

Clinical judgment – Clinical reasoning which includes clinical decision making, critical thinking, and a global grasp of the situation coupled with nursing skills acquired through a process of integrating formal and experiential knowledge.

RN2	RN3	RN4	COMMENTS
Collects basic level data	Collects and interprets complex patient data	Synthesizes and interprets multiple, sometimes conflicting, sources of data	
Follows algorithms, decision trees, and protocols with all populations and is uncomfortable deviating from them	Makes clinical judgments based on an immediate grasp of the whole picture for common or routine patient populations	Makes judgment based on immediate grasp of the whole picture unless working with new populations	
Matches formal knowledge with clinical events to make decisions	Recognizes patterns and trends that may predict the direction of the illness	Uses past experiences and intuition to anticipate problems	
Questions the limits of one's ability to make clinical decisions and delegates the decision making to other clinicians	Recognizes limits and seeks appropriate help	Recognizes the limits of clinical judgment and seeks multi-disciplinary collaboration and consultation with comfort	
Includes extraneous detail	Focuses on key elements of the case while sorting out extraneous elements	Helps patients and family to see the "big picture"	
		Recognizes and responds to the dynamic situation	

Advocacy – Working on another’s behalf and representing the concerns of the patient, family, and community; serving as a moral agent in identifying and helping to resolve ethical and clinical concerns in the clinical setting.

RN2	RN3	RN4	COMMENTS
Works on behalf of the patient	Works on behalf of the patient and family	Works on behalf of the patient, family, and community	
Self-assesses personal values	Considers patient values and incorporates in care even when differing from personal values	Advocates from patient/family perspective, whether similar to or different from personal values	
Aware of ethical conflicts/issues that may surface in the clinical setting	Supports colleagues in ethical and clinical issues	Advocates ethical conflict and issues from patient/family perspective	
Makes ethical/moral decisions based on the rules	Moral decision making can deviate from rules	Patient and family drive moral decision making	
Represents patient when patient cannot represent self	Demonstrates give and take with patient’s family, allowing them to speak/represent themselves when possible	Empowers the patient and family to speak for/represent themselves	
Aware of patients’ rights	Aware of patient/family rights		

Caring practice – The combination of nursing activities that are responsive to the uniqueness of the patient and family and that create a compassionate and therapeutic environment, with the aim of promoting comfort and preventing suffering. These caring behaviors include but are not limited to vigilance, engagement, and responsiveness.

RN2	RN3	RN4	COMMENTS
Focuses on usual and customary needs of patient; no anticipation of future needs	Responds to subtle patient and family changes	Has astute awareness and anticipates patient/family changes and needs, including discomforts	
Assesses spiritual needs of patient/family	Engages with each patient as an individual in a compassionate manner	Fully engaged with and sensing how to stand along side the patient, family, and community	
Bases care on standards & protocols	Recognizes and tailors caring practices to the individuality of patient and family	Caring practices follow the family lead	
Maintains a safe environment	Modifies the patient's and family's environment to be comforting	Anticipates hazards and promotes safety throughout patient's and family's transitions along the healthcare continuum	
Attends to and resolves patient's physical pain	Aggressively responds to patient/family discomforts and utilizes alternative pain control measures		
Acknowledges death as a potential outcome	Recognizes that death may be an acceptable outcome	Orchestrates the process that ensures patient/family comfort and concerns surrounding issues of death and dying are met	

Collaboration – Working with others (e.g. patients, families, healthcare providers) in a way that promotes and encourages each person’s contributions toward achieving optimal and realistic patient goals. Collaboration involves intra and interdisciplinary work with all colleagues.

RN2	RN3	RN4	COMMENTS
Willing to be taught, coached and/or mentored	Seeks opportunities to be taught, coached and/or mentored	Seeks opportunities to teach, coach, and mentor and to be taught, coached and/or mentored	
	Elicits others’ advice and/or perspectives		
Participates in team meetings and discussions regarding patient care and/or practice issues	Initiates and participates in team meetings and discussions regarding patient care and/or practice issues	Facilitates active involvement and complementary contributions of others in team meetings and discussions regarding patient care and/or practice issues	
Open to various team members’ contributions	Recognizes and suggests various team members’ participation		
Independently develops, implements and evaluates plan of care	Seeks multidisciplinary input to enhance plan of care	Involves/recruits diverse resources when appropriate to optimize patient outcomes	

Systems thinking – The body of knowledge and tools that allow the nurse to appreciate the care environment from a perspective that recognizes the holistic interrelationship that exists within and across healthcare systems. Recognizes the complexity of healthcare systems and how it impacts patient care.

RN2	RN3	RN4	COMMENTS
Uses a limited array of strategies	Develops strategies based on needs and strengths of patient/family	Develops, integrates, and applies a variety of strategies that are driven by the needs and strengths of the patient/family	
Sees self as key resource to patient	Able to connect patients with available resources	Utilizes untapped and alternative resources as necessary	
Sees patient and family within the isolated environment of the unit	Assists patient/family with transitions within the continuum of care	Anticipates needs of patients/families as they move through the healthcare systems	
Does not recognize negotiation as an alternative		Knows when and how to negotiate and navigate through the systems on behalf of the patient/family	
Limited outlook – sees the pieces or components of the healthcare systems		Global or holistic outlook – sees the whole rather than the pieces	
		Recognizes patient and system barriers to achieving outcomes	

Response to diversity - The sensitivity to recognize, appreciate, and incorporate differences into the provision of care. Differences may include, but are not limited to, individuality, cultural differences (e.g. child rearing, family relations), spiritual beliefs, gender, race, ethnicity, disability, family configuration, lifestyle, socio-economic status, age values, and alternative medicine involving patients and their families and members of the healthcare team.

RN2	RN3	RN4	COMMENTS
Inquires about patient/family differences (as defined above) and considers their impact on care	Responds to, anticipates and integrates patient/family differences (as defined above) into patient/family care	Educates the healthcare team to the importance of meeting the diverse needs and promoting the strengths of the patient/family	
Incorporates differences in the plan of care	Appreciates, respects, and incorporates differences, including alternative therapies, into care		

Facilitator of learning – the ability to facilitate patient and family or peer learning

RN2	RN3	RN4	COMMENTS
Adapts planned educational programs	Creatively modifies or develops patient/family education programs	Represents healthcare system in the provision of community education	
Begins to recognize and integrate different ways of teaching into delivery of care	Integrates patient/family education throughout delivery of care	Follows educational process: assessment of learning needs, develops and implements educational plan using age appropriate teaching strategies, evaluates overall effectiveness based on outcomes	
Incorporates patient's understanding into practice	Evaluates patient/family understanding by observing behavior changes related to learning		
Sees the overlapping of educational plans from other healthcare providers perspectives	Able to collaborate and incorporate other healthcare providers and educational plans into the patient/family educational program		
Begins to see the patient as having input into goals	Sets patient driven goals for education		
Begins to see individualism	Sees patient/family as having choices and consequences that are negotiated in relation to education		

Clinical inquiry – the ongoing process of questioning and evaluating practice, providing informed practice, and innovating through research and experiential learning. The nurse engages in clinical knowledge development to promote the best patient outcome.

RN2	RN3	RN4	UNMET
<p>Follows standards and guidelines</p> <p>Implements clinical changes and research-based practices developed by others</p>	<p>Questions appropriateness of policies and guidelines</p>	<p>Improves, deviates from, or individualizes standards and guidelines for particular patient situations or populations</p>	
<p>Recognizes the need for further learning to improve patient care</p>	<p>Questions current practice</p>	<p>Questions and/or evaluates current practice based on patients' responses, review of literature, research and education/learning</p>	
<p>Needs and seeks help to identify patient problem</p>	<p>Seeks advice, resources or information to improve patient care</p>	<p>Acquires knowledge and skills needed to address questions arising in practice and improve care. (The domains of clinical judgment and clinical inquiry converge at the expert level; they are not separable.)</p>	
<p>Recognizes obvious changing patient situation (e.g. deterioration, crisis)</p>	<p>Begins to compare and contrast possible alternatives</p>		