

# NATIONAL NURSING EDUCATION FRAMEWORK

MASTER'S

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.

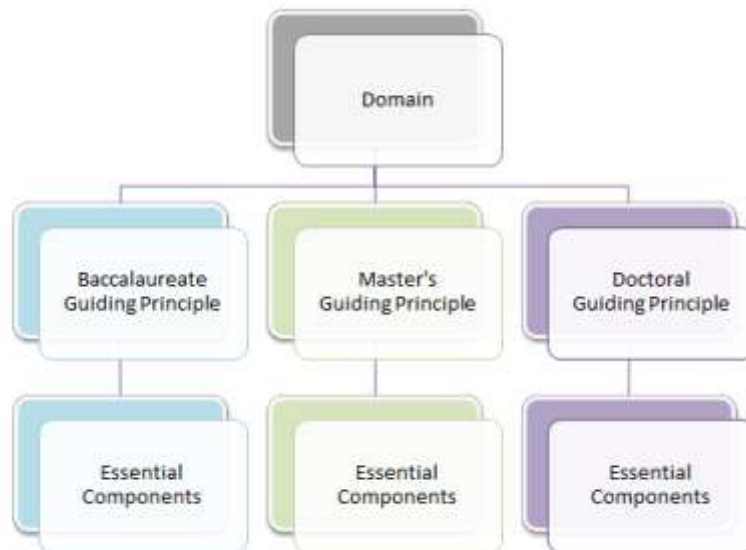
The doctoral section was added to the framework in 2014-2015. A similar iterative multi-step process was undertaken. Initial activities included a literature review and committee teleconferences followed by consultation at the CASN Graduate Studies Forum. An in-person meeting of the committee was held 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 comprehensive and substantive understanding of nursing knowledge, and a critical awareness of complex problems and/or new insights.*

## Essential Components

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

- 1.1 In-depth nursing knowledge that builds on the knowledge of a baccalaureate nurse in an area of graduate study.
- 1.2 In-depth knowledge of nursing related disciplines and interprofessional collaboration in preparation for advanced professional roles.
- 1.3 In-depth knowledge of recipients, experiential knowledge, and self-knowledge in a professional nursing role.
- 1.4 In-depth knowledge of complex health systems, policy environments, and changing contexts of nursing and healthcare.
- 1.5 Integration of a breadth and depth of knowledge across the domains of research, practice, communication and collaboration, professional autonomy, and leadership.



Domain

2

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

## Guiding Principle

*Programs foster the ability to contribute to nursing knowledge through systematic inquiry, knowledge development, translation, and scholarship.*

## Essential Components

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

- 2.1 A commitment and ability to promote nursing inquiry and lifelong learning.
- 2.2 The knowledge and skills to access, appraise, critically examine, synthesize and judiciously use theory and empirical evidence from a variety of sources.
- 2.3 The ability to use a systematic approach to gather evidence, plan, implement and evaluate solutions to nursing practice problems.
- 2.4 The ability to identify, interpret, synthesize and judiciously use theory and evidence to identify gaps in relevant knowledge and formulate a nursing problem statement.
- 2.5 The ability to engage in written and oral scholarly activities.
- 2.6 The ability to analyze and compare different methods of inquiry.
- 2.7 The ability to apply knowledge of core research methods, to collaborate in research, to engage in systematic knowledge development, synthesis and quality assurance related initiatives.
- 2.8 The ability to analyze facilitators and barriers to knowledge uptake and use evidence based strategies for knowledge translation.

Domain

3

## NURSING PRACTICE

## Guiding Principle

*Programs provide practice learning experiences to foster the use of best available evidence, theories, and expertise in an advanced nursing role.*

## Essential Components

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

- 3.1 Systematic and comprehensive assessment, based on the integration of theory, evidence, research and interprofessional perspectives, as a foundation for either advanced reasoning and/or decision-making, in an area of practice or healthcare delivery.
- 3.2 The ability to integrate in-depth knowledge and professional expertise in an area of practice, and to plan, deliver and evaluate direct and/or indirect care, in collaboration with clients and members of the health team.
- 3.3 The ability to design and implement innovative solutions to problems/issues in an area of practice.
- 3.4 The ability to respond creatively and effectively to complex system-related issues and report clearly to professional and lay audiences.
- 3.5 The ability to analyze current and emerging trends, and synthesize evidence to inform strategic responses at the unit and at the organizational level.
- 3.6 *If an NP program*, the ability to exercise the full scope of extended RN practice as defined by the provincial/territorial regulatory body.

Domain

4

**COMMUNICATION & COLLABORATION**

## Guiding Principle

*Programs prepare students to use advanced communication, collaboration and consultation abilities to participate and lead in diverse contexts.*

## Essential Components

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

- 4.1 The communication skills to participate in, or lead diverse teams to improve outcomes and to initiate and/or support policy changes.
- 4.2 In-depth knowledge, skills, attitudes and values that influence effective intra- and interprofessional, collaborative practice.
- 4.3 The ability to integrate information technologies, resources, and advanced communication principles to communicate to a wide range of audiences.
- 4.4 The ability to articulate an advanced nursing perspective when working with colleagues in order to optimize health-care.
- 4.5 The ability to articulate verbally, and in writing, to a wide range of audiences the evidence for nursing decisions, including the credibility and relevance of sources of information.

Domain

5

**PROFESSIONALISM**

## Guiding Principle

***Programs prepare students to initiate and model best practices, and to promote their own personal and professional growth in an advanced nursing role.***

## Essential Components

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

- 5.1 Innovation, autonomy, sound judgement, adaptability and responsibility in an advanced nursing role.
- 5.2 Initiative to continually advance knowledge and competence in an advanced nursing role.
- 5.3 The ability to articulate the contributions of nursing at basic and advanced levels, to recipients of care, health care providers and to various stakeholders in healthcare.
- 5.4 The ability to maintain a professional and ethical environment of accountability and respectful communication in difficult or conflictual situations.
- 5.5 Accountability in decision-making related to the individuals' area of practice.
- 5.6 Initiative, professional responsibility and accountability to address complex issues in an advanced nursing role.

## Domain

6

## LEADERSHIP

## Guiding Principle

***Programs prepare students to provide leadership, oversight, and accountability for practice delivery and outcomes.***

## Essential Components

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

- 6.1 The ability to participate in the design and implementation of new models of nursing and/or healthcare delivery in an area of practice.
- 6.2 The ability to integrate theories and evidence-informed knowledge in leading the healthcare team to design, coordinate, implement and evaluate the delivery of care.
- 6.3 The ability to coach, mentor, and teach nurses, nursing students and other members of the health-care team.
- 6.4 The ability to participate in the development and implementation of institutional, local, provincial or national policy.
- 6.5 The ability to create a culture of learning in a focused area of nursing practice that fosters a spirit of inquiry.
- 6.6 The ability to promote quality improvement and patient safety using informatics, health care technologies and high quality evidence to optimize standards of care.
- 6.7 The ability to implement safety and quality improvement initiatives using effective communication (scholarly writing, speaking, and group interaction) skills.
- 6.8 The ability to evaluate technologies to support safe practice environments, and to optimize safety, cost-effectiveness and health outcomes.
- 6.9 The ability to promote ethical principles and standards for the use of information and communication technologies.
- 6.10 The ability to advocate for the ethical conduct of research in health care.

## 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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