



Companion Document to the ACRL Framework for Information Literacy for Higher Education

Nursing

Approved by the ACRL Board of Directors, January 29, 2026

TABLE OF CONTENTS

- I. Introduction
- II. Individual Frames
 - A. Authority Is Constructed and Contextual
 - B. Information Creation as a Process
 - C. Information Has Value
 - D. Research as Inquiry
 - E. Scholarship as Conversation
 - F. Searching as Strategic Exploration
- III. Conclusion
- IV. Appendices
 - A. References

I. INTRODUCTION

Lifelong learning is a foundational principle of nursing and healthcare. The American Association of Colleges of Nursing (AACN) *Essentials* describe lifelong learning as an element of personal, professional and leadership development, and define it as “...both formal and informal learning opportunities throughout one’s life to foster the continuous development and improvement of the knowledge and skills needed for employment and personal fulfillment.” Information literacy (IL) is a key skill for lifelong learners as the universe of information continues to expand. According to the American Library Association (ALA), IL encompasses “the set of integrated abilities encompassing the reflective discovery of information, the understanding of how information is produced and valued, and the use of information in creating new knowledge and participating ethically in communities of learning.”

This *Companion Document* is for librarians and nursing faculty to design IL instruction for all levels of nursing education and practice. The primary audience includes:

- Librarians: For planning, delivering, and evaluating instruction and supporting nursing faculty. To conduct research independently or in collaboration with nursing faculty and program administrators.
- Nursing Faculty and Program Administrators: For planning, delivering, and evaluating course content and conducting educational research. To help build and scaffold essential skills into nursing program curricula
- Nursing Students: At all levels, for checking their own learning and identifying further areas for skill acquisition.
- Practicing Nurses: To use as a resource for continuous professional development.

Throughout the process of developing the *Companion Document*, we integrated the principles of evidence-based practice in nursing and national standards for nursing education and practice published by the AACN and the Canadian Association of Schools of Nursing (CASN). Given the evolving nature of these standards and healthcare, this document was written to be adaptable and usable across various evidence-based practice (EBP) models. Additionally, we emphasized principles of equity, diversity, inclusion, and social justice to reflect their importance in nursing practice and librarianship.

This *Companion Document* and its associated research guide (<https://acrl.libguides.com/health/frameworkcompanion/starthere>) provide flexible, adaptable content ready for conversation and collaboration around the six frames outlined in the Association of College and Research Libraries (ACRL) *Framework for Information Literacy for Higher Education*. These Frames facilitate direct dialogue between the disciplines of nursing and librarianship through a practitioner- and librarian-informed resource.

Understanding and applying the principles of IL is crucial for navigating the complexities of modern healthcare. By fostering a culture of continuous learning and critical thinking, this document bridges nursing education and practice, ultimately enhancing patient care and professional growth. Our aim is to inspire collaboration, discussion, and innovation, contributing to the development of information-literate nurses of the future.

History and Background

In 2013, the Information Literacy Standards Task Force of the ACRL Health Sciences Interest Group (HSIG) completed the *Information Literacy Competency Standards for Nursing (ILCSN)* (<https://www.ala.org/acrl/standards/nursing>) to help establish best practices for becoming information literate nurses. In 2015, the Association of College and Research Libraries (ACRL) published the *Framework for Information Literacy for Higher Education* (<https://www.ala.org/acrl/standards/ilframework>), known as the *Framework*. The *ILCSN* and the *Framework* are foundational documents for designing IL instruction for nurses at all stages of education and practice. The *ILCSN* was written with the understanding that the *Framework* would eventually supersede it.

In 2017, the HSIG Nursing Information Literacy Framework Working Group was formed to adapt the *ILCSN* to reflect the *Framework* and incorporate changes in nursing education and practice. This effort was led by co-chairs Bethany McGowan and Lauren Cantwell-Jurkovic. The working group began by surveying nursing faculty about their use of IL in instruction (McGowan et al., 2020) and conducted a comprehensive literature review on IL in nursing education (Cantwell et al., 2021). We found that nursing educators:

- frequently brought IL into their courses using a variety of methods.
- used guiding documents from nursing educational associations (e.g., AACN and CASN)) much more commonly in their course design rather than guiding documents from librarianship (e.g., the *ILCSN* and the *Framework*).
- did not often mention involvement, or collaboration with, a librarian when publishing about IL in nursing higher education.
- may have relied on nursing journals for IL-related content, possibly missing out on disciplines in which relevant literature may be published (e.g., education, librarianship/information science, and the broader health sciences).

We used these findings in our approach to drafting the Frames and aimed to build the *AACN Essentials* (<https://www.aacnnursing.org/AACN-Essentials>) into our work.

Methods

After the updated *AACN Essentials* were published in 2021, these national standards were incorporated by describing the competencies that characterize each Frame in the context of nursing. Although the Frames were not directly mapped to the *AACN Essentials* competencies, guidance on operationalizing them within each Frame is provided. Throughout the drafting and revision processes, Qualtrics surveys were shared, via listservs and email, and feedback was sought on LibGuide-hosted drafts of this Framework companion document. The authors sought feedback not just from academic librarians who liaise with nursing and health sciences programs, but also from academic librarians beyond that liaison affiliation, clinical librarians, nursing program administrators/directors, disciplinary/nursing teaching faculty, students, and others.

The authors used Bloom's Taxonomy Levels (Remembering, Understanding, Applying, Analyzing, Evaluating and Creating) and their associated language to describe the increasingly complex use of IL as an information literate learner grows and develops stronger competency. The *ACRL Framework* itself is a response to the shift from teaching IL as prescribed steps or skills, as in the *ILCSN* document, to a cluster of interconnected core concepts with flexible options for implementation. Our approach aligns with current practice in higher education and the evolving information ecosystem while acknowledging a range of audiences, as illustrated by examples of the "frames in action" and the sharing of examples of assessable competencies.

AUTHORS

- Bethany S. McGowan (co-chair), MLIS, MS, AHIP; Associate Professor and Health Sciences Information Specialist, Libraries and School of Information Studies, Purdue University-West Lafayette; West Lafayette, IN, USA
- Laureen P. Cantwell-Jurkovic (co-chair), MSLIS, PhD; Head of Access Services & Outreach, Colorado Mesa University; Grand Junction, CO, USA
- Jamie L. Conklin, MSLIS; Health Sciences Librarian & Liaison to Nursing, University of North Carolina at Chapel Hill; Chapel Hill, NC, USA
- Francesca Frati, BFA, MLIS; Associate Librarian and Interim Head Librarian, Schulich Library of Physical Sciences, Life Sciences, and Engineering, McGill University Libraries; Montreal, QC, CA
- Shannon Johnson, MLS; Director and Full Librarian, Helmke Library, Purdue University-Fort Wayne, Fort Wayne, IN, USA
- Sandra C. McCarthy, MLIS, MA, AHIP; Faculty Librarian, Washtenaw Community College; Ann Arbor, MI, USA
- Julie Planchon Wolf, MLIS; Associate Librarian and Research & Instruction/Nursing & Health Studies Librarian, University of Washington Bothell & Cascadia College; Bothell, WA, USA
- Rebecca Raszewski, MS, AHIP; Full Professor and Information Services & Liaison Librarian, University of Illinois Chicago; Chicago, IL, USA

- Maribeth Slebodnik, BSN, MLS; Full Librarian, University of Arizona Health Sciences Library; Senior Lecturer, University of Arizona College of Nursing; Tucson, AZ, USA

HOW TO READ THIS DOCUMENT

The *Companion Document* aligns the six Frames (see following) with nursing education, scholarship, and practice.

Each Frame section includes:

- **Summary** - Overview of each Frame and its relevance to nursing education, scholarship and practice.
- **Narrative** - Brief explanation of each Frame's application to nursing education, scholarship, and practice.
- **Competencies** - Skills that are informed by the *AACN Essentials* Domains and Concepts, and map to the six levels of the revised Bloom's Taxonomy. Bloom's levels are suggested for each competency.
 - Level 1: Remembering: retrieving, recognizing, or recalling relevant knowledge from long-term memory.
 - Level 2: Understanding: demonstrating comprehension through one or more forms of explanation.
 - Level 3: Applying: using information or a skill in a new situation.
 - Level 4: Analyzing: breaking material into its constituent parts and determining how the parts relate to one another.
 - Level 5: Evaluating: making judgments based on criteria and standards.
 - Level 6: Creating or Synthesizing: creating new ideas or solutions.
- **Evidence of the Frame in Action** - Real world examples, uses, and context to help users apply each Frame for their specific needs.

II. INDIVIDUAL FRAMES

A. Authority is Constructed and Contextual

Summary

Information resources reflect their creators' expertise and credibility. Authority is constructed in that nursing, like other disciplines, may rely on and recognize different types and sources of authority. It is contextual in that the information need may help to determine the level of authority required. Nurses exercise their own authority in the delivery and improvement of care on an individual, local, regional, or national basis.

Narrative

Authority is a type of influence recognized or exerted within a community. It directly relates to the credibility and trust that community members place on people or organizations as information sources. Although authority may traditionally be associated with the author of a published work, it can extend to authors' affiliations and other considerations. When seeking information, nurses should ask relevant questions about the origins, context, and suitability of the information for their needs.

Nursing, like other disciplines, constructs authority by deeming some information sources generally more credible than others, relying on nursing associations, government health entities, nurse scientists, researchers, and others to create and disseminate health-related information. Nurses may trust a particular source as authoritative but must also critically appraise information. The level of authority a nurse exerts depends on the communities in which they are acting and the context of the information need. For example, a nurse sharing basic health information with their family members is likely to be seen as having greater authority than when sharing that same information among other nurses.

Entry-level nurses recognize who or what the nursing profession has deemed credible as information sources. They may rely on basic indicators of authority such as the type of publication or author credentials. Depending on their information needs, they learn how to identify authoritative voices and understand that less recognized or credentialed voices can also be authoritative. Entry-level nurses demonstrate an awareness that not all sources are equally authoritative. They are aware that people and organizations can use their authority to share health and medicine-related misinformation and disinformation. Entry-level nurses also begin to exert their own authority to improve health at an individual level, such as by assessing and teaching patients, promoting healthy behaviors, and advocating for policies that enhance well-being.

Advanced-level nurses view authority with an attitude of informed skepticism and openness to new perspectives, additional voices, and evolving evidence based on research and practice, including insights from other disciplines such as medicine, occupational therapy, and physical therapy. They understand the need to determine the validity of the information created by different authorities and acknowledge biases that affect sources and authority, especially regarding others' worldviews, gender, race, sexual orientation, cultural orientations, and other factors. They recognize the potential for bias in how the nursing profession constructs authority. They understand that expertise, whether of the author or researcher, journal editor, or peer reviewer, is not alone sufficient to guarantee quality of evidence, research design, or appropriateness for the information needs at hand. Advanced-level nurses regularly exercise their own authority to improve care, such as by leading interprofessional teams or authoring healthcare policies.

Competencies

Nurses developing their IL abilities can:

- Identify different types of authority, such as discipline subject expertise, degree or licensing, societal position, or special experience. [Remembering]
- Recognize the value of diverse ideas and worldviews and remain receptive when encountering varied and sometimes conflicting evidence or perspectives. [Understanding]
- Appraise evidence using an appropriate tool. [Appraising]
- Select an appropriate study type to answer different types of questions. [Applying].
- Analyze and base decisions on evidence from various formats, considering the best source of evidence to answer a particular question and recognizing that a patient or family may be the topmost authority on their own experience. [Analyzing]
- Use research tools and indicators of authority to determine the credibility of sources, understanding the elements that might temper this credibility. [Analyzing]
- Incorporate the input of patients, caregivers, and community members in the research and evidence-based practice processes. [Evaluating]
- Incorporate the highest level of evidence available to inform patient care (ideally synthesized and pre-appraised), while acknowledging that some communities have been historically excluded from the evidence. [Evaluating]
- Develop and implement practice guidelines for point of care tools that ensure robust synthesis and critical appraisal processes, based on comprehensive reviews and best practices in nursing. [Creating]

Evidence of the Frame in Action

- Recognizing the importance of stakeholder engagement, a nurse researcher adopts a community-based participatory research approach, ensuring that the research addresses the needs and benefits of the community involved.
- An undergraduate student expands their literature review beyond scholarly articles to include credible documents such as government reports, organizational guidelines, and professional statistics, contributing valuable insights to their research discussion.
- To advocate for community health improvements, a nurse writes and publishes an editorial in a local newspaper, using the platform to raise awareness and call for action.
- An undergraduate nursing student seeks out systematic reviews to gain a comprehensive overview of existing evidence on a topic, understanding that these reviews provide a broader perspective than individual studies.
- A nursing lead recognizes the need to critically appraise evidence found in a point of care tool, looking for how information about the evidence is identified and evaluated for inclusion in the evidence summaries it provides.
- At a regional hospital, nurses address rising vaccine hesitancy by organizing community outreach sessions. By countering misinformation with facts and personal stories, they build trust and improve vaccination rates in the community.
- Seeking to improve diagnostic accuracy for diverse populations, a nurse practitioner searches for medical images and research studies that eliminate biases favoring white males, ensuring more equitable healthcare for individuals with darker skin.

B. Information Creation as a Process

Summary

Nurses assimilate, synthesize, and produce information to convey a message, sharing it via selected delivery methods. They engage in an iterative process of researching, creating, revising, and disseminating information. The products they create reflect this iterative process.

Narrative

Nurses use and create various information sources for their education, practice, and research. They encounter information in multiple formats, including datasets, metrics, peer-reviewed publications, point of care tools, policies and procedures, stakeholder interviews, practice guidelines, and more. While engaging with information, nurses examine the processes underlying information creation to evaluate authority and usefulness and to check for biases.

Information use and creation may occur within various care settings, including inpatient or outpatient, rural or urban, in-person or virtual, and local or national or global, each of which may influence the information creation process.

Entry-level nurses have a foundational knowledge of how information is created, including study design and publication types. They are aware that research studies are often designed within institutional contexts that can exclude marginalized voices. Entry-level nurses typically create information influencing healthcare delivery at the patient or unit level. They identify questions or problems, search relevant sources, gather best evidence, and synthesize information to address outstanding needs. They create and disseminate messages through various information products, such as care plans, medical records, patient education materials, policies and procedures, healthcare interventions, and scholarship. Entry-level nurses acknowledge that information creation processes must evolve over time due to changes in settings, policies, technologies, and other external influences and they recognize the need to continue developing their expertise.

Advanced-level nurses intentionally seek out information representing all communities they serve, especially those marginalized by ethnicity, race, social class, and historically adverse relationships with the healthcare establishment. They create information influencing healthcare delivery at all levels, engage in quality improvement processes, and seek new information created and disseminated by nurse scholars and researchers from other disciplines. They also synthesize or translate evidence for nurses of all educational levels, other healthcare professionals, patients, and external stakeholders.

Competencies

Nurses developing their IL abilities can:

- Identify whose voices are present and missing in an information source. [Remembering]
- Detail how an information source is created and disseminated. [Understanding]
- Choose where and how their information is disseminated. [Applying]
- Differentiate between types of information and how they can be utilized in various contexts or situations. [Analyzing]
- Summarize how and why the information creation process varies based on cultures, community settings, and identities. [Evaluating]
- Compile information from various sources and synthesize findings into new resources. [Creating]

Evidence of the Frame in Action

- An undergraduate nursing student creates and presents a research poster by identifying a topic of interest, performs a literature search, interviewing community members, and incorporating relevant information.

- A nurse creates plain language summaries while incorporating the latest evidence on influenza vaccines and shares them responsibly in outpatient care settings and on social media channels, limiting the spread of misinformation and disinformation.
- A graduate nursing student transfers knowledge gained from a paper on evidence-based practice change to a quality improvement project at their practice site.
- A nurse at a public health agency investigates a community problem by conversing with community and clinical stakeholders and then gathering data from caseloads, government information, and literature searching. They disseminate findings through various formats.
- An ICU nurse writes a care guidance document, shared with all direct caregivers, to help reduce the number of unit admissions with antibiotic-resistant tuberculosis.
- A rural ER nurse works with colleagues to develop a brochure with accurate information and resources for substance abuse disorder after noticing misleading information on a billboard.
- A nurse educator partners with a hospital librarian to write a scoping review protocol on diabetes education.

C. Information Has Value

Summary

Nurses understand that information possesses several dimensions of value, including as a commodity, a means of education, a means to influence, and a means of negotiating and understanding the world. Legal, political, and socioeconomic interests, as well as funding opportunities, research agendas, and other vested interests, influence information production, protections, privacy, and dissemination.

Narrative

Nurses encounter the value of information by grappling with concepts such as publishing practices, access to information, the commodification of personal information, and intellectual property laws. Nurses respect others' intellectual property when properly attributing sources and avoiding plagiarism. They also respect individuals and observe guidelines (e.g., HIPAA or an equivalent) by demonstrating value for patient information, maintaining patient confidentiality, and protecting patients' health information. Nursing professionals work to combat sources of information privilege (status, power, and affiliation variables, as well as physical, social, and cognitive/intellectual barriers) and pursue information equity by questioning their assumptions, creating and sharing resources for patients and the public good, and adopting a professional value system that perceives and opposes injustice.

Entry-level nurses recognize that, while some information is openly available, much is inaccessible due to paywalls and required subscriptions. They also recognize that health information increases in value when the reading levels, language, and graphics are accessible and culturally relevant to patients and their families. They consider the impacts this may have on their practice and patient care, as well as the impact emerging technologies (e.g., artificial intelligence [AI] and large-language models [LLMs]) may have on how information is accessed, (e)valuated, and attributed. Entry-level nurses explore information in various formats and source types on the path toward developing fluency in trustworthy sources and information communication tools. They take steps to ethically document those sources through citation and attribution.

Advanced-level nurses understand their rights and responsibilities—and those of their patients, patients' families, study participants, and colleagues--when participating in a community of scholarship and/or a community of practice. As creators of information, they demonstrate respect for the original ideas of others through dedicated citing and attribution efforts. They write or translate complex information into accessible formats, knowing that knowledge has more value when patients understand it. They recognize that while value may be wielded by powerful interests (e.g., political, commercial, etc.) in ways that marginalize certain voices, it may also be leveraged by individuals and organizations to affect change and build trust, as well as for civic, economic, social, scientific/medical, and personal gains. Advanced-level nurses are responsible for making deliberate and informed choices about when to comply with, when to contest, and how to convey to colleagues, patients, and patient's families the current legal and socioeconomic practices concerning the value of information.

Competencies

Nurses developing their IL abilities can:

- Identify issues of access or lack of access to information sources. [Remembering]
- Explain how and why some individuals or groups of individuals may be underrepresented or systematically marginalized within the systems that produce and disseminate information. [Understanding]
- Recognize that intellectual property is a legal, political, social, and economic construct that varies by culture. [Understanding]
- Employ proper attribution and citation practices to credit the original ideas of others and to acknowledge the use of algorithmically generated content (e.g., via generative AI LLMs). [Applying]
- Examine how the commodification of their personal information and online interactions affects the information they receive and the information they produce or disseminate online. [Analyzing]

- Assess various factors motivating and constraining where and how information is published and disseminated, including open access publication factors. [Analyzing]
- Evaluate their choices regarding their online actions with full awareness of issues related to privacy and the commodification of personal information, including within large-language model-driven tools. [Evaluating]
- Produce information in ways that respect the educational value of information as well as its permissions, commodification, politicization, and other barriers to access and understanding. [Creating]

Evidence of the Frame in Action

- An undergraduate nursing student understands that, while peer-reviewed literature provides valuable clinical information, it cannot always capture the perspectives of individuals (e.g., patients), and that peer-reviewed literature may be subscription-based or open access.
- An undergraduate nursing research assistant recognizes that non-scholarly sources like social media posts provide a space where people share their perspectives and experiences. Such sources can have value, especially when synthesizing knowledge across sources and source types.
- A public health nurse uses visual information communication tools, diverse information source types, and competent, caring verbal communication strategies to articulate complex health information to patients. This facilitates patients' making deliberate and informed choices, builds patients' trust, and accommodates patients' varying literacy levels.
- A nurse protects the privacy of patients and their families through a demonstrable understanding of professional behavior standards, HIPAA protections, the role of technology in patient information access and privacy, and what constitutes identifiable patient information.
- A nursing faculty member engaged in research or serving on institutional review boards thinks critically about human subject research, special population protections, and additional information access and protection issues such as data security and retention.
- A graduate nursing student understands that access to the internet, scholarly sources, and emerging technologies (like artificial intelligence and language-learning models), as well as the competencies involved in accessing and understanding information sources and their limitations, is a form of information privilege that impacts patient IL.
- A PhD nursing student considers publication choices for a completed study and decides to publish a preprint for faster and more open dissemination before submitting the manuscript to a journal, or to submit to an open-access journal.

D. Research as Inquiry

Summary

Nurses engage in research, understanding that it is iterative and depends upon asking increasingly complex or new questions, the answers to which in turn develop additional questions or lines of inquiry.

Narrative

Inquiry focuses on open or unresolved questions within, between, or among disciplines, while research is a more formal process with the goal of establishing evidence. Research can be guided by theoretical models, past research or critiques of research, or current practice and may generate new knowledge. Nurses refine research questions, use appropriate research methods, and explore diverse voices, including perspectives and ways of knowing of those who have been historically marginalized and underrepresented. They understand that some questions are ambiguous and require further exploration for a satisfactory answer, while others have a currently established uncontested answer. Some questions may not have a definitive answer and can inform what is known on the topic. They also understand that answers may change over time. Nurses at all levels participate or engage in an evidence-based process. The process of inquiry extends beyond the academic and healthcare worlds to the community at large and may focus on personal, patient, clinical, professional, or societal needs.

Entry-level nurses acquire strategic perspectives on inquiry and a greater repertoire of investigative methods. As lifelong learners, they demonstrate a spirit of inquiry and integrate nursing knowledge with knowledge from other disciplines including the liberal arts, natural and social sciences. They generate questions through practice to improve patient care and participate in research as a team member.

Advanced-level nurses recognize collaborative efforts within their discipline to extend nursing knowledge by including knowledge gleaned from related disciplines. They lead teams and participate in interprofessional teams to follow a line of inquiry. They conduct research with librarians, faculty, researchers, and scholars. They analyze data to identify gaps and inequities in care and monitor trends in outcomes. Advanced-level nurses question established practices using the lens of new research.

Competencies

Nurses developing their IL abilities can:

- Recall that research is an iterative process. [Remembering]

- Organize complex research by breaking complex questions into simple ones. [Understanding]
- Choose an appropriate scope of investigation. [Applying]
- Develop questions for research based on clinical issues, information gaps, or reexamination of existing possibly conflicting information. [Applying]
- Organize information in meaningful ways including keeping track of sources, recording complete citations, noting helpful websites/sources, and building a summary or synthesis matrix/table. [Applying]
- Analyze gathered information and assess for gaps or weaknesses. [Analyzing]
- Synthesize ideas gathered from multiple sources. [Evaluating]
- Formulate reasonable conclusions based on the analysis and interpretation of information. [Creating]

Evidence of the Frame in Action

- An undergraduate nursing student investigates the connection between a mother's microbiome and her infant's developmental milestones, demonstrating the evolving nature of research and the importance of generating new questions.
- Public health nurses work with an interprofessional group to design community-engaged research investigating vaccine hesitancy, illustrating how inquiry extends beyond academic settings to address societal needs.
- A nurse identifies the best approach to inform a quality assurance and quality improvement project, showcasing the application of research to improve patient care.
- An undergraduate nurse scholar researches and creates an annotated bibliography and literature review on the stigma and discrimination against unhoused youth, exemplifying the synthesis of ideas from multiple sources.
- A DNP student presents a quality improvement project implementing a mindfulness meditation training program to prevent burnout among psychiatric nurses, highlighting the practical application of research findings.
- A nurse scientist completes and publishes their dissertation on the effect of an educational intervention on nursing students' knowledge of and attitudes toward caring for transgender and gender nonconforming people, demonstrating the formulation of reasonable conclusions based on analysis.
- A DNP nursing student and a PhD nursing student collaborate on a scoping review to inform their future scholarship in evidence-based practice, illustrating the collaborative nature of inquiry and the synthesis of diverse perspectives.

E. Scholarship as Conversation

Summary

Communities of nurse scholars, researchers, and professionals engage in sustained discourse with new insights and discoveries occurring over time as a result of varied perspectives, interpretations, and observations.

Narrative

According to the AACN *Essentials*, nursing scholarship is the “communication of knowledge generated through multiple forms of inquiry that inform clinical practice, nursing education, policy, and healthcare delivery.” Nurses must learn to use and communicate scholarship effectively, engaging in critical conversations and sustained discourse to achieve excellence in teaching, learning, research, scholarship, service, and practice. Nurses recognize that factors such as established power and authority structures and issues of privilege may impact if and how they can participate in scholarly conversations, as well as which voices and information rise to the forefront. They work to ensure that the perspectives of others, both professionals and patients, are invited, welcomed, acknowledged, and respected. Attribution practices are essential for showing the development of ideas, moving conversations forward, and capturing the breadth of potentially relevant voices.

Entry-level nurses exemplify the nursing profession’s unique perspective while incorporating and applying the complementary scholarship and perspectives of other healthcare disciplines. They identify trusted scholars and resources in nursing and other disciplines to inform their practice. Through interprofessional and intraprofessional teams, they begin to generate new knowledge and consider communication avenues for their scholarship.

Advanced-level nurses seek out many perspectives, which may come from their own discipline or from across a variety of disciplines. They are comfortable interpreting and applying the scholarship of others as well as generating new knowledge. They are open to learning about new and emerging formats for scholarly work and actively seek ways to invite more voices to participate in scholarship to inform clinical practice, nursing education, policy, and healthcare delivery.

Competencies

Nurses developing their IL abilities can:

- Recognize that scholarly conversation is a forum for research to evolve over time as the body of evidence grows. [Remembering]

- Understand that diverse perspectives and experiences better inform the scholarly conversation. [Understanding]
- Participate in critical conversations as an element of teaching, learning, research, scholarship, service, and practice. [Applying]
- Identify the contribution of individual scholarly works and perspectives in a scholarly conversation. [Analyzing]
- Argue the impact of a source by locating and analyzing sources that cite or otherwise utilize that source. [Evaluating]
- Cultivate respectful and inviting communities of sustained discourse through engaged participation with the perspectives and experiences of others. [Creating]

Evidence of the Frame in Action

- An undergraduate nursing student completes a bibliometric analysis on patient safety to show how scholarly conversations have evolved over time, highlighting key themes, influential authors, and pivotal studies that have shaped the field and identifying emerging trends and gaps in the literature that can guide future research and practice.
- A DNP nursing student searches for evidence on the use of cranberry juice for urinary tract infections and finds that the scholarly discourse reveals conflicting results, with some studies supporting its efficacy while others question its benefits, ultimately highlighting the need for ongoing research and careful interpretation of available data.
- A nurse administrator reads an account of design thinking in a business journal and recognizes the potential to apply innovative problem-solving strategies to healthcare challenges, sparking a scholarly conversation about integrating cross-disciplinary methods to improve patient outcomes and healthcare processes.
- A public health nurse wanting to use an end-of-life communication tool in their practice finds one by reading a systematic review and then checks its citing papers to see how the tool has been used and modified, engaging in a scholarly conversation about its effectiveness, adaptations, and potential improvements based on real-world applications and peer feedback.
- An obstetrics and gynecology nurse communicates in an appropriate manner with Indigenous community leaders to provide respectful birthing care to Indigenous patients, fostering a scholarly conversation that integrates traditional knowledge with clinical practices to enhance culturally sensitive and holistic healthcare approaches.
- A registered nurse starts a podcast to encourage conversations on health policy topics, interviewing individuals from diverse backgrounds and perspectives to foster rich, multidisciplinary discussions. By inviting audience participation, the nurse creates a dynamic scholarly dialogue that bridges gaps between theory, practice, and lived experiences in health policy.

F. Searching as Strategic Exploration

Summary

Searching for information is often nonlinear and iterative. Nurses evaluate a range of information sources and use mental flexibility to pursue alternate avenues as new understanding develops.

Narrative

Nurses often begin the act of searching for information with a question that directs the process. Encompassing inquiry, discovery, and serendipity, searching identifies possible relevant sources as well as the means to access those sources. Nurses realize that searching for information is a contextualized, complex experience that affects, and is affected by the cognitive, affective, and social dimensions of the searcher, as well as the nature of the question. As nurses and healthcare professionals are required to apply the best evidence to patient care and healthcare, developing a skill set for successful searching is increasingly important. Nurses must also consider the consequences of not searching for the best evidence. Commitment to finding valid, reliable evidence is the foundation for developing the skills that foster a sound search strategy, which in turn, enables the discovery of the best available evidence. In this evolving landscape, artificial intelligence (AI) is becoming widely used in healthcare. Nurses should be aware of AI's current applications in patient care and remain vigilant about potential biases in AI-generated data.

Entry-level nurses may search a limited set of resources and use basic search strategies, relying on sources that are generally accepted as authoritative. They are developing the skills of determining the initial scope of their information need, using appropriate search tools and search language, refining search strategies based on search results and changing needs, and seeking guidance from experts such as librarians and experienced researchers when needed.

Advanced-level nurses may search more broadly and deeply to determine the most appropriate information within the project scope. They are more familiar with various kinds of resources and employ multifaceted strategies depending on the sources, scope, and context of the information need. They understand that using different search vocabulary may yield different results, such as comparing the results of subject headings and keywords. Advanced level nurses understand the importance of searching iteratively in their quest for relevant health information sources, which includes being able to select from appropriate databases and resources; to design and refine needs and search strategies based on search results using key terms, subject headings, and limiters; and successfully navigating databases and other information resources. These steps are necessary to identify what information is missing or to challenge biases and barriers that impact population health outcomes.

Competencies

Nurses developing their IL abilities can:

- Recognize that a well-defined question is the basis for a successful search. [Remembering]
- Use divergent thinking to explore a wide range of sources and ideas, and convergent thinking to narrow down and focus on the most relevant information from background to foreground research. [Remembering]
- Convert research questions into key terms and synonyms. [Understanding]
- Understand the limitations of a Google Scholar search versus a search in a research database such as CINAHL or PubMed. [Understanding]
- Compare and contrast specialized search strategies using basic and advanced search tools to locate and navigate sources relevant to nursing and healthcare. [Understanding]
- Interpret information sources based on content and format and explain varying relevance and value depending on the needs and nature of the search. [Applying]
- Analyze various types of sources and across multiple databases to avoid bias in search results. [Analyzing]
- Recognize the value of browsing and other serendipitous methods of information gathering. [Analyzing]
- Persist in the face of search challenges and assess initial sources to locate additional sources by tracing citations in scholarly literature, following links in standards or grey literature. [Evaluating]
- Develop a search strategy that uses different search tools (e.g., bibliographic databases, search engines, AI-driven resources, etc.) and leverages the specific parameters and features of each tool ethically and responsibly. [Creating]

Evidence of the Frame in Action

- An undergraduate nursing research assistant working on a quality improvement project looks for standards and review articles to show current best practices, demonstrating the importance of well-defined questions and strategic searching.
- A DNP nursing student working on a case study assignment about a patient with heart failure searches background resources to describe what is happening and checks the latest research to provide a home care plan, showcasing the application of search strategies to practical problems.
- An ER nurse administrator searches online education journals, social media, nursing association webpages, and other sources for information to create implicit bias training in their clinical area, illustrating the use of diverse sources and strategies.
- A Ph.D. nursing student brainstorms key terms and vocabulary around cultural competency to promote cultural humility in hospital care setting then drafts the search

strategy for a scoping review, exemplifying the process of converting questions into search terms.

- A nursing faculty member uses census data and social media to gather public perspectives and demographics to identify possible factors affecting vaccination rates locally, demonstrating the analysis of multiple data sources.
- A clinical nurse specialist searches for quality consumer health materials for a safe sleep program, highlighting the importance of evaluating sources based on content and relevance.
- A nurse creates alerts for clinical guidelines relevant to their specialty area to ensure they use the latest national patient safety resources, initiatives, and regulations at the point of care, showcasing persistence and evaluation in searching.
- A nurse manager partners with a librarian to scan nursing journals and nursing association websites for discussions around justice, equity, diversity, and inclusion to address current inequities in healthcare, illustrating the construction of a search strategy and the use of expert guidance.

III. CONCLUSION

Integrating IL into nursing education and practice is essential for developing competent and effective healthcare professionals. This *Companion Document* aligns the six Frames of the ACRL Framework for Information Literacy with the unique needs and contexts of nursing, providing a comprehensive guide for librarians, nursing faculty, students, and other stakeholders. By emphasizing the importance of authority, information creation, information value, inquiry, scholarly conversation, and strategic searching, this document fosters a deeper understanding and application of IL principles in nursing.

As the healthcare landscape continues to evolve, the ability to critically evaluate and effectively use information will remain a cornerstone of professional nursing practice. *This Companion Document* not only bridges the disciplines of nursing and librarianship but also encourages ongoing collaboration, innovation, and commitment to evidence-based practice. By equipping nurses with robust IL skills, we empower them to deliver high-quality care, engage in meaningful research, and contribute to the advancement of healthcare.

Through this document, we inspire and support the development of information-literate nurses who are prepared to meet the challenges of an ever-changing healthcare environment and information ecosystem and to advocate for the well-being of their patients and communities.

IV. APPENDICES

A. References

American Association of Colleges of Nursing. (2008). The essentials of baccalaureate education for professional nursing practice.

<https://www.aacnnursing.org/portals/42/publications/baccessentials08.pdf>

American Association of Colleges of Nursing. (2008). The essentials master's education for professional nursing practice.

<https://www.aacnnursing.org/portals/42/publications/mastersessentials11.pdf>

American Association of Colleges of Nursing. (2012). Graduate-level QSEN competencies: Knowledge, skills, and attitudes. <http://qsen.org/competencies/graduate-ksas/>

American Association of Colleges of Nursing. (2019). Update from the Essentials Revision Task Force. <https://www.aacnnursing.org/About-AACN/AACN-Governance/Committees-and-Task-Forces/Essentials-Revision>

American Association of Colleges of Nursing. (2021). The essentials: Core competencies for professional nursing education.

<https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf>

American Library Association. (2000). Information literacy competency standards for higher education. <https://alair.ala.org/handle/11213/7668>

American Library Association. (2013). Information literacy competency standards for nursing. <http://www.ala.org/acrl/standards/nursing>

American Psychological Association. (2023). Inclusive language guide (2nd ed.).

<https://www.apa.org/about/apa/equity-diversity-inclusion/language-guide.pdf>

Anderson, L. W., Krathwohl, D. R., Airasian, P. W., Cruikshank, K. A., Mayer, R. E., Pintrich, P. R., Raths, J., & Wittrock, M. C. (2001). *A Taxonomy for Learning, Teaching, and Assessing: A Revision of Bloom's Taxonomy of Educational Objectives*. New York: Longman.

Association of College & Research Libraries (ACRL). (2013). Information literacy competency standards for nursing. <https://www.ala.org/acrl/standards/nursing>

Association of College and Research Libraries. (2014). Standards and guidelines: Information literacy competency standards for nursing. *College & Research Libraries News*, 75(1), 34–41. <https://doi.org/10.5860/crln.75.1.9069>

Association of College and Research Libraries. (2016). Framework for information literacy for higher education. <http://www.ala.org/acrl/standards/ilframework>

Binder, M. J., Martin, J., & Schwind, J. K. (2018). Exploring mindfulness in teaching-learning scholarship through a reflective conversation. In L. M. Young & E. G. Hinton (Eds.), *Mindfulness in the academy: Practices and perspectives from scholars* (pp. 83-96).

Bonato, S. (2018). *Searching the grey literature: A handbook for searching reports, working papers, and other unpublished research*. Rowman & Littlefield.

Canadian Association of Schools of Nursing. (2022). National nursing education framework. <https://www.casn.ca/competency-guidelines/national-nursing-education-framework/>

Cannaerts, N., Gastmans, C., & Dierckx de Casterlé, B. (2014). Contribution of ethics education to the ethical competence of nursing students: Educators' and students' perceptions. *Nursing Ethics*, 21(8), 861-878. <https://doi.org/10.1177/0969733014523166>

Cantwell, L. P., McGowan, B. S., Planchon Wolf, J., Slebodnik, M., Conklin, J. L., McCarthy, S., & Raszewski, R. (2021). Building a bridge: A review of information literacy in nursing education. *Journal of Nursing Education*, 60(8), 431-436. <https://doi.org/10.3928/01484834-20210722-03>

Cline Library, Northern Arizona University. (2022). Ask: Write a focused clinical question: PICOT. <https://libraryguides.nau.edu/c.php?g=665927&p=4682772>

Cooke, C. L., Boutain, D. M., Banks, J., & Oakley, L. D. (2022). Health equity knowledge development: A conversation with Black nurse researchers. *Nursing Inquiry*, 29(1), e12463.

Cronenwett, L., Sherwood, G., Pohl, J., Barnsteiner, J., Moore, S., Sullivan, D., Ward, D., & Warren, J. (2009). Quality and safety education for advanced nursing practice. *Nursing Outlook*, 57(6), 338-348. <https://doi.org/10.1016/j.outlook.2009.07.009>

Darbyshire, P. (1996). Connecting conversations: Nursing scholarship and practice facing the 21st century. *International Journal of Nursing Practice*, 2(2), 71-76.

Darrell W. Krueger Library, Winona State University. (2023). Evidence based practice toolkit: Foreground vs. background, PICO. <https://libguides.winona.edu/ebptoolkit/ClinicalQ>

DiCenso, A., Bayley, L., & Haynes, B. (2009). Accessing pre-appraised evidence: Fine tuning the 5S model into a 6S model. *Evidence-Based Nursing*, 12(4), 99-101.

Diekema, A. R., Hopkins, E. S., Patterson, B., & Schvaneveldt, N. (2019). Using information practices of nurses to reform information literacy instruction in baccalaureate nursing programs.

Evidence Based Library and Information Practice, 14(4), 72-102.

<https://doi.org/10.18438/eblip29588>

Dorner, J., Taylor, S., & Hodson-Carlton, K. (2001). Faculty-librarian collaboration for nursing information literacy: A tiered approach. *Reference Services Review*, 29(2), 132-141.

<https://doi.org/10.1108/00907320110394173>

Ebell, M. H., Siwek, J., Weiss, B. D., Woolf, S. H., Susman, J., Ewigman, B., & Bowman, M. (2004). Strength of recommendation taxonomy (SORT): A patient-centered approach to grading evidence in the medical literature. *American Family Physician*, 69(3), 548-556.

Farrell, A., Goosney, J., & Hutchens, K. (2013). Evaluation of the effectiveness of course integrated library instruction in an undergraduate nursing program. *Journal of the Canadian Health Libraries Association*, 34(3). <https://doi.org/10.5596/c13-061>

Farokhzadian, J., Jouprinejad, S., Fatehi, F., & Falahati-Marvast, F. (2021). Improving nurses' readiness for evidence-based practice in critical care units: Results of an information literacy training program. *BMC Nursing*, 20, Article 79. <https://doi.org/10.1186/s12912-021-00599-y>

Fencl, J. L., & Matthews, C. (2017). Translating evidence into practice: How advanced practice RNs can guide nurses in challenging established practice to arrive at best practice. *AORN Journal*, 106(5), 378-392. <https://doi.org/10.1016/j.aorn.2017.09.002>

Fossum, M., Opsal, A., & Ehrenberg, A. (2022). Nurses' sources of information to inform clinical practice: An integrative review to guide evidence-based practice. *Worldviews on Evidence-Based Nursing*, 19(5), 372-379. <https://doi.org/10.1111/wvn.12569>

Frank, J. R., Snell, L. S., Cate, O. T., Holmboe, E. S., Carraccio, C., Swing, S. R., Harris, P., Glasgow, N. J., Campbell, C., Dath, D., Harden, R. M., Iobst, W., Long, D. M., Mungroo, R., Richardson, D. L., Sherbino, J., Silver, I., Taber, S., Talbot, M., & Harris, K. A. (2010). Competency-based medical education: Theory to practice. *Medical Teacher*, 32(8), 638-645. <https://doi.org/10.3109/0142159X.2010.501190>

Gugerty, B., & Delaney, C. (2009). TIGER informatics competencies collaborative (TICC) final report. https://tigercompetencies.pbworks.com/f/TICC_Final.pdf

Guillot, L., Stahr, B., & Meeker, B. (2010). Nursing faculty collaborate with embedded librarians to serve online graduate students in a consortium setting. *Journal of Library & Information Services in Distance Learning*, 4(1-2), 53-62. <https://doi.org/10.1080/15332901003666951>

Healthcare Information and Management Systems Society. (2023). Initiatives: TIGER. <https://www.himss.org/what-we-do-initiatives/technology-informatics-guiding-education-reform-tiger>

Hübner, U., Shaw, T., Thye, J., Egbert, N., Marin, H. F., Chang, P., O'Connor, S., Day, K., Honey, M., Blake, R., Hovenga, E., Skiba, D., & Ball, M. J. (2018). Technology informatics guiding education reform - TIGER. *Methods of Information in Medicine*, 57(S 01), e30–e42. <https://doi.org/10.3414/ME17-01-0155>

Innes, G. (2008). Faculty-librarian collaboration: An online information literacy tutorial for students. *Nurse Educator*, 33(4), 145-146. <https://doi.org/10.1097/01.NNE.0000312192.51389.c5>

Institute of Medicine. (2003). *Health professions education: A bridge to quality*. National Academies Press.

Jacobs, S., Rosenfeld, P., & Haber, J. (2003). Information literacy as the foundation for evidence-based practice in graduate nursing education: A curriculum-integrated approach. *Journal of Professional Nursing*, 19(5), 320-328. [https://doi.org/10.1016/S8755-7223\(03\)00108-8](https://doi.org/10.1016/S8755-7223(03)00108-8)

Jacobson, T., & Gibson, C. (2015). First thoughts on implementing the Framework for Information Literacy. *Communications in Information Literacy*, 9(2), 5-10. <https://doi.org/10.15760/comminfolit.2015.9.2.187>

Jull, J., Giles, A., & Graham, I. D. (2017). Community-based participatory research and integrated knowledge translation: Advancing the co-creation of knowledge. *Implementation Science*, 12, Article 150. <https://doi.org/10.1186/s13012-017-0696-3>

Keener, M. (2019). The conversation of scholarship. *Serials Review*, 45(3), 140-145. <https://doi.org/10.1080/00987913.2019.1646089>

Khosravi, S., Aghaei, A., & Karimi, F. (2018). Investigating the information literacy skill of students in Kermanshah University of medical science based on information literacy standards of ICRL in 2000. *Revista Publicando*, 5(16(1)), 561-580.

LeBlanc, R. E., & Quintiliano, B. (2015). Recycling C.R.A.P.: Reframing a popular research mnemonic for library instruction. *Pennsylvania Libraries: Research & Practice*, 3(2), 115-121. <https://doi.org/10.5195/palrap.2015.105>

McGowan, B. S., Cantwell, L. P., Conklin, J. L., Raszewski, R., Planchon Wolf, J., Slobodnik, M., McCarthy, S., & Johnson, S. (2020). Evaluating nursing faculty's approach to information literacy instruction: A multi-institutional study. *Journal of the Medical Library Association*, 108(3), 378-388. <https://doi.org/10.5195/jmla.2020.841>

McNiel, P., & McArthur, E. C. (2016). Evaluating health mobile apps: Information literacy in undergraduate and graduate nursing courses. *Journal of Nursing Education*, 55(8), 480.

<https://doi.org/10.3928/01484834-20160715-12>

Melnyk, B. M., & Fineout-Overholt, E. (Eds.). (2019). *Evidence-based practice in nursing & healthcare: A guide to best practice* (4th ed.). Wolters Kluwer.

Melnyk, B. M., & Fineout-Overholt, E. (Eds.). (2023). *Evidence-based practice in nursing & healthcare: A guide to best practice* (5th ed.). Wolters Kluwer.

Miller, L., Jones, B., Graves, R., & Sievert, M. (2010). Merging silos: Collaborating for information literacy. *Journal of Continuing Education in Nursing*, 41(6), 267-272.

<https://doi.org/10.3928/00220124-20100401-03>

National Library of Medicine. (2022). Develop a clinical question: Using PICO to frame clinical questions. Using PubMed in Evidence-Based Practice: Training Course.

https://www.nlm.nih.gov/oet/ed/pubmed/pubmed_in_ebp/index.html

Phelps, S. F. (2013). Designing the information literacy competency standards for nursing. *Medical Reference Services Quarterly*, 32(1), 111-118.

<https://doi.org/10.1080/02763869.2013.749720>

Phelps, S. F., Hyde, L., & Planchon Wolf, J. (Eds.). (2018). *The intersection: Where evidence-based nursing and information literacy meet*. Chandos Publishing.

Quality and Safety Education for Nurses. (2020). QSEN Institute competencies.

<https://qsen.org/competencies/>

Rapchak, M. E., Nolfi, D. A., Turk, M. T., Marra, L., & O'Neil, C. K. (2018). Implementing an interprofessional information literacy course: Impact on student abilities and attitudes. *Journal of the Medical Library Association*, 106(4), 464-472. <https://doi.org/10.5195/jmla.2018.405>

Ross, A., McGrow, K., Zhi, D., & Rasmy, L. (2024). Foundation models, generative AI, and large language models: Essentials for nursing. *CIN: Computers, Informatics, Nursing*, 42(5), 377-387. <https://doi.org/10.1097/CIN.0000000000001149>

Sánchez, A. G., Carmona, B. M., Pérez, E. O., & Del, M. S. G. V. (2018). Information literacy in nursing students of Fes Zaragoza UNAM. *Studies in Health Technology and Informatics*, 250, 72-73.

Saunders, L. (2017). Connecting information literacy and social justice: Why and how. *Communications in Information Literacy*, 11(1), 55-75.

<https://doi.org/10.15760/comminfolit.2017.11.1.47>

Schleyer, R., Burch, C., & Schoessler, M. (2011). Defining and integrating informatics competencies into a hospital nursing department. *Computers, Informatics, Nursing*, 29(3), 167-173. <https://doi.org/10.1097/NCN.0b013e3181f9db36>

Schuessler, Z., Castillo, L., Fessler, S., Herrmann, R., Kuntz, D., & Spencer, B. (2018). A qualitative description of nurses' experiences with incorporating research into practice. *The Journal of Continuing Education in Nursing*, 49(7), 299-306. <https://doi.org/10.3928/00220124-20180716-09>

Schulte, S. J., & Knapp, M. (2017). Awareness, adoption, and application of the Association of College & Research Libraries (ACRL) framework for information literacy in health sciences libraries. *Journal of the Medical Library Association*, 105(4), 347-354. <https://doi.org/10.5195/jmla.2017.131>

Smith, D. A., & Sanger, S. (2023). Scaffolded, embedded required: Information literacy education in undergraduate health sciences. *Journal of the Canadian Health Libraries Association*, 44(2), 27-35. <https://doi.org/10.29173/jchla29666>

Smith, E., Cronenwett, L., & Sherwood, G. (2007). Current assessments of quality and safety education in nursing. *Nursing Outlook*, 55(3), 132-137. <https://doi.org/10.1016/j.outlook.2007.02.005>

Soon, Z., & Lauridsen, M. (2021). The benefits of multimodal interactive case studies. *HAPS Educator*, 25(2), 53-76. <https://doi.org/10.21692/haps.2021.011>

Stebbing, D., Shelley, J., Warnes, M., & McMaster, C. (2019). What academics really think about information literacy. *Journal of Information Literacy*, 13(1), 15-34. <https://doi.org/10.11645/13.1.2602>

Summers, A., El Haddad, M., Prichard, R., Clarke, K.-A., Lee, J., & Oprescu, F. (2024). Navigating challenges and opportunities: Nursing students' views on generative AI in higher education. *Nurse Education in Practice*, 79, Article 104062. <https://doi.org/10.1016/j.nepr.2024.104062>

Teolis, M. G. (2020). Improving nurses' skills and supporting a culture of evidence-based practice. *Medical Reference Services Quarterly*, 39(1), 60-66. <https://doi.org/10.1080/02763869.2020.1704554>

Terry, J., Davies, A., Williams, C., Tait, S., & Condon, L. (2019). Improving the digital literacy competence of nursing and midwifery students: A qualitative study of the experiences of NICE student champions. *Nurse Education in Practice*, 34, 192-198. <https://doi.org/10.1016/j.nepr.2018.12.008>

Topaz, M., Peltonen, L.-M., Michalowski, M., Stiglic, G., Ronquillo, C., Pruinelli, L., Song, J., O'Connor, S., Miyagawa, S., & Fukahori, H. (2024). The ChatGPT effect: Nursing education and generative artificial intelligence. *Journal of Nursing Education*, 1-4.

<https://doi.org/10.3928/01484834-20240126-01>

Tymkow, C. (2011). Clinical scholarship and evidence-based practice. *The doctor of nursing practice essentials: A new model for advanced practice nursing*, 61-136.

Vance, C. (2017). Framing the talk: Scholarship as conversation in the health sciences. In S. Godbey, S. Wainscott, & X. Goodman (Eds.), *Disciplinary applications of information literacy threshold concepts* (pp. 251-261). Association of College and Research Libraries.

Verkuyl, M., Lapum, J., St-Amant, O., Tan, A., & Garcia, W. (2018). Engaging nursing students in the production of open educational resources. *Nursing Education Today*, 71, 75-77.

<https://doi.org/10.1016/j.nedt.2018.09.012>

Waldrop, J., & Wink, D. (2016). Twitter: An application to encourage information seeking among nursing students. *Nurse Educator*, 41(3), 160-163.

<https://doi.org/10.1097/NNE.0000000000000235>

Wardle, C., & Derakhshan, H. (2017). Information disorder: Toward an interdisciplinary framework for research and policy making. Council of Europe. <https://rm.coe.int/information-disorder-toward-an-interdisciplinary-framework-for-research/168076277c>

Whalen, K., & Suzanne, E. (2017). Integrating the ACRL threshold concept research as inquiry into baccalaureate nursing education. ValpoScholar.

https://scholar.valpo.edu/cgi/viewcontent.cgi?article=1084&context=ccls_fac_pub

Willson, G., & Angell, K. (2017). Mapping the Association of College & Research Libraries information literacy framework and nursing professional standards onto an assessment rubric. *Journal of the Medical Library Association*, 105(2), 150-156.

<https://doi.org/10.5195/jmla.2017.39>

Wissinger, C. L., Raish, V., Miller, R. K., & Borrelli, S. (2018). Expert teams in the academic library: Going beyond subject expertise to create scaffolded instruction. *Journal of Library Administration*, 58(4), 313-333. <https://doi.org/10.1080/01930826.2018.1448648>

Young, L. M., & Hinton, E. G. (Eds.). (2019). *Framing health care instruction: An information literacy handbook for the health sciences*. Rowman & Littlefield.

Zanin-Yost, A., & Dillen, C. (2019). Connecting past to future needs: Nursing faculty and librarian collaboration to support students' academic success. *Journal of Library Administration*, 59(1), 45-58.

