2021 NCSBN APRN Roundtable- Update on the National Task Force on Quality Nurse Practitioner Education (NTF) Video Transcript
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Event
2021 NCSBN APRN Roundtable

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Presenter
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- [Mary Beth] Thank you for inviting the National Task Force on Quality Nurse Practitioner Education to present. Today I'm here representing this multi-organizational collaboration that is committed to maintaining high quality nurse practitioner education through sustained efforts of review and modification of the National Task Force criteria for the evaluation of nurse practitioner programs.

Since the first edition of the criteria, the task force has periodically reviewed the criteria to ensure that these national consensus-based standards are relevant to ensuring quality and NP programs. We come again to meet on this purpose. Before I get started, I just want to clarify two definitions.

One is NTF. The National Task Force are the individuals that come together where NTFC is actually the criteria for evaluation of nurse practitioner programs. In the fall of 2019, the National Organization of Nurse Practitioner Faculties along with the American Association of Colleges of Nursing reconvene the NTF to revise the fifth edition of the criteria.

The 19 organizations were invited to participate in this task force. As I read through the organizations, you will see here that they represent licensure, accreditation, certification, education, regulation, and practice. Each organization was invited to have one participant on this task force to represent their voice. In addition to the 19 organizations from the task force, NAF and AACN has taken the administrative lead on this document and has identified co-facilitators.

Keeping this in mind, I just want to remind you that today I am presenting as the administrator co-lead and that my comments represent the task force. And when I'm joined for Q&A with Dr. Joan Stanley, her comments will also represent the task force. AACN and NAF did appoint two co-facilitators as experts in this process.

That is Dr. Lucy Marion, Dean Emeritus of Augusta University and Dr. Eileen Breslin, Dean of the University of Texas Health Science. It was a pleasure working with them as well as the 19 representatives as we've come together now for the last 16 months on these revisions.

You'll see as I describe this process how they have put an enormous amount of work, passion, expertise in time, and has made this project a success. So just briefly the timeline here with this, as I said, we started in the fall with the invitation going out. We had our first meeting in December 3rd.

It was a short meeting and it was just an introductory meeting to get to know each other, to learn a little bit more about the process, and to go over the agenda for the meeting on the 18th. As part of the invitation, we ask that 19 organization representatives to speak with their boards to answer two questions which I'll go through in a minute and this was the base for the conversations that we had on December 18th.

Over the course of the last 16 months, we met many, many times for two-hour Zoom meetings, they were incredibly productive and a lot of the members joined on a regular basis. We very rarely had people that were unable to attend which from 19 organizations is pretty phenomenal. On January of this year, January 29th this year, the first complete draft of the National Task Force Criteria, the sixth edition went to the boards for the review and comments.

And on the beginning of March 1st, we started to receive comments from them which we are now putting together and consolidating for meetings that are going to occur over the next six weeks. So the purpose of the task force, the document itself, is to provide a framework for the review of all NP educational programs.

Additionally, the leadership program had a charge for the task force representatives and that was to produce the sixth edition that would better reflect the changing demands of the current and future healthcare as well as higher education, and accountability for quality NP education. As mentioned earlier, the all day meeting on the 18th was pretty compact and the first thing that we did is we went through the questions that we asked everybody to answer as part of the homework prior to the December 18th meeting.

So the first question was, what changes in the nursing profession and healthcare should be considered as we do the revisions? And this is going to be no surprise. Just remember, these questions went out prior to the pandemic, but even keeping that in mind, most of the responses would be the same today.

One is the aging workforce and the aging population as well as more complex patients, the opioid crisis, we talked about diversity, social determinants, population health, we talked about the decreased number of primary care providers, and how that impacted supply and demand of nurse practitioners.

We talked about the way care was delivered, the way consumers were informed, and that would include things like telehealth, AI, remote monitoring. We also talked about the new models for reimbursement. Not surprisingly, we talked about clinical, clinical sites, qualified preceptors and payment to preceptors.

We continued to talk about the increase in online learning, competency-based education, the use of simulation for learning and evaluation, and then we talked about post-licensure residency, fellowship

programs, APRN conference, and of course, the DNP as entry into practice. So that was a pretty long list but a comprehensive list from the group. For the second question, we asked them to narrow in what were their top two three concerns as it related to NP education and how should that be considered as we move forward with revisions.

Those were topics such as clinical hours, direct and indirect hours, as well as just overall student placements in clinicals. We talked about faculty and student ratios, and the impact of workload for faculty. We talked about sequencing of curriculum as it related to finishing out a DNP. We talked about because of the influx of a lot of new faculty to training and mentoring of faculty, competency-based education and of course, and the professional experiences.

So the first exercise of the day of the 18th went into actually going into these questions in detail as a group so that we can identify which were the ones that we would consider for the revisions and which ones we would take off the list.

At the end of the day, we pretty much left everything on the list to be considered. Of course, it's in the detail of how they would be incorporated into the NTF, but they were very important that it was felt that they would be left to be thought of throughout the entire process. Moving forward and knowing that there were top concerns, the second part of the day on the 18th, we broke into smaller groups and the groups were to determine what the actual problem was based on the topics below and also provide some recommendations.

As the day continued, it became apparent that there was a lot of work to be done and that the revisions for this sixth edition were going to be more than just tweaking around the edges, that we would look at the document as a whole based on the conversation that we had with all of the concerns and challenges, and move forward with that.

With that in mind, it was determined that we would break into three work groups and use the previous structure chapters to do the work ahead in the small groups. So Team 1 had Chapters 1 and 2, Team 2 had Chapters 3 and 4, and Team 3 had Chapters 5 and 6. They were to look at the chapters with these questions in mind to see which criteria needed to be revised to be eliminated, to be completely rewritten, and to think about all the things that we had to discuss in the list that I just mentioned to see if there was something on that list that needed to be added into the chapter.

We tried to pull in as much evidence and data that we could find to inform these conversations. The other thing that was important here is we gave the members, the individuals that are part of the task force a folder that had criteria and standards from other health professions from the pharmacists, PTs, social work, nurse anesthetists, and medicine so they can look at theirs as they did the work to revise this document.

So that was continued over the year and we reported out on the chapters' work. They went back to do even further revisions that it became apparent that a couple of things needed to be changed significantly on the revision for this document. One was early on in the process, we started talking about the need for standards definitions as part of the chapters.

So that was written into the sixth edition. Each chapter has a standards paragraph. It was also then determined that there would no longer be six chapters, that we would rearrange things into four chapters and here's the listing of the four chapters. In addition as I go through this, the third thing that happened is the teams were so efficient in their work in defining the criterium and the required evidence that there was no longer a need for an elaboration that was in the elaboration paragraphs that were in the previous chapters.

What we used if there was a need to define something is the glossary at the end of the document where we define both terms and words. So if there is a need to elaborate on something, that's where somebody would go to get additional information. So I'm going to jump into the chapters here and what I've provided is the draft standard and I'll give you a little bit information on what's in some of the criteria.

As mentioned earlier, this is still in draft. So some of this may change and the criterium and the required evidence for each one of these chapters may also be changed based on what I'm going to be presenting here. So Chapter 1 is Mission and Governance. It's pretty clear what a mission and governance is.

We want the schools of nursing and the programs in nursing to look at their governance structure so that it prides quality for NP programs and through the faculty governance, we actually would like the institutional policies to be committed to supporting the NP programs.

So one of the criterium would read something to the extent that the governance structure within the institutional facility has ongoing participation from the community of interest which includes the administrator's faculty and students in the development, implementation, maintenance, and evaluation of the NP program.

And the evidence for that particular criterium would be that they would define who their community of interest is and show clearly how the information from the community inference is included in the governance and how they provide input, and this input is used to make changes and to have quality assurance and quality improvement through the programs.

Another example, we heard a lot during the discussions over the past 16 months of faculty having time to do teaching service and scholarship. So one of the policies would be that the institution has policies and expectations for faculty, consistent with other faculty that are in the academic institution to have time, allotted time for teaching service and scholarship.

Again that's outlined as one of the criteria with supporting evidence. This chapter also outlines policies as it relates to clinical sites, preceptors, and the use of simulation. Chapter 2, Chapter 2 is Resources. This is a pretty compact chapter because the resources that we're talking about here are fiscal, human, the student support services, the learning resources, and the physical resources.

So again, this is having institutional resources sufficient for all matriculated students across these different types of resources. So the criteria here would be something to the effect of sufficient number and qualified preceptors to facilitate student clinical learning needs in the population focus for the program that there would be sufficient staff and there would be sufficient faculty to ensure that there were successful completion of the program.

That would include if necessary, clinical placement support. So Chapter 3 is curriculum. This chapter was previously in the previous version, but there's been quite a few changes and it's been clarified in many ways to be more specific. And again it's the design and the revision of the evaluation by NP faculty to maintain currency and meet national standards.

Maintain currency was talked about a lot that this document had to be looking into the future to make sure that there were changes that needed to be done in curriculum that they'd be able to be put in and then evaluated by the faculty as well as the administration. The other thing that's in this chapter, it sort of overlaps with Chapter 1 is that faculty would have input into criteria for admission.

A lot of discussion about should the NTF criteria mandate students have two years or one year, or some sort of clinical experience as an RN. There was no consensus on that. So the decision was made to put in a criterium that led to the faculty and the administration to have input into the administrative process and that if the program and the administration felt that that was necessary that students had previous experience that that would be in the admission criteria.

The other things that were in here which we talked about earlier and came out of the list was sequencing of courses and the criterium read such that the curriculum would reflect course sequencing and the integration at a population-focused level for didactic and clinical courses with continual clinical progression that occurs throughout the program.

Again on the evidence, so that would be the evidence of a logical course sequencing showing that it promotes competency across the curriculum. So the next chapter, the final chapter which is Chapter 4, this Program Evaluation and Assessment or Assessment and Evaluation.

This particular chapter was built out quite a bit from the previous version and it flows from the governance chapter through the curriculum chapter, through the resource chapter. So through sort of the scaffolding effect of that, there is a criterium that speaks to evaluating the processes, evaluating all of the resources including faculty, students, and preceptors, and then goes into evaluating how the curriculum would be evaluated both at the highest level which is program outcomes, the entire program down to a particular course being evaluated.

Again each one of these has very specific required evidence that shows that this process is done. We are at a point in time now where we have brought in all of the comments from the March boards. I created an Excel sheet that has over 400 lines of comments.

So they were very significant and I think what's important here is it's really making the document much more precise, clear, concise, and speaks to promoting what the purpose was, which is the evaluation of quality NP programs.

So I guess at this point we will go to Q&A.

- [Michelle] Thank you, Mary Beth, for providing that update on the ongoing work of the NTF.

We're joined again by Joan Stanley as she mentioned for the Q&A session and so we'll have both Joan and Mary Beth available for questions. I wanted to just start off with a question that I had as we wait for

other questions to come in. Can you describe the difference between the Essentials and the new task force standards and criteria document?

I think sometimes people get them confused. So could you both maybe chime in on the differences between the two?

- So I think they're very complementary of each other. They're different documents, and Joan will talk about the Essentials in a bit. But the National Task Force standards and criteria are specific to NP programs. So they go that one step further in talking of about what programs could be doing for meeting quality expectations.

There's a lot of process points in that document where we ask for certain policies to be in place, evaluations, curriculum, where it's not as much competency-based as the Essentials are, although there is a little bit that leads to competency. So that's where the overlap is with... From my looking at the two documents, it's not a competency-based document.

The Essentials is. It's more of a process document. Joan.

- [Joan] And thank you, Mary Beth. And I would just add to be clear and I know we said this before that the Essentials document, the AACN Essentials document addresses all, both entry into professional nursing as well as advanced professional nursing. So we're not talking about just nurse practitioners or the four APRN roles but all advanced nursing practice. So that is one of the major differences and as Mary Beth said, the Essentials doc, the new document now is transitioning to competency-based education.

It does include a section on implementation and other expectations and requirements for our programs. But it's primarily in a competency-based document.

- Thank you both. Our first question is from Susan Rupert. She asks, "Will education programs get to provide input in the same way that AACN sought feedback on the revised Essentials?"

- Thank you. Thanks for that question. This is a discussion actually that the leadership group has been having. In the past, the National Task Force when it's been under revision has received comments through the boards through the 18 organizations that have been part of the revision process. We realize that the revisions we made this time are significant, going even from six chapters to four chapters is very different in getting rid of the elaborations.

So we are still thinking about that and how to get that information from broader audience. No decision has been made at this point.

- Anything else to add, Joan?

- No. As Mary Beth said, that discussion has been very fresh in our minds and is still ongoing.

- Thank you.

- But we know it's an important part of the process, and how to make sure that we get feedback.

- Thank you. Next question is from Mary Powell and she asks, "When do you expect the new NTF document to be released?" You knew that one was coming.

- I knew that one was coming. You know, similar to the Essentials document, this document has to... is part of an accreditation process, we realize for schools. So we want it released as soon as possible, so that could be on the same line of review for accreditors as the new Essentials document.

Now that said, we have a lot of comments and they're very good comments. And the leadership team is going through them and making modifications, and it's going to have to go back to the 18 organizations. The previous question is where I hesitate. When we open it up for public, we're going to have to do the same thing and as Joan explained with the Essentials process, going through the comments and every comment being looked at and reviewed, and considered is a tremendous amount of time.

And right now it's the four of us that are on the leadership team having these meetings. So I can't give you a timeline. I want to say that it's going to be done by the end of 2021 and kind of hope it's done sooner than that, maybe, you know, by the fall.

But at this point, we want to take every comment, we want to do this right, we want to get a document out there that's clear, concise, and has an impact.

- Thank you.

- Perfect answer.

- Next question is from Rita D'Aoust. She asks, "Does Chapter 2 specifically address infrastructure for digital learning? Digital learning is used either for course delivery or adjective learning for onsite programs."

- So this is the resource chapter. So, yes, not directly and indirectly. What this document does slightly different than the previous ones, it sets up in the first chapter policies that are developed by your community of interest which includes the faculty administration and others outside the community as well as students.

And if your school has a big digital imprint and that is the resources that you need, that should be in the policy. So when you move to the resource chapter, it speaks to having the resources that are necessary to make sure that there's quality education, that there's access for students, that there's access for faculty, that faculty have the tools and the resources they need.

So if you really are doing high level digital learning to your students and it's a remote situation, then your faculty have to have the right environment to work in. So I guess, I could answer the question to say yes, it's in there. We did not forget about the importance of sort of moving forward in this world of remote learning.

- And I would just add just to reinforce that because that is the same answer I would have given. But also just to reinforce that we do not say specifically what each institution has to have. But it has to demonstrate how and have policies for, and show what they do have, where they have gaps, and what they're doing to address those gaps, and how that they have the resources necessary to meet their mission, goals, and objectives.

- Thank you. Next question is from Julie Stanik-Hutt. "With growing comments from employers example, VHA in particular, that they prefer to hire PAs to new grad NPs because of the differences in the number of clinical practicum hours, 2,000 for PA and 500 for NP. Have the minimum expectation for clinical practicum hours been revised?"

- Joan, you want that question?

- Sure. I'll take the first crack at that. That has certainly been a major part of the discussion and one of the key points that the National Task Force is focusing on. We have done an extensive review of the literature, we have looked at requirements from the other APRN roles, we have looked at the requirements for other disciplines, and also the documentation for expectations.

So it is part of the conversation. We do have some proposed guidelines and standards that we have weighed in. We have had feedback from all of our 18 organizations and the final document will have a recommendation for practice hours, and also how those are defined.

- Yeah. Thank you, Joan. I didn't mean to throw that one at you that badly, but I think the other piece here is the... I had confusion. I've talked to Joan about this, the 500 hours that's in the document for the Essentials. As Joan explained in the previous presentation, those are for meeting the competencies at the second level of the Essentials and that 500 includes both direct and indirect hours.

The NTF will come out with a recommendation for direct patient care hours and additional hours are likely to be needed to meet the competencies as it addresses APRN competencies or NP competencies specific to the way it's outlined in the Essentials.

So, you know, we believe that there is likely going to be an increase in the direct patient care hours and probably a redefining of those indirect patient care hours.

- Thank you, both. Next question is from Jennifer Wright. She asks, "Will you retain your guidance documents for gap analysis and assistance with evaluating clinical experiences for dual track preparation?"

- Let me answer the first one first. So, yes, and in fact one of the task force members has agreed to help us with the gap analysis, I know, and a few of the other members have to look at the gap analysis to make decisions on a regular basis. So that document is going to be included in and in fact updated.

The other attachments that are currently in there are all under review right now. We're going to keep some of them. We're going to update the ones that we do keep and we're likely to have even additional ones to support the four chapters.

- Thank you. Next question is from Kathryn Sexson. She asks, "Does the NTF document address face-to-face and remote site visits?"

- Yes, yes. And in fact, you know, in some ways it really hasn't changed from the last NTF. We believe in the evaluation of students and whatever modality is needed to get the evaluation to see if they're meeting competencies for the levels of the classes that they're in.

We don't dictate that it's onsite evaluations, but we are very clear and make it clear in the new NTF that evaluations by faculty on a regular basis to see if they meet the course competencies and the program competencies and they are on track for that are done regularly. So, yes, it continues to be an important point in the NTFC.

- And I would just add to build on what Mary Beth said and that is it is not just the evaluation of the students, but also we addressed the need for there to be communication between the faculty person, the student, and the preceptor, whoever is providing onsite supervision for the students so that there needs to be extensive communication, regular communication, and that that preceptor or onsite supervisor can be part of the evaluation of a student, but there must be this continual communication with the faculty.

- Okay, thank you. Next question is from Mary Beck Medsker and she asks, "Do you see as one of the outcomes of implementing the updated Essentials document and the NTF standards document, that there will be fewer but higher quality NP programs in the U.S.?"

- From the NTF standpoint and NTF, the whole charge for the document is to outline how our program can meet the highest level of quality. And that has been, you know, the point that we discuss every time we're on call with the organizations is that the best way that we're going to meet the highest level of quality.

I don't know if it's going to reduce or add, or change the number of programs. I think every program is going to have to look at both the Essentials in the NTFC and make decisions at their institutions as to what they want to do to make sure that they are meeting both the competencies as well as the NTF standards to have higher level quality.

- You know, I would just repeat the same thing that Mary Beth said that the goal is not to change the number, either to increase or decrease, but rather to look quality and the consistency with what we put in our graduates, and ability to address the needs out there.

- Thank you. I had a question from Nancy Spector and she says, "It looks like a lot of work by many different groups." And she asks, "What was the biggest challenge in coming up with the current recommendations?"

- For the National Task Force criteria, I assume she's referring to.

- Yes, although it probably applies to the AACN Essentials too, Joan.

- I have a kind of a broad answer for both of them, but particularly for the National Task Force, I think the big thing was really getting our hands around for the whole group, our whole hands around all the

changes that have occurred in healthcare, what was going on around us, and then looking at the National Task Force criteria and trying to decide.

We can't address everything. I mean, obviously there's a lot of issues and things going on in healthcare and to figure out what it is the National Task Force criteria can actually address, make a change in, and keep focusing on nurse practitioner education, and improving, and enhancing the quality of our programs and our graduates to address those needs.

I think that probably took the longest time and of course, now we are looking at finalizing and reaching consensus around the whole document and the specific issues so... But I remember those first steps. And that took a long time to really get our hands on what we really could focus on, what we needed to focus on.

- And I think that that was... We didn't go into this as, "Just revise this document," and many of the participants on this call I think were at our first meeting, in December, the all-day meeting. And we really deliberated on what are the issues that we're going to tackle and why are we going to tackle them, will it make a difference, and is it something we need to talk about.

And every time we have a discussion, we kind of go back to that and say, you know, "At the very beginning, we talked about this being a problem. Are we addressing this problem by writing the criterium and the required evidence in the way that it's been drafted?"

So I think that foundation work, as Joan says, was really important and hard.

- Well, I'd like to thank you both. Mary Beth, thank you for your presentation, and Joan, thank you for hanging on for another Q&A session. At this time, we will be going to a break and this will be your last opportunity to join in the networking lounges.

So we just invite you to click on the networking lounge tab on the left and when we come back, we will begin our live panel presentation. Thank you.

- Thank you, Michelle.