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INTRODUCTION

The faculty at Queen’s School of Nursing value all aspects of nursing—practice, education, research and administration. We believe the person should be the main focus affecting all decisions made by nurses. We have developed this curriculum framework to indicate what we, as nurses, educators and researchers, believe to be important in educating future nurses here at Queen’s.

In keeping with the School of Nursing and Faculty of Health Sciences strategic plans, we believe graduates of our program should be:

- **Practitioners** – competent, caring professionals ready for practice upon graduation. Their practice should be evidence-informed;
- **Scholars** – inquisitive, with good writing and research skills, who are ready for graduate school;
- **Future leaders** – ready to see the healthcare system as a whole and be able to identify where changes are needed and work towards improving patient care.

We believe there are 5 major concepts that learners need to understand in order to meet these expectations upon graduation. They are:

1. Health
2. Populations with Complex Conditions
3. Health Care Quality
4. Transitions
5. Practice Environments

Each concept is further broken down into sub-concepts. In addition, we have identified 3 “threads” – topics that run throughout most courses – Evidence-Informed Practice, Diversity and Ethical/Legal Principles. The learner is at the centre of this framework. We have identified 5 characteristics we feel must be developed in every learner throughout the program.

The purpose of organizing our priorities for education is so that all undergraduate learners will understand the importance of all concepts and how they inter-relate. It also allows faculty to be organized and make visible how each course contributes to the whole.
**Health**
- Health Promotion
- Health Protection
- Disease Prevention
- Global Health
- Social Determinants of Health

**Health**
NURS 100, 202, 404

**Practice Environments**
- Political / Geographical / Cultural
- Leadership / Management

**Practice Environments**
NURS 206, 207, 345, 371, 405, 414, 425, 492

**Transitions**
- Health Education
- Resilience
- Rehabilitation
- Death and Dying

**Transitions**
NURS 304, 370, 401, PHIL 151, PSYC 251

**Evidential Practice**

**Health Care Quality**
- IP / Collaboration
- Communication
- Safety
- Professional Relationships

**Health Care Quality**
NURS 101, 323, 324, 347

**Learner**
- Caring
- Critical Thinking
- Reflection
- Creativity
- Social Justice

**Learner**

**Populations with Complex Conditions**
- Physical and Mental Health
- Comorbidity
- Trauma-Informed Practice

**Populations with Complex Conditions**
NURS 205, 209, 305, 325, 403, ANAT 101, BCHM 102, MICR 121, PHAR 230, PHGY 214, PSYC 100

**Figure 1. Curriculum Framework**
CONCEPTS & DEFINITIONS

LEARNER

**Caring**

The concept of caring is a content specific interpersonal process which is characterized by the professional knowledge, skills, personal maturity, and interpersonal sensitivity of nurses, which result in the protection, emotional support, and the meeting of bio-psycho-social needs of patients. (Drahošová & Jarošová, 2016)


**Critical Thinking**

“Critical thinking in nursing is an essential component of professional accountability and quality nursing care. Critical thinkers in nursing exhibit these habits of the mind: confidence, contextual perspective, creativity, flexibility, inquisitiveness, intellectual integrity, intuition, open-mindedness, perseverance, and reflection. Critical thinkers in nursing practice the cognitive skills of analyzing, applying standards, discriminating, information-seeking, logical reasoning, predicting and transforming knowledge.” (Scheffer & Rubenfeld, 2000, p. 357).


**Reflection**

Reflection was defined in the early part of the twentieth century by Dewey (1933) as an activity of consideration of one’s own beliefs or knowledge that is deliberate, persistent and careful and mindful of context and related conclusions. Subsequent definitions have linked this definition to critical thinking (Mann, Gordon & MacLeod, 2009) and included the notion that the process must have a purpose or outcome that is relevant to complex ideas (Moon, 1999).

As a tool for learning, reflection promotes the revisiting of an experience to improve the understanding of one’s own actions and intuition and the impact these have on self and others (Schon, 1983). A reflective practitioner then is one who engages in reflection to improve her/his awareness of the meaning, discourse and existing knowledge.


**Creativity**

Creativity is the generation of novel and useful ideas (Man, 2001) to approach old problems in a new way to change perspectives and create useful approaches in
education (Denhardt, Denhardt, & Aristigueta, 2002). Innovation is the implementation of these ideas (Man, 2001). Chan (2012) identifies the need for nurse educators to be creative in course design which in turn promotes creativity in nursing students. The literature review identified four main themes relating course structure to the development of creativity: diversity learning, freedom to learn, learning with confidence and learning through group work.


**Social Justice**

“Social justice is a dynamic goal of democratic societies. It includes respect for the democratic rights and civil liberties of every individual and for the inherent right of every person, without discrimination, to equal treatment under the law and to equitable access to food, shelter, meaningful work, health care, education, and public services. All individuals and all groups have an obligation to promote social justice.” (Canadian Association of University Teachers, 2013) In nursing, “taking action for social justice means attempting to reduce system-wide differences that disadvantage certain groups and prevent equal access to determinants of health and to health-care services.” (Canadian Nurses Association, 2009, p. 2).


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**HEALTH**

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” (WHO, 1946)

Preamble to the Constitution of WHO as adopted by the International Health Conference, New York, 19 June – 22 July 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of WHO, no. 2, p. 100) and entered into force on 7 April 1948.

**Health Promotion**

“Health promotion is the process of enabling people to increase control over, and to improve, their health” (Ottawa Charter for Health Promotion, WHO, 1986, p. 1)


**Health Protection**

“strategies to minimize the occurrence of diseases and injuries and their consequences.” (Stamler & Yiu, 2012, p. 64).

Disease Prevention

“prevent or reduce the occurrence of disease in populations” (McPherson, Belton, & Watson-Creed, 2017, p. 157).


Global Health

Practice, research or study that emphasizes achieving equity and improving health among peoples worldwide (Stamler & Yiu, 2012).


Social Determinants of Health

The broad social, biological and environmental influences of health, which include the following elements: income and social status; social support networks; education and literacy; employment/working conditions; social environments; physical environments; healthy childhood development; personal health practices and coping skills; biology and genetic endowment; health services; gender; and culture.


POPULATIONS WITH COMPLEX CONDITIONS

Populations in this context refers to client. “A client may be an individual, family, group or community.” (CNO, 2006).

Patient complexity consists of 4 overarching categories: medical complexity, mental health disorders, socioeconomic factors, and individual patient behaviors or traits (Loeb, Binswanger, Candrian, & Bayliss, 2015). The complex patient, using the social determinants of health, is now known as “a patient who not only has various health conditions, but who also lives in the world, is situated in multiple social relations, be they familial, community, or societal, with certain access to health care and housing, and has mental health and immigration statuses, all affecting their health.” This means that complex patients have ‘person-specific factors that interfere with the delivery of usual care and decision-making for whatever conditions the patient has” (Manning & Gagnon, 2017).


Physical and Mental Health

The World Health Organization (2016) indicates that “there is no health without mental health”.

Mental and Physical health are closely associated with each other. Physical and mental health are states of well-being where the mind and body can react and adjust to the normal stresses in life (Workplace Mental Health Promotion).
The Canadian Mental Health Association indicates there are associations between mental and physical health. These include

1. “Poor mental health is a risk factor for chronic physical conditions.”
2. “People with serious mental health conditions are at high risk of experiencing chronic physical conditions.”
3. “People with chronic physical conditions are at risk of developing poor mental health.”

Within mental and physical health, the social determinants of health as well as the link between the mind and body need to be understood. The lack of balance in these areas contributes to the development of both physical and mental illness.


**Comorbidity**

“When two or more chronic illnesses are found in a person at the same time and are not directly related to each other” (Nardi et al., 2007 as cited in Lewis, Dirksen, Heitkemper, Bucher, & Camera, 2014, p. 70).


**Trauma-Informed Practice**

Trauma-informed practice incorporates an understanding that past trauma (i.e. experiences of powerlessness and loss of control) can influence health and all aspects of service delivery must prioritize individual’s safety, choice, and control to ensure that further traumatization does not occur.


**HEALTH CARE QUALITY**

The Institute of Medicine (2001) framework for health care quality includes the following six dimensions:

- **Safe:** Avoiding harm to patients from the care that is intended to help them.
- **Effective:** Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
- **Patient-centred:** Providing care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that patient values guide all clinical decisions.
- **Timely:** Reducing waits and sometimes harmful delays for both those who receive and those who give care.
• Efficient: avoiding waste, including waste of equipment, supplies, ideas and energy
• Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.


Interprofessional (IP) / Collaboration

The World Health Organization (2010, p. 13) defines collaborative practice in healthcare as occurring “when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, carers and communities to deliver the highest quality of care across settings.”


Communication

The exchange of thoughts, messages, or information, as by speech, signals, writing, or behaviour. “Communication is derived from the Latin word ‘communis’ that means ‘common’. Communication is the process of making common or known…communication is the activity of conveying meaningful information/message (thoughts, ideas, feelings) verbally and non-verbally by the sender and transmitted to the receiver. The communication process is complete once the receiver accepts the information and interprets it and understands the message of the sender by providing feedback. Through feedback, the sender confirms that the message was received.”


Safety

A condition in which people are protected from harm. Safety (patient and provider) is achieved through disciplined creation and maintenance of systems that take account of safety science, accident causation and human factors (Morath & Turnbull, 2005).


Professional Relationships

“Each nurse establishes and maintains respectful, collaborative, therapeutic and professional relationships. Relationships include therapeutic nurse-client relationships and professional relationships with colleagues, health care team members and employers” (CNO, 2002).

Professional relationships are based in trust and respect and result in improved client care. Sharing of knowledge with others to promote best possible outcomes for clients is expected of all nurses. This includes developing networks to share knowledge related to best practices. In addition to sharing knowledge, all nurses are expected to role-model positive collegial relationships; demonstrate effective conflict-resolutions skills; and use a wider range of communication skills such as
active listening, attending to non-verbal behaviours and addressing behaviours in a nonjudgmental manner.


**TRANSITIONS**

Transitions can be associated with developmental, situational or health/illness events. Transitions include a change in health status, or in role relationships, expectations or abilities. Nurses deal with individuals or groups who are anticipating, experiencing or completing the act of transition. Transitions require the person or group to consider and assess new knowledge or events, alter behaviours, if needed, in order to adapt to new contexts or situations.

Developmental transitions include changes such as birth, death, and the passage to old age; illness transitions include changes such as the passage to chronic illness or the experience of a health crises; and finally, situational transitions include adaptations needed in response to journeys through different health care sectors and environment (Meleis, 2007).


**Health Education**

“Health education is any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influences their attitudes.” (WHO)


**Resilience**

“Resilience is the ability to return to a state of normalcy or to ‘bounce back’ from adversity or trauma and remain focused and optimistic about the future. Resilience is an imperative quality for nurses to possess because of the stressful nature of the profession of nursing.” (Turner, 2014, p. 1)


**Rehabilitation**

Rehabilitation is a treatment or treatments designed to facilitate the process of recovery from injury, illness, or disease to as normal a condition as possible. ‘A process aiming to restore personal autonomy in those aspects of daily living considered most relevant by patients or service users and their family carers’ (Sinclair & Dickinson, 1998 as cited in Davis & Madden, 2006).


**Death and Dying**

The last stage of life that is marked by gradual cessation of all body functions including heartbeat, brain activity and breathing.
PRACTICE ENVIRONMENTS

A practice environment is any area in which a professional nurse practices, including, but not limited to, community, research, private practice and agencies. The nursing practice environment can be defined as: the organisational characteristics of a worksetting that facilitate or constrain professional nursing practice (Lake, 2002).


**Political / Geographical / Cultural**

Politics is a transformative domain of social life characterized by power processes and strategies to influence the nature and direction of healthcare and Nursing as a profession.

Geography conceptualizes the role of place, location and the connectedness between places in health, well-being and disease. As such, the environment in which people are born, live, study and work affect their health experience and well-being (CSDOH, 2008).

Culture is a dynamic, ever-evolving and changing set of patterns, customs, and behaviours created through people’s interactions with the world, resulting in ways of naming and understanding reality (Loppie-Reading & Wien, 2009). These patterns identify members as part of a group and distinguish them from other groups (i.e. nurses). Culture may include all or a subset of the following characteristics: ethnicity, race, language, religion and spiritual beliefs, gender, socio-economic class, age, sexual orientation, geographic origin, education, upbringing and/or group history.


**Leadership / Management**

Leadership is a process that involves influencing the thinking and actions of others with respect to achieving a goal or vision, and a person can be a leader without having the formal authority of a management position. Leaders influence others to achieve goals; they may be informal or formal leaders (Grossman & Valiga, 2013). Management is a process that involves directing activities within an organization and managers carry formal authority with respect to the work of others in that organization (Gaudine & Lamb, 2015). Leadership is relationship-based and vision-focused whereas management is focused on orderly steps and coordination of details to implement a plan (Gaudine & Lamb, 2015).


**Evidence-Informed Practice**

“Evidence-informed decision-making is a continuous interactive process involving the explicit, conscientious and judicious consideration of the best available evidence to provide care. It is essential to optimize outcomes for individual clients, promote healthy communities and populations, improve clinical practice, achieve cost-effective nursing care and ensure accountability and transparency in decision-making within the health-care system.” (Canadian Nurses Association, 2010)


**Diversity**

“The concept of diversity encompasses acceptance and respect. It means understanding that each individual is unique, and recognizing our individual differences. These can be along the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies. It is the exploration of these differences in a safe, positive, and nurturing environment. It is about understanding each other and moving beyond simple tolerance to embracing and celebrating the rich dimensions of diversity contained within each individual.”

Definition of diversity. Retrieved from: http://gladstone.uoregon.edu/~asuomca/diversityinit/definition.html

**Ethical / Legal Principles**

“Nurses operate within a set of professional standards as well as a framework of legal and ethical rules and guidelines. These are aimed at ensuring consistency, quality, competence and safety of health services, while preserving respect for the individual rights and human dignity.” (Keatings & Smith, 2010)