

National
Nursing
Education
Framework
Doctoral

November 2022

CASN
ACESI 



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

**Canadian Association of Schools of Nursing
Association canadienne des écoles de sciences infirmières
1145 Hunt Club Road, Unit 450
Ottawa, Ontario K1V 0Y3
Ph: 613-235-3150
www.casn.ca**

The CASN Accreditation Program is the property of CASN. No part of the publication may be reproduced, stored in a retrieval system or transmitted in any form by any means without permission from the publisher.

ISBN e-book: 978-1-989648-44-5

Copyright © 2022 Canadian Association of Schools of Nursing

Acknowledgements

The Canadian Association of Schools of Nursing (CASN) gratefully acknowledges the contributions of the Project Team, as listed below. CASN also acknowledges the important contributions from the members of the CASN Nurse Educator Interest Groups; the nurse executives at provincial, territorial, and local levels; and those who provided feedback through the online survey.

Project Team

Baccalaureate Section

Karin Page-Cuttrara, Co-Chair	York University
Patrick Lavoie, Co-Chair	Université de Montréal
Sarah Balcom	University of New Brunswick
Renee Berquist	St. Lawrence College
Amélie Blanchett Garneau	Université de Montréal
Louise Boyer	Université de Montréal
Winn Briscoe	University of Manitoba
Edward Cruz	University of Windsor
Pamela Durepos	University of New Brunswick
Renee Gordon	University of New Brunswick
Johanne Goudreau	Université de Montréal
Nicole Harder	University of Manitoba
June Kaminski	Kwantlen Polytechnic University
Mary Ann Krahn	Fanshawe College
Marie-Eve Laforest	Université de Moncton
Catherine Laing	University of Calgary
Kathleen Lechasseur	Université Laval
Karen Lehman	University of Regina
Mélanie Marceau	Université de Sherbrooke
River Martin	Canadian Nursing Students' Association
Melanie McKinnon	University of Manitoba
Tammie McParland	Nipissing University
Linda Patrick	University of Windsor
Cheryl Pollard	University of Regina
Katherine Poser	St. Lawrence College
Nadia Prendergast	Toronto Metropolitan University
Vanessa Sheane	Northwestern Polytechnic
Catharine Schiller	University of Northern British Columbia
Mina Singh	York University
Dominique Therrien	Université du Québec en Outaouais
Cheryl van Daalen-Smith	York University

Master's and Doctoral Section

Barb Astle, Co-Chair	Trinity Western University
Debbie Sheppard-Lemoine, Co-Chair	University of Windsor
Nancy Carter	McMaster University
Sandra Davidson	University of Calgary
Didier Mailhot-Bisson	Université de Sherbrooke
Gail McCartney	University of Prince Edward Island
Donna Martin	University of Manitoba
Linda McGillis-Hall	University of Toronto
Brenda Mishak	University of Saskatchewan
Linda Patrick	University of Windsor
April Pike	Memorial University
Norma Ponzoni	McGill University
Shelley Raffin	University of Calgary
Tracie Risling	University of Calgary
Bukola Salami	University of Alberta
Shannon Scott	University of Alberta
Audrey Steenbeck	Dalhousie University
Daphne St-Germaine	Université Laval
Cheryl van Daalen-Smith	York University
Christina West	University of Manitoba

Introduction

The Canadian Association of Schools of Nursing is the national voice for nursing education, research, and scholarship in Canada. In 2015, CASN published a national, consensus-based framework to capture the “salient elements for [nursing] programs and graduates at each degree level, while simultaneously clarifying the expected progression from one degree level to the next” (Canadian Association of Schools of Nursing, 2015, p. 5).

The framework has been reviewed and updated to ensure that the learning outcomes specified for each degree level continue to reflect current expectations for new graduates, as well as what graduates will need to know in the next few years.

Purpose of the Framework

Nursing faculty can use the framework in various ways:

- As a guide when developing and revising curriculum (e.g., overall outcomes, course objectives, course outcomes, and individual course content);
- To inform submissions when applying for accreditation;
- To demonstrate the scope of nursing education to others in their institutions; and
- As a reference document during new faculty orientation.

Framework Development Process

To support the revision of the framework, CASN conducted an environmental scan to determine both what a nursing graduate needs to know now and what they will need to know in the next five years.

The environmental scan included information from the following:

- Scholarly literature
- Frameworks from other countries
- Government documents
- Provincial chief nursing executives
- Chief nursing executives from health care organizations
- Members of CASN Nurse Educator Interest Groups
- Students
- Websites
- Ministerial Statement on Quality Assurance of Degree Education in Canada (Council of Ministers of Education, Canada, 2007)
- Regulatory college documents

While the environmental scan indicated that many outcomes in the framework remain germane, the following needed emphasis:

- Advocating for health equity and social justice
- Anti-racism
- Virtual care and digital care
- Working with patients who are more acutely ill and have complex needs across all levels of the health care continuum:
 - Individuals are moved from intensive care units to general floors sooner but still have complex medical needs.

- Individuals are discharged from hospitals sooner yet still need substantial health care and are now followed in the community, at home, or in long-term care settings.
- The Truth and Reconciliation Committee’s *Calls to Action*
- Chronic diseases and comorbidities
- Global and planetary health
- Preparation for the emotional demands, turmoil, and complexity in health care systems
- Genomics
- End-of-life care.

In 2021, two standing committees, the Undergraduate Education Committee and the Graduate Education Committee, launched the review and revision of the framework. In addition to these two committees, two working groups of faculty members added their expertise: the Baccalaureate National Nursing Education Working Group and the Graduate National Nursing Education Working Group. Members of the committees and the working groups formed the entire Project Team and represented all parts of Canada, a range of educational institutions, and both English and French programs.

The Project Team reviewed the existing framework and used the environmental scan and their own expertise to determine appropriate learning outcomes. The Project Team had four meetings to suggest revisions before the Undergraduate Education Committee and the Graduate Education Committee continued the work. Key stakeholders completed a validation survey, and the results of that survey were incorporated into the final version.

Several documents, both national and international, provided overall perspectives to guide the revision of this framework:

1. *Truth and Reconciliation Commission of Canada: Calls to Action* (2015) includes three calls that are pertinent to nursing education:
 - Action 22 calls for people to “value Aboriginal healing practices” (p. 3).
 - Action 23 calls for the increase and retention of Aboriginal¹ professionals in health care and for the provision of cultural competency training for all health-care professionals (p. 3).
 - Action 24 calls for nursing programs to require students to “take a course dealing with Aboriginal health care issues” (p.3).
2. *Declaration of Rights of Indigenous peoples* (United Nations, 2007) states that Indigenous Peoples have all the same rights accorded to non-Indigenous people; Canada is a signatory to this declaration.
3. *Transforming our World: The 2030 Agenda for Sustainable Development* (United Nations, 2015) requires the global community to become actively involved in improving human lives and protecting the environment.
4. *Global Pillars for Nursing Education* (Global Alliance for Leadership in Nursing Education and Science 2019) provide key learning outcomes so that graduates have the appropriate knowledge, skills, and attitudes in the following areas:
 - Knowledge and practice skills
 - Communication and collaboration

¹ This is a direct quote from the Truth and Reconciliation Committee of Canada Calls to Action (2015). The term Aboriginal is used in the context because of its use in Section 35 of the Constitution Act, 1982 for affirming the rights of First Nation, Metis, and Inuit people in Canada.

- Critical thinking, clinical reasoning, and clinical judgement
- Professionalism and leadership

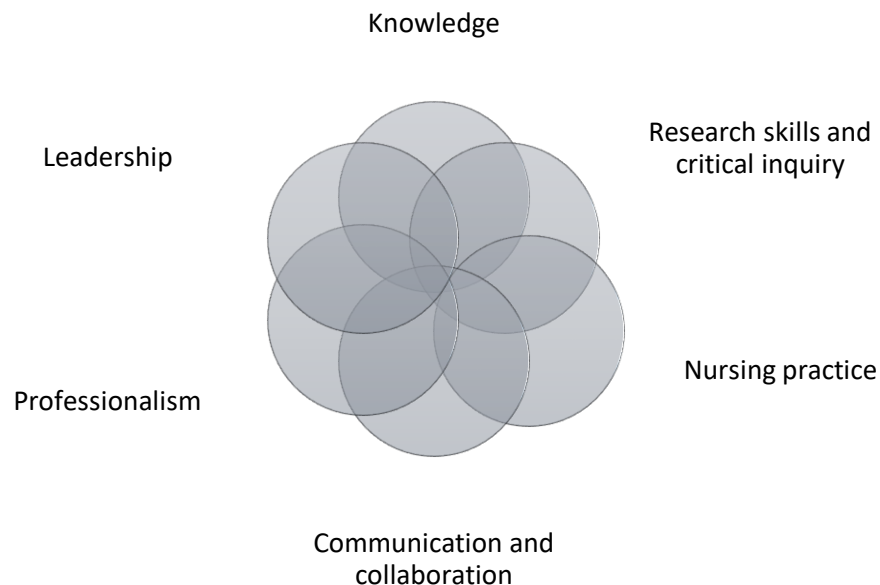
Overview of the Framework

Six learning domains organize core expectations for programs and graduates at each degree level and are interwoven, interdependent, and enacted together (see Figure 1):

- 1) Knowledge**
Theoretical, conceptual, and factual content in the programs.
- 2) Research skills and critical inquiry**
Thinking and inquiry skills to appraise, generate, synthesize, translate, and mobilize evidence-based knowledge.
- 3) Nursing practice**
Activities in a broad range of nursing roles.
- 4) Communication and collaboration**
Interactions and relationships between the nurse and individuals; family (biological and chosen); communities and populations; other members of the health care team; members in other sectors; and key stakeholders.
- 5) Professionalism**
Accountability, ethics, and values of a nurse.
- 6) Leadership**
Social influence to help others achieve health related goals or improve the health care system.

Figure 1

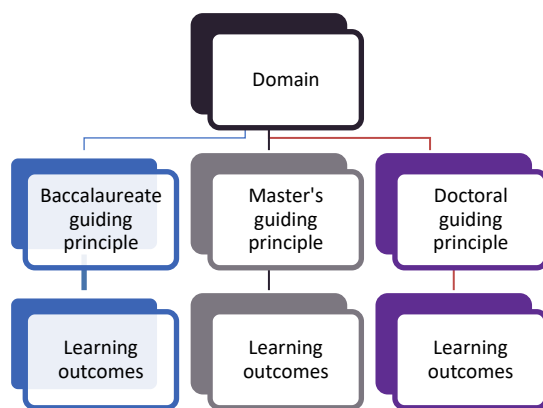
The Interdependency of the Six Learning Domains of Nursing



Each learning domain at the degree levels has a separate guiding principle that refers to the education program. The guiding principles are followed by learning outcomes that refer to what graduates must achieve (see Figure 2). The learning outcomes are in no particular order but provide direction for programs to deliver a curriculum based on salient contexts, student demographics, and geographical location. The framework allows for flexibility within certain parameters.

Figure 2

Framework Outline



Levels of Education

Although the expectations for nursing programs and for the graduates of these programs vary at each degree level, the six learning domains apply to all three levels of education. The learning outcomes progress from one degree level to the next, but the scope and focus differ at each level.

Baccalaureate programs prepare a generalist nurse for entry to practice and provide a broad, foundational knowledge base, rather than in-depth knowledge of a focused area. A variety of additional pathways to baccalaureate degrees have emerged over the last two decades, including second entry programs, fast track programs, and baccalaureate programs for practical nurses (LPN/RPN). Regardless of the pathway, this framework presents the essential elements for excellence in nursing education.

The master's degree prepares registered nurses for roles using advanced knowledge. The learning outcomes are applicable for all master's programs, regardless of the stream or specialization, and build upon the learning at the baccalaureate level. Graduates develop advanced nursing knowledge of greater depth, but less breadth, than a baccalaureate graduate. The master's degree can be a terminal degree or as a requirement for entering a doctoral program.

The final section of the framework focuses on doctoral programs whether they lead to a PhD or to a professional doctorate. Doctoral programs build on the baccalaureate and master's level, and graduates possess substantive knowledge in a focused area and develop new knowledge or new systems. Graduates from doctoral programs are scholars and senior executives who lead the nursing profession through cutting edge innovative research, system improvement and development, or the education of nursing students.

National Nursing Education Framework

If a word or phrase is underlined, then there is an “[Explanatory Note](#)” in the Appendix that either defines the word or provides further information.

Domain 1: Knowledge

1.1 Guiding Principle

The nursing education program prepares graduates to create new nursing knowledge and become thought leaders in health care.

1.2 Learning Outcomes

Graduates will be able to:

1.2.1 Develop philosophical and theoretical approaches to nursing that are grounded in the historical development of the discipline.

1.2.2 Develop substantive knowledge in an area of nursing practice to improve health, health equity, and health outcomes.

1.2.3 Synthesize nursing knowledge and knowledge from other disciplines to develop solutions to health care issues and health inequities at the local, provincial/territorial, and national levels.

1.2.4 Engage in critical, independent, and creative thinking to expand existing knowledge to address global and planetary health issues.

Domain 2: Research Skills and Critical Inquiry

2.1 Guiding Principle for the Baccalaureate, Master’s, and Doctoral Programs

The nursing education program prepares graduates to lead complex projects to develop new knowledge and/or innovative solutions in health care.

2.2 Learning Outcomes

Graduates will be able to:

2.2.1 Conceptualize complex problems requiring new knowledge and new solutions based on a rigorous evaluation of existing knowledge.

2.2.2. Evaluate methodologies used to advance knowledge through research, or to transform health care, improve health equity, and/or optimize health outcomes.
2.2.3 Lead intraprofessional, interprofessional and <u>intersectoral</u> teams to address complex health and health system issues through rigorous research.
2.2.4 Disseminate the advances in knowledge effectively to a wide range of academic and non-academic stakeholders.
2.2.5 Lead the development, implementation, and evaluation of <u>knowledge mobilization</u> strategies.
2.2.6 Develop strategies to minimize and mitigate ethical risks in complex research studies and other knowledge-generating projects.
2.2.7 Develop competitive funding proposals to conduct research or to transform health programs.
2.2.8 Evaluate funding proposals and scholarly articles that have been submitted for publication.

Domain 3: Nursing Practice

3.1 Guiding Principle

The nursing education program prepares graduates to lead, grow and strengthen an area of nursing practice to optimize health, health equity, and health care outcomes through experiential learning opportunities.

3.2 Learning Outcomes

Graduates will be able to:

3.2.1 Demonstrate <u>leadership</u> and <u>substantive</u> expertise in an <u>advanced nursing practice</u> role.
3.2.2 Lead the evaluation of interprofessional and/or <u>intersectoral</u> health initiatives, research, or policies that are carried out at the local, provincial/ territorial, or national levels.
3.2.3 Lead the development and evaluation of interprofessional <u>patient, community, and population safety</u> programs; quality assurance initiatives; quality improvement processes; and program evaluation projects.
3.2.4 Lead the development, evaluation, and integration of <u>digital health</u> programs to promote knowledge development and evidence-informed decision making.

Domain 4: Communication and Collaboration

4.1 Guiding Principle

The nursing education program prepares graduates to communicate effectively with multiple audiences and to lead influential collaborations and coalitions within nursing and outside of nursing.

4.2 Learning Outcomes

Graduates will be able to:

4.2.1 Communicate respectfully, skillfully, and effectively with a wide range of people across roles, social identities, and geographies when leading collaborations, partnerships, and coalitions.

4.2.2 Articulate the role and contributions of a nurse prepared at the doctoral level when engaged in coalitions, partnerships, and collaborations.

4.2.3 Integrate advanced verbal, written, and digital communication skills to communicate complex issues and solutions to diverse audiences.

4.2.4 Lead collaborations, partnerships and coalitions at the local, provincial/territorial, and national levels to advance nursing knowledge and/or practice.

Domain 5: Professionalism

5.1 Guiding Principle

The nursing education program prepares graduates to act ethically and professionally in influential nursing positions in education, health-care services, and/or government and engage in continuous professional growth.

5.2 Learning Outcomes

Graduates will be able to:

5.2.1 Engage in continuous professional growth in leadership roles.

5.2.2 Create or co-create scholarly activities and/or initiatives that contribute to health, health equity, and health outcomes ethically.

5.2.3 Provide nursing expertise at the local, provincial/ territorial, and national levels to the analysis and solutions of emerging health issues.

5.2.4 Critically evaluate scholarly work as a peer reviewer using an ethical, constructive, and respectful approach.

Domain 6: Leadership

6.1 Guiding Principle

The nursing education program prepares graduates to lead complex local, provincial/territorial, and national health care initiatives, programs, and/or research teams.

6.2 Learning Outcomes for Baccalaureate, Master's, and Doctoral Programs

Graduates will be able to:

6.2.1 Lead multi-disciplinary research teams and/or multi-level interprofessional and intersectoral health initiatives, projects, and programs.

6.2.2 Lead interprofessional and intersectoral teams to promote global and planetary health through policies, practices, and/or programs.

6.2.3 Lead interprofessional and intersectoral teams to promote anti-racism, health equity, and social justice in health care.

6.2.4 Foster strategic thinking and a system perspective among team members.

6.2.5 Evaluate systems of health care service delivery and develop transformative redesigns.

Appendix - Explanatory Notes

Term	Definition
Advanced nursing practice	<p>According to the Canadian Nurses Association (2019),</p> <p style="padding-left: 40px;">Advanced practice nursing (APN) is an umbrella term for registered nurses (RNs) and nurse practitioners (NPs) who integrate graduate nursing educational preparation with in-depth, specialized clinical nursing knowledge and expertise in complex decision-making to meet the health needs of individuals, families, groups, communities and populations. (p. 13)</p> <p>Some APN's, such as the clinical nurse specialist and the nurse practitioner, have a clinical focus, whereas others may have a non-clinical focus, such as health policy, nursing research, health system management, nursing education, and nursing administration.</p>
Anti-racist/m	<p>For someone to be anti-racist, they must challenge the structural racism and other oppressive systems that intersect by shifting power “so that marginalised and minoritised peoples can live healthily and thrive” (Crear-Perry et al., 2020, p. 451.). Nurses must understand the root structural causes of racism within broader social trends and depart from individualistic explanations of racism (Blanchet Garneau et al., 2018). People’s experience of racism varies, meaning that not everyone from the same ethnic or cultural background will experience racism the same way, nor is the experience the same between ethnic or cultural groups. As such, curriculums should discuss, for example, the difference among anti-Black racism, anti-Indigenous racism, anti-Asian racism, and racism against other racialized peoples. Students’ practice should reflect the articles of the <i>United Nation’s Declaration of the Rights of Indigenous Peoples</i> (2007) and the documents related to the <i>OHCHR and the International Decade for People of African Descent 2015-2014</i>, as proclaimed by the United Nations Human Rights Office of the High Commissioner (2022.).</p>
Area of nursing practice	<p>Nurses work in a variety of areas that can include clinical sites, administration, education, research, and policy.</p>
Digital health	<p>Snowdon (2020) states that,</p> <p style="padding-left: 40px;">Digital health connects and empowers people and populations to manage health and wellness, augmented by accessible and supportive provider teams working within flexible, integrated, interoperable, and digitally-enabled care environments that strategically leverage digital tools, technologies and services to transform care delivery. (p. 24)</p> <p>Examples of digital health include health information technology databases, mobile technologies, e-learning, immersive technologies, information and knowledge management, interoperability, mHealth, artificial intelligence, genomics, wearables, robotics, and virtual care.</p>

Term	Definition
Diverse	Nurses work in a variety of settings in the health care system or in the community. Their practice can be with people who have different health conditions, life situations, socio-economic backgrounds, gender identities, races, cultures, ethnicities, populations, language abilities, cognitive abilities, and ages.
Experiential learning	Students are engaged in a process where they learn by doing and then reflecting on their experience. This process engages them intellectually, emotionally, creatively, socially, and/or physically. Examples include clinical time in various settings with clients, in skills laboratory settings, and in simulation exercises.
Global and planetary health	<p>Global health deals with medical and health issues that have global impact. The main task of considering global health is to look for global solutions, and the ultimate goal is to improve health equity and reduce health disparities (Chen et al., 2020). According to Whitmee et al. (2015), planetary health is described as</p> <p style="padding-left: 40px;">the achievement of the highest attainable standard of health, wellbeing, and equity worldwide through judicious attention to the human systems—political, economic, and social—that shape the future of humanity <i>and</i> the Earth's natural systems that define the safe environmental limits within which humanity can flourish. Put simply, planetary health is the health of human civilisation and the state of the natural systems on which it depends. (p. 1978)</p> <p>Or, as Kurth (2017) states, planetary health is “an organizing focus on health that considers both the benefits and the untoward consequences of economic development” (p. 599). The United Nations (2015) set 17 Sustainable Development Goals that are intricately linked with global health.</p> <p>Koplan et al. (2009) state that global health is</p> <p style="padding-left: 40px;">an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasizes transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care. (p. 1995)</p>
Intersectoral	The Canadian Association of Schools of Nursing (2020) states, Intersectoral collaboration refers to actions undertaken with social groups outside the health sector, on health or health equity outcomes or on the determinants of health or health equity. (p. 15)
Knowledge mobilization	The Social Science and Humanities Research Council (2019) states, Knowledge mobilization is an umbrella term encompassing a wide range of activities relating to the production and use of research results, including knowledge synthesis, dissemination, transfer,

Term	Definition
	<p>exchange, and co-creation or co-production by researchers and knowledge users. (para. 4)</p> <p>Knowledge mobilization is more than dissemination but requires effective engagement with diverse stakeholders. Examples of knowledge mobilization strategies include:</p> <ul style="list-style-type: none"> • Presentations at forums • Discussions with individuals, families (natural and chosen), communities and populations • Presenting scholarly reports and activities • Writing policy briefs, executive summaries and white papers • Using social media.
Leadership	<p>A common definition of “leadership” is challenging to articulate because of the various contexts in which leadership occurs. Examples of leadership approaches include, but are not limited to, value-based leadership (James et al, 2020), human-centered leadership (LeClerc et al., 2020), servant leadership (Savel & Munro, 2017), authentic leadership (Bamford et al., 2013), relational leaders (Cummings et al., 2018) and transformational leadership (Collins et al., 2020). Others describe leadership that is specific to an area of nursing (i.e., staff nurse clinical leadership) (Chávez & Yoder, 2015). One model of leadership used within the Canadian health care system is the LEADS Framework by the Canadian College of Health Leaders (2021).</p>
Patient, community and population safety	<p>The World Health Organization (2021) states that patient safety is a framework of organized activities that creates cultures, processes, procedures, behaviours, technologies and environments in health care that consistently and sustainably lower risks, reduce the occurrence of avoidable harm, make errors less likely and reduce the impact of harm when it does occur. (p. v)</p> <p>Examples of patient safety programs include infection prevention and control, monitoring medication management (e.g., adverse events, “near misses”), and reducing patient falls.</p>
Scholarship	<p>The Canadian Association of Schools of Nursing (2013) states that the four domains of scholarship are discovery, teaching, application, and integration, and</p> <p>encompasses a full range of intellectual and creative activities that include the generation, validation, synthesis, and/or application of knowledge to advance science, teaching, and practice. (p. 2)</p>
Substantive	<p>Doctoral prepared nurses build on the advanced knowledge and practice from their master’s education and focus on advancing knowledge in a particular area of nursing practice.</p>

References

- Bamford, M., Wong, C. A., & Laschinger, H. (2013). The influence of authentic leadership and areas of worklife on work engagement of registered nurses. *Journal of Nursing Management*, 21, 529–540. <https://doi.org/10.1111/j.1365-2834.2012.01399.x>
- Blanchet Garneau, A., Browne, A. J., & Varcoe, C. (2018). Drawing on antiracist approaches toward a critical antidiscriminatory pedagogy for nursing. *Nursing Inquiry*, 25(1), e12211. <https://doi.org/10.1111/nin.12211>
- Canadian Association of Schools of Nursing. (2015). *National nursing education framework*. <https://www.casn.ca/wp-content/uploads/2014/12/Framwork-FINAL-SB-Nov-30-20151.pdf>
- Canadian Association of Schools of Nursing. (2020, December). *CASN accreditation standards and framework*. http://w6s7f2j9.stackpathcdn.com/content/user_files/2017/04/EN-CASN-Accreditation-Standards-Sept-20-2022-plus-TRC.pdf
- Canadian College of Health Leaders. (2021). *LEADS framework*. <https://www.leadscanada.net/site/about/about-us/framework?nav=sidebar>
- Canadian Nurses Association. (2019). *Advanced nursing practice: A pan-Canadian framework*. https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/documents/Advanced_Practice_Nursing_framework_EN.pdf
- Chávez, E. C. & Yoder, L. H. (2015). Staff nurse clinical leadership: A concept analysis. *Nursing Forum*, 50(2), 90-100. <https://doi.org/10.1111/nuf.12100>
- Chen, X., Li, H., Lucero-Prisno III, D. E., Abdullah, A. S., Huang, J., Laurence, C., Liang, X., Ma, Z., Mao, Z., Ren, R., Wu, S., Wang, N., Wang, P., Wang, T., Yan, H., & Zou, Y. (2020, April). What is global health? Key concepts and clarification of misperceptions. *Global Health Research and Policy*, 5, Article 14. <https://doi.org/10.1186/s41256-020-00142-7>
- Collins, E., Owen, P., Digan, J., & Dunn, F. (2020). Applying transformational leadership in nursing practice. *Nursing Standard*, 35(5), 59-66. <https://doi.org/10.7748/ns.2019.e11408>
- Council of Ministers of Education, Canada. (2007). *Ministerial statement on quality assurance of degree education in Canada*. <http://www.cmec.ca/Publications/Lists/Publications/Attachments/95/QA-Statement-2007.en.pdf>
- Crear-Perry, J., Maybank, A., Keeys, M., Mitchell, N., & Godbolt, D. (2020). Moving towards anti-racist praxis in medicine. *The Lancet*, 396(10249), 451-453. [https://doi.org/10.1016/S0140-6736\(20\)31543-9](https://doi.org/10.1016/S0140-6736(20)31543-9)
- Cummings, G. G., Tate, K., Lee, S., Wong, C. A., Paananen, T., Micaroni, S. P. M., & Chatterjee, G. E. (2018). Leadership styles and outcome patterns for the nursing workforce and work environment: A systematic review. *International Journal of Nursing Studies*, 85, 19-60. <https://doi.org/10.1016/j.ijnurstu.2018.04.016>

- Global Alliance for Leadership in Nursing Education and Science. (2019). *Global pillars for nursing education*. <https://img1.wsimg.com/blobby/go/97747c23-1877-4faf-a117-708964245689/downloads/Global%20Pillars%20for%20Nursing%20Education.pdf?ver=1569525797088>
- James, A. H., Bennett, C. L., Blanchard, D., & Stanley, D. (2021). Nursing and values-based leadership: A literature review. *Journal of Nursing Management*, 29, 916-930. <https://doi.org/10.1111/jonm.13273>
- Koplan, J. P., Bond, T. C., Merson, M. H., Reddy, K. S., Rodriguez, M. H., Sewankamo, N. K., & Wasserheit, J. N. (2009). Towards a common definition of global health. *Lancet*, 373(9679), 1993-1995. [https://doi.org/10.1016/S0140-6736\(09\)60332-9](https://doi.org/10.1016/S0140-6736(09)60332-9)
- Kurth, A. E. (2017, September). Planetary health and the role of nursing: A call to action. *Journal of Nursing Scholarship*, 49(6), 598-605. <https://doi.org/10.1111/jnu.12343>
- LeClerc, L., Kennedy, K., & Campis, S. (2020, September). Human-centered leadership in health care: A contemporary nursing leadership theory generated via constructivist grounded theory. *Journal of Nursing Management*, 29, 294-306. <https://doi.org/10.1111/jonm.13154>
- Savel, R. H. & Munro, C. L. (2017, March). Servant leadership: The primacy of service. *American Journal of Critical Care*, 26(2), 97-99. <https://doi.org/10.4037/aicc2017356>
- Snowdon, A. (2020). *Digital health: A framework for healthcare transformation*. HIMSS. https://www.gs1ca.org/documents/digital_health-affht.pdf
- Social Science and Humanities Research Council. (2019, June 17). *Guidelines for effective knowledge mobilization*. https://www.sshrc-crsh.gc.ca/funding-financement/policies-politiques/knowledge_mobilisation-mobilisation_des_connaissances-eng.aspx
- Truth and Reconciliation Commission of Canada. (2015). *Truth and reconciliation commission of Canada: Calls to action*. https://publications.gc.ca/collections/collection_2015/trc/IR4-8-2015-eng.pdf
- United Nations. (2007). *United Nation's Declaration of the Rights of Indigenous Peoples*. https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf
- United Nations Human Rights Office of the High Commissioner. (2022). *OHCHR and the international decade for people of African descent 2015 – 2024*. United Nations. <https://www.ohchr.org/en/racism/international-decade-african-descent>
- Whitmee, S., Haines, A., Beyrer, C., Boltz, F., Capon, A. G., Ferreira de Souza Dias, B., Ezeh, A., Frumkin, H., Gong, P., Head, P., Horton, R., Mace, G. M., Marten, R., Myers, S. S., Nishtar, S., Osofsky, S. A., Pattanayak, S. K., Pongsiri, M. J., Romanelli, C., Soucat, A., Vega, J., & Yach, D. (2015). Safeguarding human health in the Anthropocene epoch: Report of The Rockefeller Foundation – *Lance* Commission on planetary health. *The Lancet*, 386(10007), 1973-2028. [https://doi.org/10.1016/S0140-6736\(15\)60901-1](https://doi.org/10.1016/S0140-6736(15)60901-1)
- World Health Organization. (2021, August 3). *Global patient safety action plan 2021-2030: Towards eliminating avoidable harm in health care*. <https://www.who.int/teams/integrated-health-services/patient-safety/policy/global-patient-safety-action-plan>