The Carolina Core

The purpose of the Carolina Core is to provide a curricular framework for students to achieve the knowledge, skills, and attitudes essential in a graduate of the UNC School of Nursing.

At Carolina, we believe nursing is an evidence-based, caring practice that is grounded in a commitment to improving health — of individuals, families, communities, populations, and systems. Central to the Carolina Nurse is a consideration of the whole person, a commitment to the greater good, and a dedication to populations.

Consisting of 11 tenets, the Carolina Core was developed following rigorous review of national recommendations, analysis of the best available evidence, and consultation with education experts. Each Carolina Core tenet includes a title, a definition, and a narrative designed to apply the definition to the Carolina Nursing graduate. Corresponding references and resources are provided in the attached table.

At Carolina Nursing, the high calling of caring for human beings is a central and founding ethos that is transmitted to its graduates as a core value and an essential dimension of nursing practice in all its contexts. Practice refers to all types of roles our students will leave prepared to assume. Nurses educated at the University of North Carolina at Chapel Hill excel at advancing the art and science of nursing care.

The Tenets

I. Diversity & Inclusion
II. Ethics
III. Global Health
IV. Health Innovation
V. Informatics
VI. Leadership
VII. Population Health
VIII. Quality & Safety
IX. Relationship-Centered Care
X. Research
XI. Scholarly Communication & Writing
<table>
<thead>
<tr>
<th>Core Tenet</th>
<th>Definition</th>
<th>Narrative</th>
<th>Resources</th>
</tr>
</thead>
</table>
| I. Diversity & Inclusion | Affirmation of the uniqueness of and differences among persons, ideas, values, and ethnicities, which encompasses organizational, institutional, and system-wide behaviors in nursing, nursing education, and health care (NLN, 2006) | Carolina Nurses affirm the uniqueness among persons, ideas, and values. We commit to inclusion of all forms of diversity demonstrating culturally responsive approaches in our practice. | AACN Essentials  
BSN (1, 9)  
MSN (7, 8); definition p.34  
DNP (5,7, 8)  
Achieving Diversity and Meaningful Inclusion in Nursing Education (NLN, 2016)  
Diversity & Inclusion Toolkit (NLN, 2017)  
| II. Ethics     | Ethics in nursing can be defined as understanding and demonstrating what is right and good measured against principles, virtues, core professional values, and relevant legislation (Adapted from ANA, 2015; Kozier & Erb, 2007; NHS, 2012). | Carolina Nurses uphold what is right and good, measured against principles, virtues, core professional values, and relevant legislation. | AACN Essentials  
BSN (8)  
MSN (4)  
DNP (1,2,4,5)  
AACN The Research-Focused Doctoral Program in Nursing: Pathways to Excellence-PhD  
Advanced Practice Toolkit  
IOM Future of Nursing Report  
NLN (2012). Ethical Principles for Nursing Education. |
| III. Global Health | An area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasizes transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes inter-disciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care (Koplan et al., 2009, p.1995). | Carolina Nurses practice with a global mindset to achieve health equity locally and globally. | AACN Essentials  
BSN (1, 5, 7, 8, 9)  
MSN (4, 8, 90)  
DNP (1,5, 8)  
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<thead>
<tr>
<th>Core Tenet</th>
<th>Definition</th>
<th>Narrative</th>
<th>Resources</th>
</tr>
</thead>
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| IV. Health Innovation | Health innovation is to develop and deliver new or improved health policies, systems, products, and technologies, and services and delivery methods that improve people’s health. Health innovation responds to unmet needs by employing new ways of thinking and working with a special focus on the needs of vulnerable populations. Health innovation adds value in the form of improved efficiency, effectiveness, quality, safety and/or affordability. Health innovation can be in preventive, promotive, therapeutic, rehabilitative and/or assistive care. (WHO Health Innovation Group, 2017) | Carolina nurses engage in new ways of thinking to develop, deliver, and evaluate innovations to improve health.                                                                                                                                 | AACN Essentials  
BSN (2, 4, 6, 7, 9)  
MSN (1,3,4,5,7,8,9)  
DNP (2,3,4,6,7, 8)  
AHRQ (2017). Health Care Innovations Exchange  
WHIG (2017). Definition of Health Innovation  
| V. Informatics | The use of information and technology to communicate, generate and manage knowledge, prevent, or mitigate error, and support decision making. (adapted from QSEN, 2012)                                                                                                                                 | Carolina Nurses skillfully utilize information and technologies to improve health.                                                                                                                                 | AACN Essentials  
BSN (3, 4, 6, 9)  
MSN (3,4,5,7,8,9; def. p. 36)  
DNP (3,4,6,8)  
AMIA Health Informatics Core Competencies  
IOM (2003). Health Professions Education: A Bridge to Quality  
NILC (2016). Nursing Informatics Competencies  
QSEN Competencies (2012)  
TICC (2009). Technology Informatics Guiding Education Reform (TIGER) Competencies |
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<tr>
<th>Core Tenet</th>
<th>Definition</th>
<th>Narrative</th>
<th>Resources</th>
</tr>
</thead>
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| VI. Leadership             | As leaders, nurses must act as full partners in redesign efforts, be accountable for their own contributions to delivering high-quality care and work collaboratively with leaders from other health professions... Nursing leaders must translate new research findings to the practice environment and into nursing education and from nursing education into practice and policy. (IOM, 2010) | Carolina nurses intentionally lead through advocacy, scholarship, and influencing policy to improve health.                                                                                                                                                   | AACN Essentials  
BSN (2, 5)  
MSN (2, 3, 4, 6, 7, 9)  
DNP (2,3,4,5,6,8)  
ANA Leadership Institute, Competency Model (2013)  
IOM (2010). The Future of Nursing  
Nurse Executive Competencies (AONE, 2015)  
| VII. Population Health    | Population health is a collaborative effort designed to improve the health outcomes of a specific population through interventions and policy (adapted from Stoto, 2013). Population health addresses health outcomes of a group of individuals/population, including the distribution of such outcomes within the group. Population health includes focusing on health outcomes and health determinants, and the policies and interventions that affect those determinants and can improve health outcomes (Adapted from IHI, 2014; Fabius et al., 2016) | Carolina Nurses critically appraise and address the contextual complexities that exist across populations and systems to improve health equity.                                                                                                           | AACN Essentials  
BSN (7)  
MSN (6, 7)  
DNP (6,7)  
| VIII. Quality & Safety     | Quality is defined as the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. (IOM, 2001). Patient safety “minimizes risk”                                                                 | Carolina Nurses are accountable and empowered change agents for the delivery of patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, and safety.                                                                   | AACN Essentials  
BSN (2,3)  
MSN (1, 2, 6)  
DNP (1, 2, 5)  
AHRO  
IHI (2017). A Framework for Safe, Reliable, and Effective Care  
IOM (2001). Crossing the Quality of Care |
### IX. Relationship-Centered Care

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<table>
<thead>
<tr>
<th>Core Tenet</th>
<th>Definition</th>
<th>Narrative</th>
<th>Resources</th>
</tr>
</thead>
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| Relationship-Centered Care | Relationship-Centered Care can be defined as care in which all participants appreciate the importance of their relationships with one another and the relationships of clinicians with themselves, with each other and with community are also emphasized. (Beach & Inui, 2006) | The Carolina Nurse exemplifies relationship-centered caring as a core value and an essential dimension of nursing practice in all its contexts. | *Chasm: A New Health System for the 21st Century* (IOM, 2001)  
*Nurse Practice Act* (NCSBN, 2017)  
*QSEN Competencies* (2012)  
*AACN Essentials*  
BSN (4, 6, 7, 8, 9)  
MSN (2,3,4,6,7,8)  
DNP (5,6,7, 8)  
*AACN The Research -Focused Doctoral Program in Nursing: Pathways to Excellence - PhD*  
*Care: A Value Expressed in Philosophies of Nursing Services*  
*UNC Medical Center Professional Practice Model*  
*IOM Future of Nursing Report*  
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| X. Research                      | Research provides the scientific foundation for the nursing profession (AACN, 2006). | Carolina Nurses demonstrate a spirit of inquiry to generate new knowledge and apply evidence to advance the health of individuals, families, communities, populations, and systems. | AACN Essentials  
BSN (1, 3, 4, 9)  
MSN (2, 4, 5, 7)  
DNP (1, 2, 3, 6, 7, 8)  
NINR (2017). What is Nursing Research?  
| XI. Scholarly Communication & Writing | Scholarly communication and writing are an original and unique appraisal and synthesis that presents an objective perspective based on a thorough review of evidence and clinical expertise. Scholarly communication and writing products should be logical, concise, and organized. Evidence and assertions should be cited carefully, both in the text and in a bibliography. | Carolina Nurses effectively appraise, synthesize, and communicate evidence to advance science and practice. | AACN Essentials  
BSN (1, 6)  
MSN (1, 2, 4, 5, 6, 7)  
DNP (3)  
AACN The Research-Focused Doctoral Program in Nursing: Pathways to Excellence - PhD  
IOM Future of Nursing Report  
Scholarly Communication: Association of College and Research Libraries |