

Re-Envisioning the AACN Essentials


NCSBN APRN Roundtable

April 6, 2021

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Chief Academic officer

American Association of Colleges of Nursing



Speaker has no conflict of interest to disclose



ESSENTIALS Task Force Leadership Team

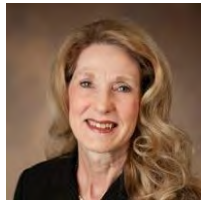
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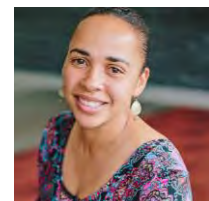
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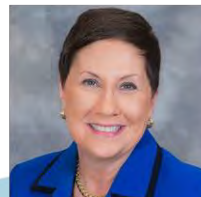
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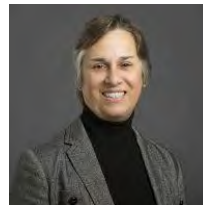
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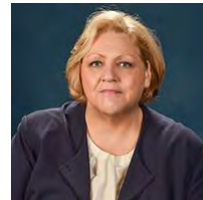
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Focus of Presentation

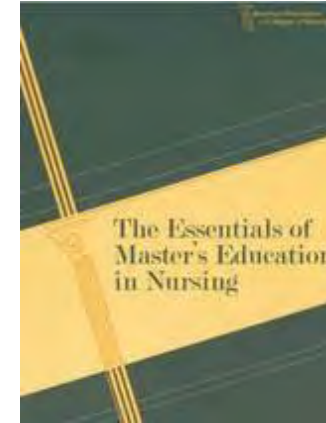
- ✓ Overview & update on the re-envisioned *Essentials*
- ✓ New Model for Nursing Education & APRN Education
- ✓ Transitioning to competency-based education
- ✓ Implementation & what's next



BACKGROUND

- » *The Essentials* provides the educational framework for the preparation of nurses.
 - *Essentials of Baccalaureate Education for Professional Nursing Practice* (2008)
 - *Essentials of Master's Education in Nursing* (2011)
 - *Essentials of Doctoral Education for Advanced Nursing Practice* (2006)

- » 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:

- » *AACN Futures Task Force Report (2015)*
- » *Common APRN Doctoral Level Competencies (2017)*
- » *AACN Vision for Academic Nursing Education White Paper (2019)*
 - Published in *Journal of Professional Nursing* in July-August 2019.

WHAT WE LEARNED FROM OUR PRACTICE PARTNERS

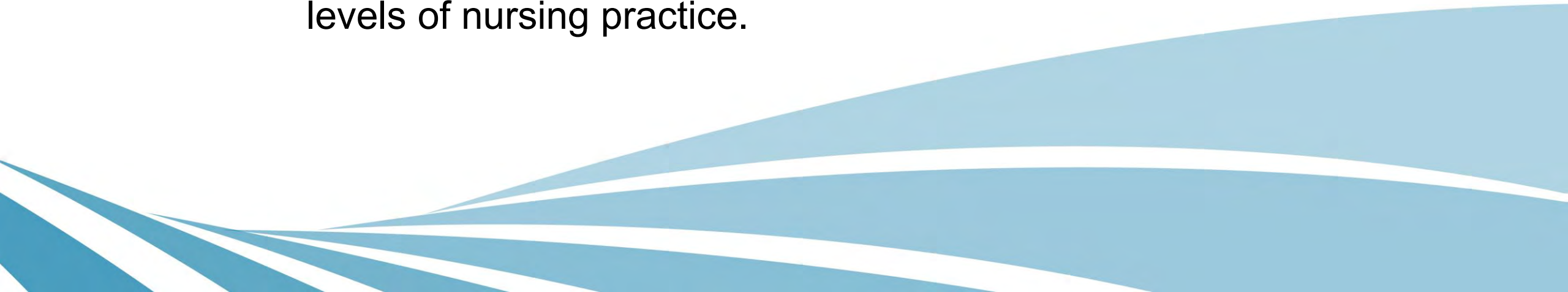


Susan Mullaney,
Senior Director
Center for Clinician
Advancement United
Health Group (Practice)

“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.
- 

Type of Programs by Degree	# schools
BACCALAUREATE	
• Generic (Entry-Level) Baccalaureate	672
• Accelerated 2 nd Degree Baccalaureate (Entry-Level)	278
• LPN-to-Baccalaureate	111
• RN-to-Baccalaureate	558
MASTERS	
• Baccalaureate to Master's	540
• Accelerated Baccalaureate to Master's	51
• RN-to-Master's	183
• Entry-Level Master's	62
DOCTORAL	
• Post-Baccalaureate PhD	98
• Post-Master's PhD	143
• Post-Baccalaureate to DNP	239
• Post Master's to DNP	342

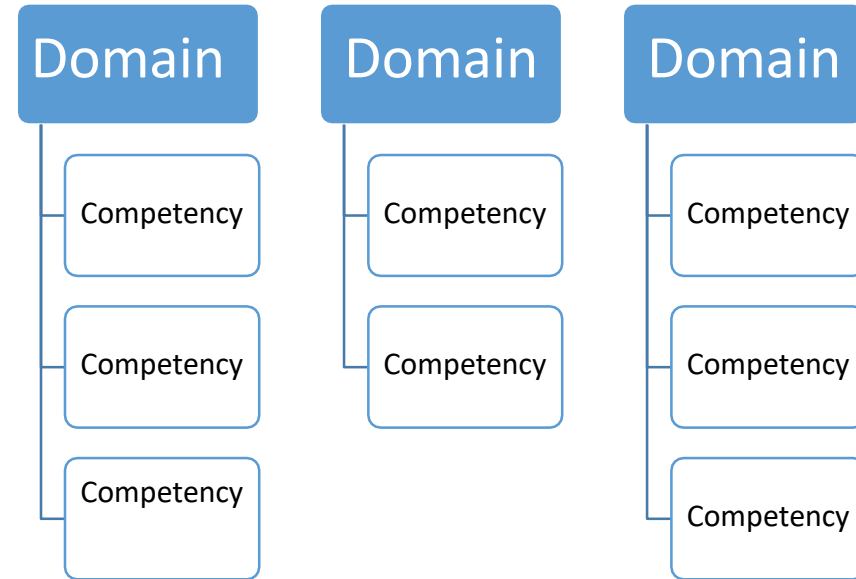
2020 Current State of Nursing Programs offered by Schools of Nursing

THE ESSENTIALS FRAMEWORK

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*

Domain 1: **Knowledge for Nursing Practice**

Domain 2: **Person-Centered Care**

Domain 3: **Population Health**

Domain 4: **Scholarship for Nursing Discipline**

Domain 5: **Quality and Safety**

Domain 6: **Interprofessional Partnerships**

Domain 7: **Systems-Based Practice**

Domain 8: **Informatics and Healthcare Technologies**

Domain 9: **Professionalism**

Domain 10: **Personal, Professional, and Leadership Development**

CONCEPTS ACROSS AND WITHIN DOMAINS

- » Clinical Judgment
 - » Communication
 - » Compassionate Care
 - » Determinants of Health
 - » Diversity, Equity and Inclusion
 - » Ethics
 - » Evidence-Based Practice
 - » Health Policy
- 



DOMAIN 5

Quality and Safety

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.

Competency		Entry Professional Practice	Advanced Nursing Education
5.3	Contribute to a culture of provider and environment safety.	<p>5.3a Identify actual and potential level of risks to providers within the workplace.</p> <p>5.3b Recognize how to prevent workplace violence and injury.</p> <p>5.3c Promote policies for prevention of violence and risk mitigation.</p> <p>5.3d Manage own personal well-being and resiliency.</p>	<p>5.3e Advocate for initiatives that support a culture of work environment safety (people, process and technology), including risks and strengths.</p> <p>5.3f Create a just culture reflecting civility and respect.</p> <p>5.3g Create a safe and transparent culture for reporting incidents.</p> <p>5.3h Role model and lead well-being and resiliency for self and team.</p>

Clarification, New Model

ESSENTIALS MODEL

LEVEL 1



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

LEVEL 2



Used by programs preparing a nurse for specialty practice in nursing.

UPDATE ON THE ESSENTIALS REVISION

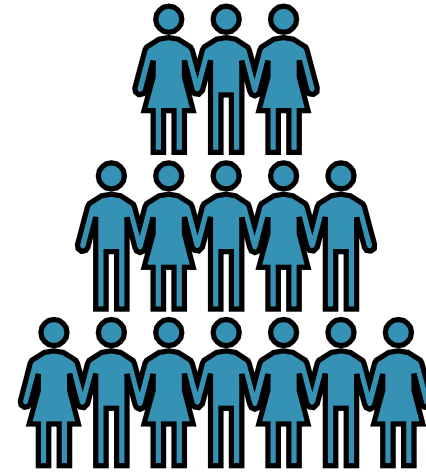
- Stakeholder feedback: process and summary
- Major revisions, additions to the document
- Next steps



Stakeholder Feedback Process

2nd National Faculty Meeting (NFM)

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

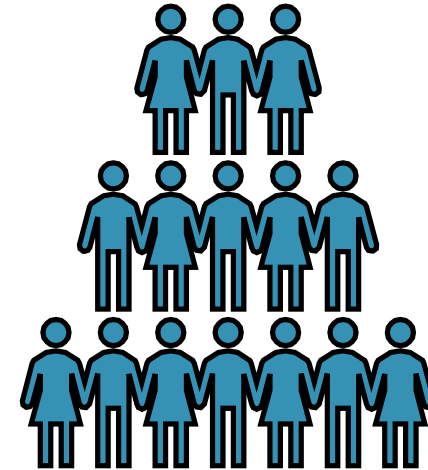


Stakeholder Feedback Process

Invitational Forums

38 organizations participated

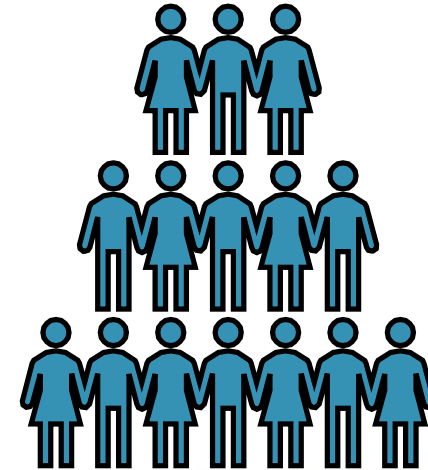
- 15 specialty nursing organizations
- 18 APRN organizations
- 5 accrediting and licensing organizations



Stakeholder Feedback Process

Presentations

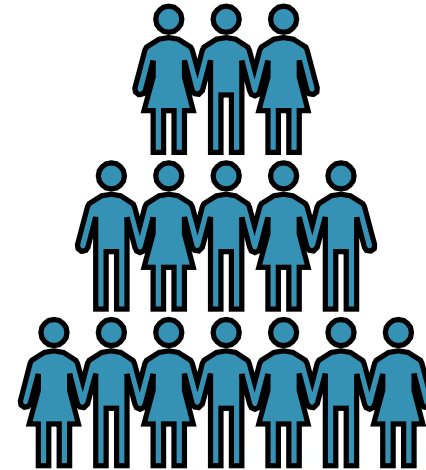
- NCSBN Education consultants
- AONL regional groups
- CCNE Board of Directors
- Commission on Nurse Certification
- CRNA Organizational Leadership Representatives



Stakeholder Feedback Process

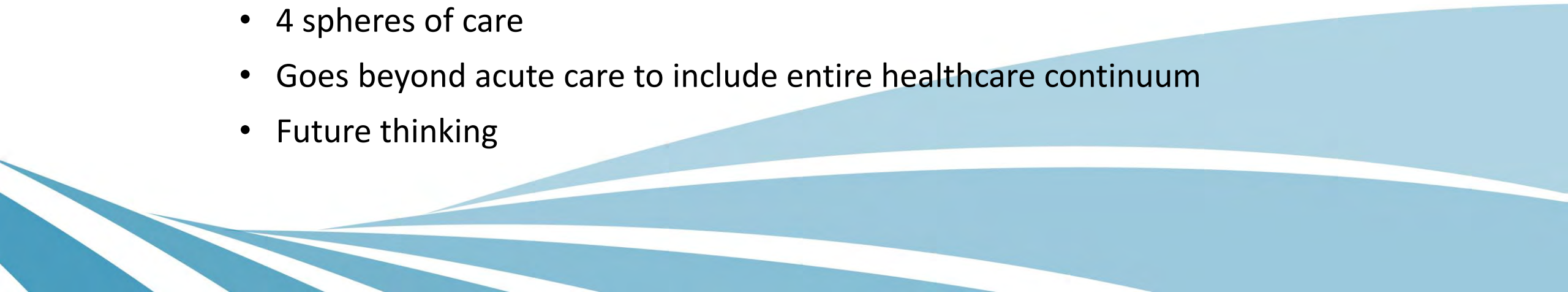
Letters and Commentary

- 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
- 

NFM Feedback Common Themes

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?

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

Other Areas of Feedback



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.

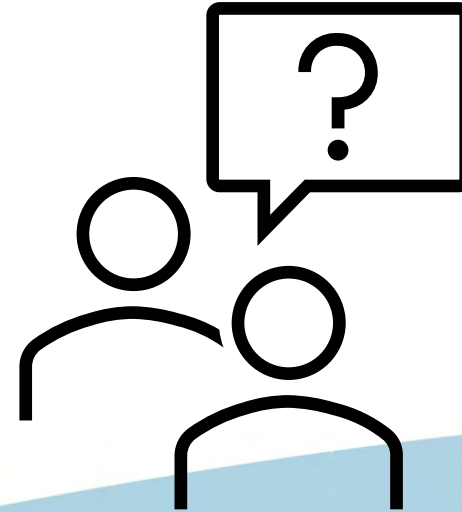
Clarification

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

“advanced nursing practice
specialty”

----and----

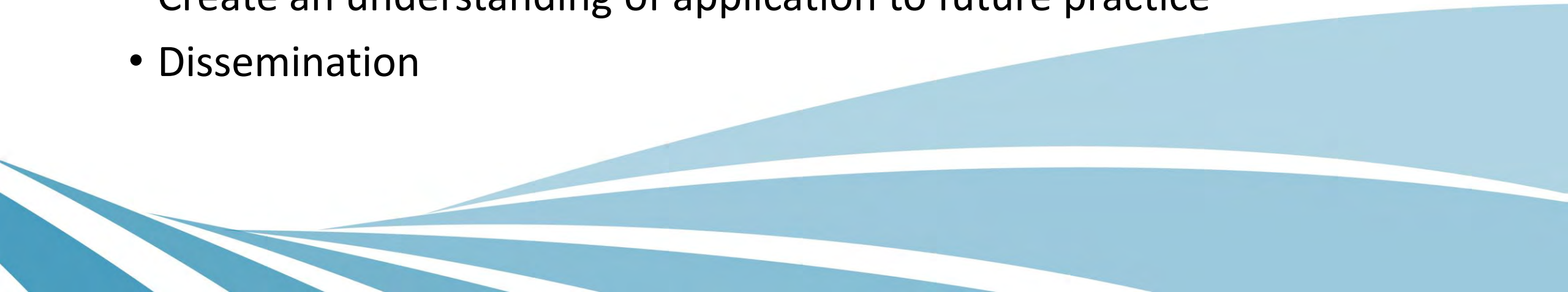
“advanced practice nursing
role”



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;
 - can not substitute for all direct/indirect care experiences
 - 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

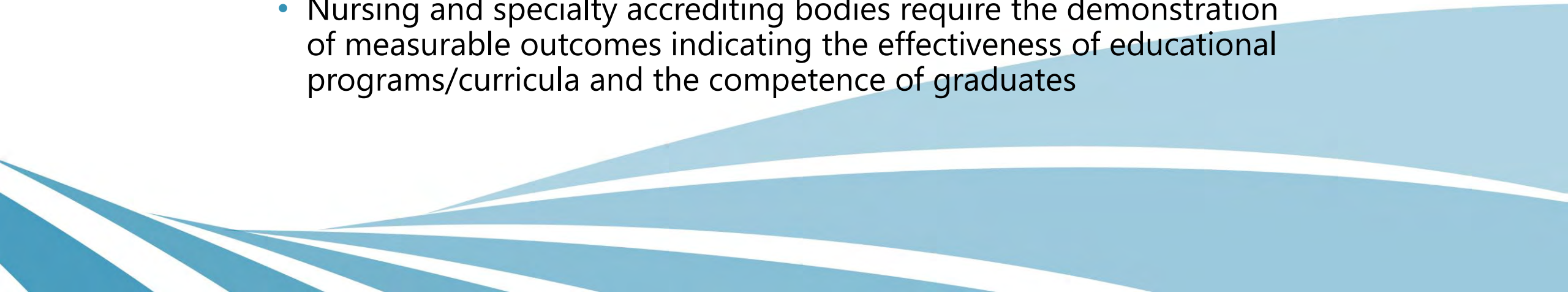


COMPETENCY-BASED EDUCATION

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.

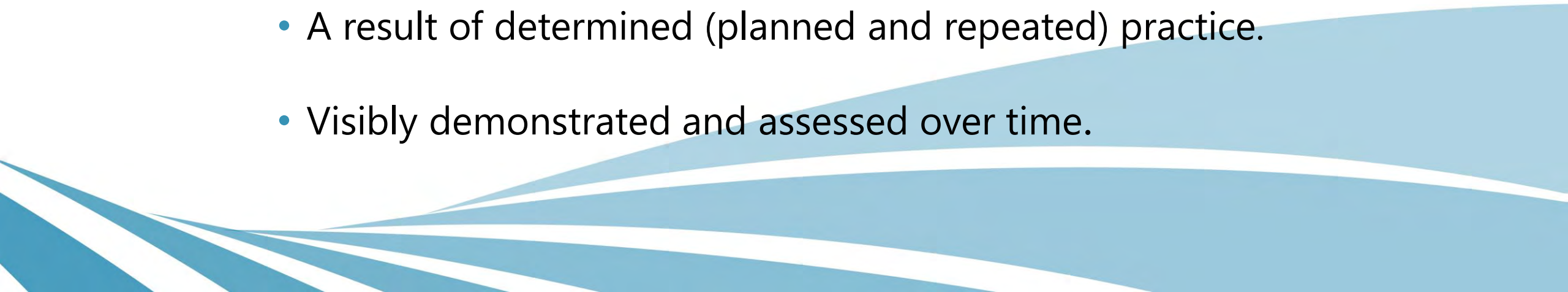
- Since competencies are observable, they can be measured and assessed to ensure their acquisition.

Frank JR, Snell, LS, Cate, OT, et al (2010)


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

Mentkowski & Associates (2000)



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
- 

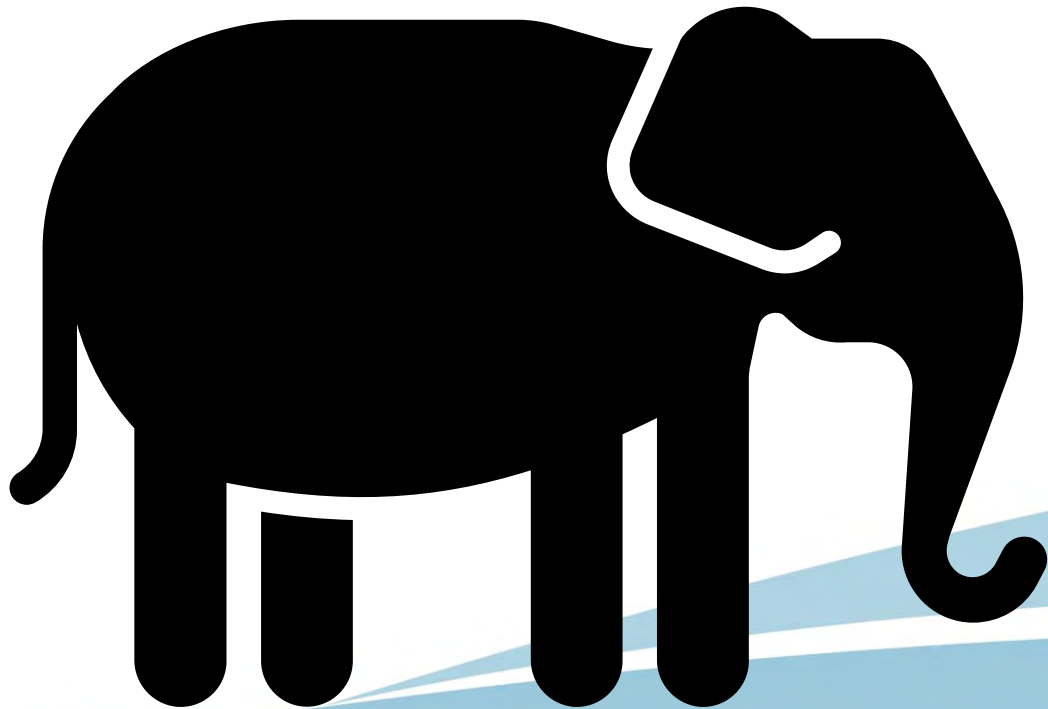
Current Status and Next Steps



- 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**

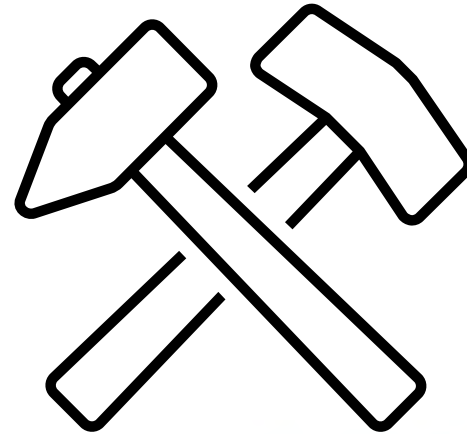
- Monitor process, identify issues, recommend resources to support implementation

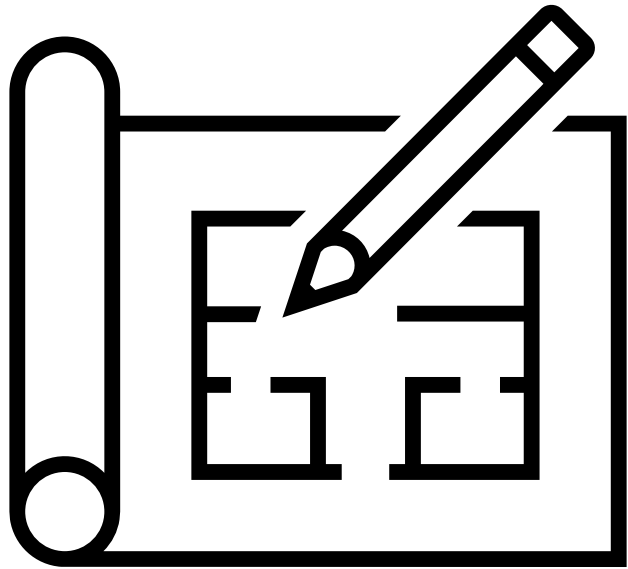
» **Faculty Development**

- 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



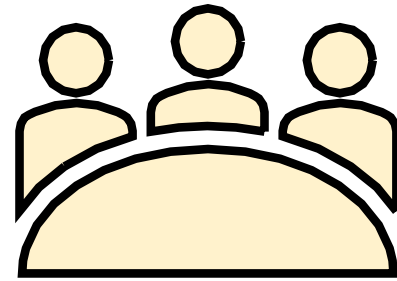


Development of documentation and reporting tools...

...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*





Questions ?

RESOURCES

- [AACN for Academic Nursing \(2019\)](#)
- [CommVision on APRN Doctoral Level Competencies \(2017\)](#)
- [AACN Essentials Webpage](#)
 - Final DRAFT Essentials (2-2021)
<file:///C:/Users/JStanley/Documents/Essentials%20document/Essentials-Final-Draft-2-18-21.pdf>
 - Roadmap (2-2021)
 - FAQs
 - Video on CBE