

## 2023 CAVRN Exam Domains

Finalized in September 2022

| CAVRN Content Outline                                  |   |
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| <b>Domain I: Quality &amp; Safety (16%)</b>            |   |
| <b>1. Quality Indicators</b>                           |   |
|  | a. Facilitate nursing sensitive indicator compliance  |
|  | b. Predict interventions related to core measures   |
|  | c. Recognize impact on patient experience   |
|  | d. Practice patient experience activities   |
|  | e. Address disease-specific needs   |
| <b>2. Patient Care Compliance/Surveillance</b>         |   |
|  | a. Evaluate risk assessments and intervene as necessary (e.g., CAUTI/CLABSI, DVTs, falls, sepsis, stroke)                                   |
|  | b. Monitor compliance with policy and procedure   |
|  | c. Synthesize physiologic data to predict patient improvement and/or deterioration  |
|  | d. Review medication profile for discrepancies (e.g., herbals, prescribed, redundancy)  |
|  | e. Verify approved patient identifiers  |
| <b>3. Regulatory Compliance</b>                        |   |
|  | a. Recognize scope of practice between licensing boards and nurse practice acts   |
|  | b. Administer virtual care in accordance with patients' bill of rights and/or facility policy   |
| <b>Domain II: Patient &amp; Family Education (12%)</b> |   |
| <b>1. Virtual Patient Orientation</b>                  |   |
|  | a. Explain and define role of virtual nursing as part of care team (e.g., Acknowledge, Introduce, Duration, Explanation, Thank You (AIDET)) |
|  | b. Explain technology and virtual care model  |
|  | c. Evaluate patient's understanding of virtual care services and benefits   |
| <b>2. Education Delivery</b>                           |   |
|  | a. Choose appropriate education methodologies dependent on setting, content, and patient and family learning styles and readiness to learn  |
|  | b. Differentiate education topics appropriate for virtual delivery  |
| <b>3. Individualized Patient Education</b>             |   |
|  | a. Design comprehensive, individualized patient education plan  |
|  | b. Assess patient's comprehension of education provided   |
| <b>4. Social Determinant of Health</b>                 |   |
|  | a. Identify potential barriers to care (e.g., cognition, community resources, culture, health literacy, language barriers)                  |
|  | b. Coordinate connection to available resources to impact social determinant  |
| <b>Domain III: Communication (20%)</b>                 |   |
| <b>1. Virtual Etiquette</b>                            |   |
|  | a. Utilize standard "room" entry protocol (e.g., audio first entry, "knocking")   |
|  | b. Establish virtual role (e.g., self-identify, differentiate provider's role to patient)   |
|  | c. Utilize appropriate virtual presence (e.g., background/environment, professional appearance)   |
|  | d. Employ appropriate voice inflection, tone, eye contact, and body language  |

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|   | e. Utilize effective audio and video quality for the patient and virtual nurse  |
|   | <b>2. Virtual Rapport</b>   |
|   | a. Determine when and how to interact with bed-side care providers  |
|   | b. Maintain the same level of awareness and professionalism expected of bed-side care   |
|   | c. Establish rapport through appropriate body language (e.g., expression, gestures, posture)  |
|   | d. Acknowledge families and others present in patient's room  |
|   | e. Develop a plan of communication with families  |
|   | f. Educate care team on a plan of communication with patient  |
|   | <b>3. Communication Strategies</b>  |
|   | a. Employ closed-loop communication with intra-professional care team as appropriate  |
|   | b. Adhere to appropriate communication workflow for intra-professional communication  |
|   | <b>4. Patient Setting/Privacy Concerns</b>  |
|   | a. Secure safe and private location (e.g., logistics of the patient room, virtual nurse workspace)  |
|   | b. Inform patient and family of policies regarding audio/video recording  |
| <b>Domain IV: Teamwork/Inter-Professional Collaboration (17%)</b> |   |
|   | <b>1. Collaboration &amp; Teamwork</b>  |
|   | a. Report deviations from plan of care and determine impact on trajectory of care   |
|   | b. Articulate the role of the virtual nurse within the inter-professional team  |
|   | c. Differentiate the roles of other members of the inter-professional team (e.g., admission, discharge, rounding)   |
|   | <b>2. Delegation</b>  |
|   | a. Employ the Five Rights of Delegation (e.g., delegate and accommodate duties based upon scope of practice and care model)   |
|   | <b>3. Chain of Escalation/Resolution</b>  |
|   | a. Determine when and how to use the chain of escalation/resolution (e.g., bed-side nurses, virtual nurses)   |
|   | b. Recognize and report failure in chain of escalation/resolution   |
|   | <b>4. Debriefing &amp; Feedback</b>   |
|   | a. Determine when, how, and where to deliver feedback (e.g., situational awareness)   |
|   | b. Participate in debriefing sessions as necessary to address adverse events (e.g., advocate for a seat at the table)   |
|   | <b>5. Scribing</b>  |
|   | a. Adhere to organizational standards for scribing  |
| <b>Domain V: Coaching &amp; Mentoring (11%)</b>                   |   |
|   | <b>1. Audience-Based Approach</b>   |
|   | a. Apply precepting and leadership principles in terms of coaching specific audiences (e.g., graduate nurses, novice nurses, charge nurses, floating/travel nurses) |
|   | b. Determine appropriate medium for communication (e.g., email, face-to-face, text)   |
|   | <b>2. Feedback &amp; Support</b>  |
|   | a. Model appropriate communication styles   |
|   | b. Create a psychologically safe environment to foster and encourage open dialogue  |
|   | c. Use therapeutic communication methods to support direct-care givers  |
|   | d. Utilize evaluation tools to develop individualized validation techniques   |
|   | e. Guide bed-side nurses in prioritization of tasks   |

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| <b>3. Precepting &amp; Mentoring</b>                  |  |
|   | a. Identify points of contact for virtual nurses   |
|   | b. Schedule regular check-ins to facilitate purposeful engagement and shift success  |
|   | c. Establish and reinforce purposeful professional partnerships between virtual nurses and inter-professional care team                  |
|   | d. Validate competencies (e.g., skills check-offs)   |
| <b>Domain VI: Leadership (10%)</b>                    |  |
| <b>1. Prioritization</b>                              |  |
|   | a. Prioritize activities to optimize daily operations and strategic goals (e.g., patient acuity, patient flow, quality checks, staffing) |
| <b>2. Situational Awareness</b>                       |  |
|   | a. Demonstrate principles of emotional intelligence  |
|   | b. Identify opportunities to provide additional professional development   |
|   | c. Determine environmental conditions using established workflows and touch points (e.g., tracking platforms)                            |
|   | d. Identify high-risk team members in need of support  |
| <b>3. Quality &amp; Risk Management</b>               |  |
|   | a. Report potential quality and risk vulnerabilities (e.g., gaps in care, technology, trends, workflow)                                  |
| <b>Domain VII: Informatics &amp; Technology (14%)</b> |  |
| <b>1. Utilization of Technology</b>                   |  |
|   | a. Utilize technical features of hardware and software applications (e.g., optimization)   |
|   | b. Address gaps in functionality (e.g., troubleshooting, escalation)   |
| <b>2. Privacy &amp; Security</b>                      |  |
|   | a. Adhere to organizational security policies (e.g., consumer devices, cyber security, VPN)  |
| <b>3. Data Management</b>                             |  |
|   | a. Evaluate inputs from multiple applications to maximize efficiency (e.g., EMR/EHR, physiological monitoring, reporting database)       |