These programs are based on the mission, values, and purposes of the governing institution and prepare graduates to provide and coordinate health care of individuals and families throughout the life span across the health continuum.

General education courses, from an accredited college or university, may be required as prerequisites to or offered concurrently with nursing courses. The general education courses provide a foundation in communication, psychology, human growth and development, and related sciences to support the nursing courses.

Nursing courses prepare graduates to utilize a systematic approach in collaboration with individuals and families to provide or coordinate health promotion, maintenance, and restoration. Nursing management, nursing care supervision, legal/ethical concepts are included throughout the nursing curriculum. Diploma programs offer a strong clinical component and provide opportunities for the student to apply nursing knowledge and clinical behaviors/ judgments in a variety of clinical settings.

The Board of Nurse Examiners for the State of Texas issues licensure to practice as a registered professional nurse to graduates of diploma programs who pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN). Qualified graduates typically receive a temporary permit to practice under direct supervision of a registered professional nurse for a 60-day period while awaiting testing and licensure.

The primary entry level role of a graduate of a diploma program is to provide direct nursing care to or coordinate care for a limited number of clients in various health care settings. Such clients may have predictable or unpredictable health care needs and are identified as individuals and families.

With continuing nursing experiences and education, the diploma graduate can provide independent direct nursing care or supervise health care of individuals and families and receive certification in various specialty areas. The Texas Articulation Model (TNA, 1997) facilitates transfer of general education and nursing credits to RN-BSN and RN-MSN programs for graduates to continue their education to prepare for expanded nursing roles.

## Associate Degree Programs

Associate degree nursing programs, located in community colleges or senior colleges, require a minimum of two years of full-time study, integrating approximately 70 credit hours, with a reasonable balance in liberal arts and natural, social, and behavioral sciences and the other half in nursing courses. Associate degree programs are geographically and economically more accessible and provide entry into professional nursing practice in a shorter period of time.

General education courses provide a foundation for nursing content in associate degree programs. These include undergraduate education in communication, natural and social sciences that enable graduates to apply theoretical content in the provision of nursing care. In addition, ability in both basic intellectual competencies (reading, writing, speaking, math, computer literacy) and workplace competencies (Secretary's Commission on Achieving Necessary Skills) is developed.

Nursing courses provide opportunities to demonstrate competence in the application of nursing knowledge and clinical behaviors/judgments in health care settings. Nursing content includes the importance of partnerships with clients and families in health promotion, health maintenance, and health restoration. Nursing management, nursing care supervision, and legal/ethical content are imbedded in the curriculum.

The Board of Nurse Examiners for the State of Texas issues licensure to practice to individuals who pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN). Qualified graduates of associate degree nursing programs typically receive a temporary permit to practice under direct supervision of a registered professional nurse for a 60-day period while awaiting testing and licensure.

The primary role of the entry level graduate of an associate degree program is to provide direct nursing care to or coordinate care for a limited number of clients in various health care settings. Such clients may have predictable or unpredictable health care needs and are identified as individuals and members of families.

With additional experience and continuing education, the associate degree graduate can provide independent direct care or supervise health care of clients and families and receive certification in various specialty areas. Through articulation, graduates can continue their education (RN-BSN, RN-MSN) to prepare for expanded roles (TNA, 1997).

The entry level competencies of the Diploma (DIP) and Associate Nursing Degree (ADN) graduate which build upon the entry level competencies of the Vocational Nursing (VN) graduate are listed below:

## **ENTRY LEVEL COMPETENCIES OF TEXAS GRADUATES OF DIPLOMA/ASSOCIATE DEGREE NURSING PROGRAMS**

### **A. Provider of Care:**

1. Determine the health status and health needs of clients (individual and family) based upon interpretation of health data and preventive health practices in collaboration with clients (individual and family) and interdisciplinary health care team members.
2. Formulate goals/outcomes and plan of care based on nursing diagnoses in collaboration with clients (individual and family) and interdisciplinary health care team members.
3. Implement plan of care within legal and ethical parameters, including scope of practice, in collaboration with the client (individual and family) and interdisciplinary health care team to assist client (individual and family) in meeting health care needs.
4. Develop and implement teaching plans for clients (individual and family) concerning promotion, maintenance, and restoration of health.
5. Evaluate clients' (individual and family) responses and outcomes to therapeutic interventions.
6. Provide for the care of multiple clients (individual and family) either through direct care or assignment and/or delegation of care to other members of the health care team.
7. Use critical thinking approach to analyze clinical data and current literature as a basis for decision making in nursing practice.

### **B. Coordinator of Care:**

1. Coordinate human and material resources for the provision of care for clients\* (individual and family).
2. Collaborate with clients (individual and family) and the interdisciplinary health care team for the planning and delivery of care.
3. Refer clients (individual and family) to resources that facilitate continuity of care.
4. Function within the organizational framework of various health care settings.

### **C. Member of a Profession:**

1. Assume accountability and responsibility for the quality of nursing care provided to clients (individual and family).
2. Act as an advocate to promote the provision of quality health care for clients (individual and family).
3. Participate in activities that promote the development and practice of professional nursing.

THIS PAGE LEFT INTENTIONALLY BLANK.

## **BACCALAUREATE DEGREE NURSING PROGRAMS**

Baccalaureate education, offered in university settings, provides students with a broad perspective and understanding of nursing, health and healing, the environment and persons as diverse individuals, families, groups and communities. The baccalaureate nursing program of study integrates approximately 60 hours from liberal arts and natural, social, and behavioral science courses and 60-70 hours of nursing courses.

In addition to a liberal education that provides a solid foundation for the development of clinical judgment skills, “Baccalaureate education, with its broader more scientific curriculum, best fits the requirements for adaptability to change” (US Department of Health and Human Services, 1996, p.7). Baccalaureate education provides a strong foundation for future critical thinking and problem solving skills with its inclusion of a broad range of basic sciences, behavioral and social management sciences and communication and data analysis content.

Community health nursing, research, and courses that provide depth and breadth in the understanding of leadership, management, health promotion, pathophysiology, pharmacology, and care of vulnerable groups are required in the baccalaureate curriculum and are generally not addressed in the preceding levels of education. The BSN degree from accredited nursing programs meets the educational requirements for eligibility to take the exam (NCLEX-RN) for the Registered Nurse license as mandated for practice in the State of Texas by the Nursing Practice Act and regulated by the Board of Nurse Examiners.

Baccalaureate graduates synthesize information from various disciplines, think logically, analyze critically, and communicate effectively with clients and other health care professionals. The baccalaureate graduate uses theory and research-based knowledge in the direct and indirect delivery of care to patients, and in the formation of partnerships with patients and the interdisciplinary health care team (AACN, 1998). BSN graduates incorporate research findings into comprehensive long-term planning for the health of clients, families, groups, and communities. Graduates are expected to demonstrate all the competencies (knowledge, behaviors, judgements, and skills) of the preceding levels of education, but with greater depth and breadth of application and synthesis.

“In today’s health care system, graduates of Baccalaureate programs are expected to practice at higher levels more quickly, with increased knowledge and in greater number of types of settings ( structured and unstructured)” ( AACN, 1998, p. 17 ). The focus of care of the new BSN graduate is usually with individuals, families, and groups as clients. With additional experience and continuing education, BSN graduates are able to provide care for communities and society within the context of the environment, available resources, and technology. Graduates of baccalaureate programs are prepared to provide and direct care to individuals, families, and groups who have complex and unpredictable health care needs in structured and unstructured settings. Qualified graduates of baccalaureate nursing programs typically receive a temporary permit to practice under direct supervision of a registered professional nurse for a 60-day period while awaiting testing and licensure. These graduates routinely begin their careers in structured settings but rapidly move into community-based settings and/ or leadership roles. A BSN degree is the most common requirement for entry into graduate nursing education where nurses may further develop their professional roles, to become nurse educators, researchers, administrators, or advanced practice nurses.

The entry level competencies of the Baccalaureate Degree Nursing (BSN) graduate which build upon the entry level competencies of the Diploma (DIP) and Associate Degree Nursing (ADN) graduate are listed below:

### **ENTRY LEVEL COMPETENCIES OF TEXAS GRADUATES OF BACCALAUREATE DEGREE NURSING PROGRAMS**

#### A. Provider of Care:

1. Determine the health status and health needs based on expanded interpretation of health-related data and preventive health practices in collaboration with clients (individual, their families, and groups) and the interdisciplinary health care team.
2. Formulate goals/outcomes and plan of care using an evidence-based and theoretical analysis of available data in collaboration with clients (individual, their families, and groups) and interdisciplinary health care team members.
3. Implement plan of care within legal and ethical parameters, including scope of practice, in collaboration with the clients (individual, their families, and groups) and interdisciplinary health care team to assist client (individual, their families, and groups) in meeting health care needs.
4. Develop and implement comprehensive teaching plans to meet the learning needs of clients (individual, their families, and groups).
5. Evaluate clients' (individual, their families, and groups) responses and outcomes to therapeutic interventions.
6. Provide for the care of multiple clients (individual, their families, and groups) either through direct care or assignment and/or delegation of care to other members of the health care team.
7. Use an evidence based analytical approach as the basis for decision making in practice.

#### B. Coordinator of Care:

1. Coordinate human and material resources for the provision of care for clients (individual, their families, and groups).
2. Collaborate with clients (individual, their families, and groups) and the interdisciplinary health care team for the planning and delivery of care.
3. Refer clients (individual, their families, and groups) to resources that facilitate continuity of care.
4. Function as a facilitator within the organizational structure of various health care settings.

#### Member of a Profession:

1. Assume accountability and responsibility for the quality of nursing care provided to clients (individual, their families, and groups).
2. Serve as health care advocate in monitoring and promoting access to and quality of health care for clients (individual, their families, and groups).
3. Act as a leader in promoting nursing as a profession.

DIFFERENTIATED  
ENTRY LEVEL  
COMPETENCIES



## Competencies of New Graduates

(definitions of “client “ for VN, Diploma/ADN, and BSN at bottom of each page)

### Provider of Care

VN		Diploma/ADN		BSN	
1. Assist in determining the health status and health needs of clients* based on interpretation of health-related data & preventive health practices, in collaboration with clients*, their families, and other members of the immediate health care team.		1. Determine the health status and health needs of clients* based upon interpretation of health data & preventive health practices in collaboration with clients* and interdisciplinary health care team members.		1. Determine the health status and health needs based on expanded interpretation of health-related data & preventive health practices in collaboration with clients* and the interdisciplinary health care team.	
<i>Knowledge</i>		<i>Additional Knowledge</i>		<i>Additional Knowledge</i>	
A	Four steps in a systematic process (i.e. nursing process) which include assessment, planning, implementation, and evaluation.	A	Five steps of a systematic process, which includes assessment, analysis, planning, implementation and evaluation.	A	Systematic processes, including nursing, epidemiologic, psychosocial, and management.
B	Basic components of nursing diagnoses (e.g. North American Nursing Diagnosis Association).	B	Classification system for nursing diagnoses (e.g. North American Nursing Diagnosis Association).	B	Analysis of nursing, epidemiologic, social data to draw inferences and conclusions.
C	Structured data collection tools and techniques of assessment of clients* inclusive of interviewing.	C	Structured and unstructured data collection tools and techniques for assessment of clients*.	C	Components of comprehensive databases & methods for collecting data, health screening & case finding
D	Characteristics, concepts, and processes related to clients*, including gross anatomy; basic physiology; psychosocial growth and development; gross psychopathology; ethical reasoning; and major cultural and spiritual belief and practices related to health, illness, birth, death, and dying.	D	Characteristics, concepts, and processes related to clients*, including anatomy and physiology; physical and psychosocial growth and development; pathophysiology and psychopathology; ethical reasoning; and cultural and spiritual beliefs and practices related to health, illness, birth, death and dying.	D	Characteristics, concepts, and processes related to clients* including history, statistics, humanities, genetics, logical & ethical reasoning.
E	Basic characteristics, concepts, and processes related to transmission of common communicable diseases including individual risk factors and preventive health practices.	E	Characteristics, concepts, and processes related to disease transmission, risk factors, preventive health practices and their implications for selected populations and community resources.	E	Characteristics, concepts, and processes related to communities, including epidemiology, risk factors and preventive health practices and their implications for vulnerable populations, resources and resource assessment techniques, environmental factors and social organizations.

\* VN - client = individual  
 Diploma/ADN-client = individual and family  
 BSN - Client = individual, their families and groups

**Each educational level assumes previously stated competencies**

VN		Diploma/ADN		BSN	
F	Common medical diagnoses, drug and other therapies and treatments.	F	Medical diagnoses, pharmacotherapeutics and other therapies and treatments.	F	Medical & other interdisciplinary diagnoses & therapeutic interventions for the client*.
		G	Introduction to established theories, models and approaches that guide nursing practice.	G	Nursing theories, research findings and a variety of interdisciplinary models to guide nursing practice.
		H	Characteristics, concepts and processes related to families, including family development, structure and function; family communication patterns; and decision-making structures.	H	Functional and dysfunctional characteristics, concepts and processes related to clients*, including family development, structure and function; communication theory; and decision-making structures.
		I	Technologic applications.	I	Information systems.
		J	Introduction to complex and multi-system healthcare problems.	J	Complex and multi-system health care problems, integrating traditional and complementary healthcare practices, and interventions and solutions for the client*.
		K	Political, economic and societal forces affecting the health of individuals and families.	K	“Global environment in which healthcare is provided.” <i>Comp. #4, p. 6, South Carolina Colleagues in Caring, 2000.</i>
<i>Clinical Behavior/Judgements</i>		<i>Additional Clinical Behavior/Judgements</i>		<i>Additional Clinical Behavior/Judgements</i>	
A	Take client* history using structured assessment tool.	A	Take client* history using structured and unstructured data collection tools to obtain physical, psychosocial, spiritual, cultural, familial, occupational, environmental information, risk factors, and client* resources.	A	Expand and modify data collection tools.
B	Perform basic assessment to assist identifying health status and monitor change.	B	Perform assessment to identify health needs and monitor for change in health status.	B	Perform comprehensive assessment to include factors impacting health status and health needs of clients*.

\* VN - client = individual  
 Diploma/ADN-client = individual and family  
 BSN - Client = individual, their families and groups

**Each educational level assumes previously stated competencies**

VN Diploma/ADN BSN

<i>Clinical Behavior/Judgements</i>		<i>Additional Clinical Behavior/Judgements</i>		<i>Additional Clinical Behavior/Judgements</i>	
C	Report and document assessment data.	C	Validate, report, and document assessment data using assessment tools.	C	Evaluate usefulness of traditional and complementary health care practices.
D	Identify common actual and potential health care needs of clients*.	D	Identify complex multi-system health care problems of clients*.	D	Incorporate research findings in the Identification of complex multi-system health care problems of clients*.
E	Make observations that assist the RN in formulating nursing diagnosis.	E	Formulate nursing diagnoses based upon analysis of health data.	E	Formulate nursing diagnoses based on analysis of comprehensive assessment.
F	Assist with health screening.	F	Perform health screening.	F	Perform health screening and case finding & identify links between health, lifestyles, prevention and cost of healthcare.
		G	Analyze and interpret health data of clients*.	G	“Relate assessment findings to underlying pathology or physiologic changes in the client’s * condition.” <i>Comp. #3, p. 4, South Carolina Colleagues in Caring, 2000.</i>
		H	Incorporate multiple determinants of health in clinical care when providing care for individuals and families.	H	Integrate and synthesize the multiple determinant of health in clinical care of clients*.
		I	Recognize that political, economic and societal forces affect the health of clients*.	I	Examine populations at risk from epidemiological, social and environmental perspectives.
				J	“Use epidemiological, social and environmental data to draw inferences about the health status of populations.” <i>Comp. #9, p. 11, South Carolina Colleagues in Caring, 2000.</i>

\* VN - client = individual  
 Diploma/ADN-client = individual and family  
 BSN - Client = individual, their families and groups

Each educational level assumes previously stated competencies

**Provider of Care**

VN		Diploma/ADN		BSN	
2. Assist in the formulation of goals/outcomes and a plan of care in collaboration with the client*, their families, and interdisciplinary health care team members.		2. Formulate goals/outcomes and plan of care based on nursing diagnoses in collaboration with clients* and interdisciplinary health care team members.		2. Formulate goals/outcomes and plan of care using an evidence-based and theoretical analysis of available data in collaboration with client* and interdisciplinary health care team members.	
<i>Knowledge</i>		<i>Additional Knowledge</i>		<i>Additional Knowledge</i>	
A	Dynamics of the nurse-client* relationship.	A	Principles of establishing nurse-client* relationship.	A	Models for understanding the dynamics of the nurse-client* relationship.
B	Written verbal and non-verbal modes of communication including information technologies.	B	Techniques of written, verbal, and nonverbal communication including information technologies.	B	Communication theory.
C	Fundamental principles of disease prevention, health promotion/restoration for clients*.	C	Principles of disease prevention, health promotion, education and rehabilitation for clients*.	C	Principles of epidemiology and genetics.
D	Basic interventions to support the client* and family during life stages, including end-of-life care.	D	Clinical practice guidelines as a basis of interventions to support client* throughout the life span, including end-of-life care.	D	Interdisciplinary interventions, including nursing care across all settings.
E	Relationships between the nursing plan of care, the therapeutic regimen, the plan of interdisciplinary health care team members, and cost factors.	E	Collaborative aspects of the relationship between the nursing plan of care, the therapeutic regimen, the plan of interdisciplinary health care team members, and cost factors.	E	Collaborative aspects of the relationship between the nursing plan of care, the plan of interdisciplinary health care team members and cost factors in multiple settings.
F	Criteria for setting priorities in planning and evaluating care.	F	A systematic approach for setting priorities and strategies for coordinating plan of care.	F	A variety of systematic approaches for problem solving and decision making for care planning.
G	Steps and procedures in discharge planning process.	G	Strategies for collaborative discharge planning.	G	Research findings related to nursing care and collaborative discharge planning.
		H	Principles of humanities & natural, social, and behavioral sciences applied to the care planning for clients*.	H	Relationship of humanities & natural, social, and behavioral sciences as applied to care planning for clients*.

\* VN - client = individual  
 Diploma/ADN-client = individual and family  
 BSN - Client = individual, their families and groups

**Each educational level assumes previously stated competencies**

VN

**Diploma/ADN**

**BSN**

<i>Clinical Behavior/Judgements</i>		<i>Additional Clinical Behavior/Judgements</i>		<i>Additional Clinical Behavior/Judgements</i>	
A	Identify short-term goals/outcomes, select basic interventions, and establish priorities for care in collaboration with the client*.	A	Identify short and long-term goals/outcomes, select interventions, and establish priorities for care in collaboration with the client*.	A	Establish short term and long term goals/outcomes and plan care with clients* and the interdisciplinary team.
B	Contribute to the development of nursing plan of care.	B	Use current technology and evidence-based information to formulate and modify the nursing plan of care.	B	Assist in the development of clinical practice guidelines & coordinate plans of care with the interdisciplinary health care team.
C	Identify obvious conflicts between the nursing plan of care and the plan of interdisciplinary health care team members.	C	Contribute to the interdisciplinary plan of care.	C	Collaborate with multiple providers to plan for obtaining diverse services for clients*.
D	Participate in discussion of plan of care with interdisciplinary health care team members.	D	Communicate plan of care to nurses and other interdisciplinary health care team members.	D	Collaborate in developing goals for community-based programs whose primary goal is health promotion or health restoration.
E	Assist in the discharge planning of selected clients*.	E	Initiate discharge planning in collaboration with interdisciplinary health care team.	E	Participate in the research process and use interpreted research findings to plan, implement, and evaluate discharge plans.
F	“Recognize cost of care for nursing interventions.” <i>Comp. #10, p. 11, South Carolina Colleagues in Caring, 2000.</i>	F	Implement cost effective care.	F	Demonstrate fiscal accountability for health care.
				G	Integrate theory and research-based knowledge from arts, humanities and sciences for the direct and indirect delivery of client * care.

\* VN - client = individual  
 Diploma/ADN-client = individual and family  
 BSN - Client = individual, their families and groups

**Each educational level assumes previously stated competencies**

**Provider of Care**

VN		Diploma/ADN		BSN	
3. Implement plan of care within legal and ethical parameters, including scope of education, in collaboration with the client* and interdisciplinary health care team to assist client* in meeting health care needs.		3. Implement plan of care within legal and ethical parameters, including scope of practice, in collaboration with the client* and interdisciplinary health care team to assist client* in meeting health care needs.		3. Implement plan of care within legal and ethical parameters, including scope of practice, in collaboration with the client* and interdisciplinary health care team to assist client* in meeting health care needs.	
<i>Knowledge</i>		<i>Additional Knowledge</i>		<i>Additional Knowledge</i>	
A	Common health practices and behaviors of clients related to developmental level, gender, cultures, belief systems, and the environment.	A	Health practices and behaviors of clients* related to developmental level, gender, cultures, belief systems, and the environment.	A	Healthy lifestyles; early manifestations of disease.
B	Methods of therapeutic communication.	B	Patterns and modes of therapeutic communication and collaboration including conflict resolution and negotiation.	B	Patterns and modes of therapeutic communication, assertiveness, negotiation, delegation, and collaboration
C	Basic rights and responsibilities of clients* related to health care.	C	Rights and responsibilities of clients* related to health care.	C	Modes for advocating for client* rights and responsibilities.
D	Basic physiological and psychosocial (spiritual, cultural, gender, developmental level, financial) aspects of nursing interventions.	D	Physiological and psychosocial (spiritual, cultural, gender, developmental level, financial) aspects of nursing interventions.	D	Holistic understanding and approaches to healthcare; including health promotion & preventive practices.
E	Fundamental principles and factors that contribute to the maintenance or restoration of health.	E	Principles and factors that contribute to the maintenance or restoration of health.	E	Research findings of factors that contribute to the maintenance or restoration of health.
F	Properties, effects, and basic principles underlying the use and administration of pharmacotherapeutic agents.	F	Principles and rationale underlying the use, administration, and interaction of pharmacotherapeutic agents, including intravenous medications.	F	Factors impacting clients'* responses to pharmacotherapeutic agents from research and clinical trials.
G	Basic principles of safety.	G	Management of the client's* environment.	G	Environmental management and risk management.
H	Coping mechanisms for managing stress and identifying resources for crisis management.	H	Principles and strategies of stress management and crisis intervention.	H	Theories and models of stress and crisis responses and management.

\* VN - client = individual  
 Diploma/ADN-client = individual and family  
 BSN - Client = individual, their families and groups

**Each educational level assumes previously stated competencies**

VN		Diploma/ADN		BSN	
I	Code of vocational nurse ethics.	I	Code of ethics and framework for ethical decision-making.	I	Ethical practices, current issues, and client's* rights in the health care delivery system.
J	Legal parameters of vocational nursing practice and health care.	J	Legal parameters of professional nursing practice and health care.	J	Legal standards and implications for nursing care in multiple health care delivery settings.
K	Available resources within the employment setting.	K	Interdisciplinary resources and organizational relationships.	K	Structure, function and utilization of health care delivery system resources.
L	Key federal and state statutes and institutional policies regarding client* confidentiality.	L	Issues and factors impacting confidentiality.	L	Information systems management consistent with principles of confidentiality.
M	Basic nursing procedures and skills to implement plan of care.	M	Nursing procedures and skills to implement plan of care.	M	Nursing interdisciplinary interventions to promote health, prevent problems & provide care.
		N	Decision-making, problem solving and critical thinking processes.	N	Research processes & logical reasoning.
				O	Relationships between the health care delivery system and other social systems.
<i>Clinical Behavior/Judgements</i>		<i>Additional Clinical Behavior/Judgements</i>		<i>Additional Clinical Behavior/Judgements</i>	
A	Assist in promoting a safe, effective care environment conducive to the optimal health and dignity of the client*.	A	Promote a safe, effective environment conducive to the optimal health and dignity of the client*.	A	Manage environmental risks to address health issues of clients*.
B	Implement plan of care to assist client to meet basic physiologic needs including: circulation, nutrition, oxygenation, activity, elimination, comfort, pain management, rest and sleep.	B	Implement plan of care to assist clients* to meet physiological needs, including: circulation, nutrition, oxygenation, activity, elimination, comfort, pain management, rest and sleep.	B	Implement plan of care to assist clients* and vulnerable populations to meet comprehensive health care needs in multiple settings.
C	Implement nursing interventions to promote health and rehabilitation.	C	Implement nursing care to promote health and manage acute and chronic health problems and disabilities.	C	Assist clients* to learn skills that promote & protect health in multiple settings.

\* VN - client = individual  
 Diploma/ADN-client = individual and family  
 BSN - Client = individual, their families and groups

**Each educational level assumes previously stated competencies**

VN	Diploma/ADN	BSN			
D	Initiate basic interventions in emergency situations.	D	Adjust priorities and implement nursing interventions in emergency situations.	D	Manage care based on rapidly changing priorities.
E	Initiate basic nursing interventions to foster client's* psychosocial well-being.	E	Initiate nursing interventions to promote client's* psychosocial well-being.	E	Provide nursing & interdisciplinary interventions to promote well-being.
F	Foster client* coping mechanisms during alterations in health status.	F	Facilitate the development of client* coping mechanisms during alterations in health status.	F	Use research findings to facilitate the development of client* coping mechanisms during alterations in health status.
G	Administer medications and treatments and perform procedures safely.	G	Perform therapeutic and preventive nursing measures and administer treatments and medications as authorized by law and determined by the BNE.	G	Use epidemiologic process to manage and reduce risks related to medication & treatment administration and modify techniques in a variety of settings.
H	Monitor, document, and report re-sponses to medications, treatments, and procedures and communicate the same to other health care professionals clearly and accurately.	H	Evaluate, document, and report responses to medications, treatments, and procedures and communicate the same to other health care professionals clearly and accurately.	H	Use research findings to assist in the development of clinical practice guidelines.
I	Assist interdisciplinary health care team members with examinations and routinely performed procedures.	I	Collaborate with other health care providers with treatments and procedures.	I	Promote interdisciplinary team collaboration in carrying out the plan of care.
J	Observe and communicate Patient's Bill of Rights to clients*.	J	Inform and support health care rights of clients*.	J	Evaluate and clarify client's* understanding of health care rights.
K	Recognize and communicate ethical and legal concerns through established channels of communication.	K	Use interdisciplinary resources within the institution to address ethical and legal concerns.	K	Use institutional, community & scholarly resources to address ethical and legal concerns.
L	Utilize basic therapeutic communication skills when interacting with clients*.	L	Utilize therapeutic communication skills when interacting with clients*.	L	Apply communication theory & techniques in maintaining professional relationships.

\* VN - client = individual  
 Diploma/ADN-client = individual and family  
 BSN - Client = individual, their families and groups



**Each educational level assumes previously stated competencies**

VN		Diploma/ADN		BSN	
M	Report unsafe practices	M	Participate in peer review and quality improvement processes.	M	Manage personnel to maintain safe practice.
N	Use current technology to enhance direct client* care.	N	Use current technology to enhance client* care.	N	Manage the use of technology to enhance client* care.
O	Maintain client* confidentiality.	O	Act as a role model in maintaining client* confidentiality.	O	Facilitate maintenance of client* confidentiality by interdisciplinary team members.
		P	Assume accountability when using independent clinical judgement and established protocols.	P	Assume accountability by performing nursing procedures safely and effectively using current research findings.
		Q		Q	Provide direct and indirect care in community-based programs whose primary goals are health prevention, promotion, or restoration.
		R		R	“Participate in healthy communities initiatives.” <i>Comp. #8, p. 10, South Carolina Colleagues in Caring, 2000.</i>
S		S	“Implement health risk appraisal for diverse communities.” <i>Comp. #8, p. 10, South Carolina Colleagues in Caring, 2000.</i>		

\* VN - client = individual  
 Diploma/ADN-client = individual and family  
 BSN - Client = individual, their families and groups

**Each educational level assumes previously stated competencies**

Provider of Care  
VN

**Diploma/ADN**

**BSN**

4. Implement teaching plan for client* with common health problems and well defined learning needs.		4. Develop and implement teaching plans for clients concerning promotion, maintenance, and restoration of health.		4. Develop and implement comprehensive teaching plans to meet the learning needs of clients*.	
<i>Knowledge</i>		<i>Additional Knowledge</i>		<i>Additional Knowledge</i>	
A	Developmental stages and common situational variables affecting learning, such as stress, pain and fear.	A	Developmental stages and socio/cultural variables affecting the teaching/learning process.	A	Techniques for assessment of learning needs and factors affecting learning.
B	Basic principles of the teaching/learning process.	B	Principles, methods, strategies and outcomes of learning and teaching.	B	Learning theories & approaches for evaluating methods, strategies, and outcomes of learning and teaching.
C	“Links between healthy lifestyles, prevention and cost of healthcare.” <i>Comp. #8, p. 9, South Carolina Colleagues in Caring, 2000.</i>	C	Knowledge of community resources related to teaching/learning	C	Research findings related to teaching/learning.
				D	Methods for advocating for client* health.
<i>Clinical Behavior/Judgements</i>		<i>Additional Clinical Behavior/Judgements</i>		<i>Additional Clinical Behavior/Judgements</i>	
A	Identify basic health-related learning needs of clients*.	A	Identify learning needs of clients* related to health promotion, maintenance and risk reduction.	A	Assess genetic, protective and predictive factors that influence the health of clients*.
B	Contribute to the development of a teaching plan.	B	Collaborate with others to develop and modify individualized teaching plans based upon developmental and health care learning needs.	B	Use current evaluation literature and evidence-based findings in developing and modifying teaching plans and strategies.
C	Implement aspects of an established teaching plan.	C	Individualize and implement established teaching plans.	C	Design and implement comprehensive teaching plan for promotion, maintenance and restoration of health.
D	Assist in evaluation of learning outcomes using structured evaluation tools.	D	Evaluate learning outcomes of the client* receiving instruction.	D	Evaluate learning outcomes of comprehensive teaching plans.

\* VN - client = individual  
Diploma/ADN-client = individual and family  
BSN - Client = individual, their families and groups

**Each educational level assumes previously stated competencies**

VN	Diploma/ADN		BSN		
E	“Teach basic health promotion/maintenance & selfcare to individuals from a designated teaching plan.” <i>Comp. #8, p. 9, South Carolina Colleagues in Caring, 2000.</i>	E	Modify teaching methods to accommodate client* differences.	E	Modify teaching methods for vulnerable populations.
F	Provide the client* with the information needed to make choices regarding health.	F	“Apply knowledge of how changes in clients’* personal behavior improve client’s* health.” <i>Comp. #8, p. 9, South Carolina Colleagues in Caring, 2000.</i>	F	“Implement risk reduction strategies to address social and public health issues.” <i>Comp. #8, p. 9, South Carolina Colleagues in Caring, 2000.</i>
		G	Serve as model & resource for health education & information.	G	Advocate for health education, healthy lifestyles, & early detection and treatment of disease, including vulnerable populations.

\* VN - client = individual  
 Diploma/ADN-client = individual and family  
 BSN - Client = individual, their families and groups

Provider of Care  
VN

Provider of Care VN		Diploma/ADN		BSN	
5. Assist in the evaluation of the client's* responses and outcomes to therapeutic interventions.		5. Evaluate clients'* responses and outcomes to therapeutic interventions.		5. Evaluate clients'* responses and outcomes to therapeutic interventions.	
<i>Knowledge</i>		<i>Additional Knowledge</i>		<i>Additional Knowledge</i>	
A	Common methods for measuring client* responses and health goal attainment.	A	Methods for evaluating clients'* responses to interventions and client* outcomes.	A	Systematic processes to design methods to evaluate clients'* response to interventions & client* outcomes.
B	Basic tools to evaluate specific nursing interventions.	B	Common methods to evaluate health care processes.	B	Reliability & validity of evaluation tools.
		C	An introduction to performance improvement concepts.	C	Performance improvement concepts and research/evaluation outcome measures to evaluate efficacy and effectiveness of care.
<i>Clinical Behavior/Judgements</i>		<i>Additional Clinical Behavior/Judgements</i>		<i>Additional Clinical Behavior/Judgements</i>	
A	Using standard references, compare expected and achieved outcomes of nursing care.	A	Analyze client* data to compare expected and achieved outcomes for client*.	A	Use research findings, clinical trials and a variety of systematic processes to compare expected and achieved outcomes for client*.
B	Identify and communicate reasons for deviations from plan of care.	B	Identify and communicate reasons and rationales for deviation from plan of care to interdisciplinary health care team.	B	Use research findings to explain deviations from plan of care to interdisciplinary health care team.
C	Assist in modifying plan of care and/or expected outcomes.	C	Modify plan of care and/or expected outcomes.	C	Alter plan of care for client* based on research & evaluation data.
D	Report and document client's* responses to nursing interventions.	D	Evaluate and communicate quality and effectiveness of therapeutic interventions.	D	Collaborate with interdisciplinary health care team to promote quality & effectiveness of care.
		E	Use evaluation tools to measure processes and outcomes.	E	Analyze, select, and use a variety of reliable and valid evaluation tools and methods to measure processes and outcomes.

\* VN - client = individual  
Diploma/ADN-client = individual and family  
BSN - Client = individual, their families and groups

**Each educational level assumes previously stated competencies**

Provider of Care

**VN**

**Diploma/ADN**

**BSN**

6. Provide direct basic care to assigned multiple clients* in structured settings.		6. Provide for the care of multiple clients* either through direct care or assignment and/or delegation of care to other members of the health care team.		6. Provide for the care of multiple clients* either through direct care or assignment and/or delegation of care to other members of the health care team.	
<i>Knowledge</i>		<i>Additional Knowledge</i>		<i>Additional Knowledge</i>	
A	Institutional policies and procedures for delivery of nursing care.	A	Standards of Care; Standards of Practice.	A	Resource management and organizational behavior.
B	Basic characteristics, trends, and issues of health care delivery.	B	Characteristics, trends and issues of health care delivery.	B	Models for health care delivery in organizations and communities.
C	Basis for determining nursing care priorities in client* care.	C	Principles for determining priorities and organization of nursing care.	C	Models of priority setting and organization.
D	Scope of responsibilities and accountability for supervision and collaboration.	D	Principles of delegation, supervision, collaboration including delegation rules from Texas Nursing Practice Act.	D	Systems of nursing care delivery.
E	Channels of communication for decision-making processes within the work setting.	E	Principles of decision making.	E	Decision-making processes within organizations and in communities.
<i>Clinical Behavior/Judgements</i>		<i>Additional Clinical Behavior/Judgements</i>		<i>Additional Clinical Behavior/Judgements</i>	
A	Identify priorities and make judgments concerning basic needs of multiple clients* in order to organize care.	A	Identify priorities and make judgements concerning the needs of multiple clients* in order to organize care.	A	Manage priorities in providing care for multiple clients*.
B	Implement plans of basic care for multiple clients*.	B	Manage care for multiple clients*.	B	Collaborate across settings to ensure that healthcare needs are met, including primary and preventive health care.
		C	Apply management concepts in assigning and/or delegating nursing care to other members of the nursing team.	C	Use management models in assigning and/or delegating nursing care to other members of the nursing team in a variety of settings.

\* VN - client = individual  
 Diploma/ADN-client = individual and family  
 BSN - Client = individual, their families and groups

**Each educational level assumes previously stated competencies**

Provider of Care  
VN

**Diploma/ADN**

**BSN**

7. Use the problem solving approach as the basis for decision making in practice.		7. Use a critical thinking approach to analyze clinical data and current literature as a basis for decision making in nursing practice.		7. Use an evidence based analytical approach as the basis for decision making in practice.	
<i>Knowledge</i>		<i>Additional Knowledge</i>		<i>Additional Knowledge</i>	
A	A systematic problem-solving process.	A	A conceptual framework of nursing practice as a means of planning care and solving clinical problems.	A	Nursing framework, theories, and models that relate to managing health care delivery.
B	Establishing priorities.	B	Critical thinking and decision-making processes.	B	Logical reasoning and the research process.
C	Work setting resources available to assist in decision making.	C	Application of current literature and/or interpreted research findings in improving client* care.	C	Research utilization.
D	Examples of how nursing research improves client* care.	D	Mechanisms for accessing and evaluating current literature.	D	Research/evaluation methodologies.
		E	Principles of change.	E	Change Theory.
<i>Clinical Behavior/Judgements</i>		<i>Additional Clinical Behavior/Judgements</i>		<i>Additional Clinical Behavior/Judgements</i>	
A	Use problem-solving approach to make decisions regarding care of assigned clients*.	A	Use critical thinking as a basis for decision making in nursing practice.	A	Use systematic approaches for decision making, including nursing, epidemiological research, political, social, and legal processes.
B	Organize care based upon problem solving and identified priorities.	B	Prioritize client* care and follow-up on problems that warrant investigation.	B	Proactively manage priorities based on emerging data.
C	Identify and communicate client* care problems encountered in practice.	C	Use knowledge of societal trends to identify and communicate client* care problems.	C	Use knowledge of societal trends and current research findings to identify and communicate client* care problems.
D	Use resources within the work setting to assist in decision making.	D	Read and discuss relevant, current nursing practice journal articles and apply to practice.	D	Analyze and incorporate research findings/studies into nursing practice.

\* VN - client = individual  
Diploma/ADN-client = individual and family  
BSN - Client = individual, their families and groups

**Each educational level assumes previously stated competencies**

**Coordinator of Care**

VN		Diploma/ADN		BSN	
1. Assist in the coordination of human and material resources for the provision of care for assigned clients*.		1. Coordinate human and material resources for the provision of care for clients*.		1. Coordinate human and material resources for the provision of care for clients*.	
<i>Knowledge</i>		<i>Additional Knowledge</i>		<i>Additional Knowledge</i>	
A	Basic principles of organizing resources to accomplish client* care.	A	Principles of organizing and managing resources.	A	Theories of organization, public policy regarding health care, systems theory, and community development.
B	Principles of problem solving, data collection and basic time management skills.	B	Principles of management, decision making, assertiveness, communication, motivation, time management, delegation, and principles of change.	B	Theories of leadership and management principles, including critical thinking, change theory, assertiveness, budgeting, principles of delegation, supervision, collaboration and performance appraisal.
C	Functions of team members.	C	Group process as a means of achieving and evaluating goals.	C	Management of group processes.
D	Cultural differences of clients*.	D	Cultural differences and major needs of vulnerable clients*.	D	Transcultural issues and integration of client's* needs into the health care system including lifespan and special needs of vulnerable populations.
		E	Major current issues affecting public/government/private health care services, programs, and costs.	E	Past, present, and future issues affecting public/government/private health care services, programs, and costs.
		F	Local human and material resources.	F	Local, state, and federal sources, human and material resources.
		G	Current systems for managing client* information.	G	Methods for designing and creating systems to manage client information.
				H	Health care delivery systems dependent on geographic area resources.

\* VN - client = individual  
 Diploma/ADN-client = individual and family  
 BSN - Client = individual, their families and groups

**Each educational level assumes previously stated competencies**

**VN**

**Diploma/ADN**

**BSN**

<i>Knowledge</i>		<i>Additional Knowledge</i>		<i>Additional Knowledge</i>	
				I	Formal and informal organization structure and behavior.
<i>Clinical Behavior/Judgements</i>		<i>Additional Clinical Behavior/Judgements</i>		<i>Additional Clinical Behavior/Judgements</i>	
A	Participate in discussion relating to the evaluation of client* care with members of the interdisciplinary health care team.	A	Participate in the evaluation of care administered by the interdisciplinary health care team.	A	Assume leadership role to evaluate the effectiveness of care provided by the interdisciplinary health care team.
B	Identify providers & others who can assist in client* care.	B	Consult with, utilize and make referrals to community agencies and health care resources to provide continuity of care.	B	Use care management & case management models for coordinating delivery of health care services across levels of care.
		C	Use organizational & management skills when utilizing resources to meet goals/outcomes, & enhance quality of nursing care and level of client* satisfaction.	C	Apply leadership and management concepts in assisting the interdisciplinary health care team to implement client's* care.
		D	Use negotiation skills for the purpose of achieving positive client* outcomes.	D	Advocate for resources to meet client's* health needs.
		E	Participate in interdisciplinary health care team meetings/conferences.	E	Provide leadership at interdisciplinary health care team meetings/conferences.
		F	Apply change strategies to achieve stated outcomes.	F	Use change theory for effective & efficient resource management.
				G	Apply theories that facilitate health care, organizational, and client* goals.

\* VN - client = individual  
 Diploma/ADN-client = individual and family  
 BSN - Client = individual, their families and groups



**Each educational level assumes previously stated competencies**

**Coordinator of Care**

VN		Diploma/ADN		BSN	
2. Collaborate with clients* and the interdisciplinary health care team to provide direct care to assigned individual clients*.		2. Collaborate with clients* and the interdisciplinary health care team for the planning and delivery of care.		2. Collaborate with clients* and the interdisciplinary health care team for the planning and delivery of care.	
<i>Knowledge</i>		<i>Additional Knowledge</i>		<i>Additional Knowledge</i>	
A	Basic structure and function of the health care delivery system.	A	Structure, function, and interdisciplinary relationships within the health care delivery system.	A	Social, economic and political processes impacting on health care delivery systems.
B	Methods of effective communication.	B	Patterns and modes of effective communication and collaboration including conflict resolution and negotiation.	B	Modes of effective communication, assertiveness, negotiation, delegation, and collaboration; organization theories/group dynamics.
C	Roles of all levels of nursing and other health care professionals.	C	Principles of team management & leadership.	C	Role theory, management and leadership theory.
D	Client* advocacy and consumer rights and responsibilities	D	Legal/ethical processes related to healthcare.	D	Political, legislative, legal & ethical processes related to healthcare.
<i>Clinical Behavior/Judgements</i>		<i>Additional Clinical Behavior/Judgements</i>		<i>Additional Clinical Behavior/Judgements</i>	
A	Work with interdisciplinary health care team members to provide client* care across the life span.	A	Work with client and interdisciplinary health care team for planning health care delivery to improve the quality of care across the life span.	A	Use models of health care delivery to plan and improve healthcare across the life span.
B	Participate in client* care planning with clients*, their families and interdisciplinary health care team members.	B	Promote the effective coordination of client*-centered health care.	B	Provide leadership in the effective coordination of client* centered health care.

\* VN - client = individual  
 Diploma/ADN-client = individual and family  
 BSN - Client = individual, their families and groups

**Each educational level assumes previously stated competencies**

VN		Diploma/ADN		BSN	
3. Participate in the identification of client* needs for referral to resources that facilitate continuity of care.		3. Refer clients* to resources that facilitate continuity of care.		3. Refer clients* to resources that facilitate continuity of care.	
Knowledge		<i>Additional Knowledge</i>		<i>Additional Knowledge</i>	
A	Work setting and major community resources.	A	Institutional and community resources including agencies/services and health care providers.	A	Services and functions offered by referral resources.
B	Roles of family and significant others in providing support to the individual.	B	Roles of family and significant others in response to alterations in health status.	B	Roles and functions of multidisciplinary health care professionals.
		C	Referral processes.	C	Methods for improving access to health care.
		D	Issues and trends in health care delivery.	D	Implications of demographic data on the changing needs for health care resources and services.
<i>Clinical Behavior/Judgements</i>		<i>Additional Clinical Behavior/Judgements</i>		<i>Additional Clinical Behavior/Judgements</i>	
A	Identify support systems of the client*.	A	Assess the adequacy of the support system of the client*.	A	Work with family & community resources to develop/strengthen support systems for client*.
B	Identify major community resources that can assist in meeting client* needs.	B	Identify providers and resources to meet the needs of clients*.	B	Assess demographic trends & their implications.
C	Communicate client* needs to family or significant others and appropriate members of the health care team.	C	Facilitate communication between client* and institutional or community resources.	C	Assist client* to communicate needs to his/her support systems and other health care professionals.
		D	Advocate on behalf of the client* with other members of the interdisciplinary health care team to procure resources for client* care.	D	Assume a leadership role to advocate on behalf of the client* with other members of the interdisciplinary health care team to procure resources for client* care.
				E	Based on demographic changes, advocate for public policies to support health care access for vulnerable populations.

\* VN - client = individual  
 Diploma/ADN-client = individual and family  
 BSN - Client = individual, their families and groups

**Each educational level assumes previously stated competencies**

Coordinator of Care  
VN

**Diploma/ADN**

**BSN**

4. Participate in activities which support the organizational framework of structured health care settings.		4. Function within the organizational framework of various health care settings.		4. Function as a facilitator within the organizational structure of various health care settings.	
Knowledge		<i>Additional Knowledge</i>		<i>Additional Knowledge</i>	
A	Organizational mission, vision, and values as a framework for care.	A	Organizational mission, vision and values as a framework for management.	A	Organizational mission, vision and values as a framework for leadership.
B	Lines of authority and accountability within structured health care settings.	B	Types of organizational frameworks of various health care settings.	B	Organizational theories/principles of organizational behavior.
C	Methods for promoting safety in the work environment.	C	Methods for promoting safety in the work environment consistent with current Federal/State/local regulations and guidelines.	C	Environmental management.
D	VN's role in risk management.	D	RN's role in risk management.	D	Nurse's leadership role in risk management.
E	VN's role in implementing established cost containment measures.	E	Key issues related to budgetary constraints impacting the use of resources.	E	Economics of health care.
		F	Basic principles of management and communication within an organization.	F	Leadership and management theory, practice and skills.
		G	Relationships among members of the interdisciplinary health care team.	G	Roles and functions of interdisciplinary team members within various health care delivery systems.
		H	Individual and group responses to organizational change.	H	Change agent role.
		I	Strategies for initiating and facilitating change within the work setting.	I	Strategies for initiating and facilitating change within the organization.

\* VN - client = individual  
 Diploma/ADN-client = individual and family  
 BSN - Client = individual, their families and groups

**Each educational level assumes previously stated competencies**

VN		Diploma/ADN		BSN	
<i>Clinical Behavior/Judgements</i>		<i>Additional Clinical Behavior/Judgements</i>		<i>Additional Clinical Behavior/Judgements</i>	
A	Participate in implementing changes that lead to improvement in the work setting.	A	Identify and participate in activities to improve health care delivery within the work setting.	A	Analyze the management structure and nursing care delivery system within a health care organization and recommend changes for improvement.
B	Report unsafe client* care environment and equipment.	B	Report the need for corrective action within the organization.	B	Design and implement strategies to respond to the need for corrective action.
C	Implement established cost containment measures in direct client* care.	C	Select human and material resources that are optimal, legal, and cost effective to achieve organizational goals.	C	Collaborate with interdisciplinary health care team to utilize human and material resources that are optimal, legal, and cost efficient.
		D	“Use basic management and leadership skills, act as a team leader, supervise and delegate care and contribute to shared goals.” <i>Comp. #17, p. 19, South Carolina Colleagues in Caring, 2000.</i>	D	“Use management, leadership, teambuilding and administrative skills; organize, manage and evaluate the functioning of groups of individuals and staff.” <i>Comp. #17, p. 19, South Carolina Colleagues in Caring, 2000.</i>
				E	Demonstrate a beginning leadership role in achieving management goals.
				F	Assist with the development of standards of care congruent with organizational structure and goals.

\* VN - client = individual  
 Diploma/ADN-client = individual and family  
 BSN - Client = individual, their families and groups

**Each educational level assumes previously stated competencies**

**Member of a Profession**

VN		Diploma/ADN		BSN	
1. Demonstrate accountability for own nursing practice.		1. Assume accountability and responsibility for the quality of nursing care provided to clients*.		1. Assume accountability and responsibility for the quality of nursing care provided to clients*.	
Knowledge		<i>Additional Knowledge</i>		<i>Additional Knowledge</i>	
A	Code of ethics for the licensed vocational nurse.	A	Code of ethics for nurses.	A	Ethical codes and principles of ethical decision making; advocacy process.
B	Standards of vocational nursing education.	B	Standards of nursing practice and care.	B	Process for the development of standards of care and practice.
C	Legalities of vocational nursing practice.	C	Legal parameters of nursing practice including the Texas Nursing Practice Act.	C	Legal principles & practice theories & principles relative to health care.
D	Issues affecting the vocational nurse role and the delivery of client* care.	D	Issues affecting the RN role and the delivery of client* care.	D	Issues affecting the BSN role and the delivery of client* care.
E	Sources of continuing education and professional development.	E	Career development options for professional development.	E	Principles of staff development.
F	Self-evaluation process.	F	Self-evaluation, staff evaluation and peer evaluation processes.	F	Human resource management & performance evaluation processes.
G	Work setting policies and procedures.	G	Methods for the development of policies/procedures.	G	Role of committees in the development of health care policies & procedures; “communication skills in the area of writing, speaking and presenting as required to function in leadership positions.” <i>Comp. #17, p. 19, South Carolina Colleagues in Caring, 2000.</i>
H	Professional boundaries.	H	Communication techniques and management skills to maintain professional boundaries.	H	Leadership and role modeling to maintain professional boundaries.
		I	Basic principles of performance improvement and outcome measurement.	I	Principles and tools of performance improvement and outcome measurement in systems of care delivery.

\* VN - client = individual  
 Diploma/ADN-client = individual and family  
 BSN - Client = individual, their families and groups

**Each educational level assumes previously stated competencies**

VN		Diploma/ADN		BSN	
<i>Clinical Behavior/Judgements</i>		<i>Additional Clinical Behavior/Judgements</i>		<i>Additional Clinical Behavior/Judgements</i>	
A	Provide nursing care within limits of vocational nursing knowledge, education, experience, and ethical/legal standards of care.	A	Provide nursing care within limits of professional nursing knowledge, education, experience, and ethical/legal standards of care.	A	“Advocate for standards of practice using professional, organizational & political processes.” <i>Comp. #18, p. 20, South Carolina Colleagues in Caring, 2000.</i>
B	Provide nursing care in a caring, nonjudgmental, nondiscriminatory manner.	B	“Provide holistic care that addresses the needs of diverse individuals across the life span.” <i>Comp. #12, p. 13, South Carolina Colleagues in Caring, 2000.</i>	B	“Use knowledge of cultural differences and vulnerable populations to collaborate with clients* to provide health care that is sensitive to and consistent with their cultural values, beliefs, customs and special needs.” <i>Comp. #12, p. 13, South Carolina Colleagues in Caring, 2000.</i>
C	Use self-evaluation process to improve own nursing practice.	C	Evaluate the learning needs of self, peers, or others and intervene to assure quality of care.	C	Promote the development of health care staff member learning needs based on strategic planning priorities.
D	Assume accountability for own nursing practice.	D	Promote accountability for quality nursing practice through participation on policy & procedure committees.	D	Apply research findings and principles of research to enhance evidence-based practice.
E	Follow established policies and procedures.	E	Delegate/assign to other health care providers within legal parameters and evaluate delivery of care.	E	“Use information from multiple sources in order to collaborate, negotiate, coordinate, delegate and evaluate delivery of care.” <i>Comp. #17, p. 19, South Carolina Colleagues in Caring, 2000.</i>
F	Maintain professional boundaries in the nurse/patient relationship.	F	Use communication techniques and management skills to maintain professional boundaries between clients* and individual health care team members.	F	Use leadership and role modeling skills to promote professional boundaries among the members of the interdisciplinary team.

\* VN - client = individual  
 Diploma/ADN-client = individual and family  
 BSN - Client = individual, their families and groups

**Each educational level assumes previously stated competencies**

**Member of a Profession**

**VN**

**Diploma/ADN**

**BSN**

2. Participate as an advocate in activities that focus on improving the health care of clients*.		2. Act as an advocate to promote the provision of quality health care for clients*.		2. Serve as health care advocate in monitoring and promoting access to and quality of health care for clients*.	
<i>Knowledge</i>		<i>Additional Knowledge</i>		<i>Additional Knowledge</i>	
A	Rights and responsibilities of clients* regarding health care, including self-determination.	A	Current issues and legal principles relating to safeguarding client* rights.	A	Economic, legal, and political factors that influence health care delivery and client* rights
B	Individual responsibility for quality of nursing care.	B	Role of the nurse as client* advocate.	B	Research and theories related to access to health care, including vulnerable populations.
C	Role of nurse in quality improvement/quality assurance process.	C	Role of organizational committees, peer review committee, nursing organizations, and community groups involved with improving the quality of health care for clients*.	C	Leadership role in organizational committees, peer review committee, nursing organizations, and community groups involved with improving the quality of health care for clients*.
D	Responsibility for reporting to licensing and public protective agencies.	D	Role/responsibility for public safety and welfare.	D	Health care policies and regulations related to public safety and welfare and professional workforce development.
				E	Formal and informal sources of power and negotiation processes.
				F	Historical development of the professional advocacy groups and the growth of consumerism.

\* VN - client = individual  
 Diploma/ADN-client = individual and family  
 BSN - Client = individual, their families and groups

**Each educational level assumes previously stated competencies**

VN		Diploma/ADN		BSN	
Clinical Behavior/Judgements		Additional Clinical Behavior/Judgements		Additional Clinical Behavior/Judgements	
A	“Respect the privacy and dignity of the client*.” <i>Comp. #2, p. 3, South Carolina Colleagues in Caring, 2000.</i>	A	“Support the client’s* right of self-determination and choice even when these choices conflict with values of the individual professional.” <i>Comp. #2, p. 3, South Carolina Colleagues in Caring, 2000.</i>	A	“Apply legal and ethical principles to advocate for human and societal well being and preferences.” <i>Comp. #2, p. 3, South Carolina Colleagues in Caring, 2000.</i>
B	Identify client’s* unmet health needs.	B	Identify client’s* unmet needs from a holistic perspective.	B	Identify problems that clients* have in accessing health care including vulnerable populations.
C	“Act as an advocate for clients* basic needs” <i>(Comp. #2, p. 3, South Carolina Colleagues in Caring, 2000.)</i> , including following established procedures for reporting/solving institutional client* care problems.	C	Advocate on behalf of the client* with other members of the interdisciplinary health care team.	C	Advocate on behalf of populations by implementing strategies for improving health care delivery.
		D	Participate on organizational committees, professional organizations and community groups to improve the quality of health care.	D	“Work with state legislators and professional regulators to design regulations that allow optimal access to a competent health professions workforce and protection of the public’s safety and welfare.” <i>Comp. #2, p. 3, South Carolina Colleagues in Caring, 2000.</i>
		E	“Serve as a member of voluntary health care and community teams to provide services to individuals and communities with unmet needs.” <i>Comp. #1, p. 2, South Carolina Colleagues in Caring, 2000.</i>	E	“Initiate & participate in community partnerships to provide health care to underserved areas.” <i>Comp. #1, p. 2, South Carolina Colleagues in Caring, 2000.</i>

\* VN - client = individual  
 Diploma/ADN-client = individual and family  
 BSN - Client = individual, their families and groups



**Each educational level assumes previously stated competencies**

Member of a Profession

VN		Diploma/ADN		BSN	
3. Demonstrate behaviors that promote the development and practice of vocational nursing.		3. Participate in activities that promote the development and practice of professional nursing.		3. Act as a leader in promoting nursing as a profession.	
<i>Knowledge</i>		<i>Additional Knowledge</i>		<i>Additional Knowledge</i>	
A	Historical evolution of nursing practice.	A	Historical evolution of professional nursing.	A	Links between nursing history and medical, social, political, religious and cultural influences.
B	Issues affecting the development and practice of vocational nursing, including multistate licensure.	B	Issues and trends affecting the development and practice of professional nursing.	B	Issues and trends affecting the nursing profession and health care delivery.
C	The role of major vocational nursing organizations, regulatory agencies and health care organizations.	C	The role of professional nursing organizations, regulatory agencies, and health care organizations.	C	Research related to organizational and societal change.
D	Factors affecting the public image of nursing.	D	Public perception of nursing.	D	Strategies to influence the public perception of nursing.
E	Distinctions between LVN and RN roles.	E	The evolving practice roles of professional nurses and their contributions to the profession.	E	Evolving leadership roles in the advancement of the nursing profession; distinction of roles & scopes of practice among nursing and other health care professions.
		F	Political processes.	F	Strategies to influence legislative action processes and public policy.
				G	Theories of leadership.

\* VN - client = individual  
 Diploma/ADN-client = individual and family  
 BSN - Client = individual, their families and groups

**Each educational level assumes previously stated competencies**

**VN**

**Diploma/ADN**

**BSN**

<i>Clinical Behavior/Judgements</i>		<i>Additional Clinical Behavior/Judgements</i>		<i>Additional Clinical Behavior/Judgements</i>	
A	Work collegially with members of the interdisciplinary health care team.	A	Promote collegiality among interdisciplinary health care team members.	A	Provide leadership in the interdisciplinary health care team.
B	Demonstrate behaviors which promote a positive image of vocational nursing.	B	Collaborate with members of nursing and other health care organizations to promote the profession of nursing.	B	Collaborate with others outside the health care industry to promote the profession of nursing.
C	Participate in activities individually or in groups through organizations that promote vocational nursing.	C	Participate in activities individually or in groups through organizations that promote the profession of nursing.	C	Articulate the values and roles of nursing to the public.
D	Recognize roles of vocational nursing organizations, regulatory agencies and organizational committees.	D	Recognize roles of professional nursing organizations, regulatory agencies and organizational committees.	D	Analyze the impact of nursing organizations and regulatory agencies upon the nursing profession.
E	Practice within the LVN role and Scope of Education.	E	Practice within the RN role and Scope of Practice.	E	Provide leadership to ensure maintenance of the Scope of Practice boundaries among nursing and the interdisciplinary health care team.
F	Serve as a positive role model for students and peers.	F	Serve as a positive role model for students, peers, and members of the interdisciplinary health care team.	F	Participate in activities, that promote consumer awareness of nursing's contribution to society.

\* VN - client = individual  
 Diploma/ADN-client = individual and family  
 BSN - Client = individual, their families and groups

# APPENDICES

## COMMITTEE MEMBERS

### ***Advisory Committee on Education (ACE) Members:***

Elizabeth Poster, PhD, RN  
Chair of the Advisory Committee on Education  
Member of the Board of Nurse Examiners, (Representing Baccalaureate Degree Nursing Programs)

Phyllis Adams, EdD, RN, CNS, FNP, (Representing the Texas Nurses' Association)  
Cora Clay, MA, RN (Representing the Texas Board of Vocational Nurse Examiners)  
Blanca Rosa "Rosie" Garcia, PhD, RN (Representing the Texas Organization of Associate Degree Nurses)  
Annette Hallman, PhD, RN (Representing Diploma Programs)  
Brenda Jackson, PhD, RN (Representing the Texas League for Nursing)  
Linda Klotz, PhD, RN (Representing the Texas Organization of Baccalaureate Graduate Nursing Educators)  
Helen Reid, EdD, RN (Representing the Texas Organization of Associate Degree Nurses)  
Kendra Slatton, MSN, RN, CDE (Representing the Texas Organization of Nurse Executives)  
Nancy Yuill, PhD, RN (Representing the Texas Organization of Baccalaureate Graduate Nursing Educators)

### ***ACE Subcommittee Members:***

Elizabeth Poster, PhD, RN, CHAIR, Member of the Board of Nurse Examiners  
(Representing Baccalaureate Degree Nursing Programs)

Blanca Rosa "Rosie" Garcia, PhD, RN, (Representing the Texas Organization of Associate Degree Nurses)  
Annette Hallman, PhD, RN, (Representing Diploma Programs)  
Robert Lumpkins, RN, MS, CNAA, (Representing the Texas Organization of Nurse Executives)  
Helen Reid, EdD, RN, (Representing the Texas Organization of Associate Degree Nurses)  
Pamela G. Sanford, MSN, RN, C, CNS, (Representing the Texas League of Nursing)

*Acknowledgment for ethics content in the Introduction: Ferne Kyba, PhD, RN*

**Competencies Survey**

Please review your *Essential Competencies of Texas Graduates of Education Programs In Nursing, Volume I* (1993) document to answer the questions below related to your assigned competency # \_\_\_\_\_

Please also review the associated additional knowledge and clinical behavior/judgments in relation to the assigned competency. Please check “yes” if the competency is appropriate as stated. If it is not, then check “no” and provide recommendations for changes and reason(s) for the changes.

	Yes	No	Recommendations
Competency #			
Additional Knowledge			
a			
b			
c			
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			
Clinical Behavior/ judgment			
a			
b			
c			
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			

Additional comments: ( please feel free to review other competencies or provide input on any issues related to the competencies here or on another attachment.)

Please list the health care agencies that have collaborated in this process.

Name of school \_\_\_\_\_  
Contact person \_\_\_\_\_  
Date \_\_\_\_\_

Please return by December 15, 2000

**Survey Respondents**

(List of those responding to the survey sent out in October 2000.)

***Vocational Nursing Programs***

Alvin Community College  
Blinn College  
Cisco Junior College  
Coastal Bend College  
Del Mar College  
Extended Health Education, Arlington  
Memorial Hermann Memorial City Hospital, Houston  
South Plains College  
Texas State Technical College  
Tyler Junior College  
University of Texas at Brownsville/Texas Southmost College  
Victoria College

***Diploma Programs***

Baptist Health System  
Covenant School of Nursing

***ADN Programs***

Alvin Community College  
Amarillo College  
Angelina College  
Angelo State University  
Austin Community College  
Blinn College  
Central Texas College  
Cisco Junior College  
College of the Mainland  
Collin County Community College  
Del Mar College  
El Centro College  
El Paso Community College  
Galveston College  
Grayson County College  
Houston Community College System  
Lamar State College - Port Arthur  
Lamar University at Beaumont  
Laredo Community College  
Lee College  
McLennan Community College  
Midland College

Navarro College  
North Harris Montgomery Community College District  
Northeast Texas Community College  
Odessa College  
Panola College  
San Antonio College  
San Jacinto College Central  
South Texas Community College  
Southwestern Adventist University  
St. Philip's College  
Tarrant County College  
Temple College  
Texarkana College  
Trinity Valley Community College  
Tyler Junior College  
University of Texas- Pan American  
University of Texas at Brownsville/Texas Southmost College  
Victoria College

***Baccalaureate Degree Programs***

Baylor University  
East Texas Baptist University  
Houston Baptist University  
Lamar University at Beaumont  
Prairie View A&M University  
Stephen F. Austin State University  
Texas A&M University - Corpus Christi  
Texas Christian University - Harris College of Nursing  
Texas Women's University  
University of Mary Hardin-Baylor  
University of Texas at El Paso College of Nursing and Health Sciences  
University of Texas at Arlington  
University of Texas - Pan American  
University of Texas at Tyler  
University of Texas Health Science Center at Houston  
University of Texas Health Science Center at San Antonio  
University of the Incarnate Word  
Southwestern Adventist University  
University of Texas at Brownsville/Texas Southmost College

***ADDITIONAL CONTRIBUTORS:***

San Jacinto College-South  
Texas Tech University Health Sciences Center  
University of Texas Medical Branch at Galveston  
West Texas A&M University



**SURVEY COLLABORATORS**

(List of those responding to the survey sent out in October 2000.)

All Saints Episcopal Hospital  
Alvin Independent School District  
Amarillo Veteran's Administration Hospital  
Angleton/Danbury Medical Center  
Arlington Memorial Hospital  
Audie L. Murphy Memorial Veteran's Medical Center  
Baptist Memorial Hospital - San Antonio  
Baptist Saint Anthony's Health System  
Baylor Center for Restorative Care  
Baylor Medical Center at Grapevine  
Baylor Medical Center Ellis County  
Baylor Medical Center of Irving  
Baylor Richardson Medical Center  
Baylor Specialty Hospital/Our Children's House  
Ben Taub General Hospital  
Bivins Memorial Nursing Home  
Brooke Army Medical Center  
Camino Real Community MHMR Center  
Children's Medical Center of Dallas  
Christus St. John Hospital  
Christus Spohn - Memorial  
Citizen's Medical Center  
Columbia Medical Center - Bellaire  
Columbia Medical Center - Clear Lake  
Columbia North Bay Hospital  
Cook Children's Medical Center  
Corpus Christi Medical Center  
Country Care Village  
Covenant health System  
Cuero Community Hospital  
Dallas Southwest Medical Center  
Del Sol Medical Center  
Denton Regional Medical Center  
Detar Regional Health Care System  
Devereux-Texas Treatment Network - League City  
Doctor's Hospital  
East Texas Medical Center - Tyler  
East Texas Medical Center - Athens  
East Texas Medical Center  
Edinburg Regional Hospital  
Ft. Duncan Medical Center  
Grand Court II Nursing Home  
Harris Methodist Fort Worth  
Harris Methodist - HEB  
Harris Methodist Northwest  
Harris Methodist Southwest  
Hendrick Health Systems - Abilene  
Huguley Memorial Medical Center  
James L. West Special Care Center  
King's Daughters Hospital - Temple  
Lake Granbury Medical Center

Las Palmas Medical Center  
Los Barrios Unidos CHC  
Louis Herrington School of Nursing of Baylor University  
Mainland Medical Center-Texas City  
Mary Shiels Hospital  
McAllen Heart Hospital  
McAllen Medical Center  
McCallum Medical Center  
Medical Center Hospital-Odessa  
Medical Center of Arlington  
Medical Center of Lancaster  
Medical Center of Mesquite  
Medical Center of Plano  
Medical Center of Terrell  
Medical City Dallas Hospital  
Memorial Health Center - Lufkin  
Memorial Hermann Hospital  
Mesquite Community Hospital  
Methodist Hospital - San Antonio  
Methodist Hospital - Dallas  
Metroplex Hospital - Killeen  
Midland Memorial Hospital  
Mission Hospital  
Nacogdoches Medical Center  
Naval Air Station Hospital  
Navarro Regional Hospital  
Normandy Terrace, S.E.  
Northwest Texas Hospital (UHS)  
North Hills Hospital  
Nueces County Public Health Department  
Nursing Education Policy Coalition  
Odessa Regional Hospital  
Osteopathic Medical Center-Ft. Worth  
Palestine Regional Medical Center  
Palo Pinto General Hospital  
Parkland Health & Hospital System  
Park Plaza Hospital  
Plaza Medical Center of Fort Worth  
Presbyterian Hospital of Winnsboro  
Presbyterian Hospital of Kaufman  
Providence Health Center - Waco  
Providence Memorial Hospital  
RHD Memorial Medical Center  
Rio Grande Regional Hospital  
Rusk State Hospital  
San Antonio Black Nurses Association  
San Antonio Metropolitan Health District  
San Antonio State Hospital  
San Antonio Warm Springs Rehabilitation Hospital  
San Angelo Community Medical Center  
Santa Rosa Medical Center  
Santa Fe Independent School District  
Scott and White Hospital - Temple  
Sears Methodist Center - Abilene  
Select Speciality Hospital of Dallas  
Seton Medical Center  
Shannon Medical Center

Sid Peterson Hospital  
Sierra Medical Center  
St. Paul Medical Center  
St. David's Health Care Partnership  
St. Luke's Episcopal Hospital  
Starr County Memorial Hospital  
Texas League for Nursing  
Texas Nurses Association  
Texas Organization of Associate Degree Nurses  
Texas Organization of Baccalaureate Graduate Nursing Educators  
Texas Scottish Rite Hospital for Children  
Texoma Medical Center - Denison  
The University of Texas Health Center - Tyler  
Thomason Hospital  
Titus Regional Medical Center  
Tri-City Health Centre, Inc.  
Trinity Medical Center  
Trinity Mother Francis Health System  
US Army Academy of Health Science  
VA North Texas Health Care System  
Val Verde Regional Medical Center  
Vencor Hospital Dallas  
Vencor Hospital Fort Worth  
Victoria County Health Department  
Victoria Independent School District  
Victoria County Medical Society  
Wadley Regional Medical Center - Texarkana  
Walls Regional Hospital  
Whitehall Nursing Center  
Wilford Hall Medical Center  
Wilson N. Jones Hospital - Sherman  
Wm. Beaumont Medical Center  
Woodland Heights Medical Center - Lufkin  
Zale Lipshy University Hospital

Thanks to all those responding to the requests sent out on October 5, 2001 and February 11, 2002 asking for input and comments on the working drafts.

## GLOSSARY

1. Client: individual recipient of care across the lifespan in consideration of diversity of background. For the vocational nurse graduate includes the individual. For the diploma and associate degree graduate, may include the individual and the family. For the baccalaureate graduate, may include the individual, the family, groups or community.
2. Clinical Practice Guidelines: systematically developed statements that are designed to assist nurses toward decisions on appropriate healthcare for specific conditions and provide various diagnostic criteria and therapeutic interventions from national health advisory boards and authoritative sources with which to carefully judge patient care (Broughton, R. and Rathborne, B., 1999).
3. Collaboration: a joint effort focusing on the client(s) health goals and therapeutic interventions of a team.
4. Communication: a process whereby information is transmitted between or among individuals via verbal or written techniques.
5. Competency: effective demonstration by the time of graduation of the knowledge, judgement, skills and professional values derived from the nursing and general education content.
6. Community: includes the physical topographical characteristics of the setting, the view of community held by its inhabitants, the nature of community groups and their characteristic interaction patterns, and the dynamic interplay of dominant community forces.
7. Coordinator of care: one who organizes and facilitates the delivery of comprehensive services to clients using other provider's services, human and material resources, and collaboration with clients, their support services, and an interdisciplinary health care team.
8. Delegation: RN authorization of an unlicensed person to provide nursing services while the RN retains accountability for the outcome. It does not include situations in which an unlicensed person is directly assisting a RN by carrying out nursing tasks in the presence of a RN.
9. Entry Level Competencies: effective demonstration, by the time of graduation, of the knowledge, judgement, skills, and professional values derived from the nursing and general education content.
10. Evidenced-based Practice: integration of best research evidence with clinical expertise and patient values (Sackett, Straus, Richardson, Rosenberg, & Haynes, 2000; and Stevens, 2002).
11. Family: two or more people who may share a residence, who possess common emotional bonds, share common goals, which include the health of the individuals in the family, and perform/engage in interrelated social positions, roles and tasks (Taber's, 2001).
12. Generic Master's Degree Program: a program leading to a master's degree, which is an individual's first professional degree in nursing, and conducted by an educational unit in nursing within the structure of a senior college or university (Board of Nurse Examiners, 2001).
13. Holistic: emphasizing the importance of the interrelationships of the bio-psycho-social-spiritual dimensions of the person in mutual process with the environment while recognizing that the whole is greater than the sum of its parts (American Holistic Nurses' Association, 2001; and Taber's 2001).

14. Interdisciplinary: collaborative and overlapping efforts of two or more health care professions that transcend traditional discipline boundaries (Taber's, 2001).
15. Licensed Nursing Practice: provision of health care by either an individual licensed in the state by the Board of Nurse Examiners to practice as a registered nurse or an individual licensed in the state by the Board of Vocational Nurse Examiners to practice as a vocational nurse (Board of Nurse Examiners, 2001 and Board of Vocational Nurse Examiners, 2001).
16. Member of profession: someone who accepts responsibility for the quality of nursing care for clients; applies research findings and identification of further research; is aware of legislative, regulatory, ethical, and professional standards; aspires to improve the discipline of nursing and its contribution to society; and values the need for life-long learning.
17. Predictable outcome: results that can generally be anticipated in advance.
18. Provider of care: one who provides nursing care to clients using a systematic process of assessment, analysis, planning, intervention and evaluation.
19. Structured setting: geographical and/or situational environment where the policies, procedures, and protocols for provision of health care are established and in which there is recourse to assistance and support from the full scope of nursing expertise.
20. Unpredictable outcome: results that generally cannot be anticipated in advance.
21. Unstructured setting - geographical and/or situational environment which may not have established policies, procedures, and protocols and have the potential of variations requiring independent nursing decisions.
22. Vulnerable populations: groups who have an increased susceptibility or higher than the national average risk for physical, psychological, and social health problems or who have worse outcomes from these health problems than the population as a whole. The needs of vulnerable groups are not fully addressed by the traditional service providers and such groups feel they cannot comfortably or safely access and use the standard health care resources (Aday, 2001; Burnam and Young, 1999; and Community Preparedness, 2001).

## REFERENCES

- Aday, L.A. (2001). *At risk in America, 2<sup>nd</sup> ed.* San Francisco, CA: Jossey-Bass, Ind.
- American Association of Colleges of Nursing (AACN). (1998). *Essentials of baccalaureate education for professional nursing practice.* Washington, D.C.: Author.
- American Heritage College Dictionary, 3<sup>rd</sup> ed. (1993). New York, NY: Houghton Mifflin Company.
- American Holistic Nurses' Association. (2001). <http://www.ahna.org/about/whatis.html>.
- American Nurses Association. (2001). *Code of ethics for nurses with interpretative statements.* Washington, DC: American Nurses Publishing.
- Board of Nurse Examiners for the State of Texas. (2001). *Rules and regulations relating to professional nurse education, licensure and practice.* Austin, TX: Author.
- Board of Nurse Examiners for the State of Texas and Texas Board of Vocational Nurse Examiners. (1993). *Nursing education advisory committee (NEAC) report -volume I: Essential competencies of Texas graduates of education programs in nursing.* Austin, TX: Author.
- Broughton, R. and Rathborne, B. (1999). *What makes a good clinical guideline?* Hayward Medical Communications, a division of Hayward Group plc.
- Burnam, A. and Young, A. (1999). *Vulnerable populations core.* Los Angeles, CA: School of Nursing, University of California-Los Angeles.  
<http://www.hscenter.ucla.edu/vulnerablepopulationscore.html>.
- Community Preparedness. (2002). Vulnerable populations. *The Community Preparedness Website Project.* <http://www.preparenow.org/pop.html>.
- Hunt, R. (2001). *Community based nursing, 2<sup>nd</sup> ed.* New York, NY: Lippincott.
- International Code of Nurses Code for Ethical Concepts. In: Ellis, J.R. and Hartley, C.L. (2001). *Nursing in today's world.* New York: Lippincott, p. 316.
- National Federation of Licensed Practical Nurses, Inc. (NFLPN). (2001). *Nursing practice standards for the licensed practical/vocational nurse.* Garner, NC: Author.
- National League for Nursing. (2000). *Educational competencies for graduates of associate degree nursing programs.* New York: NLN Press.

*SC Colleagues in Caring: Regional collaboratives for nursing workforce development* Pew Health Professions Commission 21 competencies for the 21<sup>st</sup> century. (2000). Retrieved Nov. 19, 2001 from <http://www.sc.edu/nursing/cic/SCCICPub/PEWComps.html>.

Sackett, D.L, Straus, S.E, Richardson, W.S., Rosenberg, W., & Haynes, R.B. (2000). *Evidence-based medicine: How to practice and teach EBM*. Edinburgh: Churchill Livingstone.

Stevens, K.R. (2002). Academic Center for Evidence Based Practice. Personal communication.

*Taber's Cyclopedia Medical Dictionary, 19<sup>th</sup> ed.* (2001). Philadelphia, PA: FA Davis.

Texas Board of Vocational Nurse Examiners. (2000). *Minimum standards for vocational nurse education*. Austin, TX: Author.

Texas Board of Vocational Nurse Examiners. (2001). *Chapter 302. Texas Occupations Code-licensed vocational nurses*. Austin, TX: Author.

Texas Nurses Association. (1997). *The Texas nursing articulation model 1997-2000*. Austin, TX: Texas Nurses Association Publishing.

US Department of Health and Human Services (HRSA), Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing. (1996). *National advisory council on nurse education and practice report to the Secretary of the Department of Health and Human Services on the basic registered nurse workforce*. Washington, DC: Author

US Department of Labor. (1991). *What work requires of schools: A SCANS report for America 2000*. Washington, DC: Author