

OKLAHOMA BOARD OF NURSING  
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**NURSING COMPETENCIES BY EDUCATIONAL LEVEL:  
GUIDELINES FOR NURSING PRACTICE AND EDUCATION IN OKLAHOMA**

- I. Purpose: This model identifies competencies for the roles of nurses with various levels of nursing education: practical (P.N.), associate (A.D.N.), baccalaureate (B.S.N.), master's (M.S.), and doctoral.
  
- II. Introduction: In 2001, a Nurse Utilization Task Force appointed by the Oklahoma Board of Nursing developed this model to address questions received by the Board members and staff regarding the appropriate utilization of nurses at each level of education. In 2009-10, the model was reviewed and updated by a Subcommittee of the Nursing Education and Practice Advisory Committee. In 2017, Nursing Education and Nursing Practice Advisory Committee reviewed and approved the updated document.

In the model, competencies that are common to all categories are identified at the level of education in which they are taught, and are not repeated at the successive levels. Since there are no diploma schools of nursing in Oklahoma, this model does not include a diploma category.

The Oklahoma Board of Nursing provides this model as a mechanism to assist nurses in education and practice with decisions regarding nursing curricula, articulation between educational levels, and nursing roles in various practice settings. The model does not mandate nursing roles, curriculum or articulation, but rather, it is available as a resource for Oklahoma nurses.

When the original model was revised in 2009-2010, new competencies were used as the framework, as developed in 2003 by the Institute on Medicine (IOM). The IOM identified a set of five core competencies to be demonstrated by all health care professionals to meet the needs of the 21<sup>st</sup>-century health system (Greiner & Knebel, 2003). The five core competencies are:

- Provide patient-centered care;
- Work in interdisciplinary teams;
- Employ evidence-based practice;

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- Apply quality improvement; and
- Utilize informatics.

These competencies are defined in Section III below.

In the revisions completed in 2017, the *Essentials of Baccalaureate Education for Professional Nursing Practice* (2009), *The Essentials of Master's Education for Advanced Practice Nursing* (2011), and *The Essentials of Doctoral Education for Advanced Nursing Practice* (2006), published by the American Association of Colleges of Nursing, were used as key references for revising sections related to baccalaureate and master's level education, as well as for adding a new section on doctoral education. However, because master's and doctoral nursing education prepares nurses for other roles besides advanced practice, sections that focused on general competencies for all master's- or doctorally-prepared nurses were used. A sub-committee comprised of volunteers from the Nursing Education and Nursing Practice Advisory Committee met in November 2016 to further review and discuss Safety as a stand-alone competency. The current document reflects proposed changes recommended by the sub-committee and approved by the Nursing Education and Nursing Practice Advisory Committee in February 2017. References are identified in Section #V.

### III. Definitions

**Applying Quality Improvement:** Identifying errors and hazards in care; understanding and implementing basic safety design principles, such as standardization and simplification; continually understanding and measuring quality of care in terms of structure, process, and outcomes in relation to patient and community needs; designing and testing interventions to change processes and systems of care, with the objective of improving quality.

**Clients:** The term “clients” is used in this document to describe the recipients of nursing care. Clients for licensed practical and associate degree nurses include individuals, families and groups. Clients for baccalaureate nurses include individuals, families, groups and communities. Clients for nurses prepared at the master's level include individuals, families, groups, communities and populations.

**Competence:** “The application of knowledge and the interpersonal, decision-making and psychomotor skills expected for the practice role, within the context of public health, safety, and welfare” (NCSBN, retrieved on 9/1/2016 from <https://www.ncsbn.org/>).

**Employing Evidence-Based Practice:** Integrating best research with clinical expertise and patient values for optimum care, and participating in learning and research activities to the extent feasible.

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**Essentials of Baccalaureate Nursing Education, as defined by AACN (2009):**

1. Liberal education for baccalaureate generalist nursing practice
2. Basic organizational and systems leadership for quality care and patient safety
3. Scholarship for evidence-based practice
4. Information management and application of patient care technology
5. Health care policy, finance, and regulatory environments
6. Interprofessional communication and collaboration for improving patient health outcomes
7. Clinical prevention and population health
8. Professionalism and professional values
9. Baccalaureate generalist nursing practice

**Essentials of Master's Education in Nursing, as defined by AACN (2011):**

1. Background for Practice from Sciences and Humanities
2. Organizational and Systems Leadership
3. Quality Improvement and Safety
4. Translating and Integrating Scholarship into Practice
5. Informatics and Healthcare Technologies
6. Health Policy and Advocacy
7. Interprofessional Collaboration for Improving Patient and Population Health Outcomes
8. Clinical Prevention and Population Health for Improving Health
9. Master's Level Nursing Practice

**Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006):**

1. Scientific underpinnings for practice
2. Organizational and systems leadership for quality improvement and systems thinking
3. Clinical scholarship and analytical methods for evidence-based practice
4. Information systems/technology and patient care technology for the improvement and transformation of health care
5. Health care policy for advocacy in health care
6. Inter-professional collaboration for improving patient and population health outcomes
7. Clinical prevention and population health for improving the nation's health
8. Advanced Nursing Practice

**Nursing:** “The practice of nursing means the performance of services provided for purposes of nursing diagnosis and treatment of human responses to actual or potential health problems consistent with educational preparation. Knowledge and skill are the basis

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for assessment, analysis, planning, intervention, and evaluation used in the promotion and maintenance of health and nursing management of illness, injury, infirmity, restoration or optimal function, or death with dignity. Practice is based on understanding the human condition across the human lifespan and understanding the relationship of the individual within the environment. This practice includes execution of the medical regime including the administration of medications and treatments prescribed by any person authorized by state law to so prescribe.” [Title 59 O.S. §567.3a.2].

**Providing Patient-Centered Care:** Identifying, respecting and caring about patients’ differences, values, preferences, and expressed needs; relieving pain and suffering; coordinating continuous care; listening to, clearly informing, communicating with, and educating patients; sharing decision making and management; and continuously advocating disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.

**Safety:** Minimizing the risk of harm to patients and providers through both system effectiveness and individual performance.

**Utilizing Informatics:** Communicating, managing knowledge, mitigating error, and supporting decision making using information technology.

**Working in Interdisciplinary Teams:** Cooperating, collaborating, communicating, and integrating care in teams to ensure that care is continuous and reliable.

IV. Regulatory Authority: 59 O.S. 567.2a.1

V. References

American Association of Colleges of Nursing. (2009) *The Essentials of Baccalaureate Education for Professional Nursing Practice*. Retrieved September 1, 2016, from <http://www.aacn.nche.edu/Education/pdf/BaccEssentials08.pdf>

American Association of Colleges of Nursing. (2006) *The Essentials of Doctoral Education for Advanced Nursing Practice*. Retrieved September 1, 2016, from <http://www.aacn.nche.edu/DNP/pdf/Essentials.pdf>

American Association of Colleges of Nursing. (2011) *The Essentials of Master’s Education for Advanced Practice Nursing*. Retrieved September 1, 2016, from <http://www.aacn.nche.edu/education-resources/MastersEssentials11.pdf>

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Institute of Medicine of the National Academy of Sciences: Washington, D.C.

National Federation of Licensed Practical Nurses. (2003). *NFLPN Nursing Practice Standards for the Licensed Practical/Vocational Nurses*.

National Association for Practical Nurse Education and Service. (2007). *NAPNES Standards of Practice and Educational Competencies of Graduates of Practical/Vocational Nursing Programs*.

*Oklahoma Nursing Practice Act*, Title 59, Oklahoma Statute Chapter 12, §§ 567.1 *et seq.* (2016).

Quality and Safety Education for Nurses National Advisory Board. (n.d.). *Quality and Safety Education for Nurses: Pre-Licensure and Graduate Knowledge, Skills, and Attitudes*. Retrieved December 1, 2016, from <http://qsen.org/competencies/>

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**NURSING COMPETENCIES BY EDUCATIONAL LEVEL**

<b>COMPETENCY #1: PROVIDING CLIENT-CENTERED CARE</b>					
<b>ROLES</b>	<b>PN</b>	<b>ADN</b>	<b>BSN</b>	<b>MASTERS</b>	<b>DOCTORATE</b>
<b>Caregiver</b>	Assists in the implementation of established plans of care for clients. Provides client- centered care with sensitivity, empathy and respect for the diversity of human experience.	Uses concepts from nursing and other disciplines to plan, coordinate, implement, and evaluate nursing care designed to promote, restore, and/or maintain optimal outcomes.	Uses scientific and nursing knowledge (including current evidence from nursing research) to plan, coordinate, implement, and evaluate nursing care for clients in a variety of settings.	Uses specialized knowledge and expertise to influence, design, coordinate, implement, and evaluate comprehensive, integrated care to increasingly complex, diverse populations in multiple environments across the lifespan.	Advances situational exposure and evidence based practice to prepare, plan, or implement client care. Uses advanced knowledge to develop care delivery models, health policies, and practice guidelines.
<b>Advocate</b>	Protects the health, safety and rights of the client.	Uses knowledge of consumers' rights/responsibilities and health policy to plan care and intervene on behalf of clients.	Actively engages in policy processes defining healthcare delivery and systems of care in order to support the client's participation in healthcare decisions.	Uses knowledge and skills to promote health and shape the healthcare delivery system through healthcare policy development.	Designs, develops, and educates others regarding healthcare policies. Organizes policies so that they are easily accessible and useful.
<b>Teacher</b>	Provides basic health teaching for clients, using established teaching plans.	Develops, implements, and evaluates teaching plans for clients using evidence-based practice.	Uses theoretical knowledge and communication skills to develop, coordinate, implement and evaluate client-centered teaching plans.	Uses advanced theoretical knowledge, teaching principles, and teaching strategies to design, coordinate, implement, and evaluate comprehensive teaching programs for multiple environments.	Plans, designs, implements, evaluates, and organizes teaching programs for clients.

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**COMPETENCY #1: PROVIDING CLIENT-CENTERED CARE**

<b>ROLES</b>	<b>PN</b>	<b>ADN</b>	<b>BSN</b>	<b>MASTERS</b>	<b>DOCTORATE</b>
<b>Communicator/ Counselor</b>	Communicates with clients incorporating interpersonal and therapeutic communication skills; observing client confidentiality and professional boundaries.	Establishes and maintains therapeutic relationships.	Effectively listens to, communicates with, and educates clients and other caregivers about health, wellness, and disease management and prevention.	Develops, coordinates, and evaluates therapeutic relationships and counseling strategies.	Organizes bodies of knowledge for planning, designing, implementing, and evaluating therapeutic relationships and counseling strategies.
<b>Decision Maker</b>	Uses problem-solving skills to make decisions and prioritize basic health care needs.	Uses critical thinking and research-based informatics as a basis for responding to changes in health care needs.	Uses current evidence from nursing and healthcare research to evaluate healthcare needs and improve the healthcare environment.	Uses acquired knowledge and skills to challenge assumptions and effect change in practice and profession.	Uses clinical scholarship and analytical methods for evidence based practice and clinical prevention. Analyzes population health to validate decisions and trends regarding the nation's health.

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**COMPETENCY #2: WORK IN INTERDISCIPLINARY TEAMS**

<b>ROLES</b>	<b>PN</b>	<b>ADN</b>	<b>BSN</b>	<b>MASTERS</b>	<b>DOCTORATE</b>
<b>Collaborator</b>	Shares an interdependent relationship with other health care team members for the purpose of improving client outcomes.	Participates in collegial relationships for the purpose of establishing continuity of care.	Establishes, promotes and evaluates the care environment for the purpose of improving client outcomes while promoting civility and an environment of safety for diverse individuals.	Establishes and evaluates professional networks for the purpose of improving client outcomes while utilizing theory to address complex issues and design care to meet the needs of multiple populations.	Uses inter-professional collaboration, for the purpose of improving client and population health outcomes.
<b>Manager</b>	Supervises care provided by unlicensed assistants.	Collaborates in coordination of human, informatics, and material resources in structured settings. Manages small groups of caregivers in structured settings.	Assumes a positive role in planning, coordinating, organizing, and evaluating the effective use of human, fiscal, and physical resources within the healthcare environment.	Delegates and directs nursing team resources (human and fiscal) in collaboration with the team.	Uses organizational and leadership skills in quality improvement and systems thinking, for the purpose of improving client and population health outcomes through management of care.
<b>Facilitator</b>	Participates in group process to promote the provision of nursing care.	Uses knowledge of group dynamics to improve client outcomes.	Uses group concepts to develop an environment focused on quality improvement, safety and accountability.	Advances group efforts to improve care through integration of scientific findings from multiple disciplines to provide quality care to multiple populations.	Uses organizational and leadership skills in individual and group facilitation, for the purpose of improving client and population health outcomes.

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**COMPETENCY #2: WORK IN INTERDISCIPLINARY TEAMS**

<b>ROLES</b>	<b>PN</b>	<b>ADN</b>	<b>BSN</b>	<b>MASTERS</b>	<b>DOCTORATE</b>
<b>Ethicist</b>	Complies with the ethical, legal, and regulatory frameworks of nursing and the scope of practice that is consistent with the <i>Oklahoma Nursing Practice Act</i> . Incorporates moral concepts and respect for diverse values and beliefs. Identifies and communicates ethical dilemmas.	Anticipates and contributes to the ethical decision-making process. Participates within legal boundaries as a contributing member to the profession and advancement of nursing.	Uses the ethical decision-making process to examine potential ethical situations and resolve ethical dilemmas.	Uses ethical analysis and clinical reasoning to influence health care practices. Uses additional knowledge and clinical expertise to resolve ethical dilemmas.	Functions as a key member of IRB committees for the purpose of ethical research understanding. Uses health care policy for advocacy in health care.

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<b>COMPETENCY #3: EMPLOY EVIDENCE-BASED PRACTICE</b>					
<b>ROLES</b>	<b>PN</b>	<b>ADN</b>	<b>BSN</b>	<b>MASTERS</b>	<b>DOCTORATE</b>
<b>Scholar</b>	Maintains competence and professional growth through life-long learning.	Incorporates professional development to improve health care and advance the profession.	Uses research findings and other evidence to provide multi-dimensional, high quality, and cost-effective care in a changing environment.	Commits to evidence-based practice to improve health care and advance the profession while promoting life long learning and critical thinking in all.	Disseminates findings and information electronically, and by publication and oral presentation when applicable.
<b>Researcher</b>	Participates in collecting client outcomes data.	Participates in research team activities and uses interpreted nursing research findings to improve client care and client safety.	Evaluates research reports, using current standards, to determine appropriateness for utilization in clinical practice. Functions as a team member in facilitating research projects. Shares evidence of best practices with inter professional team.	Contributes clinical expertise to create a climate in the practice setting that supports scholarly inquiry, evidence-based practice, and scientific investigation. Provides leadership for designing research and integrating findings in health care practice.	Develops, transmits, applies, and organizes research methodologies as applicable for specific clinical settings.

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**COMPETENCY #4: SAFETY**

<b>ROLES</b>	<b>PN</b>	<b>ADN</b>	<b>BSN</b>	<b>MASTERS</b>	<b>DOCTORATE</b>
<b>Safety</b>	Participates as a team member in implementing nationally recognized safety standards to reduce risk of harm to self and others. Reports errors and supports members of the health care team to be forthcoming about errors and near misses.	Uses nationally recognized safety standards for client care, staff scheduling, and regulation of work flow. Reports errors and supports members of the health care team to be forthcoming about errors and near misses.	Evaluates the healthcare environment, systems of care and client and community needs within the context of nationally recognized safety standards. Reports errors and supports members of the health care team to be forthcoming about errors and near misses.	Articulates methodology, tools, performance measures and standards as they relate to safety. Reports errors and supports members of the health care team to be forthcoming about errors and near misses.	Organizes bodies of knowledge to design safe practice guidelines. Reports errors and supports members of the health care team to be forthcoming about errors and near misses.

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**COMPETENCY #5: APPLY QUALITY IMPROVEMENT**

<b>ROLES</b>	<b>PN</b>	<b>ADN</b>	<b>BSN</b>	<b>MASTERS</b>	<b>DOCTORATE</b>
<b>Quality Care</b>	Implements principles of quality improvement in carrying out basic care.	Participates in and utilizes research from quality improvement studies to improve client care.	Evaluates and participates in research to improve the quality of care in terms of structure, process and outcomes. Supports organizational change to improve quality.	Assumes a leadership role in effectively implementing quality improvement initiatives within the context of the inter professional team using effective communication skills.	Uses and organizes information systems/technology and client care technology for the improvement and transformation of health care.

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**COMPETENCY #6: UTILIZE INFORMATICS**

<b>ROLES</b>	<b>PN</b>	<b>ADN</b>	<b>BSN</b>	<b>MASTERS</b>	<b>DOCTORATE</b>
<b>User of Information Technology</b>	Utilizes information technology to provide care, reduce medical errors and support health care interventions.	Uses information technology for the improvement of client care and client safety. Understands, practices and teaches all aspects of client confidentiality pertaining to informatics.	Evaluates the use of information technology to ethically manage data, effectively communicate, improve client care and safety, and inform practice decisions.	Integrates client care technologies into plans of care and determines the appropriate use of technologies to deliver or enhance care. Disseminates knowledge to the healthcare team in order to promote quality outcomes.	Develops and organizes IT programs that assist in tracking and trending research and best practice outcomes and findings. Assists others in tracking relevant clinical outcomes.

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