CAVRN Exam Content Changes

Below is a direct comparison of the original CAVRN Exam Content Outline (effective March 1, 2023 - December 31, 2026) and the revised CAVRN Exam Content Outline (effective January 1, 2027). Removed or consolidated statements are in red. New content or other adjustments are in blue.

Original Statement	Revision
Domain I: Quality & Safety (16%)	**Domain I: Quality & Safety (16%)**
1. Quality Indicators	**1. Quality Indicators**
a. Facilitate nursing sensitive indicator compliance	a. Facilitate compliance with nursing sensitive indicators
b. Predict interventions related to core measures	b. Predict interventions related to core measures (e.g., educate to obtain daily weights for heart failure)
c. Recognize impact on patient experience	c. Recognize the impact of the virtual nurse on patient experience
d. Practice patient experience activities	
e. Address disease-specific needs	e. Assess patient needs related to disease-specific standards
2. Patient Care Compliance/Surveillance	**2. Patient Care Compliance/Surveillance**
a. Evaluate risk assessments and intervene as necessary (e.g., CAUTI/CLABSI, DVTs, falls, sepsis, stroke)	a. Evaluate risk assessments and intervene as necessary (e.g., CAUTI/CLABSI, DVTs, falls, sepsis, stroke)
b. Monitor compliance with policy and procedure	b. Monitor adherence to policy and procedure
c. Synthesize physiologic data to predict patient improvement and/or deterioration	c. Interpret data (e.g., physiologic, early warning scores, AI-enabled surveillance, and predictive analytics) to identify patient improvement or deterioration
d. Review medication profile for discrepancies (e.g., herbals, prescribed, redundancy)	d. Review medication profile to identify discrepancies (e.g., herbals, prescribed, redundancy)
e. Verify approved patient identifiers	e. Verify patient identity using approved methods of identification
	f. Identify individuals present in the patient room
3. Regulatory Compliance	**3. Regulatory Compliance**
a. Recognize scope of practice between licensing boards and nurse practice acts	a. Recognize scope of practice requirements across licensing boards and nursing practice
b. Administer virtual care in accordance with patients' bill of rights and/or facility policy	b. Deliver virtual care according to the patients' bill of rights and/or facility policy
Domain II: Patient & Family Education (12%)	**Domain II: Patient & Caregiver Education (17%)**
1. Virtual Patient Orientation	**1. Virtual Patient Orientation**
a. Explain and define role of virtual nursing as part of care team (e.g., Acknowledge, Introduce, Duration, Explanation, Thank You (AIDET))	a. Explain and define the role of virtual nursing as part of the care team (e.g., Acknowledge, Introduce, Duration, Explanation, Thank You (AIDET))

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b. Explain technology and virtual care model	b. Explain the technology being used within the virtual care model
c. Evaluate patient's understanding of virtual care services and benefits	c. Assess the patient's understanding of the virtual nurse's role and advantages of virtual nursing care
2. Education Delivery	**2. Education Delivery**
a. Choose appropriate education methodologies dependent on setting, content, and patient and family learning styles and readiness to learn	a. Select appropriate patient and caregiver education methodologies based on setting, content, and the patient's learning needs assessment
b. Differentiate education topics appropriate for virtual delivery	b. Identify education topics appropriate for virtual delivery
3. Individualized Patient Education	**3. Individualized Patient Education**
a. Design comprehensive, individualized patient education plan	a. Develop an individualized patient education plan
b. Assess patient's comprehension of education provided	b. Assess the patient and caregiver's comprehension of the provided education
4. Social Determinant of Health	**4. Social Drivers of Health**
a. Identify potential barriers to care (e.g., cognition, community resources, culture, health literacy, language barriers)	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. Connect patients with appropriate resources to address identified barriers
Domain III: Communication (20%)	**Domain III: Communication (24%)**
1. Virtual Etiquette	**1. Virtual Etiquette**
a. Utilize standard "room" entry protocol (e.g., audio first entry, "knocking")	a. Utilize virtual entry protocol (e.g., audio first entry, "knocking")
b. Establish virtual role (e.g., self-identify, differentiate provider's role to patient)	b. Introduce self and explain the role of the virtual nurse within the care team
c. Utilize appropriate virtual presence (e.g., background/environment, professional appearance)	c. Maintain appropriate virtual presence (e.g., background/environment, professional appearance)
d. Employ appropriate voice inflection, tone, eye contact, and body language	
e. Utilize effective audio and video quality for the patient and virtual nurse	d. Optimize audio and video quality
2. Virtual Rapport	**2. Virtual Rapport**
a. Determine when and how to interact with bed-side care providers	a. Determine appropriate timing and method for communicating with bedside team
b. Maintain the same level of awareness and professionalism expected of bed-side care	b. Maintain professional awareness that is consistent with bedside standards
c. Establish rapport though appropriate body language (e.g., expression, gestures, posture)	c. Use appropriate voice inflection, tone, eye contact, and body language
d. Acknowledge families and others present in patient's room	d. Acknowledge individuals present in the patient's room
e. Develop a plan of communication with families	e. Develop a plan for communication with the patient and caregivers

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f. Educate care team on a plan of communication with patient	f. Educate the care team on the patient communication plan
3. Communication Strategies	**3. Communication Strategies**
a. Employ closed-loop communication with intra-professional care team as appropriate	a. Use effective communication strategies (e.g., closed-loop communication, active listening)
b. Adhere to appropriate communication workflow for intra-professional communication	b. Follow approved workflows for inter-professional communication
	c. Facilitate conflict resolution efforts within the inter-professional team
4. Patient Setting/Privacy Concerns	**4. Patient Privacy Concerns**
a. Secure safe and private location (e.g., logistics of the patient room, virtual nurse workspace)	a. Ensure a safe and private virtual care environment (e.g., logistics of the patient room, virtual nurse workspace)
b. Inform patient and family of policies regarding audio/video recording	b. Inform the patient and caregivers of expectations and policies regarding audio and video usage
	c. Recognize how the patient environment affects communication privacy
Domain IV: Teamwork/Inter-Professional Collaboration (17%)	**Domain IV: Teamwork & Inter-Professional Collaboration (14%)**
1. Collaboration & Teamwork	**1. Collaboration & Teamwork**
a. Report deviations from plan of care and determine impact on trajectory of care	a. Communicate deviations from the plan of care that impact the trajectory of care
b. Articulate the role of the virtual nurse within the inter-professional team	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)	c. Differentiate the role of the virtual nurse within the inter-professional team as related to patient care activities (e.g., admission, discharge, rounding)
	d. Facilitate shared decision-making with the inter-professional team
2. Delegation	
a. Employ the Five Rights of Delegation (e.g., delegate and accommodate duties based upon scope of practice and care model)	e. Delegate duties based on scope of practice and care model, applying the Five Rights of Delegation
3. Chain of Escalation/Resolution	**2. Chain of Escalation**
a. Determine when and how to use the chain of escalation/resolution (e.g., bed-side nurses, virtual nurses)	a. Identify when and how to initiate the chain of escalation
b. Recognize and report failure in chain of escalation/resolution	b. Recognize, document, and report failures in clinical or technology-based escalation pathways
4. Debriefing & Feedback	**3. Debriefing & Feedback**
a. Determine when, how, and where to deliver feedback (e.g., situational awareness)	a. Determine appropriate timing, method, and setting for delivering feedback (e.g., situational awareness, psychological and physiological safety)

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b. Participate in debriefing sessions as necessary to address adverse events (e.g., advocate for a seat at the table)	b. Participate in debriefing sessions to address adverse events and advocate for care team inclusion
5. Scribing	**4. Scribing & Documentation**
a. Adhere to organizational standards for scribing	a. Follow organizational standards for scribing activities
	b. Follow organizational standards regarding use of AI-assisted ambient tools (e.g., ensure accuracy in documentation)
Domain V: Coaching & Mentoring (11%)	**Domain V: Coaching & Mentoring (11%)**
1. Audience-Based Approach	**1. Audience-Based Approach**
a. Apply precepting and leadership principles in terms of coaching specific audiences (e.g., graduate nurses, novice nurses, charge nurses, floating/travel nurses)	a. Apply precepting and leadership principles when coaching different nursing audiences (e.g., graduate nurses, novice nurses, charge nurses, floating/travel nurses, nurse aides) to support real-time decision making
b. Determine appropriate medium for communication (e.g., email, face-to-face, text)	b. Select the appropriate communication method (e.g., face-to-face, phone, secure messaging) for the intended audience and purpose
2. Feedback & Support	**2. Feedback & Support**
a. Model appropriate communication styles	a. Model effective, professional, and therapeutic communication methods
	b. Coach bedside nurses in communication methods
b. Create a psychologically safe environment to foster and encourage open dialogue	c. Create a psychologically safe environment that fosters and encourages open dialogue
c. Use therapeutic communication methods to support direct-care givers	
d. Utilize evaluation tools to develop individualized validation techniques	d. Use evaluation tools to guide individualized validation techniques
e. Guide bed-side nurses in prioritization of tasks	e. Coach bedside nurses in prioritizing clinical tasks
3. Precepting & Mentoring	**3. Precepting & Mentoring**
a. Identify points of contact for virtual nurses	a. Identify points of contact for virtual nurses
b. Schedule regular check-ins to facilitate purposeful engagement and shift success	b. Conduct regular check-ins to support engagement and shift success
c. Establish and reinforce purposeful professional partnerships between virtual nurses and inter-professional care team	c. Build and reinforce professional partnerships between virtual nurses and inter-professional team members
d. Validate competencies (e.g., skills check-offs)	d. Participate in the validation of virtual nurse preceptees' competencies through facility-established validation methods (e.g., skills check-offs)
Domain VI: Leadership (10%)	**Domain VI: Leadership Skills (9%)**
1. Prioritization	**1. Prioritization**

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a. Prioritize activities to optimize daily operations and strategic goals (e.g., patient acuity, patient flow, quality checks, staffing)	a. Prioritize tasks to optimize daily operations and strategic goals (e.g., patient acuity, patient flow, quality checks, staffing)
2. Situational Awareness	**2. Situational Awareness**
a. Demonstrate principles of emotional intelligence	a. Demonstrate emotional intelligence principles that promote effective team interactions
b. Identify opportunities to provide additional professional development	b. Identify opportunities for the virtual nurse's 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	c. Identify and reach out to team members in need of focused preceptorship, and escalate needs as appropriate
3. Quality & Risk Management	
a. Report potential quality and risk vulnerabilities (e.g., gaps in care, technology, trends, workflow)	d. Report potential quality or safety risks (e.g., gaps in care, technology issues, trends, workflow)
Domain VII: Informatics & Technology (14%)	**Domain VII: Informatics & Technology (9%)**
1. Utilization of Technology	**1. Technology Utilization**
a. Utilize technical features of hardware and software applications (e.g., optimization)	a. Use hardware and software features to optimize workflows and patient experience
b. Address gaps in functionality (e.g., troubleshooting, escalation)	b. Address functionality gaps through troubleshooting and escalation)
	c. Provide user-level guidance to peers on virtual care technologies
	d. Evaluate workflow-related technology during testing and validation
2. Privacy & Security	**2. Privacy & Security**
a. Adhere to organizational security policies (e.g., consumer devices, cyber security, VPN)	a. Follow organizational privacy and security policies regarding use of technology (e.g., consumer devices, cybersecurity, VPN)
3. Data Management	**3. Data Management**
a. Evaluate inputs from multiple applications to maximize efficiency (e.g., EMR/EHR, physiological monitoring, reporting database)	a. Interpret data from multiple applications to enhance efficiency and decision-making (e.g., EMR/EHR, physiological monitoring, reporting database)
	b. Use analytic dashboard to track trends and inform clinical priorities

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