REDESIGNING CLINICAL EDUCATION FOR APRNS: RECOMMENDATIONS OF THE APRN CLINICAL TRAINING TASK FORCE

Laurie M. Lauzon Clabo, PhD, RN
Dean, College of Nursing
Wayne State University
Chair, APRN Clinical Training Task Force

American Association of Colleges of Nursing
ADVANCING HIGHER EDUCATION IN NURSING
APRN Clinical Training Task Force

Laurie M. Lauzon Clabo
MGH Institute of Health Professions
Chair

Roy Addington
University of New Mexico

Barbara J. Berner
University of Alaska

Patricia Clinton
University of Iowa

Chris Esperat
Texas Tech University

Sharon J. Hawks
Duke University

Robin Lawson
University of South Alabama

Susan Stone
Frontier Nursing University

Patti R. Zuzelo
Drexel University
Task Force Charge

“The AACN Board of Directors charges the task force with the development of a white paper that re-envision clinical training for advanced practice registered nurses (APRNs).”
To meet the charge the task force should:

1. Describe the current state of APRN clinical training, challenges, and regulatory requirements.

2. Describe the nature of the collaborative relationship that should be established with clinical training sites to facilitate the development of quality opportunities for students, including clinical training expectations for the school of nursing, patient care site, and preceptor.
To meet the charge the task force should:

3. Consider competency assessment as an emerging and potential element of a re-envisioned approach to APRN clinical training.

4. Develop a set of recommendations for restructured or re-envisioned clinical training, including alternative models for APRN clinical training that:
   - maximize clinical resources;
   - consider current and potential financial implications;
   - provide opportunities to prepare APRNs with the full graduate, role and population-focused competencies; and
   - highlight opportunities and innovations for interprofessional learning and practice.
Background

- Appointed in April 2013
- Meetings by teleconference and two face-to-face meetings in Washington, DC in January and July, 2014
- Consultation with APTA, AACP, AAMC
- Presentation and feedback sessions at Doctoral Conference and AACN Spring Meeting in 2014
- Webinar and feedback survey, April, 2014
- Invitational stakeholder meeting in October, 2014
- Final report to AACN Board January, 2015
Use of Technology and Simulation in APRN Education

Background:

- Provide learning experiences sufficient to meet expected outcomes
- Challenges in obtaining adequate clinical experiences due to decreasing number of quality clinical sites
- Increases in competition for sites
Studies on Use of Simulation

- Direct effects of simulation-based clinical experiences on patient outcomes, benefits are smaller but still statistically significant.

- Clearly significant compared to no instruction.

- Correlations between receiving feedback, repetition, cognitive interactivity, clinical variation, individualized training, longer training time also improve outcomes.
Other Considerations

- Simulation effectiveness is now established in similar populations.

- Need to consider cost, faculty time, training expenses, facility fees, and opportunity costs.

- Current curriculum standards limit or restrict increased use of simulation in APRN educational programs specifically NP and CNS.
Recommendations

I. Simulation should be used to enhance APRN clinical education and the use of simulation to replace more traditional clinical experiences should be explored.

A. Seek funding for five demonstration projects that are designed to study the impact of various methods along the continuum of simulation learning approaches as one component of APRN clinical education and assessment.

B. Funding and other resources should be provided at both the national and local levels for the development and use of simulation for learning and assessment, including funding for a national center of faculty innovation and faculty preparation and certification.

C. A national repository should be created and maintained for reliable/valid APRN simulation education materials.

D. Simulations should be developed and tested for assessment of the APRN common competencies.
The Role of Academic-Practice Collaborative Relationships in Developing and Providing Quality Clinical Training Opportunities

- Need to develop collaboration among stakeholders to synchronize rather than compete for increasingly scarce resources.

- Partnership is characterized by synergistic relationships between partner institutions and permeates all levels of the collaborating institutions, from the highest levels of leadership to the point of care.

- Clinical staff and faculty must be involved in the relationship process from the beginning.
AACN and AONE (American Association of Nurse Executives) Guiding Principles

- Develop a formalized relationship between executive leadership between both institutions
- Clearly describe a mutual vision and goals for the partnership
- Practice a mutual trust and respect within that relationship
Recommendations

II. AACN-AONE principles for academic-practice partnerships should be adopted by all APRN programs.

A. APRN programs, including face-to-face and distance education programs, should implement expectations regarding the development and maintenance of APRN clinical experiences and student oversight.

B. Encourage and support the development of innovative partnerships for APRN clinical education as well as the use of a variety of incentives for practice sites and preceptors, e.g., adjunct faculty status, joint appointments, participation on curricular committees, research support, continuing education credits, academic credit towards graduate degrees.

C. Support the development and testing of innovative APRN academic/practice regional consortia that reflect geographic and institutional diversity.

D. Develop and implement an accessible repository for APRN preceptor orientation materials should be developed and implemented.
Competency-Based Education

- Move toward competency-based education and assessment in a variety of disciplines and more specifically in health professions
- Move to reduce dependence on seat-time and credits as metrics of student achievement
- Identification of observable, measurable competencies as basis for both teaching and assessment of learning
Competency-Based Education

- Discussion of competency-based education in nursing for > 3 decades

- Numerous competencies identified for APRN roles; no collective discussion of advanced practice competencies

- Lack of professionally accepted definition of competency; limits common understanding across APRN roles and among other health professionals
Competency-Based Education

- Competency defined:
  
  An observable ability of a health professional, integrating multiple components such as knowledge, skills, values and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition. Competencies can be assembled like building blocks to facilitate progressive development

  (Frank, Snell et al., 2010)
Recommendations

III. APRN clinical education and assessment should be competency based.

A. Establish a common language or taxonomy by adopting definitions for competence, competencies, and competency framework that are recognized by APRN organizations and other health professions.

B. Identify common, measurable APRN competencies that cross all four roles and build on or re-affirm the APRN core competencies (AACN, 2006).

C. Progression of competence or milestones should be identified and defined across each of the common competencies.

D. Develop standardized assessment tool to be available to faculty and preceptors to use for formative and summative evaluation of the common APRN competencies.
New Models of Clinical Education for APRNs

- Current one-to-one apprenticeship/preceptor models of clinical education unchanged in more than 45 years
- Designed to serve a much more limited population of students
- Increasing scarcity of human and other resources; competition for clinical sites
Recommendations

IV. Support the development of alternative or innovative APRN clinical education models

A. Encourage regulatory bodies to support or allow APRN education programs to develop and test innovative or less traditional clinical models.

B. Encourage APRN programs to explore, implement, and test innovative or less traditional clinical models, including interprofessional learning experiences and use of technology.

C. Seek funding to support the development and evaluation of alternative or innovative APRN clinical training models.
Next Steps

Appointment of the **AACN Competency-Based Education for Doctoral-Prepared APRNs Work Group** to:

- Establish a common language or taxonomy by adopting definitions for competence, competencies, and competency framework that are recognized by APRN organizations and other health professions.
- Identify common, measurable APRN doctoral-level competencies that cross all four roles and build on the expected outcomes for the APRN core courses: advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology.
- Identify and describe progression of competence or milestones across each of the common competencies. These milestones may vary for each of the four roles; however, the goal will be to reach consensus on two milestones: competence prior to entry into clinical experiences and at end of program.
Thank you!

- The APRN CTTF Report Brief can be found via the following link: 
  http://www.aacn.nche.edu/news/articles/2015/aprn-white-paper

- Complete APRN CTTF white paper can be found via the following link: 
  www.aacn.nche.edu/aprn-white-paper.