

## **Organizing Concepts**

The following Curriculum Organizing Concepts were developed by the Northeastern School of Nursing CCNE Task Force in draft form June 22, 2012; discussed further and consensus vote in the CCNE Faculty Workshop on October 4, 2012; and approved at the Faculty Organization meeting on October 15, 2012.

### **Leadership**

Leadership encompasses the ability to listen, translate, decide, take action and inspire others. Leaders have the vision to set direction, engage the stakeholders towards a common goal, and have the competency to create and cultivate open, trusting and caring relationships with others. (Based on O'Connor, M. (2008). The dimensions of leadership. A foundation for caring competency. *Nursing Administration Quarterly*, 32 (1), 21-26.)

### **Critical Thinking/Clinical Reasoning:**

Critical thinking is a reflective process based on creative, intuitive, logical, and inferential thought patterns. Clinical reasoning is the ability to think critically about health care decisions related to patients, families, and communities.

(Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). Educating nurses. *A call for radical transformation*. San Francisco: Jossey-Bass.)

### **Evidence-Based Practice:**

An integration of the best evidence available, nursing expertise, and the values and preferences of the individuals, families and communities who are served. This assumes that optimal nursing care is provided when nurses and health care decision-makers have access to a synthesis of the latest research, a consensus of expert opinion, and are thus able to exercise their judgment as they plan and provide care that takes into account cultural and personal values and preferences. This approach to nursing care bridges the gap between the best evidence available and the most appropriate nursing care of individuals, groups and populations with varied needs.

(Sigma Theta Tau International. (2005). Evidence-based practice position statement, Indianapolis, IN: Author.)

### **Quality Care:**

Quality is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. Quality care is safe, effective, patient-centered, timely, efficient, and equitable.

(Institute of Medicine. (2001). *Crossing the quality chasm*. Washington, D.C.: The National Academies Press.)

### **Cultural and Linguistic Competence:**

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations that value and incorporate the cultural differences of diverse populations. It promotes evaluation of one's own health-related values and beliefs, health care organizations, and health care providers, and responds appropriately to, and directly serves the unique needs of populations whose cultures may be different from the prevailing culture.

(Adapted from: National Standards for Culturally and Linguistically Appropriate Services in Health Care: Final Report. (March, 2001). Washington, DC: OMH, DHHS)

**Interprofessional Collaboration:**

A situation wherein multiple healthcare workers from different professional backgrounds work together with patient's families, care givers and communities to deliver the highest quality of care.

(Interprofessional Educational Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice. Report of an expert panel*. Washington, D.C.: Interprofessional Education Collaborative.)

**Informatics/Technology:**

Utilize informatics to communicate, manage knowledge, mitigate error, and support decision making using information technology.

(Institute of Medicine. (2003). *Health professions education. A bridge to quality*. Washington, D.C.: National Academies Press.)