



UAE National

Competency and Professional Practice
Framework for Undergraduate Nursing
Programs





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Preface

The UAE Professional Practice Framework for Bachelor of Sciences in Nursing (BSN) Graduates follows the vision of the UAE Ministry of Education (MOE), whose mission is “innovative education for knowledge, pioneering, and global society.” The Framework aims to support the UAE National Strategy for Nursing/Midwifery: A Roadmap to 2025 and its fourth strategic pillar; “Quality and Innovative Education and Professional Development.” The Framework embraces the futuristic directions shared by the UAE leaders at multiple levels through healthcare technology adoption, nursing informatics specialty inclusion, and capacity building in disaster preparedness, leadership, and research.

This competency-based framework aims to produce competent nurse graduates prepared to transition into their professional role as registered nurses/ midwives and contribute to the evolution, advancement, and sustainability of the world-class healthcare system in the UAE. The framework presents a metaparadigm of the nursing profession through its seven domains. The domains represent state-of-the-art, contemporary, quality, and person-centered care to the UAE community while aligning with the national health priorities, international care standards, and new trends in nursing/midwifery. It provides a fundamental platform to plant the necessary tools and skills to promote lifelong learning and enable a smooth transition to a higher degree and nursing/midwifery specialization programs. Additionally, the framework provides nurse educators and leaders comprehensive and standardized references for designing the program curriculum, the project defined expected outcomes, and illustrate the profile of a UAE BSN graduate nurse.

The development of the framework, as part of the UAE MOE call for nursing education reform, was supported by the Nursing Department at the Ministry of Health and Prevention (MOHAP), accelerated by the global pandemic, and a national collaboration of expert nursing academic leaders. These leaders were from the Higher Colleges of Technology, University of Sharjah, Ras Al-Khaimah Medical and Health Sciences University, Gulf Medical University, Fatima College of Health Sciences, and the University of Fujairah. Additional leaders from the service representatives of the three leading UAE healthcare service providers, including MOHAP, DHA (Dubai Health Authority), and SEHA (Abu Dhabi Health Services, Co.), further contributed to and refined the Framework.

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Introduction

The Bachelor of Science in Nursing (BSN) Education Program in the United Arab Emirates (UAE) offered by Higher education under the Ministry of Education (MOE) is expected to meet general-degree level standards for quality assurance. In response to the demand for uniformity and professional core expectation of the Baccalaureate nurses, the MOE of UAE, along with Nursing Leaders of Higher Education institutions in consensus with the Ministry of Health and Prevention (MOHAP), Department of Health-Abu Dhabi (DOH), SEHA and Dubai Health Authority (DHA) has developed a national consensus-based framework addressing core domains in 2021 named “UAE National Competency and Professional Practice Framework for Undergraduate Nursing Programs.” The framework articulates core expectations and captures the most salient elements of the nursing programs offered across all academic institutions in the country.

Framework Development

The UAE MOE, under the leadership of the ministry commissioner, called for a meeting with the nursing leaders of higher educational institutions for a ‘Reform in Nursing Education’ on the 10th of September 2020. Jointly with the UAE MOE, the “Nursing Education Reform Committee” of the UAE Nursing and Midwifery Council (NMC) initiated a working group in November 2020 to develop a UAE Competency Framework for undergraduate nursing programs.

The following objectives guided the Framework Development Process:

1. Identify core expectations of the BSN Nursing program that are consistent with the International BSN Degree Qualifications Framework; and
2. Formulate core expectations consistent with the entry-level competencies specified by MOHAP, DOH & DHA as regulatory bodies for Registered Nurses (RN) at the Baccalaureate level.

A four-step process was followed:

1. Brainstorming and reviewing existing NMC Framework.
2. Competency identification and categorizing grouped into main domains from which seven (7) domains evolved.
 - a. In the **first phase**, six domains were identified based on the academic leaders’ own curriculum framework to organize expectations across Baccalaureate degree levels.
 - b. In the **second phase**, a multi-step iterative process of drafting, consulting, and revising degree-level expectations was implemented and brought a consensus of seven futuristic competency domains to be part of the BSN program. The committee worked on the development of expectations for the respective

domains. The initial step consisted of a literature review and synthesis. Working groups then drafted the domains, standards, degree level outcomes, and indicators. The committee assigned assessment tools for each domain based on the literature synthesis. The committee met to revise the draft documents on average four hours a week for 18 weeks.

- c. In the ***final phase***, the draft framework defined the seven domains in the “UAE National Competency and Professional Practice Framework for Undergraduate Nursing Programs.” A degree level guiding principle was formulated for each domain, followed by a list of essential components.

The committee identified the essential components that reflected the outcome expectations for each domain:

1. Benchmarking: The working group was divided into two sub-groups, and the framework was benchmarked against six (6) frameworks involving a comprehensive literature review from Canada, USA, UK, Australia & Saudi Arabia.
2. External evaluation: The final consultation includes an International External review of experts in the field initiated by MOE with suggestions of experts from various parts of the world.

The working group had a minimum of 18 meetings from November 2020 until April 2021 over five months in developing this Framework. The UAE MOE MOHAP mission to lead Nursing Education in the interest of healthy Emiratis was kept at the forefront of the development of this framework.

Literature Review

The public identified nursing as the number one human profession in the world during the COVID-19 pandemic (Abdul-Rahman, 2021). This pandemic impacted the role of the professional nurse, the mode of delivery of health care services, as well as the integration of artificial intelligence in daily practices. With the focus on the empowerment of the nursing graduate, it is imperative that nursing education accommodates the changing demands of the nursing practices and nursing profession.

University-based nursing education, as the initial education level of professional nurses, is a global trend and has become a requirement for employment and certification by most healthcare institutions. A UAE-wide unified approach for nursing education of the Bachelor of Science Nursing (BSN) students was used to limit discrepancies between BSN programs. The UAE National Competency and Professional Practice Framework for Undergraduate Nursing Programs was developed to create a seamless progression of nursing students through all the levels of their

education, based on competencies to enhance practice readiness and transition of nursing graduates to practice.

A Professional Practice Framework is a strategic approach that identifies the priorities and direction of the nursing profession to foster the philosophical underpinnings of the profession, achieve high-quality healthcare through a culture of excellence, address accountability within an ethical framework.

The main advantages of a Professional Practice Framework include enhanced collaborative partnerships between nursing education and clinical practice, as well as a unified collaborative curriculum at the national level (refer to Box 1). (Government of South Australia, 2015; Saudi Commission for Health Specialties, 2021; Massachusetts Department of Higher Education Nursing Initiative, 2016; Canadian Association of Schools of Nursing, 2015).

Box 1: Advantages of a Professional Practice Framework

1. Enhanced collaborative partnerships between education and clinical practice to facilitate:
 - a. An integrated approach between education and practice competencies to improve patient safety and care delivered to the individual (healthy or sick); and
 - b. Clinical environments that support:
 - the development of nursing students' professional competencies across the continuum of care;
 - the preparation of nursing graduates who are skilled and competent in a core set of required competencies; and
 - the integration of evidence-based care delivery;
2. Develop the domains for a unified collaborative curriculum at the national level that identified the minimum achievement requirements.

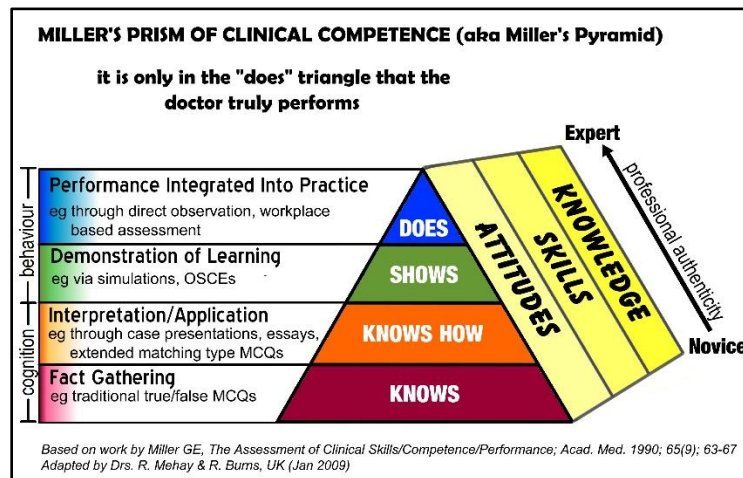
Framework Overview

The UAE Professional Practice Framework for BSN graduates consists of seven (7) domains. All seven domains of this framework foster a holistic approach and are interwoven and are interdependent on each other. These domains include:

1. Person-Centered Care;
2. Ethical and Legal Practice;
3. Communication and Collaboration;

4. Research & Evidence-Based Practice
5. Community and Public Health;
6. Leadership and Management; and
7. Informatics & Technology

Under each of these seven domains, there are competency standards as outlined in the framework. Competency represents the integration of knowledge, skills, values, and attitude. Each competency standard has its own performance criterion, which has a gradual gradient as the student progresses from one level to the next in the BSN program. Therefore, the guiding premise on which this competency framework operates is from simple to complex as we prepare baccalaureate students for entry to practice. Competency is measured by the Level of Achievement according to Miller's Pyramid (Miller, 1990). The competency assessment tools are matched against the level of attainment. The assessments outlined in the framework ensure that graduates have the essential knowledge, skills, and attitudes to enter the workforce. The essence of the framework focuses on learner performance and learning outcomes in reaching specific objectives and curricular goals, following Miller's pyramid presented in the figure below.



Structure of the Framework

The UAE Professional Practice Framework for BSN Graduates ("Framework") is a competency-based model. The Framework has seven domains and 38 competency standards that encompass the scope of practice of the new graduate of a Bachelor of Science in Nursing (BSN) program in the United Arab Emirates (UAE). The competencies are each defined in standards that reflect the progression of skills throughout the undergraduate curriculum. Each competency is further refined using the four levels of Miller's pyramid for clinical assessment (1990). The performance criterion for *Level 1* reflects the knowledge of the student (Knows), *Level 2* is the competency or

application (Knows how), *Level 3* is the performance or demonstration (Shows how), and *Level 4* is the action or daily patient care (Does).

Each of the competencies is important, and all contribute to a practice-ready new graduate. The competency of the novice nurse develops from Level 1 to Level 4. The Framework proposes the structure and evaluation tools to assess each student's path to graduation, allowing a benchmarking of individual competency. The common language and assessment of nurse graduates will enable employers to prepare and accelerate the novice nurse through Benner's stages of proficiency. Integration and demonstration of all the competencies and domains lead to the ability of the nurse to provide competent care at a minimum level of safety.

Domains and Standards:

The seven domains represent broad areas of competency grouped under a guiding principle representing broad knowledge areas of undergraduate education. The domains interact, and some essential nursing practices span multiple domains (evidence-based practice, therapeutics, collaborative practice, infection control, communication, and electronic documentation). For the sake of clarity and evaluation, the most relevant domain contains these skills that could be represented in many areas. Detailed competency standards, performance criteria, level of achievement, and assessment tools are listed in each domain and found in the Framework. The domains and competency standards are defined and presented.

1. Person-Centered Care

a. Definition:

- i. The BSN graduate provides therapeutic, holistic care that recognizes an individual's preferences, values, and needs. It also respects the person and provides treatment as a full partner in providing compassionate, coordinated, culturally appropriate, safe, and effective care.

b. Competency Standards


- i. *Holistic Care*
- ii. *Clinical Reasoning and Judgement*
- iii. *Therapeutic Interventions*
- iv. *Safe & Quality Care*
- v. *Care Transition and Continuity*

2. Ethical and Legal Practice

a. Definition

- i. The BSN graduate incorporates knowledge about ethical, legal, and professional implications of the code of conduct and scope of practice when providing nursing care.

b. Competency Standards

- 
- i. Ethical and Moral Practice
 - ii. Legal Practice
 - iii. Accountability
 - iv. Professional Development
 - v. Cultural Competency
 - vi. Advocacy

3. Communication and Collaboration

a. Definition

- i. The BSN graduate functions professionally within the nursing and the inter-disciplinary healthcare teams using inter and intra-professional communication and collaborative skills to foster mutual respect, civility and deliver evidence-based care to achieve quality outcomes.

b. Competency Standards

- i. Effective Communication
- ii. Effective Therapeutic Relationship
- iii. Interdisciplinary Communication
- iv. Teamwork
- v. Positive Work Environment

4. Research & Evidence-Based Practice

a. Definition

- i. The BSN graduate integrates best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care

b. Competency Standards

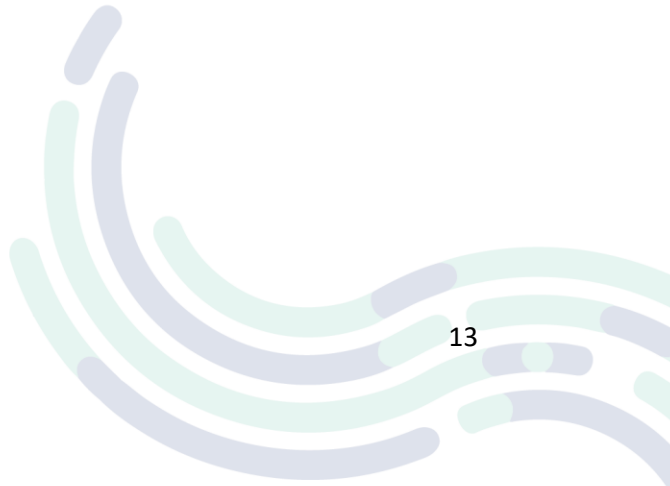
- i. Scholarly Practice
- ii. Evidence-Based Practice
- iii. Knowledge Integration
- iv. Innovation and Entrepreneurship Practice

5. Community and Public Health

a. Definition

- i. The BSN graduate provides public and community-based care through the practice of promotive, preventive, curative, and restorative health services to individuals, families, and communities.

b. Competency Standards

- i. Health Education
 - ii. Health Promotion
 - iii. Illness Prevention
 - iv. Community-Based Practice
 - v. Disaster Management
 - vi. Public Health and Wellbeing
- 

6. Leadership and Management

a. Definition

- i. The BSN graduate promotes autonomous nursing practice through change management that influences the healthcare system, resources, environment, and policies with the aim of improved patient outcomes and evidence-based practice in a collegial and respectable environment.

b. Competency Standards

- i. Quality Management
- ii. Problem Solving Decision Making
- iii. Risk and Crises Management
- iv. Autonomy
- v. Empowerment & Delegation
- vi. Conflict Management
- vii. Resource Management

7. Informatics and Technology

a. Definition

- i. The BSN graduate integrates nursing, information, computer, and cognitive sciences to manage and communicate data, information, knowledge, and wisdom in nursing practice.

b. Competency Standards

- i. Health Information Integration
- ii. Informatics-Guided Care
- iii. Electronic Documentation
- iv. Artificial Intelligence Utilization
- v. Tele-Health Care

Benchmarking

The 'Nursing Education Reform Committee' of the NMC ran a benchmarking cycle aiming to measure the structure, the comprehensiveness of the contents, the applicability, the usefulness, and the performance against regional and international competency frameworks to identify any potential gaps and opportunities for internal improvement. The 'Nursing Education Reform Committee' of the NMC created two working groups (WG) to identify the best-in-class competency frameworks to benchmark against. WG 1 consisted of Dr. Corrien Van Belkum, Prof. Selva Chacko, Dr. Jacqueline Maria Dias, and Ms. Farha Ragheb. WG 2 consisted of Dr. Yousef Aljawarneh, Dr. Shukri Adam, Dr. Alexander Gleason, Dr. Vijaya Kumardhas, and Ms. Maisa Maaya. After thorough search and review, the WGs have identified six nursing competency frameworks as follows: (1) The Essentials of Baccalaureate Education for Professional Nursing Practice by the American Association of Colleges of Nursing (AACN), (2) the

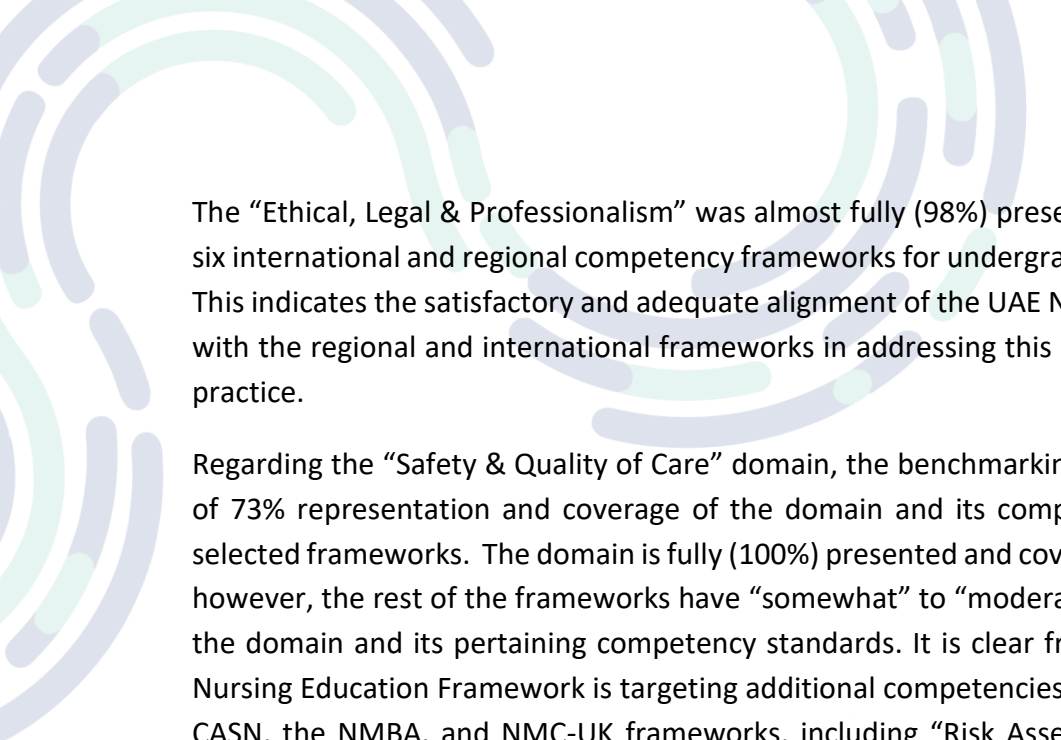
National Nursing Education Framework by The Canadian Association of Schools of Nursing (CASN), (3) the Massachusetts Nurse of the Future Nursing Core Competencies by Massachusetts Department of Higher Education Nursing Initiative (NOFRN), (4) the National Competency Standards for the Registered Nurse by the Nursing and Midwifery Board of Australia (NMBA), (5) the Standards for Competence for Registered Nurses by the Nursing and Midwifery Council-UK (NMC-UK), and (6) the National Competency Framework for Bachelor of Nursing Programs by the Professional Nursing Council at the Saudi Commission for Health Specialties (SCFHS).

The WGs started to gather information on the selected frameworks before being benchmarked. Meanwhile, the WGs had developed a benchmarking tool, “Benchmark Identification and Evaluation Matrix”. The benchmarking tool had two comparative measures; a measure for the main domains of the framework and a measure for the competency standards under each domain. The UAE nursing competency framework was benchmarked against each of the six selected frameworks on the representation, the comprehensiveness, and inclusiveness of the domains and the competency standards using a scoring scale from 0 to 5. Each of the benchmarking item was scored as follows: 0 (not at all 0%), 1 (Slightly 20%), 2 (Somewhat 40%), 3 (Moderately 60%), 4 (Mostly 80%), 5 (Fully 100%). A summative score for each of the domains was computed by averaging the scores of the competency standards performance. Each domain's overall score was interpreted based on the representation, comprehensiveness, and inclusiveness of the designated competency standards by the selected framework.

The two WGs have conducted several meetings to review the benchmarking tool and the selected regional and international frameworks. The benchmarking practice was assigned as follows; WG 1 performed the benchmarking for the NOFRN, CASN, and the NMC-UK frameworks, whereas WG 2 performed the benchmarking for AACN, NMBA, and SCFHS frameworks.

The benchmarking results are reviewed and presented for each of the framework domains against the six selected frameworks. The benchmarking analysis revealed that the “Person-Centered Care” domain in the UAE Nursing Education Framework had been presented by an average of 90% across the six international and regional competency frameworks for undergraduate nursing competencies with 100% representation and comprehensiveness by the AACN and MNOF and 83% by the CASN, NMBA, and SCFHS.

Regarding the “Community & Public Health” domain, the benchmarking results showed an average of 59% across the six international and regional competency frameworks for undergraduate nursing competencies. This low percentage reflects that the Framework is comprehensively addressing this area of nursing and healthcare practice by targeting more competencies that are not covered adequately by the six selected frameworks, including disaster management, public health and well-being, illness prevention and community-based practice.



The “Ethical, Legal & Professionalism” was almost fully (98%) presented and covered across the six international and regional competency frameworks for undergraduate nursing competencies. This indicates the satisfactory and adequate alignment of the UAE Nursing Education Framework with the regional and international frameworks in addressing this important domain of nursing practice.

Regarding the “Safety & Quality of Care” domain, the benchmarking results showed an average of 73% representation and coverage of the domain and its competency standards by the six selected frameworks. The domain is fully (100%) presented and covered by the AACN and SCFHS; however, the rest of the frameworks have “somewhat” to “moderately” presented and covered the domain and its pertaining competency standards. It is clear from the results that the UAE Nursing Education Framework is targeting additional competencies compared to the MNOF, the CASN, the NMBA, and NMC-UK frameworks, including “Risk Assessment & Management and “Scholarly Practice” competencies to be integrated in the nursing education and practice.

The “Leadership & Management” domain in the UAE Nursing Education Framework has been presented and covered by an average of 82% across the six international and regional competency frameworks for undergraduate nursing competencies. The uniqueness of the UAE framework can be seen in addressing additional competencies compared to other frameworks such as “Empowerment & Delegation” and “Resource Management,” which in turn illustrates the modernization of the UAE framework with the national and international nursing education and practice recommendations.

The “Communication & Collaboration” domain, the benchmarking results showed near full (97%) presentation and coverage of the domain and its competency standards across the six international and regional competency frameworks with adding the “Positive Work Environment” as a new additional competency by the UAE framework.

The last domain in the UAE framework is the “Informatics & Technology” domain. The benchmarking results revealed moderate (51%) presentation and coverage across the six international and regional competency frameworks. With an 83% presentation by AACN, 60% by CASN, MNOF, NMBA, SCFHS, and 0% by the NMC-UK, the UAE Nursing Education Framework is clearly targeting additional trending competencies in the nursing and healthcare practice, including “Electronic Documentation,” “Tele-Health Care,” “Artificial Intelligence Utilization” and “Innovation and Entrepreneurship Practice.”

All in all, the benchmarking practice showed that the UAE Nursing Education Framework performed satisfactorily compared to regional and international competency frameworks. Moreover, the UAE Nursing Education Framework addresses and adds additional competency standards to the nursing education and practice to meet the UAE National Nursing and Midwifery

Strategy-A Roadmap for 2025, the UAE Commission for Academic Accreditation recommendations, and the contemporary trends in nursing education and practice.

External Review

The framework was sent to 12 external reviewers identified based on their professional, academic, and curriculum expertise in nursing education and practice to evaluate the proposed competency framework and obtain expert feedback. The external review process has been done on two areas of evaluation using two different scales; the *framework evaluation checklist* and the *external review evaluation scale*. The framework evaluation checklist was used to review and evaluate the overall framework on certain areas, including *Comprehensiveness of the Contents, Usefulness, and Applicability, Complexity, Logical Structure and Pathway, Assessment and Validation, and Contributions to Nursing Knowledge and Practice*. Each area was evaluated on a rating scale from 0 (not at all) to 3 (complete), with a total rating score of 18 for the overall framework. Also, each reviewer has a dedicated space to provide comments on each area and overall feedback on the review. The external review evaluation scale was used to review and evaluate each of the competencies under all domains of the framework on the competency “Relevance and Appropriateness” using a 5-point Likert scale from 1 (Strongly Disagree) to 5 (Strongly Agree). With 39 included competencies, the overall score was then calculated with a maximum score of 195, indicating 100% relevance and appropriateness of all competencies included in the framework. Also, each reviewer has a dedicated space to provide comments on the relevance and appropriateness for each competency and overall feedback on the framework structure.

The results using the framework evaluation checklist are presented in Table 1. The comprehensiveness of the framework contents found completed by six reviewers (85.7%) where all the nursing practical domains and relational competency standards are adequately addressed. Usefulness and applicability of the framework was found completed by four reviewers (57.1%), partially complete by two reviewers (28.6%), and one reviewer indicated the usefulness and applicability as incomplete (14.3%). Five reviewers (71.4%) found that the level of complexity is well suited to the practical competencies in the context of nursing care without redundancy or overlapping between the domains and the competency standards. 2 reviewers (28.6%) indicated that the level of complexity is well suited with few redundancies or overlap among the domains and/or the competency standards. Five reviewers (71.4%) indicated that the framework was presented with excellent presentation and adaptation of the structure for all domains and competency standards with a clear and logical path of the domains and relevant competencies. Regarding assessment and validation tools, 71.4% of the reviewers have reported that the assessment methods and tools used for each competency at each level were valid and adequately assessed the level of achievement. In the last area of evaluation, five reviewers (71.4%) have

reported that the breadth of the framework showed effective and sufficient insights to guide nursing care into contemporary healthcare inputs and outcomes with a high impact on education and practice.

With 18 as the maximum score of the scale, the mean evaluation for the framework in all the selected areas was 16 ± 2.88 , which indicates the comprehensiveness, usefulness, and robustness of the framework (Table 2).

Table 1: Framework Evaluation Scale (N=7)

| Area of Evaluation | Rating Scheme/Frequency | | | | | | | |
|------------------------------------|-------------------------|----|------------|-------|--------------------|-------|----------|-------|
| | Not Complete | | Incomplete | | Partially Complete | | Complete | |
| | Freq | % | Freq | % | Freq | % | Freq | % |
| Comprehensiveness of the Contents | 0 | 0% | 0 | 0% | 1 | 14.3% | 6 | 85.7% |
| Usefulness & Applicability | 0 | 0% | 1 | 14.3% | 2 | 28.6% | 4 | 57.1% |
| Complexity | 0 | 0% | 0 | 0% | 2 | 28.6% | 5 | 71.4% |
| Logical Structure and Pathway | 0 | 0% | 0 | 0% | 2 | 28.6% | 5 | 71.4% |
| Assessment Validation | 0 | 0% | 0 | 0% | 2 | 28.6% | 5 | 71.4% |
| Contributions to Nursing Knowledge | 0 | 0% | 1 | 14.3% | 1 | 14.3% | 5 | 71.4% |

Table 2: Descriptive Statistics for the Framework Evaluation Scale (N=7)

| | Minimum | Maximum | Mean | Std. Deviation |
|------------------------------|---------|---------|-------|----------------|
| Overall Framework Evaluation | 10 | 18 | 16.00 | 2.887 |

The results for the external review evaluation scale are presented in Table 3. For the “Person-Centered Care” domain, most of the reviewers strongly agreed with the competency standards listed under the domain except for one reviewer who disagreed with the relevance and appropriateness of “Holistic Care” competency under this domain. Also, one reviewer has suggested that “Advocacy” is more relevant to the “Ethical and Legal” domain but not the Person-Centered Care” domain.

For the “Community & Public Health” domain, most of the reviewers strongly agreed or agreed with the competency standards listed under the domain, except for one reviewer who strongly disagreed with the relevance and appropriateness of “Illness Prevention” competency under this domain. All the reviewers showed strong agreement with the relevance and appropriateness of the competency standards listed under the domain “Ethical, Legal & Professionalism.” For the “Safety & Quality of Care” domain, all of the reviewers strongly agreed with the competency standards listed under the domain except for one reviewer who strongly disagreed with the relevance and appropriateness of “Scholarly Practice” competency under this domain. The reviewer also had a comment on the domain name to be changed into “Research and Evidence-based Practice” since most of the competencies are not relevant to the safety of care and more appropriate for research and evidence based practice.

Table 3: The Competency Framework Evaluation (*Original Domains and Competencies*)

| Competency Standards | | Relevance and Appropriateness | | | | |
|----------------------------------|-------------------------------------|-------------------------------|----------|---------|-------|----------------|
| Domain Name | Competency Standard | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| Person-Centered Care | Knowledge Integration | 0 | 0 | 0 | 0 | 7 |
| | Holistic Care | 0 | 1 | 0 | 0 | 6 |
| | Advocacy | 0 | 0 | 1 | 1 | 5 |
| | Clinical Reasoning & Judgment | 0 | 0 | 0 | 1 | 6 |
| | Therapeutic Interventions | 0 | 0 | 0 | 0 | 7 |
| | Care Transition and Continuity | 0 | 0 | 0 | 1 | 6 |
| Community & Public Health | Health Education | 0 | 0 | 0 | 1 | 6 |
| | Health Promotion | 0 | 0 | 0 | 1 | 6 |
| | Illness Prevention | 1 | 0 | 0 | 1 | 5 |
| | Community-Based Practice | 0 | 0 | 0 | 1 | 6 |
| | Disaster Management | 0 | 0 | 0 | 2 | 5 |
| | Public Health & Wellbeing | 0 | 0 | 0 | 2 | 5 |
| Ethical, Legal & Professionalism | Ethical and Moral Practice | 0 | 0 | 0 | 0 | 7 |
| | Legal Practice | 0 | 0 | 0 | 0 | 7 |
| | Accountability | 0 | 0 | 0 | 0 | 7 |
| | Professional Development | 0 | 0 | 0 | 0 | 7 |
| | Cultural Competency | 0 | 0 | 0 | 1 | 6 |
| Safety & Quality of Care | Risk Assessment & Management | 0 | 0 | 0 | 0 | 7 |
| | Scholarly Practice | 1 | 0 | 0 | 0 | 6 |
| | Evidence-Based Practice | 0 | 0 | 0 | 1 | 6 |
| | Quality Management | 0 | 0 | 0 | 0 | 7 |
| Leadership & Management | Leadership Qualities | 0 | 0 | 0 | 1 | 6 |
| | Decision Making | 0 | 0 | 0 | 1 | 6 |
| | Crises Management | 0 | 0 | 0 | 0 | 7 |
| | Autonomy | 0 | 0 | 0 | 1 | 6 |
| | Empowerment & Delegation | 0 | 0 | 0 | 1 | 6 |
| | Conflict Management | 0 | 0 | 0 | 1 | 6 |
| | Resource Management | 0 | 0 | 0 | 1 | 6 |
| Communication & Collaboration | Effective Communication | 0 | 0 | 0 | 0 | 7 |
| | Effective Therapeutic Relationship | 0 | 0 | 0 | 0 | 7 |
| | Inter-disciplinary Communication | 0 | 0 | 0 | 0 | 7 |
| | Teamwork | 0 | 0 | 0 | 0 | 7 |
| | Positive Work Environment | 0 | 0 | 0 | 0 | 7 |
| Informatics & Technology | Health Information Integration | 0 | 0 | 0 | 0 | 7 |
| | Informatics-Guided Care | 0 | 0 | 0 | 0 | 7 |
| | Electronic Documentation | 0 | 0 | 0 | 1 | 6 |
| | Innovation and Entrepreneurship | 0 | 0 | 1 | 1 | 5 |
| | Artificial Intelligence Utilization | 0 | 0 | 1 | 2 | 4 |
| | Tele-Health Care | 1 | 0 | 0 | 0 | 6 |

All the reviewers showed strong agreement with the relevance and appropriateness of the competency standards listed under the “Leadership & Management” domain and the “Communication & Collaboration” domain. The results on the “Informatics & Technology” domain showed varied agreements between the reviewers on the relevance and appropriateness of the listed competencies. However, the majority agreed to most of the competencies except one reviewer who strongly disagreed with the “Tele-Health Care” competency. One reviewer was neutral with “Innovation and Entrepreneurship” competency, and another reviewer showed neutral agreement also with the Artificial Intelligence Utilization.”

After a thorough and extensive review of the external review reports and the analysis of the reviewers’ evaluation, the external review sub-committee has agreed on implementing several changes to the framework, including:

- 1- Delete the “Safety and Quality of Care” domain and consider it as a competency under “Person-Centered Care” domain
- 2- Add a new domain for research-related competency and name it “Research and Evidence-Based Practice” with the following competencies: “Scholarly Practice,” “Evidence-Based Practice,” “Knowledge Integration,” and “Innovation and Entrepreneurship Practice.”
- 3- Changing the order of the domains as they appear on the framework. The new order is “Person-Centered Care”; “Ethical, Legal and Professionalism”; “Communication and Collaboration”; “Research and Evidence-Based Practice”; “Community & Public Health”; “Leadership & Management”; and “Informatics & Technology”.
- 4- Delete “Leadership Qualities” competency from the “Leadership & Management” domain since all listed competencies are leadership qualities.
- 5- Shift “Advocacy” competency from the “Person-Centered Care” to the “Ethical, Legal and Professionalism.”
- 6- Rename the “Ethical, Legal and Professionalism” domain as “Ethical, and Legal Practice.”
- 7- Use “Inter-professional” term instead of “Inter-disciplinary” in the Communication competency and the entire framework.
- 8- Move “Quality Management” competency from the deleted domain “Safety and Quality of Care” to the “Leadership & Management” domain.
- 9- Move “Risk Management” competency from the deleted domain “Safety and Quality of Care” to the “Leadership & Management” domain and integrate it with Crises under one competency called “Risk and Crises management”.
- 10- Integrate “Problem Solving” with “Decision Making” as a single competency under the “Leadership & Management” domain.
- 11- Define the term “Person” as the care recipient.
- 12- Use the combined term “Individuals & Groups”.

- 13- Add new assessment tools relevant to the targeted competency, including Health Promotion Programs, Educational Materials, Lectureships, Community Health Assessment, and Community based Educational Programs and Campaign, Community Based Programs Planning.

The reviewers' feedback, comments, suggestions, and recommendations have been discussed in a panel meeting with the Nursing education Reform committee and agreed to address where applicable following the national and international recommendations for undergraduate nursing students. The committee members have consensually recommended the domains and the pertaining competencies as illustrated in Table 4 and Figure 1.

Table 4: The Competency Framework after External Review (*Modified Domains and Competencies*)

| Domain Name | Competency Standard |
|------------------------------------|--|
| Person-Centered Care | Holistic Care |
| | Clinical Reasoning & Judgment |
| | Therapeutic Interventions |
| | Safe & Quality Care |
| | Care Transition and Continuity |
| Ethical, Legal & Professionalism | Ethical and Moral Practice |
| | Legal Practice |
| | Accountability |
| | Professional Development |
| | Cultural Competency |
| | Advocacy |
| Communication & Collaboration | Effective Communication |
| | Effective Therapeutic Relationship |
| | Inter-disciplinary Communication |
| | Teamwork |
| | Positive Work Environment |
| Research & Evidence-Based Practice | Scholarly Practice |
| | Evidence-Based Practice |
| | Knowledge Integration |
| | Innovation and Entrepreneurship Practice |
| Community & Public Health | Health Education |
| | Health Promotion |
| | Illness Prevention |
| | Community-Based Practice |
| | Disaster Management |
| | Public Health & Wellbeing |
| Leadership & Management | Quality Management |
| | Problem Solving Decision Making |
| | Risk and Crises Management |

| | |
|--------------------------|-------------------------------------|
| | Autonomy |
| | Empowerment & Delegation |
| | Conflict Management |
| | Resource Management |
| Informatics & Technology | Health Information Integration |
| | Informatics-Guided Care |
| | Electronic Documentation |
| | Artificial Intelligence Utilization |
| | Tele-Health Care |

Recommendations

Considering the developed framework, the Nursing Education Reform committee has addressed the following recommendations to ensure the productivity and reproducibility of the framework:

- Assess the projections of future faculty demand.
- Ensure sufficient clinical placement opportunities to practice the competencies.
- Need for updated and adaptive curricula to align their curriculums to fit these competencies.
- Ensure that the required resources meet undergraduate educational needs.
- Ensure updates or modifications of the current nursing programs to align with the competency framework.

The committee has also recommended the importance of mapping the domains and competency standards with the program learning outcomes (PLOs), course learning outcome (CLOs), course content, assessment methods (formative & summative), evaluation tools, and teaching methodologies.

Glossary and Abbreviations

Bachelor of Science in Nursing (BSN) Graduate: A nurse who completed all the degree requirements and graduated from a four-year Bachelor of Science in Nursing (BSN) program.

Clinical Appraisal: is an assessment method that follows a specific evaluation procedure to provide the student with the information necessary to determine whether he/she is meeting the clinical course expectations or can do better to improve his/her performance.

Clinical Case Analysis: is an assessment option/method that involves an up-close, in-depth, and detailed examination of a particular case or cases related to the concept and theme of the clinical course.

Clinical Competency Examination: An assessment technique designed to assure that the students have achieved the level of clinical knowledge, clinical skills, and ethical knowledge expected of a nursing student ready to pass and master the course earning outcomes and mapped competency standards.

Clinical Portfolio: is a method of assessment in medical and nursing education which consists of a flexible and continuous filing of documentation of competence, a database of procedure experience, and artifact collection for revalidation purposes. The process is designed to emphasize active student involvement in the clinical rotation and provides the student with the responsibility and options to play an active role in an assigned clinical area.

Competence: The nurse is recognized competent for a competency standard with successful performance in the four levels linked to the competency.

Competency Assessment Tools: Methods and techniques used to measure the student's knowledge, skills, and proficiency in each course intended to measure the progression and mastery toward a level of achievement for a mapped competency standard.

Competency Standard: Professional criterion of performance that describes the ability to apply knowledge and skills to produce a required outcome

Competency Transition Pathway: The pathway to acquire the desired mastery of a given competency standard.

Competent: The nurse is recognized as competent for a domain with successful performance across all competency standards identified for that domain.

Concept Mapping: An instructional strategy that requires learners to identify, graphically display, and link key concepts by organizing and analyzing information.

Direct Observation of Procedural Skills (DOPS): A method for evaluation and providing feedback pertaining to practical skills such as intravenous catheterization, ECG taking, and dressing changes.

Domain: An organized cluster of competencies in nursing practice

Indicators of Achieving: A measurable value that represents the student's progress towards the desired mastery level of a competency standard.

Levels of Achievement: The combination of the four levels of professional performance for a particular competency, including knowledge, application of knowledge, demonstration of clinical skills, and providing daily patient care.

Mini-clinical Evaluation Exercise (Mini-CEX): An assessment tool used by supervisors in workplace settings to assess clinical performance and provide feedback on a direct observation basis.

Multiple Choice Question (MCQs): Is a form of an objective assessment in which respondents are asked to select only correct answers from the choices offered as a list

Objective Structured Clinical Examination (OSCE): A type of examination often used in health sciences and designed to test clinical skill performance and competence in a range of skills.

Objective Structured Practical Examination (OSPE): A type of examination that provides a simulated environment in which to assess a student's competence in demonstrating clinical reasoning and the foundational skills needed for executing successful assessments and interventions.

Performance Criterion: Represents a level or a key functional area underlying the sequential competency transition pathway of professional nursing performance.

Person: A “person” within this framework is defined as an individual, family, or group of individuals or families within a society or a community who is/are waiting for healthcare or may be receiving it or may have already received it.

Person-centered Care: is a way of thinking and doing things that sees the people using health and social services as equal partners in planning, developing, and monitoring care to make sure it meets their needs. This means putting people and their families at the center of decisions and seeing them as experts, working alongside professionals to get the best outcome. Person-centered care is not just about giving people whatever they want or providing information. It is about considering people’s desires, values, family situations, social circumstances, and lifestyles; seeing the person as an individual and working together to develop appropriate solutions.

Practical Based-Assessment: An assessment technique to measure the student's ability to apply skills and knowledge learned from a course or courses of study in a chosen area of nursing practice.

Problem Solving: are types of questions that require the students to define the problem through determining the cause of the problem; identifying, prioritizing, and selecting alternatives for a solution; and implementing a solution.

Professional Practice: The practice that reflects the commitment to caring relationships with patients and families and strong ethical values; utilization of specialized knowledge, critical inquiry, and evidence-informed decision making; continuous development of self and others; accountability and responsibility for insightful competent practice; demonstration of a spirit of collaboration and flexibility to optimize service.

Professionalism: The practice of providing high-quality care to patients while also upholding the values of accountability, respect, and integrity

Reflective journals: Assessment techniques used by the students to voice their views on the daily activities during clinical placement and aim at helping the student to observe and record as many facts about daily practice as the student finds relevant.

Short Answer Questions: are open-ended questions that require students to create an answer and are commonly used in examinations to assess the basic knowledge and understanding (low cognitive levels) of a topic before more in-depth assessment questions are asked on the topic.

Standardized Patients (SPs): independent specialists trained to portray patient scenarios for the instruction and assessment of clinical skills of nursing students and other diverse professionals.

Structured Essay: is an assessment question or set of questions that require an answer in a sentence, paragraph, or short composition with an expected variety of responses.

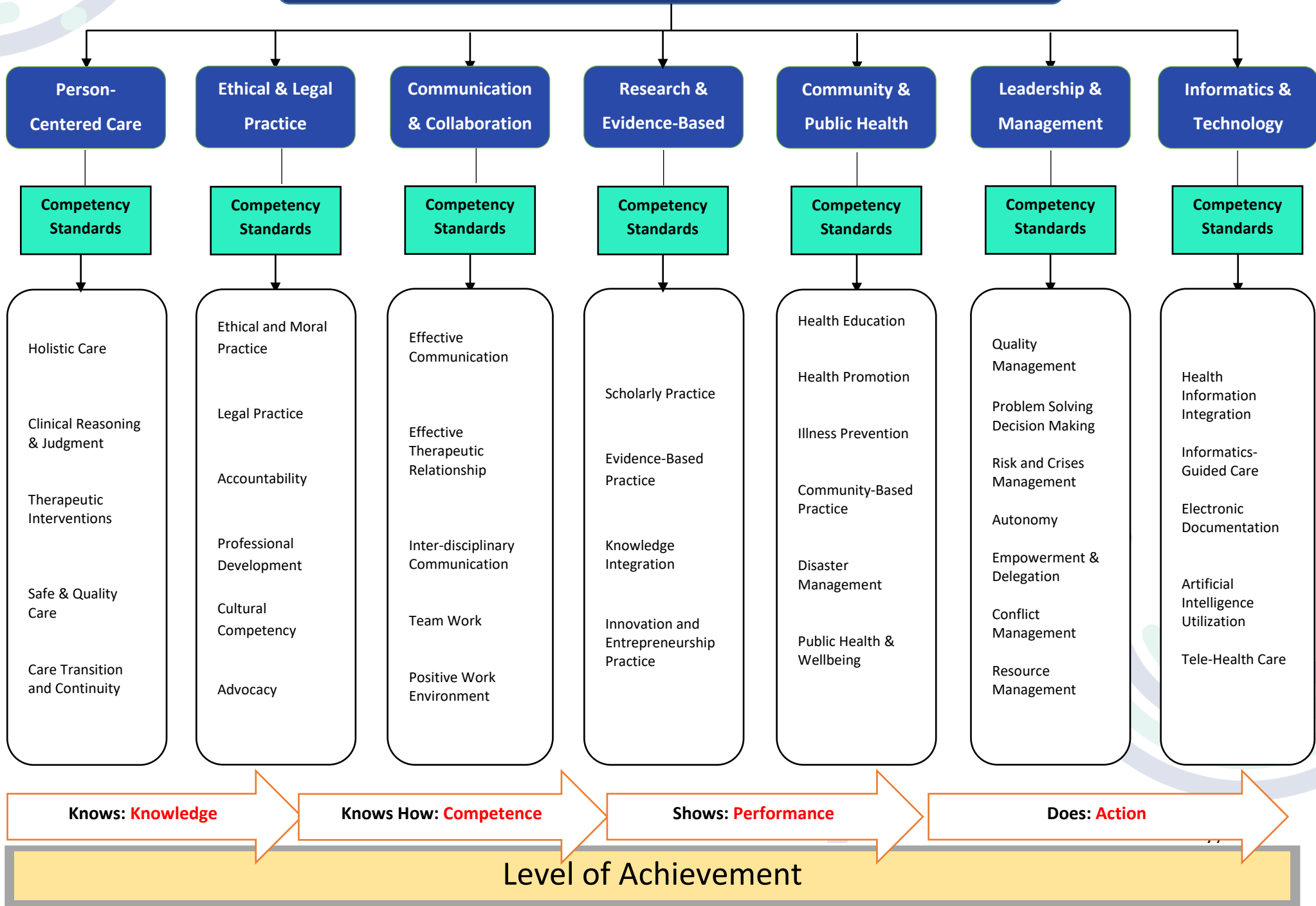
Written Assessment: Is a form of assessment that requires a response composed by the student, usually in the form of one or more sentences of a nature that no single response or pattern of responses can be listed as correct, and the accuracy and quality of which can be judged subjectively.

Written Exam: A method or technique to assess students' knowledge, skills, and analysis abilities in a format that covers different accepts of the tested competency.

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UAE Professional Practice Framework for BSN Graduates



UAE Professional Practice Framework for BSN Graduates

| Domain | Competency Standards | Performance Criterion | Level of Achievement | Competency Assessment Tool | Indicators of Achieving |
|--|---------------------------------|---|--|--|-------------------------|
| | | | Competency Transition Pathway Knows...Knows How... Shows...Does | | |
| Person-Centered Care Definition: The BSN graduate provides therapeutic, holistic care that recognizes an individual's preference, values, and needs. It also respects the person and provide treatment as a full partner in providing compassionate, coordinated and culturally appropriate, safe, and effective care | Safe and Quality of Care | Understands the principles of safety and safe delivery of care as well as commonly used unsafe nursing practices and describes factors that create a culture of safety such as, open communication strategies and organizational error reporting systems. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions) | |
| | | Seeks and gathers information about quality improvement in the healthcare setting along with using the national and international safety resources to minimize hazards and errors to patients, families, and the health care team. | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Demonstrates effective utilization of strategies to reduce risk of harm to self and others and the effective utilization of | Level 3: Demonstration of Clinical Skills | Practical Based-Assessments | |

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| | | standardized practice and technology that support safety and quality of care. | | (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) | |
| | | Utilizes the institutional error reporting systems and designs a small “project of change” for daily care aligned with goals and realistic measures to analyze the errors and improve the quality of care. | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX, Clinical Portfolio, Clinical Appraisal, Reflective Journal) | |
| | Holistic Care | Recognizes the underlying principles of humanism and holism in reference to providing the provision of care. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions) | |
| | | Applies the principles of holistic caring process to enhance the physical, spiritual, psychological, and social well-being. | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Demonstrates cognitive, affective, and psychometric nursing skills in applying holistic care that recognizes the person’s values and health believes. | Level 3: Demonstration of Clinical Skills | Practical Based-Assessments (OSPE, OSCE, Standardized Patients, | |
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| | | | | Clinical Competency Exam) | |
| | | Provides priority nursing care to optimize person's physical, psychological, emotional, and spiritual healthcare needs. | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX, Clinical Portfolio, Clinical Appraisal, Reflective Journal) | |
| | Clinical Reasoning & Judgment | Understands the clinical judgment attributes including holistic assessment, critical thinking, reasoning, intuition, and reflection. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions) | |
| | | Applies nursing knowledge and clinical experience to identify patient's problems and proactively think of potential alternatives. | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Demonstrates professional maturity and interdisciplinary mutuality in critical thinking in daily patient, family, and community care. | Level 3: Demonstration of Clinical Skills | Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) | |

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| | | Provides effective and prioritized nursing process to generate best possible evidence-based practice toward safe patient and family care. | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX, Clinical Portfolio, Clinical Appraisal, Reflective Journal) | |
| | Care Transition and Continuity | Recognizes the fundamental knowledge and skills of transition of care and the institutional policies and procedures to ensure effective continuity of care. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions) | |
| | | Assesses the person's holistic readiness for care transition. | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Collaborates with the person, family, caregiver, and the interdisciplinary team to develop an effective transition plan in accordance with the institutional policies and procedures. | Level 3: Demonstration of Clinical Skills | Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) | |
| | | Follows the standardized transition of care procedure for clear and timely transfer to | Level 4: Daily Patient Care | Clinical Observational Assessments | |

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| | | maintain effective continuity of care. | | (DOPS, Mini-CEX, Clinical Portfolio, Clinical Appraisal, Reflective Journal) | |
| | Therapeutic Interventions | Describes different therapeutic interventions to enhance care outcomes of the person in a variety of healthcare settings. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions) | |
| | | Applies nursing knowledge to structure a plan of therapeutic nursing care based on person's values, beliefs, and needs. | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Demonstrates effective decision-making skills to identify appropriate therapeutic interventions to enhance the healthcare outcomes of a person in a variety of healthcare settings. | Level 3: Demonstration of Clinical Skills | Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) | |
| | | Carries out effective therapeutic nursing interventions to alleviate illness related symptoms that | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX, Clinical Portfolio, | |

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| | | would help the person cope or illness management. | | Clinical Appraisal, Reflective Journal) | |
| Ethical and Legal Practice Definition: The BSN graduate incorporates knowledge about ethical, legal, and professional implications of the code of conduct and scope of practice when providing nursing care. | Ethical and Moral Practice | Understands the ethical and moral principles and concepts and their impact on professional nursing practice. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions) | |
| | | Utilizes the nursing professionalism standards and the code of conduct when providing the needed care. | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Demonstrates ethical decision-making skills to guide the provided care within variety of healthcare fields. | Level 3: Demonstration of Clinical Skills | Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) | |
| | | Delivers nursing care and practices within an ethical framework and a sociocultural context with respect to own professional responsibilities and maintain confidentiality. | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX, Clinical Portfolio, Clinical Appraisal, Reflective Journal) | |

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| | Legal Practice | Explores and understands the legal concepts, the scope of practice, the professional code of conduct, the institutional policies and procedures and other professional guidelines to clinical nursing practice. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions) | |
| | | Applies the legal and professional concepts toward protecting individual's rights and maintaining accountability when providing care in accordance with legislative, regulatory, and institutional policy guidelines and standards. | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Practices professional judgment taking into consideration legal obligations when caring for patients to avoid professional misconduct, potential malpractice, or negligent acts. | Level 3: Demonstration of Clinical Skills | Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) | |
| | | Promotes patient, public, and society rights and safety when providing care. | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX, Clinical Portfolio, Clinical Appraisal, Reflective Journal) | |

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| | Accountability | Understands the principles and significance of the concept of accountability for judgments made and actions taken in the course of nursing practice. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions) | |
| | | Applies the principles of accountability and responsibility in planning and providing effective and safe patient care. | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Shows realistic expectations for effective and safe nursing practice and professional conduct and relations. | Level 3: Demonstration of Clinical Skills | Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) | |
| | | Accepts accountability for one's own professional judgement, actions, outcomes of care while caring for patients, caregivers, family members and the community. | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX, Clinical Portfolio, Clinical Appraisal, Reflective Journal) | |
| | Professional Development | Recognizes the importance and pathway of continuing nursing | Level 1: Knowledge | Written Exams | |

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| | | education for professional development. | | (MCQs, Short Answer Questions) | |
| | | Demonstrates professional responsibility for professional advancement, continuous education, and lifelong learning. | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Applies knowledge from emerging evidence and validated technologies to enhance and promote optimal healthcare outcomes for individuals, family, and community. | Level 3: Demonstration of Clinical Skills | Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) | |
| | | Assesses the nurse own's professional development needs by undertaking regular self-assessment and reviewing own practices through reflection, peer review, performance appraisal, critical examination, and evaluation. | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX, Clinical Portfolio, Clinical Appraisal, Reflective Journal) | |
| | Cultural Competency | Understands how cultural, social, spiritual, values, and linguistic factors influence the health | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions) | |

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| | | beliefs and behaviors of patients and how these factors are considered at different levels of a healthcare delivery system to assure quality healthcare. | | | |
| | | Applies knowledge of cultural and social variations in health beliefs, practices, and communication patterns when providing nursing care. | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Demonstrates the principles of cultural diversity and inclusion and social awareness in meeting the diverse patient and family beliefs and needs. | Level 3: Demonstration of Clinical Skills | Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) | |
| | | Applies positive attitude and integrity regarding equity, empathy, and communication toward cultural, spiritual, and social differences when providing ongoing nursing care for patient and family. | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX, Clinical Portfolio, Clinical Appraisal, Reflective Journal) | |

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| | Advocacy | Recognizes advocacy strategies, as well as the rights, role and responsibilities as person advocate assisting them dealing with healthcare related concerns and processes. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions) | |
| | | Specifies appropriate advocacy strategies to assist the person who is dealing with healthcare related concerns and processes. | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Demonstrates appropriate advocacy activities, supported by the rights of the person and the institutional advocacy policy to address person's needs and concerns. | Level 3: Demonstration of Clinical Skills | Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) Practical Based-Assessments (OSCE, Standardized Patients, Clinical Competency Exam) | |
| | | Serves as the person's advocate to assist in dealing with healthcare related challenges and negotiate to ensure optimal well-being and access to the required resources. | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX, Clinical Portfolio, Clinical Appraisal, Reflective Journal) | |

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| Communication & Collaboration Definition: The BSN graduate functions professionally within the nursing and the inter-disciplinary healthcare teams using inter and intra-professional communication and collaborative skills to foster mutual respect, civility and deliver evidence-based care to achieve quality outcomes. | Effective Communication | Understands the basic and advance knowledge, skills, and performance of communication that influence effective inter and intra-professional collaborative practice. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Applies effective communication skills including verbal and nonverbal communication skills when approaching patients and healthcare professionals with the intention to understand the concerns, experiences, needs, and opinion. | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Demonstrates evidence-informed communication skills to build collaborative, trusting and compassionate relationships with patient, family, and healthcare professionals. | Level 3: Demonstration of Clinical Skills | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) Practical Based-Assessments (OSPE, OSCE, Standardized Patients, | |

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| | | | | Clinical Competency Exam) | |
| | | Communicates and collaborates relevant and current knowledge effectively with diverse patients and healthcare professionals in complex and rapidly changing situations to provide high quality nursing care. | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX, Clinical Portfolio, Clinical Appraisal, Reflective Journal) | |
| | Effective Therapeutic Relationship | Acquires the necessary knowledge and understanding of interpersonal and social determinants to participate effectively in therapeutic relationships with patients, family and healthcare professionals that is based on mutual trust and respect. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Demonstrates adequate capacities and practice of trust, respect, empathy, self-awareness, self-knowledge, active listening, and awareness of boundaries and limits when responding to patient and family concerns and needs. | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
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| | | Shows the ability to form effective inter-professional relationships toward patient centeredness, cultural engagement, and positive healthcare environment to enhance nurse-patient relationship and communication and to improve health-related outcomes. | Level 3: Demonstration of Clinical Skills | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) | |
| | | Applies the principles of therapeutic relationship with the patient and family through accepting, rapport, warmth, genuineness, giving recognition and active listening when providing daily care. | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX, Clinical Portfolio, Clinical Appraisal, Reflective Journal) | |
| | Interdisciplinary Communication | Understands the structure, process and outcome of interdisciplinary team communication and collaboration | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments | |

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| | | practiced in healthcare contexts and settings. | | (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Communicates with other healthcare professionals, with the patient and family, and with the broader community in transparent, effective, collaborative, and responsible approach to foster a positive working environment, create collaborative plans, share responsibilities, and make decisions. | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Facilitates effective interdisciplinary communication through active listening, respect, constructive negotiation, paying attention, shared understanding regarding treatment plans and effective use of information and communication technology. | Level 3: Demonstration of Clinical Skills | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) | |


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| | | Applies effective hierarchical relationship with nurses and multidisciplinary healthcare professionals toward mutual trust and understanding which leads to better patient-centered health outcomes. | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX, Clinical Portfolio, Clinical Appraisal, Reflective Journal) | |
| Teamwork | | Understands the fundamentals of teamwork and collaborative care essential for understanding patient, family, and community needs. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Applies the principles of teamwork skills and interdependent interactions to improve healthcare outcomes and provide quality health care for patient, family, and the community. | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Works together with clinical and non-clinical healthcare professionals toward patient's goals and needs with a common purpose, approach, | Level 3: Demonstration of Clinical Skills | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments | |


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| | | complementary abilities, and mutual accountability. | | (Structured Essay, Clinical Case Analysis, Concept Mapping) Practical Based- Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) | |
| | | Collaborates with the interdisciplinary healthcare team to provide comprehensive nursing care, process improvement, and appropriate follow up and evaluation of health outcomes. | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX, Clinical Portfolio, Clinical Appraisal, Reflective Journal) | |
| | Positive Work Environment | Understands the main principles of a healthy work environment including true collaboration, meaningful recognition, and positive reinforcement, motivation, thinking and encouragement. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Applies the professional nursing duty of care and incorporates peer value toward healthy work environment including being a positive role model, promotes | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) | |

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| | | intrinsic motivation and reinforce positive behaviors when interacting with staff, patients, and families in variety of healthcare settings to promote cultural harmony. | | Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Demonstrates the principles of true collaboration, gratitude, and utilization of individual strengths to foster team development and productivity toward healthcare outcomes. | Level 3: Demonstration of Clinical Skills | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) | |
| | | Performs productive attitude, commitment to excellence, transparency, support, empowerment, respect, recognition, and positive values to sustain healthy work environment while providing daily care for the | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX, Clinical Portfolio, Clinical Appraisal, Reflective Journal) | |

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| | | patient, family, and the community. | | | |
| Research & Evidence-Based Practice Definition: The BSN graduate integrates best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care. | | | | | |
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| | Scholarly Practice | Understands knowledge of basic scientific methods of nursing research and processes. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions) | |
| | | Critiques nursing scholarly outputs and existing practice guidelines pertaining to nursing body of knowledge and research. | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Demonstrates a supervised ability to propose a researchable nursing or interdisciplinary healthcare inquiry. | Level 3: Demonstration of Clinical Skills | Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) | |
| | | Executes a supervised nursing or interdisciplinary research project | Level 4: Daily Patient Care | Clinical Observational Assessments | |

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| | | to enhance body of knowledge and guide healthcare practice. | | (DOPS, Mini-CEX, Clinical Portfolio, Clinical Appraisal, Reflective Journal) | |
| | Evidence-Based Practice | Understands different sources of evidence and approaches to retrieve data relevant to patient, family, and community healthcare. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions) | |
| | | Provides rationale for patient, family, and community care that are supported with up-to-date nursing and healthcare practice. | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Promotes patient, family, and community healthcare outcomes through incorporating the process of collecting, processing, and implementing research findings. | Level 3: Demonstration of Clinical Skills | Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) | |
| | | Integrates the best evidence-based practice, clinical expertise, and patient values to enhance healthcare outcomes. | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX, Clinical Portfolio, | |

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|  | | | | Clinical Appraisal, Reflective Journal) | |
| | Knowledge Integration | Acquires person-centered care knowledge that includes the person and family preferences, values and needs, as well as the mutual partnerships that will contribute to all aspects of their healthcare. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions) | |
| | | Applies effective knowledge reflection based on the person’s needs to improve healthcare outcomes and person’s satisfaction. | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Demonstrates effective interaction with the person using various knowledge resources acquired to prioritize care needs. | Level 3: Demonstration of Clinical Skills | Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) | |
| | | Engages in interdisciplinary knowledge exchange to improve nursing practice and overall healthcare outcomes. | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX, Clinical Portfolio, | |

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|  | | | | Clinical Appraisal, Reflective Journal) | |
| | Innovation and Entrepreneurship Practice | Understands the models and strategies for innovation and entrepreneurship for delivery of quality patient care in a variety of health care settings. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) | |
| | | Applies the acquired knowledge of innovation and entrepreneurship in response to clinical events within an interdisciplinary team. | Level 2: Application of Knowledge | Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Engages in relevant professional networking to enhance innovative patient care and outcomes and promote entrepreneurship. | Level 3: Demonstration of Clinical Skills | Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) | |
| | | Shows the ability and skills to propose articulated innovative ideas related to patient, family, | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX, Clinical Portfolio, | |

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| | | and community care and satisfaction. | | Clinical Appraisal, Reflective Journal) | |
| Community & Public Health Definition: The BSN graduate provides public and community-based care through the practice of promotive, preventive, curative and restorative health services to individual, family, and community. | Health Education | Understands various concepts, aspects, and determinants affecting individual, family, and community health. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions) | |
| | | Provides needed instructions and learning experiences to facilitate voluntary adaptation of behavior conducive to health in individuals, families, groups, or communities | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Demonstrates the ability to practice health education activities in a variety of community-based settings. | Level 3: Demonstration of Clinical Skills | Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) Community-Based Assessments: Community Health Assessment, Community based Educational Programs and Campaign, | |


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| | | | | Community Based Programs Planning | |
| | | Analyzes and evaluates the influence of the health education activities provided. | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX, Clinical Portfolio, Clinical Appraisal, Reflective Journal) Community-Based Assessments: Community Health Assessment, Community based Educational Programs and Campaign, Community Based Programs Planning | |
| | Health Promotion | Demonstrates knowledge on healthcare system, health promotion principles, health practices and determinants of health. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions) | |
| | | Applies the knowledge to improve the wellbeing of individual, family, and community. | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments | |
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| | | | | (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Demonstrates the ability to practice health promotion activities in a variety of community-based settings. | Level 3: Demonstration of Clinical Skills | Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) Community-Based Assessments: Community Health Assessment, Community based Educational Programs and Campaign, Community Based Programs Planning | |
| | | Monitors and evaluates the health promotion activities | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX, Clinical Portfolio, Clinical Appraisal, Reflective Journal) Community-Based Assessments: Community Health Assessment, | |

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| | | | Community based Educational Programs and Campaign, Community Based Programs Planning | |
| Illness Prevention | Understands the knowledge of epidemiology and disease prevention services. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions) | |
| | Applies epidemiological measures for effective prevention of illnesses. | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | Implements the appropriate strategies to reduce the burden of illness in the community. | Level 3: Demonstration of Clinical Skills | Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) Community-Based Assessments: Community Health Assessment, Community based Educational Programs | |

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| | | | | and Campaign, Community Based Programs Planning | |
| | | Provides priority-based care to individuals, families, and groups through independent and collaborative interdisciplinary care. | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX, Clinical Portfolio, Clinical Appraisal, Reflective Journal) Community-Based Assessments: Community Health Assessment, Community based Educational Programs and Campaign, Community Based Programs Planning | |
| | Community-Based Practice | Acquires community's experiential knowledge from nursing, social and public health sciences to apply in a variety of community healthcare settings for preventive, promotive, restorative, and rehabilitative services. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions) | |

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| | | Applies the acquired knowledge to assess the individuals and public health needs, risks, problems through proper utilization of available resources in the community. | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Demonstrates skills in coordinating care, prioritizing needs, preventing risks for individuals, caregivers, families, and staff through community care policies and procedures. | Level 3: Demonstration of Clinical Skills | Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) Community-Based Assessments: Community Health Assessment, Community based Educational Programs and Campaign, Community Based Programs Planning | |
| | | Apply culturally sensitive and appropriate approaches with people from diverse cultural, socioeconomic, and educational backgrounds, and | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX ,Clinical Portfolio, | |

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|  | | persons of all ages, genders, health status, orientations, and abilities. | | Clinical Appraisal, Reflective Journal) Community-Based Assessments: Community Health Assessment, Community based Educational Programs and Campaign, Community Based Programs Planning | |
| | Disaster Management | Acquires knowledge necessary to identify and understand the crises and disasters in the community. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions) | |
| | | Applies knowledge regarding crises and disaster assessment and management in the community. | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Demonstrates the ability to implement the disaster preparedness and management skills with available resources. | Level 3: Demonstration of Clinical Skills | Practical Based-Assessments (OSPE, OSCE, Standardized Patients, | |

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| | | | | Clinical Competency Exam) Community-Based Assessments: Community Health Assessment, Community based Educational Programs and Campaign, Community Based Programs Planning | |
| | | Participates in the proper crises management plans and implements appropriate measures to mitigate risk at times of crises or disaster. | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX ,Clinical Portfolio, Clinical Appraisal, Reflective Journal) Community-Based Assessments: Community Health Assessment, Community based Educational Programs and Campaign, Community Based Programs Planning | |
| | Public Health & Wellbeing | Understands the main components and issues related to | Level 1: Knowledge | Written Exams | |

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| | | local, regional and international public health. | | (MCQs, Short Answer Questions) | |
| | | Describes and comprehends the commonly applied local, regional and international strategies promote public wellbeing. | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Utilizes the public health data to address and promote the population's health. | Level 3: Demonstration of Clinical Skills | Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) Community-Based Assessments: Community Health Assessment, Community based Educational Programs and Campaign, Community Based Programs Planning | |
| | | Applies statistics-based strategies to promote local, regional and | Level 4: Daily Patient Care | Clinical Observational Assessments | |

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| | | international public health initiatives. | | (DOPS, Mini-CEX, Clinical Portfolio, Clinical Appraisal, Reflective Journal) Community-Based Assessments: Community Health Assessment, Community based Educational Programs and Campaign, Community Based Programs Planning | |
| Leadership & Management Definition: The BSN graduate promotes autonomous nursing practice through change management that influences the healthcare system, resources, environment, and policies with the aim of improved patient outcomes and evidence-based practice in a collegial and respectable environment. | Quality Management | | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions) | |
| | | | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | | Level 3: Demonstration of Clinical Skills | Practical Based-Assessments (OSPE, OSCE, Standardized Patients, | |

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| | | | | Clinical Competency Exam) | |
| | | | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX, Clinical Portfolio, Clinical Appraisal, Reflective Journal) | |
| | Problem Solving and Decision Making | Acquires the fundamental knowledge of system thinking frameworks toward effective practical problem-solving tools and appropriate decisions. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions) | |
| | | Constructs balanced risk assessment scenarios and present problems in a holistic manner to improve quality of patient, family, and community care. | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Demonstrates group dynamics and team building for advancing and continual quality improvement within the context of potential constraints. | Level 3: Demonstration of Clinical Skills | Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) | |

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| | | Reflects effective decision making skills on daily patient care and integrates the patient care with systemic issues within the healthcare system. | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX, Clinical Portfolio, Clinical Appraisal, Reflective Journal) | |
| | Risk and Crises Management | Understands the concepts of crises management and how non-normal operations affect the key principles of autonomy, delegations, and accountability within the healthcare context. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions) | |
| | | Shows how effective communication, consensus building, resource utilization, and cooperation improves outcomes in crises. | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Constructs action plans for stressful situations with defined roles, responsibilities, and outcomes within a lack of information, ambiguity, timelines, and resource constraints. | Level 3: Demonstration of Clinical Skills | Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) | |

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| | | Anticipates and adopts different crises management plans and negotiate with different stakeholders to agree on one plan of action given the best alternative maintaining the health and safety of the patient, staff, and community. | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX ,Clinical Portfolio, Clinical Appraisal, Reflective Journal) | |
| | Autonomy | Understands the principles of autonomy to make respected choices about issues that affect daily working life. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions) | |
| | | Determines the ability to obtain personal goals and the capacity to own a plan of action in response to interaction with healthcare professionals, patients and their family. | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Demonstrates the self-governed practice toward self-directed authority to perform and manage the daily tasks that aligned with legal, ethical, and clinical standards. | Level 3: Demonstration of Clinical Skills | Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) | |


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| | | Advocates for independent nursing practice and expansion of the nursing scope of care, including preparing and design expanded practice roles for the advanced practice nurse in the clinical setting. | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX, Clinical Portfolio, Clinical Appraisal, Reflective Journal) | |
| | Empowerment & Delegation | Defines and can give examples of appropriate delegation situations, including the impact of an assessment versus task-based procedure. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions) | |
| | | Utilizes mutual teamwork responsibilities toward effective patient care and quality improvement. | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Practices tasks delegation to enable effective teamwork following the scope of practice and the institutional policies and procedures while maintaining the overall responsibility of the plan of care and patient outcome. | Level 3: Demonstration of Clinical Skills | Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) | |

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| | | Observes and participates in risk mitigation strategies and continuous quality assurance programs to identify lapses in delegation and oversight on patient care. | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX ,Clinical Portfolio, Clinical Appraisal, Reflective Journal) | |
| | Conflict Management | Differentiates the modes of conflict resolution such as conciliation, confrontation, withdrawal, forcing, and compromise within a variety of healthcare context. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions) | |
| | | Defends core beliefs within a professional and amicable environment while considering the overall needs of the patient and care team. | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Actively participates in conflict resolution and leads inter-disciplinary teams while respecting tolerance and diversity of viewpoints. | Level 3: Demonstration of Clinical Skills | Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) | |

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| | | Creates a positive environment with group discussion, inclusion of others, diversity of thought, and consideration of values to promote consensus building with collaborative and shared decision-making. | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX, Clinical Portfolio, Clinical Appraisal, Reflective Journal) | |
| | Resource Management | Familiarizes with resource management and seeks appropriate mentors to practice at the highest level commensurate with the nurses' degree and experience. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions) | |
| | | Builds and optimizes nursing and healthcare resource allocation and services in collaboration with variety of partnerships. | Level 2: Application of Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Demonstrates effective modeling and mentoring in resource utilization for inter-disciplinary health care team. | Level 3: Demonstration of Clinical Skills | Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) | |

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| | | Manages effectively available resources and advocates for sufficient resources to conduct professional bedside care, research and continual professional development. | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX, Clinical Portfolio, Clinical Appraisal, Reflective Journal) | |
| Informatics & Technology Definition: The BSN graduate integrates nursing, information, computer and cognitive sciences to manage and communicate data, information, knowledge and wisdom in nursing practice. | Health Information Integration | Describes health information management principles and its impact on the health of the patient, family and community. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) | |
| | | Applies the acquired knowledge in the practice of education, research and administration within the field of nursing informatics. | Level 2: Application of Knowledge | Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Demonstrates the effective and appropriate use of health informatics in a variety of healthcare settings. | Level 3: Demonstration of Clinical Skills | Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) | |
| | | Maintains ongoing professional health informatics practice | Level 4: Daily Patient Care | Clinical Observational Assessments | |

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| | | following the institutional policies and procedures. | | (DOPS, Mini-CEX ,Clinical Portfolio, Clinical Appraisal, Reflective Journal) | |
| | Informatics-Guided Care | Recognizes the role of nursing informatics in promoting efficient, quality and safe nursing care. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) | |
| | | Applies safe guards, decision making support and impact analysis to validate the efficiency and effectiveness of information and technology enabled solutions embedded in nursing care practices. | Level 2: Application of Knowledge | Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Demonstrates effective use of the nursing informatics skills in planning and managing the health information toward safe and quality nursing practice. | Level 3: Demonstration of Clinical Skills | Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) | |
| | | Applies the information technology in advancing nursing | Level 4: Daily Patient Care | Clinical Observational Assessments | |

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|  | | knowledge and improving nursing care. | | (DOPS, Mini-CEX ,Clinical Portfolio, Clinical Appraisal, Reflective Journal) | |
| | Electronic Documentation | Understands the principles and fundamentals of electronic documentation pertaining to nursing practice, education, administration and research. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) | |
| | | Applies the skills of data entry, data extraction, e-care plan, education and research using the available health information platforms. | Level 2: Application of Knowledge | Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Applies effective handling of electronic health information to preserve issues of privacy, confidentiality and security using protected health information (PHI). | Level 3: Demonstration of Clinical Skills | Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) | |

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| | | Displays confidence in the integration of the use of electronic documentation and evaluation of information systems in practice settings according to the institutional policies for ongoing patient care. | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX, Clinical Portfolio, Clinical Appraisal, Reflective Journal) | |
| | Innovation and Entrepreneurship Practice | Understands the models and strategies for innovation and entrepreneurship for delivery of quality patient care in a variety of health care settings. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) | |
| | | Applies the acquired knowledge of innovation and entrepreneurship in response to clinical events within an interdisciplinary team. | Level 2: Application of Knowledge | Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Engages in relevant professional networking to enhance innovative patient care and outcomes and promote entrepreneurship. | Level 3: Demonstration of Clinical Skills | Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency Exam) | |

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| | | Shows the ability and skills to propose articulated innovative ideas related to patient, family, and community care and satisfaction. | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX, Clinical Portfolio, Clinical Appraisal, Reflective Journal) | |
| Artificial Intelligence Utilization | | Understands the evolving trends and issues related to artificial intelligence and the contemporary role toward healthcare safety and quality outcomes in a variety of health care settings. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) | |
| | | Recognizes the functionality and importance of virtual reality, image recognition, machine learning, and voice-assistive technology in a variety of healthcare settings. | Level 2: Application of Knowledge | Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Demonstrates the skills of artificial intelligence within the spectrum of daily patient care. | Level 3: Demonstration of Clinical Skills | Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) Practical Based-Assessments (OSPE, OSCE, Standardized Patients, | |

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| | | | | Clinical Competency Exam) | |
| | | Displays effective, professional and ethical interaction with available technology and machines for efficiency, quality and healthcare transformation. | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX ,Clinical Portfolio, Clinical Appraisal, Reflective Journal) | |
| | Tele-Health Care | Understands current and future trends in remote nursing and health care. | Level 1: Knowledge | Written Exams (MCQs, Short Answer Questions, Problem Solving Questions) | |
| | | Applies competent interactions with automated services, systems and information resources to support remote clinical healthcare, administration, and community. | Level 2: Application of Knowledge | Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) | |
| | | Demonstrates effective utilization of telecommunications technology with patient and the healthcare team for delivery, management, and coordination of nursing care services. | Level 3: Demonstration of Clinical Skills | Written Assessments (Structured Essay, Clinical Case Analysis, Concept Mapping) Practical Based-Assessments (OSPE, OSCE, Standardized Patients, Clinical Competency | |
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| | | Displays effective skills to provide care across a distance, to monitor, educate, follow-up, collect data, and provide interdisciplinary care for patient, family and the community. | Level 4: Daily Patient Care | Clinical Observational Assessments (DOPS, Mini-CEX ,Clinical Portfolio, Clinical Appraisal, Reflective Journal) | |
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Level of Achievement Descriptors

| Level of Achievement | Descriptor |
|--|---|
| Level 1: Knowledge | Forms the knowledge component for building clinical competence. |
| Level 2: Application of Knowledge | Uses knowledge in the acquisition, analysis, and interpretation of data and the development of a plan. |
| Level 3: Demonstration of Clinical Skills | Requires the learner to demonstrate the integration of knowledge and skills into successful clinical performance. |
| Level 4: Daily Patient Care | Focuses on methods that provide an assessment of routine clinical performance. |

