## Core Competencies

### 1.3.1 Nurse leaders foster norms and practices that support broad participation in knowledge development, sharing, and dissemination

- Cultivate a work environment that actively encourages innovation and evaluation (Ballein Search Partners, 2003)
- Foster opportunities for individuals to think and learn (Tucker & Edmondson, 2003)
- Foster nurse-to-nurse sharing of clinical and leadership expertise
- Create opportunities for staff to assess work systems and devise new ones (Tucker & Edmondson, 2003)
- Promote and support nursing research
- Promote and support developing and using evidence-based guidelines (Kitson, Harvey & McCormack, 1998; Udod & Care, 2004)
- Acknowledge the value of different modes of knowledge generation and uptake
- Align incentives to reinforce and facilitate uptake of knowledge management practices (Davenport et al., 1998)
- Manage personal growth by objectively challenging behaviour and beliefs (Gelinas & Manthey, 1997)

### 1.3.2 Nurse leaders provide technical, informational, and educational infrastructure to support learning

- Provide support for education and continuing career development (Ballein Search Partners, 2003; Kramer & Schmalenberg, 2002)
- Create organizational partnerships that facilitate continuing education
- Seek out and use knowledgeable experts in and external to the organization (Rycroft-Malone et al., 2002)
- Provide access to a variety of literature and information (Udod & Care, 2004)
- Encourage use of decision-support tools

## Relevance for Point-of-Care Leadership

- Applies nursing process in leading the care of the patient/client (Reid & Dennison, 2011)
- Provides opportunities to share knowledge on patient/client progress (Reid & Dennison, 2011)
- Leads and shares interventions for patients and clients through patient-care conferences (Reid & Dennison, 2011)
- Manage personal growth by objectively challenging behaviour and beliefs (Gelinas & Manthey, 1997)
- Assesses reports, lab results, to evaluate patient/client status and shares knowledge with other team members (Reid & Dennison, 2011)
- Consults with experts to achieve optimal care and outcomes for patient/client (Reid & Dennison, 2011)
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<tr>
<th>Core Competencies</th>
<th>Sample Behaviour</th>
<th>Relevance for Point-of-Care Leadership</th>
</tr>
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</table>
| 1.3.3 Nurse leaders create environments where communication is open, and teamwork and the contribution of others’ knowledge is valued (Ballein Search Partners, 2003) | - Examine internal communication patterns (Upenieks, 2003c)  
- Recognize cultural differences in communication and how perceptions of hierarchy may influence communication  
- Encourage collaborative problem solving (Pelletier, 1998; Upenieks, 2003c)  
- Establish structures and processes to encourage discussion of issues or ideas (Ballein Search Partners, 2003)  
- Promote flow of information and ideas at multiple levels through informal and formal practices  
- Showcase successes | - Engages with other health-care professionals to improve efficiency in existing organizational processes (Ott et al., 2009)  
- Provides open, timely communication to patient/client and family and the interprofessional team (Reid & Dennison, 2011)  
- Recognizes patient/client family cultural differences in communication and the influence perceptions of hierarchy may have on communication (Reid & Dennison, 2011)  
- Encourages collaborative problem solving (Pelletier, 1998; Upenieks, 2003c) |
| 1.3.4 Nurse leaders instill a learning approach for continuous quality improvement(5) | - Provide effective feedback (DeLong & Fahey, 2000; Ferguson-Paré 1998; Ferguson-Paré et al., 2002; Gelinas & Manthey, 1997; Severinsson, 1996; Upenieks, 2003a)  
- Articulate, critically review, generate and validate knowledge through critical reflection on practice (Berwick, 1996; Titchen, 2000)  
- Inspire creative thinking  
- Engage management and staff in improving quality of care and ensuring effective allocation of resources (Ballein Search Partners, 2003)  
- Enable nurses to take action  
- Instill a strong sense of individual responsibility for quality monitoring  
- Provide time to discuss and address underlying causes of problems  
- Use critical reflection to generate and validate knowledge | - Facilitates problem solving, decision making and improvement of patient flow (Ott et al., 2009)  
- Provides effective feedback (DeLong & Fahey, 2000; Ferguson-Paré 1998; Ferguson-Paré et al., 2002; Gelinas & Manthey, 1997; Severinsson, 1996; Upenieks, 2003a)  
- Engages interprofessional team in improving quality of care and ensuring effective allocation of resources (Ballein Search Partners, 2003)  
- Demonstrates a strong sense of individual responsibility for quality monitoring at point-of-care (Reid & Dennison, 2011)  
- Provides time for patient/family to discuss plan of care  
- Uses reflective practice to generate and validate knowledge (Reid & Dennison, 2011) |
### Core Competencies

**1.3.5** Nurse leaders establish mechanisms for continuous monitoring of organizational process and changes

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<thead>
<tr>
<th>Sample Behaviour</th>
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<tr>
<td>- Promote use of nursing-related performance and client outcome measures in benchmarking (Ballein Search Partners, 2003)</td>
<td>- Participates in benchmarking and implementing best practices (Ballein Search Partners, 2003; Gifford, 2002)</td>
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<tr>
<td>- Get frontline staff involved in benchmarking and developing best practices (Ballein Search Partners, 2003; Gifford, 2002)</td>
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<td>- Use data and quality frameworks for monitoring and decision making</td>
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<td>- Examine the best practices of other organizations and professions (Upshur, 1997)</td>
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<td>- Monitor results of changes and set up accountability mechanisms</td>
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<td>- Review and record past organizational successes and failures (Beaujeu, 1997)</td>
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*The most significant leaders for improving direct care are the individuals providing direct care.*

~ (Cook, 2001)