

CONDENSED CLUSTERING SUMMARY

The AACN *Essentials* provides a framework to support academic programs in assuring graduates are prepared to meet the demands in clinical practice. Graduates at the entry- (Level 1) and advanced-level (Level 2) must be able to demonstrate competency across 10 Domains, 45 competencies, and 204 Level 1 or 230 Level 2 sub-competencies. With each sub-competency, progression indicators—descriptive, observable behaviors that show progression to and attainment of each sub-competency—provide clear behavioral expectations for both faculty and students.

The journey toward essentializing the curriculum and transitioning to competency-based education (CBE) begins at the program level. Program outcomes should align with the 10 *Essentials* domains, with each sub-competency clarified through progression indicators that set clear expectations for faculty and students. Sub-competencies are then mapped to the curriculum, prompting course revisions or new development to ensure all are addressed. The curriculum map serves as a living document, guiding faculty in identifying where students have opportunities to practice and demonstrate sub-competencies at the appropriate level (e.g., “developing” or “developed”). Faculty can then design aligned formative and summative assessments to support skill development and verify competency attainment.

As nursing practice touches every *Essentials* domain and involves multiple competencies and sub-competencies simultaneously, clustering them is critical for experiential learning for both formative and summative assessment. In addition, assessment is longitudinal—these behaviors are meant to be observed over time, reflecting a learner’s ongoing development rather than a single point-in-time evaluation.

The example assessment (Table 1) provides students with the opportunity to showcase a multitude of sub-competencies associated with Scholarship for the Nursing Discipline (Domain 4), Quality and Safety (Domain 5), and Systems-Based Practice (Domain 7). For this example, the objective of the assessment is to provide students with an opportunity to engage in a quality improvement project within the clinical setting, **building on skills and behaviors developed in previous courses within the curriculum.**

This assessment can be embedded within a specific course or positioned as a program-level milestone. In CBE, summative assessments should always be preceded by formative learning opportunities. Students should engage in scaffolded experiential learning with frequent formative feedback, ensuring they have ample practice and support before being expected to demonstrate competency. These formative experiences may occur within the

same course or earlier in the curriculum. For instance, students might conduct a literature synthesis and critically evaluate research in an evidence-based practice course, receiving formative feedback to develop the targeted competencies. Later, during the course containing the summative assessment, students can scaffold their learning, using their literature synthesis skill set to inform the summative quality improvement (QI) project. Formative feedback can also occur within the course through case scenarios simulating the steps of a QI process, allowing additional formative feedback on their ability to apply competencies effectively. This structured progression ensures students have multiple opportunities to practice and refine skills before demonstrating competency in a summative assessment.

Table 1: Example Summative Assessment Overview

<p>Assessment Title: Capstone Project on Quality Improvement in Nursing Practice</p> <p>Assessment Components:</p> <ul style="list-style-type: none"> • Identify a QI Project focused on a current issue in nursing practice (maybe at their clinical site) <ul style="list-style-type: none"> ○ Identify a specific patient care area needing improvement based on nursing-specific quality indicators and safety initiatives problem [(e.g., medication errors, patient falls, hospital-acquired infections, discharge delays, ineffective communication) (5.1a, 5.1b)]. ○ Map the problem to national safety and quality initiatives (5.1b, 5.1d). ○ Articulate the role of nurses in patient safety and the importance of national standards (5.1a, 5.1b). ○ Justify your project focus using evidence from the literature and existing data (4.1f, 4.2a). ○ Conduct a critical appraisal of the literature to support the practice change using evaluation criteria (4.1a, 4.1b). ○ Describe the organizational context (policy, mission) and system-level factors (macrosystems to microsystems) affecting the issue (7.1a, 7.1b, 7.2b). • Draft a QI project using a QI framework <ul style="list-style-type: none"> ○ Select and apply an appropriate quality improvement method, such as PDSA, Lean, or Six Sigma, to design your project (5.1e). ○ Develop a structured implementation timeline, assign roles, and define responsibilities (5.1g). ○ Develop a plan for implementation and evaluation, providing rationale for how the intervention aligns with the evidence (4.2b, 4.2c, 4.2d, 5.1c, 5.1h). ○ Create a monitoring plan with SMART objectives and data collection methods (5.1h, 4.2e). ○ Identify organizational policies, resources, financial and regulatory influences that affect implementation (7.2e, 7.2f, 7.3a, 7.3b). ○ Analyze the potential impact of healthcare costs and payment models on your project implementation (7.2c, 7.2f).
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- **Present QI Project Findings and Recommendations**
 - Communicate findings and synthesize evidence to draw conclusions about your intervention's potential impact on patient outcomes (4.1g, 4.2e).
 - Propose evidence-based strategies for future improvements in practice based on your evaluation (5.1f, 4.2e).
- **Ethical Considerations and Post-Reflection (Written Reflection)**
 - Explain the application of ethical research guidelines, including IRB considerations, to your project (4.3a).
 - Evaluate the ethical aspects of your quality improvement initiative, addressing equity and suggesting improvements for ethical practice (4.3b, 4.3d).

Project Deliverables

- Written Report (8–10 pages; Structured around the above components, including citations, tables/graphs, and a reference list).
- Oral Presentation (10–15 minutes; Presented to peers, faculty, and, ideally , interprofessional partners).

As a summative assessment, each student must be able to demonstrate successful completion of each of the assessment components. Using a rubric, as depicted in Table 2, faculty and students can clearly identify the behaviors associated with competency attainment. If students do not demonstrate the “Developed” behaviors, additional practice and revisions should be required until competency is attained.

By completing this one assessment, students can demonstrate their ability to identify a quality gap, determine evidence-based strategies to support improvement, collect and interpret data to evaluate and improve practice. Overall, this one summative assessment evaluated students' attainment of 26 sub-competencies situated within seven competencies in three different domains. Integrating assessments for clusters of sub-competencies, such as noted in this example, can maximize student learning and faculty efficiencies.

Table 2: Summative Assessment Rubric: Capstone Project on Quality Improvement in Nursing Practice

Component	Points	Not Yet Competent	Developing Competency	Developed (Competent)
Identify QI Issue & Background (5.1a, 5.1b, 5.1d, 7.1a, 7.1b, 4.1f, 4.2a)	15	<ul style="list-style-type: none"> - Issue is vague, lacks focus, or not relevant to nursing indicators/safety. - No mapping to national initiatives. - Minimal or no discussion of nurse's role. 	<ul style="list-style-type: none"> - Identifies an issue but lacks specificity, limited connection to indicators. - Attempts to map to national initiatives, some errors or omissions. - Describes nurse's role with generalities or unsupported statements. 	<ul style="list-style-type: none"> - Issue is specific, clear, and linked to nursing/QI indicators. - Thoroughly maps to national safety/quality initiatives. - Clearly articulates nurse's role and national standards in patient safety.
Evidence Base and Critical Appraisal (4.1a, 4.1b, 4.1f, 4.2a, 7.1a, 7.1b, 7.2b)	15	<ul style="list-style-type: none"> - Insufficient or missing literature, poor justification. - Lacks critical appraisal or uses weak/unrelated sources. - No discussion of organizational/system context. 	<ul style="list-style-type: none"> - Moderate review of literature; relevance partially justified. - Attempts critical appraisal but misses evaluation criteria. - Brief or incomplete description of context. 	<ul style="list-style-type: none"> - Comprehensive review and justification using high-quality literature. - Thoughtful, criteria-based critical appraisal. - Contextualizes issue within organization and system factors.
QI Framework & Project Design (5.1c, 5.1e, 5.1g, 4.2b, 4.2c, 5.1h, 4.2e, 7.2c, 7.2f, 7.3a, 7.3b)	25	<ul style="list-style-type: none"> - Inappropriate or missing QI framework. - Project plan lacks structure, timeline, or clear roles. - No implementation/monitoring plan or vague, non-SMART objectives. - No consideration of 	<ul style="list-style-type: none"> - Appropriate framework chosen but partially applied. - Project plan with basic structure, some role ambiguity. - Implementation plan incomplete or objectives somewhat measurable. - Touches on resources/costs but misses details. 	<ul style="list-style-type: none"> - QI method is well-chosen and fully integrated. - Detailed, logical implementation timeline with defined responsibilities. - Robust plan for implementation and monitoring with clear SMART objectives. - Thoughtful analysis of policies,

		financial, regulatory, or resource factors.		resources, and financial/regulatory impacts.
Impact Analysis and Recommendations (4.1g, 4.2e, 5.1f)	25	<ul style="list-style-type: none"> - Findings absent or incoherent. - Recommendations missing or not evidence-based. - No discussion of impact on patient outcomes. 	<ul style="list-style-type: none"> - Presents findings with some organization; limited synthesis of evidence. - Recommendations provided but weakly supported. - Some consideration of patient outcomes but not well defined or explained. 	<ul style="list-style-type: none"> - Synthesizes and clearly communicates findings using evidence/tables/graphs. - Proposes feasible, evidence-based future strategies. - Demonstrates strong understanding of potential impact on outcomes.
Ethical Considerations & Reflection (4.3a, 4.3b, 4.3d)	10	<ul style="list-style-type: none"> - Fails to identify or discuss ethical guidelines/IRB. - Little or no analysis of equity or ethical improvement. 	<ul style="list-style-type: none"> - Identifies ethical issues/IRB, but discussion is basic or incomplete. - Touches on but does not fully address equity or improvement in ethics. 	<ul style="list-style-type: none"> - Clearly explains IRB and ethical guidelines relevant to QI. - Provides thoughtful evaluation -clearly integrates equity and actionable ethical recommendations in the QI project.
Writing & Presentation	10	<ul style="list-style-type: none"> - Many errors obscure meaning; citations missing. - Unorganized report/presentation. - Slides or visuals missing or misleading. 	<ul style="list-style-type: none"> - Some grammar/citation errors; adequate organization. - Report/presentation covers basics but lacks clarity. - Visuals present but not well integrated. 	<ul style="list-style-type: none"> - Clear, professional writing and speaking; proper citations. - Well-organized, logical flow. - Effective use of visuals/tables/graphs; engages audience.