

National Nursing Education Framework Master's

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Canadian Association
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Association canadienne des
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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: 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.
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 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.

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

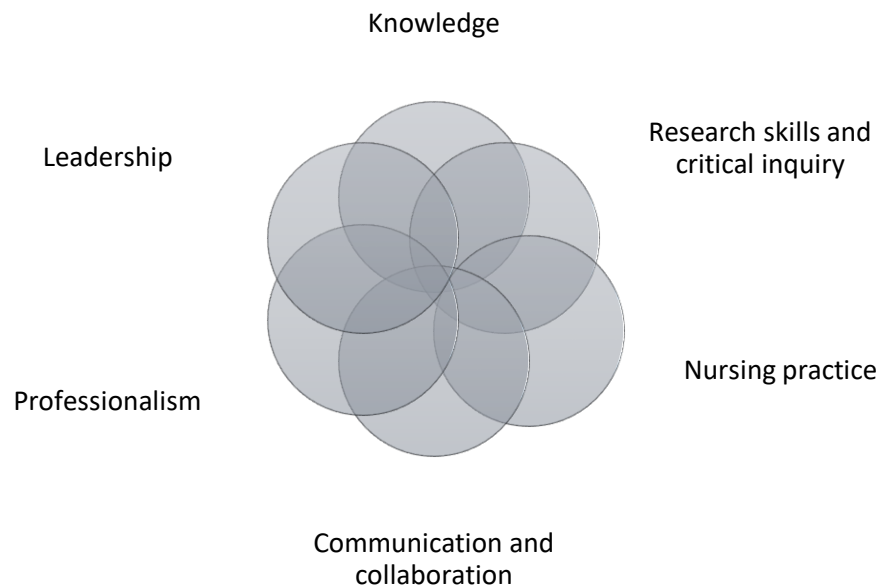
Overview of the Framework

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

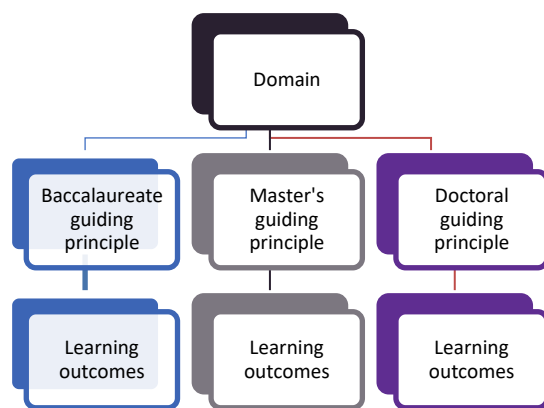
The Interdependency of the Six Learning Domains of Nursing



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 Master's

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 demonstrate advanced knowledge in an area of nursing practice.

1.2 Learning Outcomes

Graduates will be able to:

1.2.1 Evaluate the historical, philosophical, theoretical, and socio-political foundations of the discipline on health, health equity, and health outcomes.

1.2.2 Evaluate the application of advanced knowledge in a specialized area of nursing practice to improve health, health equity, and health outcomes.

1.2.3 Analyze local policies that address health, health inequities, and social, structural, and ecological determinants of health.

1.2.4 Evaluate policies and interventions that address global and planetary health issues.

Domain 2: Research Skills and Critical Inquiry

2.1 Guiding Principle

The nursing education program prepares graduates to engage in scholarship and knowledge mobilization using comprehensive skills in research methodologies.

2.2 Learning Outcomes

Graduates will be able to:

2.2.1 Formulate research problems that are grounded in a synthesis of existing knowledge in an area of nursing practice.

2.2.2 Analyze methodologies of inquiry, including approaches that respect <u>Indigenous Peoples in research</u> .
2.2.3 Conduct methodologically sound research projects to address issues in nursing or in health care.
2.2.4 Engage in <u>scholarship</u> by disseminating advances in knowledge through peer-reviewed publications and communications.
2.2.5 Engage individuals, families (biological or chosen), communities, and populations in <u>knowledge mobilization</u> .
2.2.6 Identify ethical issues in research and other knowledge-generating projects, and appropriate strategies to minimize and mitigate them.

Domain 3: Nursing Practice

3.1 Guiding Principle

The nursing education program prepares graduates to engage in an advanced nursing practice role 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 Exercise the full range or scope of an <u>advanced nursing practice</u> role.
3.2.2 Conduct comprehensive diagnostic assessments in an <u>advanced nursing practice</u> role of a person, program, or policy (depending on the advanced nursing practice role).
3.2.3 Develop qualitative, quantitative, and mixed methods approaches to implement and evaluate <u>patient, community, and population safety</u> programs; quality assurance initiatives; quality improvement processes; and program evaluation projects.
3.2.4 Engage in the design and evaluation of <u>digital health</u> technology, services, and processes.
3.2.5 Respond to changing health services and/or health system issues by designing, implementing, and evaluating approaches to improve health equity, and health care outcomes.

Domain 4: Communication and Collaboration

4.1 Guiding Principle

The nursing education program prepares graduates to communicate and collaborate effectively in an advanced nursing practice role with intraprofessional and interprofessional health team members and intersectoral health care partners.

4.2 Learning Outcomes

Graduates will be able to:

4.2.1 Communicate respectfully, assertively and in a culturally safe manner in an advanced nursing practice role.

4.2.2 Articulate the role and contributions of an advanced nursing practice role when engaged in intraprofessional, interprofessional, and intersectoral teams.

4.2.3 Communicate logically and coherently using credible and relevant sources when writing, speaking, or presenting a synthesis of information and/or research findings.

4.2.4 Use effective communication skills to develop collaborations and coalitions with intraprofessional, interprofessional, and intersectoral partners.

Domain 5: Professionalism

5.1 Guiding Principle

The nursing education program prepares graduates to act ethically and professionally in an advanced nursing practice role and engage in their own professional growth.

5.2 Learning Outcomes

Graduates will be able to:

5.2.1 Implement a personal professional growth plan in an advanced nursing practice role.

5.2.2 Exercise accountability, autonomy, and integrity in collaborations with others in the health care system and in intersectoral partnerships.

5.2.3 Design, implement, and evaluate programs and policies that address the mental health of health care providers.

5.2.4 Act as a mentor, coach, and educator to nurses, nursing students, and other members of the health care team.
5.2.5 Lead the evaluation and development of responses to ethical situations.
5.2.6 Lead the development and evaluation of policies to maintain the confidentiality and privacy of <u>personal health information</u> .
5.2.7 Contribute to the development and critical evaluation of standards of practice and ethical codes related to nursing.

Domain 6: Leadership

6.1 Guiding Principle

The nursing education program prepares graduates to provide accountable leadership and oversight.

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

Graduates will be able to:

6.2.1 Apply <u>leadership</u> models to lead intraprofessional and interprofessional teams in health care services and/or nursing education.
6.2.2 Lead the development and evaluation of programs or policies to improve the quality of nursing and health care.
6.2.3 Develop initiatives or policies that promote <u>anti-racism</u> , health equity, and social justice in health care.
6.2.4 Exercise autonomy, accountability and <u>relationality</u> as a team leader.
6.2.5 Develop and evaluate health care policies to provide and improve health care.

Appendix - Explanatory Notes

Term	Definition
Advanced knowledge	Master's prepared nurses build on the foundational knowledge obtained in their baccalaureate education. Master's curriculums do not provide the breadth of knowledge and experiential learning that occur in baccalaureate programs, but they provide a greater depth of analysis, synthesis, and evaluation.
Advanced nursing practice	<p>According to the Canadian Nurses Association (2019),</p> <p>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	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.).
Area of nursing practice	Nurses work in a variety of areas that can include clinical sites, administration, education, research, and policy.
Digital health	<p>Snowdon (2020) states that,</p> <p>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>

Term	Definition
	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.
Ecological determinants of health	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).
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>
Indigenous Peoples in research	Research with Indigenous peoples is guided by the OCAP® principles – ownership, control, access, and possession – from the First Nations Information Governance Centre (2022) and the ethical conduct of research with First Nations, Inuit, and Métis Peoples of Canada, as discussed by the

Term	Definition
	Canadian Institutes of Health Research et al. (2018).
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	<p>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, 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 audiences. 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	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).
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>

Term	Definition
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)
Relationality	Winjgaarden (n.d.) states, Relationality refers to connectedness, a view of the world that underlines how no person or thing exists in isolation, because existence necessarily means being 'in relationship'. (para. 1)
Scholarship	The Canadian Association of Schools of Nursing (2013) states that the four domains of scholarship are discovery, teaching, application, and integration, and 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)
Social determinants of health	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: 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] disability. (para. 3)
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).

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