



## 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 tenet includes a title, definition, and narrative designed to apply 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 | V. Informatics         | IX. Relationship-Centered Care        |
| II. Ethics               | VI. Leadership         | X. Research                           |
| III. Global Health       | VII. Population Health | XI. Scholarly Communication & Writing |
| IV. Health Innovation    | VIII. Quality & Safety |                                       |

Core Tenet	Definition	Narrative	Resources
I. Diversity & Inclusion	<i>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).</i>	<b>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.</b>	<p><a href="#">AACN Essentials</a> BSN (1, 9) MSN (7, 8); definition p.34 DNP (5,7, 8)</p> <p><a href="#">Achieving Diversity and Meaningful Inclusion in Nursing Education</a> (NLN, 2016)</p> <p><a href="#">Diversity &amp; Inclusion Toolkit</a> (NLN, 2017)</p> <p>Branche, J. (2007). Diversity across the curriculum : a guide for faculty in higher education. Bolton, Mass.: Anker Pub. Co.</p>
II. Ethics	<i>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 &amp; Erb, 2007; NHS, 2012).</i>	<b>Carolina Nurses uphold what is right and good, measured against principles, virtues, core professional values, and relevant legislation.</b>	<p><a href="#">AACN Essentials</a> BSN (8) MSN (4) DNP (1,2,4,5)</p> <p><a href="#">AACN The Research -Focused Doctoral Program in Nursing: Pathways to Excellence - PhD</a></p> <p><a href="#">Advanced Practice Toolkit</a></p> <p><a href="#">IOM Future of Nursing Report</a></p> <p>NLN (2012). <a href="#">Ethical Principles for Nursing Education</a></p>
III. Global Health	<i>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).</i>	<b>Carolina Nurses practice with a global mindset to achieve health equity locally and globally.</b>	<p><a href="#">AACN Essentials</a> BSN (1, 5, 7, 8, 9) MSN (4, 8, 90) DNP (1,5, 8)</p> <p>Koplan, J.P. et al., (2009). Towards a common definition of global health. Lancet 373: 1993-5.</p> <p>NLN (2017). <a href="#">A Vision for Expanding US Nursing Education for Global Health Engagement</a></p>

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IV. Health Innovation	<p><i>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.</i></p> <p><i>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).</i></p>	<p><b>Carolina Nurses engage in new ways of thinking to develop, deliver, and evaluate innovations to improve health.</b></p>	<p><a href="#">AACN Essentials</a> BSN (2, 4, 6, 7, 9) MSN (1,3,4,5,7,8,9) DNP (2,3,4,6,7, 8)</p> <p>AHRQ (2017). <a href="#">Health Care Innovations Exchange</a></p> <p>WHIG (2017). <a href="#">Definition of Health Innovation</a></p> <p>Omachonu, V. K., &amp; Einspruch, N. G. (2010). Innovation in healthcare delivery systems: a conceptual framework. <i>The Innovation Journal: The Public Sector Innovation Journal</i>, 15(1), 1-20.</p> <p>Weberg, D. (2009). Innovation in healthcare: a concept analysis. <i>Nursing Administration Quarterly</i>, 33(3), 227-237.</p>
V. Informatics	<p><i>The use of information and technology to communicate, generate and manage knowledge, prevent, or mitigate error, and support decision making (adapted from QSEN, 2012).</i></p>	<p><b>Carolina Nurses skillfully utilize information and technologies to improve health.</b></p>	<p><a href="#">AACN Essentials</a> BSN (3, 4, 6, 9) MSN (3,4,5,7,8,9; def. p. 36) DNP (3,4,6,8)</p> <p><a href="#">AMIA Health Informatics Core Competencies</a></p> <p>ANA (2015). Nursing Informatics: Scope and Standards.</p> <p>IOM (2003). <a href="#">Health Professions Education: A Bridge to Quality</a></p> <p>NILC (2016). <a href="#">Nursing Informatics Competencies</a></p> <p><a href="#">QSEN Competencies (2012)</a></p> <p>TICC (2009). <a href="#">Technology Informatics Guiding Education Reform (TIGER) Competencies</a></p>

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VI. Leadership	<p><i>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).</i></p>	<p>Carolina Nurses intentionally lead through advocacy, scholarship, and influencing policy to improve health.</p>	<p><a href="#">AACN Essentials</a> BSN (2, 5) MSN (2, 3, 4, 6, 7, 9) DNP (2,3,4,5,6,8)</p> <p><a href="#">ANA Leadership Institute Competency Model (2013)</a></p> <p>IOM (2010). <a href="#">The Future of Nursing Nurse Executive Competencies</a> (AONE, 2015)</p> <p>Wilmoth, M. C., &amp; Shapiro, S. E. (2014). The intentional development of nurses as leaders: A proposed framework. <i>JONA: The Journal of Nursing Administration</i>, 44(6), 333-338.</p>
VII. Population Health	<p><i>Population health is a collaborative effort designed to improve the health outcomes of a specific population through interventions and policy (adapted from Stoto, 2013)</i> <i>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) .</i></p>	<p>Carolina Nurses critically appraise and address the contextual complexities that exist across populations and systems to improve health equity.</p>	<p><a href="#">AACN Essentials</a> BSN (7) MSN (6, 7) DNP (6,7)</p> <p>IHI (2014). <a href="#">Populations, Population Health, and the Evolution of Population Management: Making Sense of the Terminology in US HealthCare Today</a></p>
VIII. Quality & Safety	<p><i>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).</i></p> <p><i>Patient safety "minimizes risk</i></p>	<p>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.</p>	<p><a href="#">AACN Essentials</a> BSN (2,3) MSN (1, 2, 6) DNP (1, 2, 5)</p> <p><a href="#">AHRO</a> IHI (2017). <a href="#">A Framework for Safe, Reliable, and Effective Care</a></p> <p>IOM (2001). <a href="#">Crossing the Quality</a></p>

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	<p><i>of harm to patients and providers through both system effectiveness and individual performance” (QSEN, 2012).</i></p>		<p><a href="#">Chasm: A New Health System for the 21st Century</a> (IOM, 2001)</p> <p><a href="#">Nurse Practice Act</a> (NCSBN, 2017)</p> <p><a href="#">QSEN Competencies</a> (2012)</p> <p>Aspden, P. &amp; Institute of Medicine (U.S.), Committee on Data Standards for Patient Safety Staff. (2003; 2004). Patient safety: Achieving a new standard for care. Washington: National Academies Press.</p> <p>Farquhar, M., Sharp, B.A.C., &amp; Clancy, C.M. (2007). Patient safety in nursing practice. <i>AORN Journal</i>, 86(3), 455-457.</p> <p>Mitchell, P. (2008) <i>Care. In Patient Safety and Quality: An Evidence-Based Handbook for Nurses</i>. Rockville, MD: AHRQ.</p>
IX. Relationship-Centered Care	<p><i>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 &amp; Inui, 2006).</i></p>	<p><b>Carolina Nurses exemplify relationship-centered caring as a core value and an essential dimension of nursing practice in all its contexts.</b></p>	<p><a href="#">AACN Essentials</a> BSN (4, 6, 7, 8, 9) MSN (2,3,4,6,7,8) DNP (5,6,7, 8)</p> <p><a href="#">AACN The Research -Focused Doctoral Program in Nursing: Pathways to Excellence - PhD</a></p> <p><a href="#">Care: A Value Expressed in Philosophies of Nursing Services</a></p> <p><a href="#">UNC Medical Center Professional Practice Model</a></p> <p><a href="#">IOM Future of Nursing Report</a></p> <p>Beach, M. C., Inui, T., and the Relationship-Centered Care Research Network. (2006). Relationship-centered care: A constructive reframing. <i>Journal of General Internal Medicine</i>, 21(S1), 3-8.</p>

Core Tenet	Definition	Narrative	Resources
X. Research	Research provides the scientific foundation for the nursing profession (AACN, 2006).	<b>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.</b>	<a href="#">AACN Essentials</a> BSN (1, 3, 4, 9) MSN (2, 4, 5, 7) DNP (1, 2, 3, 6, 7, 8)  AACN (2006). Position Statement on Nursing Research  NINR (2017). <a href="#">What is Nursing Research?</a>  Hunker, D. F., Gazza, E. A., & Shellenbarger, T. (2014). Evidence-based knowledge, skills, and attitudes for scholarly writing development across all levels of nursing education. <i>Journal of Professional Nursing</i> , 30(4), 341-346.
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.	<b>Carolina Nurses effectively appraise, synthesize, and communicate evidence to advance science and practice.</b>	<a href="#">AACN Essentials</a> BSN (1, 6) MSN (1, 2, 4, 5, 6, 7) DNP (3)  <a href="#">AACN The Research -Focused Doctoral Program in Nursing: Pathways to Excellence - PhD</a>  <a href="#">IOM Future of Nursing Report</a>  <a href="#">Scholarly Communication: Association of College and Research Libraries</a>