Re-Envisioning the AACN Essentials

NCSBN APRN Roundtable
April 6, 2021

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Speaker has no conflict of interest to disclose
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Focus of Presentation

✓ Overview & update on the re-envisioned Essentials
✓ New Model for Nursing Education & APRN Education
✓ Transitioning to competency-based education
✓ Implementation & what’s next
BACKGROUND

» *The Essentials* provides the educational framework for the preparation of nurses.
  – *Essentials of Master’s Education in Nursing* (2011)

» These documents provide specific guidance for the development and revision of nursing curricula at each degree level.
PATH TO THE ESSENTIALS

Provided foundation for the Essentials work:


» Common APRN Doctoral Level Competencies (2017)

» AACN Vision for Academic Nursing Education White Paper (2019)
“There is inconsistency among graduates (across all degree levels) in terms of knowledge, skills, abilities. There is variability in length/expectations of programs. We are not sure what your ‘product’ is.”

“If all programs are accredited, and that is the measure of the quality of a program--- how can there be variability in the product? How can we know a good program? How can we be assured of ROI for tuition investment?”
CURRENT ISSUES IN NURSING EDUCATION

» Multiple degree paths in nursing education which is messy and confusing!
» Variability in program length, scope, expectations
» Variability in quality of degree programs
» Inability to articulate that which is uniquely the discipline of nursing
» Differentiating between technical and professional levels of nursing practice.
<table>
<thead>
<tr>
<th>Type of Programs by Degree</th>
<th># schools</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BACCALAUREATE</strong></td>
<td></td>
</tr>
<tr>
<td>• Generic (Entry-Level) Baccalaureate</td>
<td>672</td>
</tr>
<tr>
<td>• Accelerated 2\textsuperscript{nd} Degree Baccalaureate (Entry-Level)</td>
<td>278</td>
</tr>
<tr>
<td>• LPN-to-Baccalaureate</td>
<td>111</td>
</tr>
<tr>
<td>• RN-to-Baccalaureate</td>
<td>558</td>
</tr>
<tr>
<td><strong>MASTERS</strong></td>
<td></td>
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<tr>
<td>• Baccalaureate to Master’s</td>
<td>540</td>
</tr>
<tr>
<td>• Accelerated Baccalaureate to Master’s</td>
<td>51</td>
</tr>
<tr>
<td>• RN-to-Master’s</td>
<td>183</td>
</tr>
<tr>
<td>• Entry-Level Master’s</td>
<td>62</td>
</tr>
<tr>
<td><strong>DOCTORAL</strong></td>
<td></td>
</tr>
<tr>
<td>• Post-Baccalaureate PhD</td>
<td>98</td>
</tr>
<tr>
<td>• Post-Master’s PhD</td>
<td>143</td>
</tr>
<tr>
<td>• Post-Baccalaureate to DNP</td>
<td>239</td>
</tr>
<tr>
<td>• Post Master’s to DNP</td>
<td>342</td>
</tr>
</tbody>
</table>
The revised *Essentials* framework is based on 10 domains and competencies within each domain.

**Domains** are “broad distinguishable areas of competence that in the aggregate constitute a general descriptive framework for a profession.”

(Englander, et al., 2013).
## Domains for the *Essentials*

<table>
<thead>
<tr>
<th>Domain</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 1</td>
<td>Knowledge for Nursing Practice</td>
</tr>
<tr>
<td>Domain 2</td>
<td>Person-Centered Care</td>
</tr>
<tr>
<td>Domain 3</td>
<td>Population Health</td>
</tr>
<tr>
<td>Domain 4</td>
<td>Scholarship for Nursing Discipline</td>
</tr>
<tr>
<td>Domain 5</td>
<td>Quality and Safety</td>
</tr>
<tr>
<td>Domain 6</td>
<td>Interprofessional Partnerships</td>
</tr>
<tr>
<td>Domain 7</td>
<td>Systems-Based Practice</td>
</tr>
<tr>
<td>Domain 8</td>
<td>Informatics and Healthcare Technologies</td>
</tr>
<tr>
<td>Domain 9</td>
<td>Professionalism</td>
</tr>
<tr>
<td>Domain 10</td>
<td>Personal, Professional, and Leadership Development</td>
</tr>
</tbody>
</table>
CONCEPTS ACROSS AND WITHIN DOMAINS

» Clinical Judgment
» Communication
» Compassionate Care
» Determinants of Health
» Diversity, Equity and Inclusion
» Ethics
» Evidence-Based Practice
» Health Policy
Employment of established and emerging principles of safety and improvement science. Quality and safety, as core values of nursing practice, enhance quality and minimize risk of harm to patients and providers through both system effectiveness and individual performance.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Entry Professional Practice</th>
<th>Advanced Nursing Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.3</td>
<td>Contribute to a culture of provider and environment safety.</td>
<td>5.3a Identify actual and potential level of risks to providers within the workplace. 5.3b Recognize how to prevent workplace violence and injury. 5.3c Promote policies for prevention of violence and risk mitigation. 5.3d Manage own personal well-being and resiliency.</td>
</tr>
</tbody>
</table>
Clarification, New Model

**ESSENTIALS MODEL**

**LEVEL 1**

**AACN Essentials**

Entry-Level
Professional Nursing Education sub-competencies

Used by programs preparing a nurse for an initial professional nursing degree.

**LEVEL 2**

**AACN Essentials**

Advanced-Level Nursing Education sub-competencies

--and--

Specialty requirements / competencies

Used by programs preparing a nurse for specialty practice in nursing.
UPDATE ON THE ESSENTIALS REVISION

• Stakeholder feedback: process and summary

• Major revisions, additions to the document

• Next steps
Stakeholder Feedback Process

2nd National Faculty Meeting (NFM)

- >260 schools submitted surveys
- >7621 faculty participated
- Many schools included practice partners
Stakeholder Feedback Process

Invitational Forums

38 organizations participated
• 15 specialty nursing organizations
• 18 APRN organizations
• 5 accrediting and licensing organizations
Stakeholder Feedback Process

Presentations

- NCSBN Education consultants
- AONL regional groups
- CCNE Board of Directors
- Commission on Nurse Certification
- CRNA Organizational Leadership Representatives
Stakeholder Feedback Process

Letters and Commentary
- Special Interest Groups
- Schools
- Individuals
National Faculty Meeting (NFM) Feedback Common Themes

What did you like most?

• One document – easy to read and use
• Transition to CBE
• Continuity from entry to advanced level
• Clarity
• Includes practice input
• Inclusion of DEI and racism
• 4 spheres of care
• Goes beyond acute care to include entire healthcare continuum
• Future thinking
What questions do you still have?

- Differentiating MSN from DNP
- Differentiating BSN from entry-level master’s
- How does the ADN fit; How does the ADN differ from the BSN?
- Why not mandate the DNP?
- Where is nursing educator preparation and is this an advanced education track?
- What about the RN-BSN & RN-MSN competencies?
- How do we know what level of the competency is expected?
- How to evaluate the competencies?
- How to document attainment of competencies for accreditation?
- How and when will schools be expected to have implemented these new standards?
Other Areas of Feedback

Logistics
• Implementation – How? When?
• Accreditation changes, and when?

Feedback on Domains and Other Topics

• Domain 2: Person-Centered Care
• Domain 3: Population Health
• Domain 5: Quality and safety
• Domain 9: Professionalism

• Diversity, Equity, and Inclusion
• Health Policy
• Nursing as a Discipline
• Ethics
• Evidence-Based Practice
All feedback/comments were reviewed and considered as part of the revision process.
Revisions

Introduction
Nursing as a discipline

Concepts
Ethics, DEI, Health Policy, Social Determinants of Health

New Model for Nursing Education
Clarified the two levels of sub-competencies

Domains, Competencies and Sub-Competencies
Especially Domain 2, 3, 5 9
Additions to *Essentials*

**Implementing the *Essentials*: Considerations for Curriculum**

- General considerations for all programs
- Entry-level Professional Nursing Education
- Advanced-level Nursing Education
Clarification, Practice Hours

Level 2

Advanced-Level Nursing Education
sub competencies
(minimum of 500 direct and indirect
practice hours in the discipline)

---and---

Specialty requirements / competencies
(additional practice hours vary as defined
and required by specialty / certification)

Participation in a minimum of 500 practice hours* required for Level 2 sub-competencies.

*in the discipline of nursing, post entry-level professional nursing education.

Additional practice hours will be based on advanced specialty/role requirements.
Clarification

Advanced-level education......what is meant by:

“advanced nursing practice specialty”

----and----

“advanced practice nursing role”
Other Expectations for Advanced Nursing Education

• Expectations/requirements do not modify or supersede other national specialty/role requirements, including 3P courses in CM.

• Practicum experience(s) have faculty oversight and are part of a formal plan of study.

• Focused, sustained practice experiences (immersion).

• Simulation is a valuable tool to augment learning;
  o can not substitute for all direct/indirect care experiences
  o Also determined by requirements of specialty education, certification, regulatory bodies.
DNP Scholarly Project/Product

• All DNP students are expected to complete a scholarly work that aims to improve clinical practice.
• Faculty involvement including evaluation
• Encouraged to collaborate with practice
• May take a variety of forms
• Should not be stand-alone component of curriculum
• Create an understanding of application to future practice
• Dissemination
THE MOVE TO COMPETENCY-BASED EDUCATION
COMPETENCY-BASED EDUCATION

Competency-based education refers to a system of instruction, assessment, feedback, self-reflection and academic reporting that is based on students demonstrating that they have learned the knowledge, attitudes, motivations, self-perceptions and skills expected of them as they progress through their education.
COMPETENCY-BASED EDUCATION—NOT NEW IN NURSING EDUCATION

• Nurse educators have been pioneers in the use of behavioral competencies/outcomes as a framework for curricular development, teaching and assessment in nursing education programs

• Nursing literature has long addressed the need for defined competencies to adequately assess nurse performance

• Nursing and specialty accrediting bodies require the demonstration of measurable outcomes indicating the effectiveness of educational programs/curricula and the competence of graduates
SOMETHING IS MISSING IN TODAY’S NURSING EDUCATION

• We have no widely accepted definitions of what common competencies our graduates should possess, what constitutes individual competence, nor what common framework for competency-based education we should use

• The move to interdisciplinary education and practice increases the need for common language to describe expectations across health professions

• We need a shared language and understanding of what competencies should be expected at every level of education
  • What competencies are foundational to practice at every level
  • How do nursing competencies relate to those in other health professions
CORE DEFINITIONS—A STARTING POINT

Competence

The array of abilities [knowledge, skills, and attitudes—or KSA] across multiple domains or aspects of performance in a certain context

- Statements about competence require descriptive qualifiers to define the relevant abilities, context, and stage of training
- Competence is multi-dimensional and dynamic. It changes with time, experience, and setting.

Frank, Snell, Cate, et al (2010)
CORE DEFINITIONS—A STARTING POINT

**Competency**

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 ARE NOT:

• A checklist of tasks
• A once and done experience or demonstration
• Isolated in one sphere of care or context
• Demonstrated solely on an objective test
COMPETENCIES ARE:

• A set of expectations which, when taken collectively, demonstrate what learners can do with what they know.

• Demonstrated across all spheres of care and in multiple contexts.

• Clear expectations made explicit to learners, employers, and public.

• A result of determined (planned and repeated) practice.

• Visibly demonstrated and assessed over time.
HOW ARE COMPETENCIES USED WITHIN CURRICULA?

• Provide guidance for how and what we teach.

• Provide direction for what we expect of students and clear language to provide to students regarding expectations for competence.

• Provide a framework for performance assessment across all spheres of care and professional practice.
TO BE EFFECTIVE, LEARNING MUST BE:

• Integrative and Experiential
• Self-Aware and Reflective
• Active and Interactive
• Developmental
• Transferable

**BENEFITS OF COMPETENCY BASED EDUCATION**

- Makes the learner the center of learning—AND—responsible for his/her own learning

- Clarifies faculty expectations regarding learner development/performance and allows the faculty to hold the learner accountable for prior learning

- Provides an overall cohesive framework for course and program design and development

- Relates curriculum and course work to life and professional expectations
Current Status and Next Steps

• Document was approved by the AACN Board of Directors January 2021.

• Presented to the AACN Membership for a vote, March 2021

• Electronic voting ends April 6
How do you eat an elephant?

One bite at a time!
Transition and Implementation:

Following the RoadMap
Timeline for Implementation

“...the pathway to fully implement the new Essentials will be an extended process that may take three years or longer.”
AACN Support to Facilitate Implementation of the Essentials

» Appoint an Advisory Group
  – Monitor process, identify issues, recommend resources to support implementation

» Faculty Development
  – Webinars
  – AACN Conference Presentations
 Essentials Tool Kit

• Competency-based education resources
• Competency-based assessment resources
• Integrative learning strategies
• Teaching resources
• Recommended content
• Recommended assessment strategies
Development of documentation and reporting tools…

…to facilitate documentation and reporting of curriculum and competency attainment.
Stakeholder Engagement

• Practice leaders
• Specialty organizations
• Regulatory bodies –
  • Accrediting organizations
  • Certification organizations
  • Licensing bodies
What Can Schools Do Now?

- Gain full understanding. Read the *Essentials* in its entirety!
- Crosswalk *Essentials* to current curricula
- Participate in faculty development opportunities
- Engage with current and new practice partners to strategize, plan, and implement the new *Essentials*
RESOURCES

- AACN for Academic Nursing (2019)
- CommVision on APRN Doctoral Level Competencies (2017)
- AACN Essentials Webpage
  - Final DRAFT Essentials (2-2021)
  - Roadmap (2-2021)
- FAQs
- Video on CBE