

National
Nursing
Education
Framework
Baccalaureate

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

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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, namely 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 participants 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.

¹ This is a direct quote from the Truth and Reconciliation Commission 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.

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

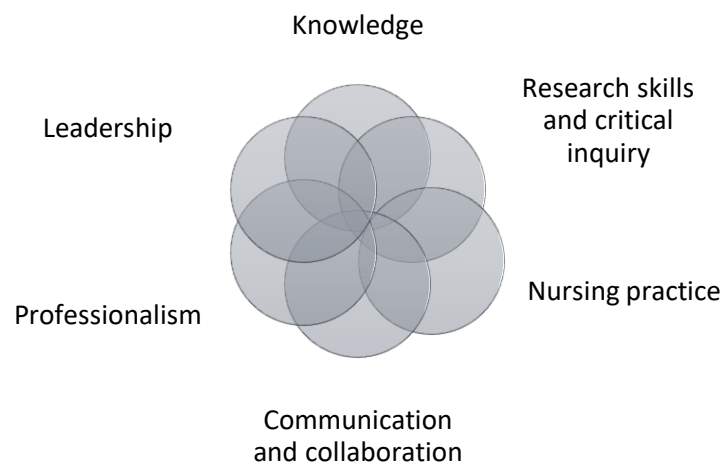
Overview of the Framework

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 participants.
- 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

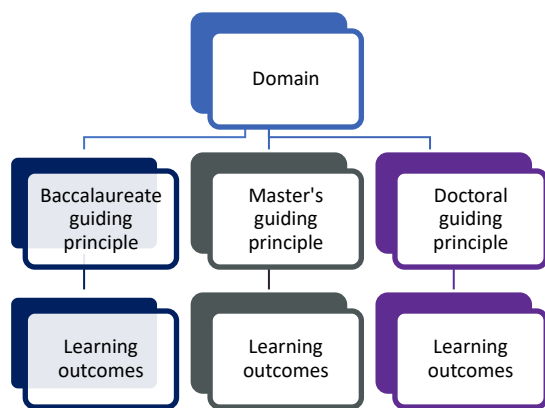
The Interdependency of the Six Learning Domains of Nursing



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 Baccalaureate

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 generalist practitioners who possess a solid, broad knowledge base.

1.2 Learning Outcomes

Graduates will be able to:

1.2.1 Analyze the impact of the historical development of nursing knowledge and practice on current nursing knowledge and practice.

1.2.2 Integrate foundational knowledge from the health sciences related to illness, pathophysiology, psychopathology, epidemiology, genomics, and pharmacology, across the lifespan.

1.2.3 Integrate foundational knowledge from the social sciences and humanities and nursing science related to individual and societal responses to health and illness.

1.2.4 Describe global and planetary health issues and their effects on health.

1.2.5 Examine critically the effects of racism and the monocultural roots of health care services in Canada on health care inequities.

1.2.6 Describe the relationships between health care systems (federal, provincial/territorial, local), regulatory bodies, professional associations unions, and nursing practice.

1.2.7 Analyze the intersection of social, structural and/or ecological determinants of health on the health of individuals, families (biological or chosen), communities and populations.

Domain 2: Research Skills and Critical Inquiry

2.1 Guiding Principle

The nursing education program prepares graduates to provide evidence-informed nursing care using research skills, critical inquiry, clinical reasoning, and clinical judgement.

2.2 Learning Outcomes

Graduates will be able to:

2.2.1 Demonstrate a spirit of inquiry in all aspects of their practice.

2.2.2 Evaluate the quality of information used in nursing practice from multiple sources, including scholarly and non-scholarly works.

2.2.3 Participate in data collection and analysis of investigative issues in nursing.

2.2.4 Integrate evidence in decision-making processes, including clinical reasoning and clinical judgement.

Domain 3: Nursing Practice

3.1 Guiding Principle

The nursing education program prepares graduates to provide theoretically- based and evidence-informed safe, competent, ethical, and culturally respectful nursing care across the lifespan and in diverse contexts through experiential learning opportunities.

3.2 Learning Outcomes

Graduates will be able to:

3.2.1 Provide promotive, preventive, curative, and rehabilitative care to individuals across the lifespan, families (biological or chosen), communities, and populations.

3.2.2 Conduct assessments (comprehensive, focal, and mental health) of individuals throughout the lifespan, and assessments of communities and populations.

3.2.3 Engage in patient, community and population safety programs, quality assurance initiatives, quality improvement processes, and program evaluation projects.

3.2.4 (a) Use <u>digital health</u> technologies according to professional and ethical standards for delivering quality health care.
3.2.4 (b) Provide <u>virtual care</u> , including assessments and interventions, to individuals, families (biological or chosen), communities, and populations.
3.2.5 Optimize health outcomes by responding effectively in rapidly changing or deteriorating health conditions.
3.2.6 Apply <u>clinical reasoning</u> and <u>clinical judgement</u> when providing care to individuals, families (biological or chosen), communities, and populations.
3.2.7 Demonstrate <u>cultural humility</u> , <u>cultural safety</u> , <u>anti-racist</u> , and anti-discriminatory nursing practice.
3.2.8 Incorporate perspectives of individuals, families (biological or chosen), communities, populations, and support systems when providing care.
3.2.9 Enact care that reflects Indigenous perspectives and values in health and healing practices.
3.2.10 Establish therapeutic relationships using <u>relational inquiry</u> with individuals and families (biological or chosen).
3.2.11 Demonstrate population health, public health, home health, and primary health care principles in urban, rural, and remote practice contexts.
3.2.12 Provide care to individuals with multiple comorbidities and complex health needs, including chronic disease management.
3.2.13 Provide care to individuals and families who have experienced <u>loss</u> or who are anticipating experiencing a loss, including <u>end-of-life care</u> .
3.2.14 Incorporate <u>harm reduction</u> and <u>trauma- and violence informed</u> approaches in caregiving.
3.2.15 Provide care to individuals who are experiencing an acute or a long-term <u>mental health concern</u> .
3.2.16 Implement the basic concepts of <u>emergency management</u> .

Domain 4: Communication and Collaboration

4.1 Guiding Principle

The nursing education program prepares graduates to communicate and collaborate effectively with clients, families (biological or chosen), intraprofessional and interprofessional health team members, and intersectoral health care partners.

4.2 Learning Outcomes

Graduates will be able to:

4.2.1 (a) Identify one's own beliefs, values, implicit bias, and assumptions and their potential effect in communication with diverse clients and health care team members.

4.2.1 (b) Communicate respectfully, assertively, and in a culturally safe manner with diverse clients and health care team members.

4.2.2 Embody the registered nurse's role in intraprofessional and interprofessional health care teams.

4.2.3 Communicate clearly and accurately with members of the intraprofessional and interprofessional health care team, verbally and in writing, to improve efficiency and to reduce errors.

4.2.4 Collaborate with members in intraprofessional, interprofessional teams, and intersectoral teams.

4.2.5 Manage conflict effectively between providers and recipients of care and between health team members.

4.2.6 Collaborate effectively with individuals, their families (biological or chosen), informal caregivers, and their support systems to develop appropriate plans of care.

4.2.7 Educate individuals, families (biological or chosen), communities, and populations using trustworthy information and evidence-informed principles of teaching and learning.

4.2.8 Use social media and technology effectively in nursing practice.

Domain 5: Professionalism

5.1 Guiding Principle

The nursing education program prepares graduates to act ethically and professionally as members of the health care team and members of society, and to become lifelong learners.

5.2 Learning Outcomes

Graduates will be able to:

5.2.1 Participate in lifelong learning to remain current in complex and changing health care environments.
5.2.2 Apply professional standards of practice, ethical codes, and provincial and federal legislation related to nursing practice.
5.2.3 Advocate for organizational policies and practices that support the mental health of health care providers.
5.2.4 Facilitate the professional growth of other members of the intraprofessional and interprofessional health care team.
5.2.5 Maintain <u>professional boundaries</u> when providing nursing care.
5.2.6 Maintain confidentiality and privacy of <u>personal health information</u> both at work and outside of work.
5.2.7 Engage in nursing related activities with professional nursing organizations.
5.2.8 Engage in <u>self-care</u> activities that promote personal physical, mental, emotional health and well-being.
5.2.9 Assess their own <u>fitness to practice</u> .

Domain 6: Leadership

6.1 Guiding Principle

The nursing education program prepares graduates to coordinate, to affect change, and to lead within the context of providing nursing care.

6.2 Learning Outcomes

Graduates will be able to:

6. 2.1 a) Coordinate nursing care effectively with other regulated and unregulated health professionals.

6. 2.1 b) Demonstrate leadership skills when collaborating with the intra-professional, interprofessional, and intersectoral team.

6.2.2 Advocate for health care environments that include safe working conditions.

6.2.3 Advocate for change to address racism, social injustices, and health inequities in nursing care or nursing services.

6.2.4 Contribute to team decision-making in the context of diverse, complex and changing health care environments.

6.2.5 Incorporate health care policies and those from other sectors to provide and improve health care.

Appendix - Explanatory Notes

Term	Definition
Anti-racist/m	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.).
Clinical judgement	Clinical judgement involves the cognitive processes of clinical reasoning but includes evaluating and reflecting on the results of the nursing action. It also includes the conclusions that a nurse reaches from clinical reasoning, their understanding of the situation, and the decision to act or not to act (Baker, 2020).
Clinical reasoning	Clinical reasoning is a cognitive process that involves weighing alternative explanations and actions and then generating hypotheses about the situation (Baker, 2020, pp. 230-231).
Communicate respectfully	Respectful communication with individuals, families, communities, and populations includes using language that is uncomplicated from the listener’s perspective. The language should be free of jargon and effective strategies should be used for clients who have difficulty hearing, seeing, or who have cognitive impairments. Certain words, phrases, or concepts can remind clients of emotional or traumatic life experiences, so respectful communication requires nurses to be sensitive to clients’ lived experiences.
Comprehensive assessment	Depending on the area of nursing practice, different types of assessments occur. For example, a clinician will assess clients; someone in education may assess a particular hospital in-service offering or nursing education curriculum; someone in administration could assess models of care; and someone in policy will assess policy statements.
Cultural humility	The First Nations Health Authority et al. (2021) state that, Cultural humility a process of self-reflection to understand personal and systemic conditioned biases, and to develop and maintain

Term	Definition
	<p>respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a life-long learner when it comes to understanding another’s experience. (p. 5)</p>
Cultural safety	<p>The First Nations Health Authority et al. (2021) state that, Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care. (p. 5)</p>
Digital health	<p>Snowdon (2020) states that, 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>
Diverse	<p>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.</p>
Ecological determinants of health	<p>These determinants refer to the earth’s natural systems (e.g., oxygen, water, food, waste decomposition and recycling, climate stability) that are fundamental in determining the health of humans and other species (Hancock et al., 2015, p. 11).</p>
Emergency management	<p>The Government of Canada (2012) states, The management of emergencies concerning all hazards, including all activities and risk management measures related to prevention and mitigation, preparedness, response and recovery. (p. 31)</p> <p>Emergencies and disasters can be “related to all kinds of hazards – natural, human-induced and technological” (Government of Canada, 2022, para. 1).</p>
End-of-life care	<p>Providing end-of-life care encompasses all the options that are available at that stage in life, including palliative care and medical assistance in dying.</p>

Term	Definition
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.
Fitness to practice	The Nova Scotia College of Nursing (2020) states, “Fitness to practice” is defined as having the necessary physical and mental health to provide safe, competent, ethical and compassionate nursing services. Nurses are accountable to monitor and maintain their own fitness to practice and professional conduct as outlined in their code of ethics and standards of practice. (p. 2) Impairment may be due to “extreme fatigue or exhaustion, illness or injury, use of substances such as drugs or alcohol, or chronic conditions or disorders” (p. 2).
Focal assessment	These types of assessments are thorough assessments of a specific body system.
Foundational knowledge	Foundational knowledge includes the facts, theories, principles, terminology, and ways of reasoning that grounds more advanced thinking.
Generalist	The College of Nurses of Ontario (2019) states that a generalist nurse has the knowledge, skill and judgment to provide safe care to people of all genders and ages, in various practice settings, communities and populations. (para. 2)
Global and planetary health	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 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) 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. Koplan et al. (2009) state that global health is

Term	Definition
	<p>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>
<p>Harm reduction</p>	<p>A harm reduction approach acknowledges that human beings have inherent value, and that abstinence may not be “a realistic goal for some people” (Alberta Health Services, 2022, para. 1). Nurses need to identify the goals a person wants to achieve based on that person’s individual needs and circumstances (Alberta Health Services, 2022, para. 1).</p>
<p>Health sciences</p>	<p>Knowledge from health sciences grounds nursing assessments, clinical reasoning, clinical judgement, and nursing interventions. Subjects include anatomy, physiology, pathophysiology, microbiology, pharmacology, and genetics.</p>
<p>Implicit bias</p>	<p>Implicit bias occurs when “we unconsciously categorize and assign judgments (with good or bad connotations) to the data” (Narayan, 2019, p. 38). This bias is shaped by our attitudes, stereotypes, or opinions that unconsciously affect how we act and understand situations. “Unconscious bias” is another term that is used to describe this concept.</p>
<p>Intersectoral</p>	<p>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)</p>
<p>Leadership</p>	<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>
<p>Loss</p>	<p>A loss occurs when something is taken away or is no longer available, such as losing a person, an ability, a physical or mental function, or an identity. One loss may lead to another loss or can exacerbate an existing loss.</p>

Term	Definition
Mental health concern	Every clinical and non-clinical setting can have clients who are experiencing mental health concerns. The concerns may be long-standing, or they may be new, and may or may not be a risk to the person or to others.
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>
Personal health information	The College of Nurses on Ontario (2021) states, Personal health information is any identifying information about clients that is in verbal, written or electronic form. This includes information collected by nurses during the course of therapeutic nurse-client relationships. (p. 4)
Professional boundaries	The College of Registered Nurses of Alberta (2020) states, “Professional boundaries are the spaces between the nurse’s power and a client’s vulnerability” (p. 7).
Relational inquiry	In this approach to nursing practice, nurses reflexively consider the relationship between interpersonal, intrapersonal, and contextual factors of the person(s) receiving care (Younas, 2020).
Sectors	Depending on the setting, nurses engage with other agencies or organizations in society whose work affects a client’s health. These could include housing, transportation, financial, childcare, or various community services.
Self-care	In their scoping review to understand how “self-care” is conceptualized for nursing students, Slemon et al. (2021) state that there is no single definition, but they identified the following three themes: “Self-care as an aspect of holistic nursing, practices that ensure a healthy lifestyle and activities undertaken in response to stress” (p. 8).
Social determinants of health	<p>The social determinants of health are the social and economic factors that affect people’s health. The Canadian Public Health Association (n.d.) lists 14 determinants:</p> <p>Income and income distribution, education, employment and job security, employment and working conditions, early childhood development, food insecurity, housing, social exclusion, social safety network, health services, aboriginal status, gender, race, [and]</p>

Term	Definition
	disability. (para. 3)
Social media	There are various virtual platforms that allow users to create and share content or to engage in social networking. The Canadian Nurses Protective Society (2021) has information regarding the use of social media from a legal perspective. Also, the Canadian Nurses Association (2017) <i>Code of Ethics for Registered Nurses</i> focuses on safeguarding the “privacy and confidentiality of persons and other colleagues” (p. 15).
Social sciences and humanities	Knowledge from the social sciences and humanities grounds our understanding of human growth and development and how people act as individuals and in groups. This includes theories and concepts from psychology, sociology, anthropology, and philosophy.
Structural determinants of health	Structural determinants of health are the “cultural norms, policies, institutions, and practices that define the distribution (or maldistribution) of SDOH [social determinants of health]” (Crear-Perry et al., 2021, p. 231).
Trauma- and violence informed care	Wathen and Varcoe (2019) state that, Trauma- and violence-informed care (TVIC) . . . account[s] for the intersecting impacts of systemic and interpersonal violence and structural inequities on a person’s life...[and]...emphasiz[es] both historical and ongoing violence and their traumatic impacts and focuses on a person’s experiences of past and current violence so problems are seen as residing in both their psychological state, and social circumstances. (p. 1)
Virtual care	Virtual care is any interaction between patients or health care professionals that occurs remotely using various forms of communication or information technologies (Shaw et al., 2017).

References

- Alberta Health Services. (2022). *Harm reduction: Harm reduction services*.
<https://www.albertahealthservices.ca/info/Page15432.aspx>
- Baker, C. (2020). Clinical nursing education in the Canadian context. In K. Page-Cuttrara & P. Bradley (Eds.), *The role of the nurse educator in Canada* (pp. 220-237). Canadian Association of Schools of Nursing.
- 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 Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council. (2018). *Tri-council policy statement: Ethical conduct for research involving humans*. Secretariate on Responsible Conduct of Research.
<https://ethics.gc.ca/eng/documents/tcps2-2018-en-interactive-final.pdf>
- Canadian Nurses Association. (2017). *Code of ethics for registered nurses* (2017 ed.) <https://www.cna-aiic.ca/en/nursing/regulated-nursing-in-canada/nursing-ethics>
- Canadian Nurses Protective Society. (2021, June). *InfoLAW: Social media*. <https://cnps.ca/article/social-media/>
- Canadian Public Health Association. (n.d.). *What are the social determinants of health?*
<https://www.cpha.ca/what-are-social-determinants-health>
- 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>

- College of Nurses of Ontario. (2019, September 6). *Psychiatric nurse*. <https://www.cno.org/en/learn-about-standards-guidelines/educational-tools/ask-practice/psychiatric-nurse/>
- College of Nurses of Ontario. (2021). *Confidentiality and privacy – Personal health information*. https://www.cno.org/globalassets/docs/prac/41069_privacy.pdf
- College of Registered Nurses of Alberta. (2020, January). *Professional boundaries: Guidelines for the nurse-client relationship*. <https://www.nurses.ab.ca/media/it5njnr2/professional-boundaries-guidelines-for-the-nurse-client-relationship-2020.pdf>
- 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., Correa-de-Araujo, R., Lewis Johnson, T., McLemore, M. R., Neilson, E., & Wallace, M. (2021). Social and structural determinants of health inequities in maternal health. *Journal of Women's Health*, 30(2), 230-235. <https://doi.org/10.1089/jwh.2020.8882>
- 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>
- First Nations Health Authority, First Nations Health Council, & First Nations Health Director's Association. (2021, April 21). *Anti-racism, cultural safety & humility framework*. <https://www.fnha.ca/Documents/FNHA-FNHC-FNHDA-Anti-Racism-Cultural-Safety-and-Humility-Framework.pdf>
- 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>
- Government of Canada. (2012). *Emergency management vocabulary*. https://publications.gc.ca/collections/collection_2012/tpsgc-pwgsc/S52-2-281-2012.pdf
- Government of Canada. (2022). *Emergency management*. <https://www.publicsafety.gc.ca/cnt/mrgnc-mngmnt/index-en.aspx>
- Hancock, T., Spady, D. W., & Soskolne, C. L. (Eds). (2015, April). *Global change and public health: Addressing the ecological determinants of health*. Working Group on the Ecological Determinants of Health. <https://www.cpha.ca/sites/default/files/assets/policy/edh-brief.pdf>

- 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., Sewankambo, 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>
- Narayan, M. C. (2019). Addressing implicit bias in nursing: A review. *American Journal of Nursing*, 119(7), 36-43. <https://doi.org/10.1097/01.NAJ.0000569340.27659.5a>
- Nova Scotia College of Nursing. (2020, December). *Fitness to practice and incapacity practice guideline*. <https://cdn1.nscn.ca/sites/default/files/documents/resources/Fitness-to-Practice-and-Incapacity.pdf>
- 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>
- Shaw, J., Jamieson, T., Agarwal, P., Griffin, B., Wong, I., & Bhatia, R. S. (2017). Virtual care policy recommendations for patient-centred primary care: Findings of a consensus policy dialogue using a nominal group technique. *Journal of Telemedicine and Telecare*, 24(9), 608-615.
<https://doi.org/10.1177%2F1357633X17730444>
- Slemon, A., Jenkins, E. K., & Bailey, E. (2021). Enhancing conceptual clarity of self-care for nursing students: A scoping review. *Nurse Education in Practice*, 55. 103178.
<https://doi.org/10.1016/j.nepr.2021.103178>
- Snowdon, A. (2020). *Digital health: A framework for healthcare transformation*. HIMSS.
https://www.gs1ca.org/documents/digital_health-affht.pdf
- 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. (2015). *Transforming our world: The 2030 Agenda for Sustainable Development*.
<https://sdgs.un.org/2030agenda>
- 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>

- Wathen, C. N., Varcoe, C. (2019). *Trauma- & violence-informed care: Prioritizing safety for survivors of gender-based violence*. https://gtvincubator.uwo.ca/wp-content/uploads/2020/05/TVIC_Backgrounder_Fall2019r.pdf
- 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>
- Younas, A. (2020). Relational inquiry approach for developing deeper awareness of patient suffering. *Nursing Ethics*, 27(4), 935-945. <https://doi.org/10.1177/0969733020912523>