

**Westminster Campus Nursing Program  
Curriculum Organizing Framework**



The curriculum organizing framework describes the concepts, beliefs and philosophy upon which the nursing curriculum is organized and developed. The organizing framework provides faculty with the structure to guide development of concepts and content within the curriculum design of nursing courses. Nursing courses are based on the philosophy/mission, the organizing framework, program objectives and outcomes. The organizing framework serves as a guide for curriculum development and decision making by faculty and as a resource to clarify and direct student learning. The primary goal of the curriculum is to prepare the learner to practice the art and science of nursing. To accomplish this goal, faculty and students must interact in a purposeful and directed manner as outlined by the curriculum. The learner and the educator have distinct and separate responsibilities in this relationship. The organizing framework illustrates the following major concepts and subconcepts. These are defined as:



## **Definitions of Major Concepts Used in the FRCC Nursing Program, Student Learning Outcomes and Competencies**

**Implementation Fall, 2012**

**Caring:** In nursing, those values, attitudes, and behaviors that engender feeling cared for. (Duffy, 2010). Also, “promoting health, healing, and hope in response to the human condition” (NLN, 2010, p. 65).

**Clinical judgment:** A process of observing, interpreting, responding, and reflecting situated within and emerging from the nurse’s knowledge and perspective (Tanner, 2006). Involves ways in which nurses come to understand the problems, issues, or concerns of clients and patients, to attend to salient information, and to respond in concerned and involved ways (Benner, Tanner, & Chesla, 2009).

**Clinical microsystem:** A small group of people who work together on a regular basis – or as needed – to provide care and the individuals who receive that care (who can also be recognized as members of a discrete subpopulation of patients) (Trustees of Dartmouth College, 2004, p. 5).

**Clinical reasoning:** An iterative process of noticing, interpreting, and responding – reasoning in transition, with a fine attunement to the patient and how the patient responds to the nurse’s actions. (Benner, Tanner, & Chesla, 2009, p. 230).

**Collaboration:** “Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.” (Quality and Safety Education for Nurses [QSEN], 2007). Collaboration also includes communication and partnerships with providers, patients, families, and stakeholders.

**Critical thinking:** “Identifying, evaluating, and using evidence to guide decision making by means of logic and reasoning” (NLN, 2010, p. 67). Critical thinking is the basis of clinical reasoning, clinical judgment, and clinical problem solving.

**Cultural competence:** Cultural competence is the ability to respect the beliefs, language, interpersonal styles, and behaviors of individuals, families and communities receiving services as well as the health care professionals who provide the services. Culture is the integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs, and the institutions of racial, ethnic, social, or religious groups ([www.cultural-competence-project.org/en/faq.htm](http://www.cultural-competence-project.org/en/faq.htm), retrieved February 17, 2011)

**Diversity:** “Recognizing differences among persons, ideas, values, and ethnicities, while affirming the uniqueness of each (NLN, 2010, p. 12).



**Ethics:** “Involves reflective consideration of personal, societal, and professional values, principles, and codes that shape nursing practice. Ethical decision making requires applying an inclusive, holistic, systematic process for identifying and synthesizing moral issues in health care and nursing practice, and for acting as moral agents in caring for patients, families, communities, societies, populations, and organizations. Ethics in nursing integrates knowledge with human caring and compassion, while respecting the dignity, self-determination, and worth of all persons” (NLN, 2010, p. 13).

**Evidence-based care:** Care that integrates the best research with clinical expertise and patient values for optimum care (IOM, 2003).

**Healthcare environment:** the aggregate of surrounding things, conditions, or influences; surroundings; milieu. (dictionary.com). In healthcare, nurses turn the environment into a caring and healing environment by initiating and sustaining a therapeutic relationship with patients and their families (Koloroutis, 2004).

**Human flourishing:** “An effort to achieve self-actualization and fulfillment within the context of a larger community of individuals, each with the right to pursue his or her own such efforts. The process of achieving human flourishing is a lifelong existential journey of hope, regret, loss, illness, suffering, and achievement. Human flourishing encompasses the uniqueness, dignity, diversity, freedom, happiness, and holistic well-being of the individual within the larger family, community, and population. The nurse helps the individual in efforts to reclaim or develop new pathways toward human flourishing.” (NLN, 2010, p. 66-67).

**Informatics:** The use of information and technology to communicate, manage knowledge, mitigate error, and support decision making (Quality and Safety Education for Nurses [QSEN], 2007).

**Information management:** Refers to “the processes whereby nursing data, information, knowledge, and wisdom are collected, stored, processed, communicated, and used to support the delivery of health care” (Nelson, 2010, p. 653).

**Integrity:** “Representing the dignity and moral wholeness of every person without conditions or limitation” (NLN, 2010, p. 13).



**Knowledge, skills, and attitudes:** In nursing education there are three domains of learning in which faculty engage students. The cognitive domain represents the knowledge needed to carry out the professional roles of the nurse. The skills are the psychomotor activities that are represented by the psychomotor domain. Attitudes represent the beliefs and values about all aspects of the patient and health care that represent the affective domain. The content of each domain is equally important and necessary for the student to fulfill the roles of the professional nurse.

**Leadership:** Leadership is Standard 12 of the American Nurses Association's Scope and Standards of Practice (2010, p. 55). Leadership is defined and evaluated with the following measurement criteria related to the student nurse:

- Oversees the nursing care given by others while retaining accountability for the quality of care given to the healthcare consumer.
- Abides by the vision, the associated goals, and the plan to implement and measure progress of an individual healthcare consumer or progress within the context of the healthcare organization.
- Demonstrates a commitment to continuous, lifelong learning and education for self and others.
- Mentors colleagues for the advancement of nursing practice, the profession, and quality health care.
- Treats colleagues with respect, trust, and dignity.
- Develops communication and conflict resolution skills.
- Participates in professional organizations.
- Communicates effectively with the healthcare consumer and colleagues.
- Seeks ways to advance nursing autonomy and accountability.
- Participates in efforts to influence healthcare policy involving healthcare consumers and the profession.

**Nursing:** Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities and populations.



**Nursing-sensitive indicators:** Nursing-sensitive indicators reflect the structure, process and outcomes of nursing care. The structure of nursing care is indicated by the supply of nursing staff, the skill level of the nursing staff, and the education/certification of nursing staff. Process indicators measure aspects of nursing care such as assessment, intervention, and RN job satisfaction. Patient outcomes that are determined to be nursing sensitive are those that improve if there is a greater quantity or quality of nursing care (e.g., pressure ulcers, falls, and intravenous infiltrations). Some patient outcomes are more highly related to other aspects of institutional care, such as medical decisions and institutional policies (e.g., frequency of primary C-sections, cardiac failure) and are not considered "nursing-sensitive". (ANA's Nursing World: [http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/PatientSafetyQuality/Research-Measurement/The-National-Database/Nursing-Sensitive-Indicators\\_1.aspx](http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/PatientSafetyQuality/Research-Measurement/The-National-Database/Nursing-Sensitive-Indicators_1.aspx) Retrieved February 17, 2011).

**Nursing judgment:** "Encompasses three processes: namely, critical thinking, clinical judgment, and integration of best evidence into practice. Nurses must employ those processes as they make decisions about clinical care, the development and application of research and the broader dissemination of insights and research findings to the community, and management and resource allocation" (NLN, 2010, p. 67).

**Patient:** The recipient of nursing care or services. Patients may be individuals, families, groups, communities, or populations (American Association of Colleges of Nursing [AACN], 2008, p. 38).

**Patient-centered care:** Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs (Quality and Safety Education for Nurses [QSEN], 2007).

**Personal and professional development:** "A lifelong process of learning, refining, and integrating values and behaviors that (a) are consistent with the profession's history, goals, and codes of ethics; (b) serve to distinguish the practice of nurses from that of other health care providers; and (c) give nurses the courage needed to continually improve the care of patients, families, and communities and to ensure the profession's ongoing viability" (NLN, 2010, p. 68).

**Professional identity:** "Involves the internalization of core values and perspectives recognized as integral to the art and science of nursing. These core values become self-evident as the nurse learns, gains experience, and grows in the profession. The nurse embraces these fundamental values in every aspect of practice while working to improve patient outcomes and promote the ideals of the nursing profession. Professional identity is evidence in the lived experience of the nurse, in his or her ways of being, knowing, and doing" (NLN, 2010, p. 68).



**Quality improvement:** “Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems” (Quality and Safety Education for Nurses [QSEN], 2007). Also relates to the improvement of healthcare processes and at the local, state, and federal levels to affect positive outcomes from the impact of economics on healthcare quality.

**Relationship-based care:** Health care is provided through relationships. The activities of care are organized around the needs and priorities of patients and their families. Relationship-based care depends on a caring and healing environment in which care providers respect the dignity of each patient and each other. The nurse as a leader creates caring and healing cultures. Positive interdisciplinary collaboration is a significant predictor of quality care in a relationship-based care environment (Koloroutis, 2004).

**Safety:** Minimizes risk of harm to patients and providers through both system effectiveness and individual performance (Quality and Safety Education for Nurses [QSEN], 2007).