

# NATIONAL NURSING EDUCATION FRAMEWORK

BACCALAUREATE

CASN  
ACESI 



Canadian Association  
of Schools of Nursing  
Association canadienne des  
écoles de sciences infirmières

# Acknowledgements

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Nursing education programs and delivery modalities have proliferated in Canada at both the undergraduate and graduate degree levels. Moreover, programs at entry and advanced levels are offered at institutions of higher learning and must meet general degree-level standards for quality assurance. In response to this evolution in nursing education, the Canadian Association of Schools of Nursing (CASN) has developed a national, consensus-based framework articulating core expectations for baccalaureate, master's, and doctoral programs in nursing education. The goal in developing the framework was to capture the most salient elements for programs and graduates at each degree level, while simultaneously clarifying the expected progression from one level to the next.

The baccalaureate degree in nursing is designed to prepare a generalist nurse for entry to practice while meeting educational standards for higher education that are applicable across disciplines. A variety of additional pathways to baccalaureate degrees in nursing have been introduced over the last two decades in Canada, including second-entry programs, fast-track programs, and baccalaureate programs for practical nurses (LPN/RPN). It is important to determine what is essential for baccalaureate nursing programs across modalities. In addition, role confusion between RNs and LPN/RPNs has become an issue among students, nurses, and employers. By specifying baccalaureate level expectations for nursing education, CASN also seeks to add greater clarity to this discussion.

Master's education in nursing has grown substantially in recent years. The number and types of specialization streams have increased, and streams vary across Canada. The aims guiding the development of the master's section of the framework were to pinpoint core expectations for all master's programs in nursing regardless of stream or specialization, as well as to clarify how a master's degree adds value and builds on baccalaureate education in nursing. The master's section of the framework is based on the assumption that the student already possesses the components outlined at the baccalaureate level. It is also based on the assumption that, although the master's degree is a terminal degree for many students, it is the requirement for admission into a doctoral program in nursing.

The final section of the framework targets doctoral programs in nursing. Such programs are relatively new in Canada. They have also grown in recent years and are expanding delivery modalities to include online and distance programs. Moreover, doctoral programs must build on what has been achieved at the master's level while fostering learning at a higher level. The assumption underlying the doctoral section of the framework is that the student has already integrated the core expectations at the baccalaureate and master's levels. In addition, the expectations articulated for this level are specifically for PhD programs in nursing rather than a professional doctorate.

Nursing education at each degree level prepares graduates for professional roles, be it entry-to-practice or advanced roles including nurse researcher and scholar. Programs must also prepare graduates who possess the key general learnings that apply across a broad spectrum of disciplines at the particular degree level. The purpose in developing the CASN National Nursing Education Framework is to provide schools of nursing with national guidelines that integrate professional and academic expectations for institutions of higher learning. The framework offers schools direction in developing, reviewing, evaluating, or modifying nursing programs and curricula.

# Framework Development Process

The following objectives guided the framework development process: 1) identify core expectations for nursing programs at each level that are consistent with the Canadian Degree Qualifications Framework (Council of Ministers of Education, Canada, 2007); 2) formulate core expectations that are consistent with the entry-level competencies specified by regulatory bodies in Canada for RNs at the baccalaureate level and for NPs at the master's level; and 3) ensure expectations for doctoral-level programs build on what is learned at the master's level, and programs at the master's level build on the baccalaureate level.

In 2012, baccalaureate and master's education committees were struck to develop degree-level expectations and contribute to the creation of an overarching organizing framework. Members of both committees represented all parts of Canada, a range of educational institutions, and both English and French programs. In 2014, a doctoral education committee was struck to complete the doctoral section of the ensuing framework. Almost all doctoral programs in nursing in Canada were represented on this committee.

The work of the committees involved three phases. In the first phase, six domains were identified and defined to organize expectations across degree levels for baccalaureate, master's, and doctoral programs. The domains were based on an analysis and synthesis of a comprehensive literature review of 1) Canadian and international documents providing guidelines and evaluation criteria for higher education across disciplines; and 2) Canadian and international documents identifying entry-to-practice nursing competencies and content expectations for nursing education.

In the second phase, a multi-step iterative process of drafting, consulting, and revising degree-level expectations was implemented. The committees worked on the development of expectations for their respective program level. The initial step consisted of a literature review and synthesis. Working groups then drafted degree level outcomes and indicators based on the literature synthesis; each committee met to revise the draft documents at an intensive one day, face-to-face meeting. Further feedback was obtained for the baccalaureate section at the Undergraduate Studies Forum and for the master's and doctoral sections, at the Graduate Studies Forum. These forums are attended by educators from undergraduate and graduate programs across Canada. Each committee reviewed and revised the feedback, incorporating it into the framework.

In the final phase, the work of the baccalaureate and master's committees was brought together in one framework organized by the six domains. A degree level guiding principle was formulated for each domain, followed by a list of essential components. Each essential component reflects the outcome expectations that had been identified for the domain. An online survey sent to the deans and directors of the schools of nursing in Canada to determine the level of agreement with the guiding principles and essential components for baccalaureate and master's nursing education programs. The baccalaureate online survey was also sent to the Principle Nurse Advisors Task Force as well as employers from each province and territory were contacted and asked to send the survey to their networks as well. All statements were identified as essential or very important by over 90% of respondents. Those with lower percentages in the essential category were reviewed for clarity. Some minor editing of baccalaureate and master's statements was carried out based on additional comments made by respondents.

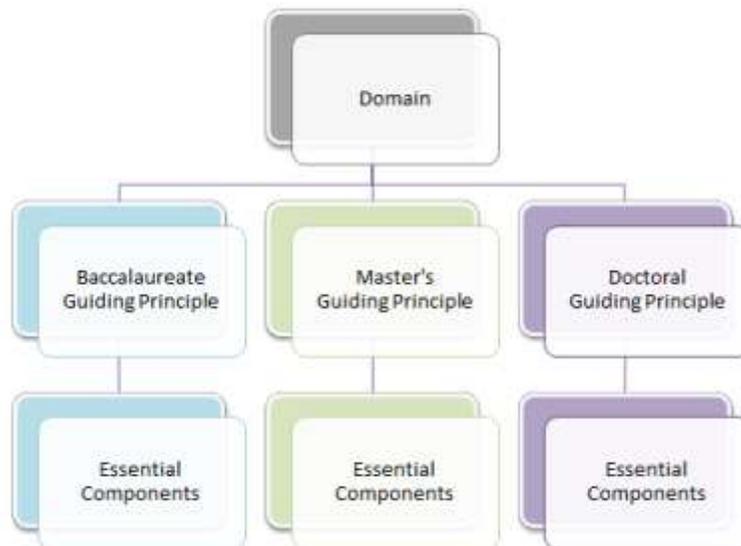
The doctoral section was added to the framework in 2014-2015. A similar iterative multi-step process was undertaken. Initial activities included a literature review and committee teleconferences followed by consultation at the CASN Graduate Studies Forum. An in-person meeting of the committee was held for further review and revision of the guiding principles and essential components. The final consultation included an online national survey which was formatted and analyzed in the same way as the baccalaureate and master's online survey.

The CASN mission is to lead nursing education and scholarship in the interest of healthy Canadians. This mission was kept at the forefront of the development of the Framework.

While there is a progression in expectations from one degree level to the next, the scope and focus of each differs. At the baccalaureate level, programs prepare a generalist nurse for entry to practice whereas master's programs prepare registered nurses for advanced roles in the profession. Although leadership and research are developed progressively at the baccalaureate and master's programs, the focus at the doctoral level is to prepare scholars who will lead the nursing profession, either through cutting edge innovative research, system development, or educating the next generation of nurses.

The framework is organized into six domains. Each domain has a guiding principle for each degree level, followed by a list of essential components. The guiding principle applies to the programs whereas the essential components apply to the students.

**Figure 1: Framework Outline**



## Domains

The domains represent a sphere of degree level outcomes and provide a heuristic organizing structure for the framework. In reality, they do not exist in a silo but are interwoven together and are interdependent.

### 1. *Knowledge*

This refers to the theoretical, conceptual, and factual content that is taught and learned in the programs.

Foundational knowledge is the knowledge base needed to develop further knowledge.

In-depth knowledge adds greater depth and detail to foundational knowledge in a given area. It may be developed in areas at each degree level.

Advanced knowledge refers to knowledge developed at the doctoral level that builds on and adds further depth and greater complexity to the knowledge learned at the baccalaureate and master's levels.

### 2. *Research, methodologies, critical inquiry, and evidence*

The domain includes the thinking and inquiry skills, and the processes used to appraise, generate, synthesize, translate, and implement knowledge.

### 3. *Nursing practice*

This refers to the exercise of activities related to a broad range of roles carried out by nurses including research and scholarship.

### 4. *Communication and collaboration*

The domain incorporates the interactions and relationships between the nurse and clients, the nurse and other members of the health care team, and the nurse and key stakeholders.

### 5. *Professionalism*

This relates to accountability, ethics, and values of the nurse as a member of the nursing profession.

### 6. *Leadership*

This refers to processes of social influence which maximize the efforts of others towards the achievement of goals or tasks.

# GUIDING PRINCIPLES AND ESSENTIAL COMPONENTS

For each domain, there is an overarching guiding principle for each degree level; the guiding principles is followed by a list of essential components.

A **guiding principle** is a generalized direction or objective for baccalaureate, master's or doctoral programs in the particular domain.

The **essential components** are the core domain-related outcomes expected of students.



Domain

1

## KNOWLEDGE

Guiding Principle

***Programs provide a broad knowledge base in nursing and nursing related disciplines to support a generalist preparation.***

### Essential Components

***The program prepares the student to demonstrate...***

- 1.1 Foundational knowledge of nursing including nursing history, nursing theories, and other theories relevant to nursing practice.
- 1.2 Foundational knowledge of human development and functioning over the life-span that builds on secondary education, from natural & life sciences, and from behavioural & social sciences (anatomy, physiology, microbiology, biochemistry, pharmacology, nutrition, pathophysiology, genetics, psychology, sociology).
- 1.3 Foundational knowledge of the health related needs of diverse clients in rural and urban settings to provide promotive, preventive, curative, rehabilitative, and end-of-life nursing care.
- 1.4 Knowledge of professional and organizational structures (i.e. regulatory, professional and union), socio-political, historical, and economic contexts of nursing practice.
- 1.5 Knowledge of the use of information technology in nursing care, including epidemiology and statistics.
- 1.6 Foundational knowledge of relational practice (focusing attention on intrapersonal, interpersonal and contextual variables) to impact health outcomes of individuals, families, and communities.
- 1.7 Knowledge of ethical nursing practice within a legal context in dynamic healthcare systems and in emergent and multifaceted health situations.
- 1.8 Knowledge of primary health care in relation to health disparities, vulnerable populations, and the determinants of health.
- 1.9 Knowledge of social justice, population health, environment and global health issues.
- 1.10 Knowledge regarding healthy work environments including collaborative skills, leadership theories, and effective team functioning and conflict resolution.
- 1.11 Knowledge of the art and science of professional caring for persons, families, or communities.

Domain

2

**RESEARCH, METHODOLOGIES, CRITICAL INQUIRY  
& EVIDENCE**

Guiding Principle

*Programs foster the development of critical thinking and research abilities to use evidence to inform nursing practice.*

Essential Components

*The program prepares the student to demonstrate...*

- 2.1 An appreciation of the salience of inquiry for nursing as a profession and a discipline.
- 2.2 The ability to seek, locate and interpret a broad range of information, knowledge, evidence, methodologies, and practice observations within the profession and across disciplines.
- 2.3 Critical thinking skills to use relevant information, knowledge, and communication technologies to support evidence-informed nursing practice.
- 2.4 The ability to formulate research questions arising from nursing practice and analyze research findings.
- 2.5 The ability to compose a written academic argument.

Domain

3

## NURSING PRACTICE

## Guiding Principle

***Programs provide practice learning experiences to develop safe, competent, compassionate, ethical, and culturally safe entry-level nurses.***

## Essential Components

***The program prepares the student to demonstrate...***

- 3.1 Holistic and comprehensive assessment of diverse clients, to plan and provide competent, ethical, safe, and compassionate nursing care.
- 3.2 The use of clinical reasoning, nursing knowledge, and other evidence to inform decision-making in diverse practice situations.
- 3.3 The ability to synthesize findings to develop or modify a person-centered plan of care.
- 3.4 The ability to recognize and respond safely, competently and ethically to rapidly changing client-conditions and contexts.
- 3.5 The ability to monitor and manage complex care of clients in stable and unstable contexts using multiple technologies.
- 3.6 The use of information technologies to support quality patient care.
- 3.7 The capacity to engage in RN entry level scope of practice as defined by the provincial/territorial regulatory body.
- 3.8 Engagement and leadership in the provision of comfort care including pain and symptom management.
- 3.9 The ability to counsel and educate clients to promote health, symptom and disease management.
- 3.10 The coordination of patient care in collaboration with individuals, families and other members of the healthcare team.
- 3.11 The ability to facilitate client navigation through health care services.
- 3.12 The ability to promote health of individuals, families, communities, and populations through actions to address health disparities.
- 3.13 The use of the core elements of patient safety and quality care.

Domain

4

**COMMUNICATION & COLLABORATION**

## Guiding Principle

*Programs prepare students to communicate and collaborate effectively with clients and members of the health care team.*

## Essential Components

*The program prepares the student to demonstrate...*

- 4.1 The ability to communicate and collaborate effectively with diverse clients and members of the health care team to provide high quality nursing care.
- 4.2 The ability to self-monitor ones beliefs, values, and assumptions, and recognize their impact on interpersonal relationships with clients and team members
- 4.3 The ability to communicate using information technologies to support engagement with patients/ clients and the interprofessional team.
- 4.4 The ability to articulate a nursing perspective and the scope of practice of the registered nurse in the context of the health care team.
- 4.5 The ability to collaborate with diverse clients, adapt relational approaches appropriately and accommodate varying contextual factors in diverse practice situations.
- 4.6 The ability to contribute to positive health care team functioning through consultation, application of group communication theory, principles and group process skills.

Domain

5

## PROFESSIONALISM

### Guiding Principle

*Programs prepare students to communicate and collaborate effectively with clients and members of the health care team.*

### Essential Components

*The program prepares the student to demonstrate...*

- 5.1 The ability to practice within the context of professional standards of practice, ethical, regulatory, and legal codes.
- 5.2 An understanding of the significance of fitness to practice as it relates to self-care and life-long learning.
- 5.3 The ability to act as a role model for the intraprofessional nursing team.
- 5.4 The ability to maintain professional boundaries with clients and other members of the health care team.
- 5.5 The ability to ensure client confidentiality and privacy (including in the context of social media).
- 5.6 An understanding of the importance of participating in a professional nursing organization.
- 5.7 Foundational knowledge and skills required to pursue graduate studies as desired.

Domain

6

LEADERSHIP

Guiding Principle

*Programs prepare students to coordinate and influence change within the context of nursing care.*

### Essential Components

*The program prepares the student to demonstrate...*

- 6.1 The ability to influence the development of programs to improve health outcomes.
- 6.2 Leadership abilities in the co-ordination of a healthcare team, including the delegation of tasks, performance evaluation, and facilitation of continuity of care
- 6.3 The ability to collaborate with and act as a resource for LPNs or other members of the health care team to meet the patient/client needs.
- 6.4 The ability to analyze and influence public policy related to health.
- 6.5 The ability to advocate for change to address issues of social justice, health equity, and other disparities affecting the health of clients.

## Glossary of Terms

Term	Definition
Accountability	An obligation to the public to accept responsibility for one's actions and conduct, in accordance with legislative requirements and standards of the nursing profession. Accountability resides in a role and can never be delegated away (College of Nurses of Ontario [CNO], 2014).
Advanced nursing role	Nursing roles requiring additional expertise and a deeper, more extensive knowledge base, developed through post-graduate study. Some, such as the clinical nurse specialist and the nurse practitioner, have a clinical focus, whereas others in areas such as health policy, nursing research, health system management, nursing education, and nursing administration may have a non-clinical focus and affect the recipients of health care services indirectly.
Client	The recipient of care: may be an individual, family, group, community, or population.
Direct care	Nursing services that require direct interaction between the health-care provider and the recipient(s).
Fitness to practice	All the qualities and capabilities of an individual relevant to his or her capacity to practise as a nurse, including, but not limited to, any cognitive, physical, psychological or emotional condition, or a dependence on alcohol or drugs, that impairs his or her ability to practise nursing (College of Registered Nurses of British Columbia [CRNBC], 2014).
Generalist	A Registered Nurse prepared to practise safely, competently and ethically along the continuum of care in situations of health and illness throughout a client's lifespan (CNO, 2014).
Global health	The optimal well-being of all humans from the individual and the collective perspective and is considered a fundamental human right, which should be accessible to all (Canadian Nurses Association [CNA], 2009).
Health care team	A number of health care providers from different disciplines (often including both regulated professionals and unregulated workers) working together to provide care for and with individuals, families, groups, populations or communities (CNA, 2008).
Indirect care	Nursing services that affect health care recipients indirectly.
Information and communication Technologies	Digital and analogue technologies that facilitate the capturing, processing, storage, and exchange of information via electronic communication (Canadian Association of Schools of Nursing, 2012).
Knowledge Translation	a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the health care system (Canadian Institutes of Health Research [CIHR], 2012).
Relational practice	An inquiry that is guided by conscious participation with clients using a number of relational skills including listening, questioning, empathy, mutuality, reciprocity, self-observation, reflection, and a sensitivity to emotional contexts. Relational practice encompasses therapeutic nurse-client relationships and relationships among health care providers (CRNBC, 2014).

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