American Association of Colleges of Nursing

The Essentials: Core Competencies for Professional Nursing Education

Frequently Asked Questions

Updated February 2025

In April 2021, AACN's members approved The Essentials: Core Competencies for Professional Nursing Education, which calls for preparing future nurses using a competency-based approach. This document addresses some commonly asked questions related to this new model for nursing education and expectations for schools of nursing.

Overview of the Essentials

How does AACN define competency-based education?
AACN defines competency-based education as "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." Other organizations define competency-based education differently, including the U.S. Department of Education, which more narrowly defines this term as education "that organizes academic content according to competencies—what a student knows and can do—rather than following a more traditional scheme, such as by course." Nursing programs are encouraged to institute a process to ensure curricula address the competencies delineated in the *Essentials* and assesses student achievement of those competencies. AACN is not requiring schools to move to time-variable education or organize academic content according to competencies instead of by course. In fact, we anticipate most programs will continue to organize academic content by course. Even so, AACN reminds nursing programs that accrediting agencies and state boards of nursing may require notification or approval of substantive changes proposed in order to implement the *Essentials* framework, depending on the extent and nature of the proposed changes.

How is the re-envisioned *Essentials* document organized?
Titled *The Essentials: Core Competencies for Professional Nursing Education*, the new format for the document includes an Introduction, A New Model for Nursing Education, Implementing the *Essentials*: Considerations for Curriculum, 8 Concepts with Concept Descriptors, 10 Domains and Domain Descriptors, 10 Contextual Statements, Competencies, Entry-Level into Professional Nursing Education Sub-competencies, and Advanced Level Nursing Sub-competencies.

What are the featured domains and concepts found within the *Essentials*?
Within the *Essentials*, there are 10 domains that were adapted from the interprofessional work initiated by Englander (2013) and tailored to reflect the discipline of nursing. Domains

are broad areas of competence that, when considered in the aggregate, constitute a descriptive framework for the practice of nursing. The domains include:

- Knowledge for Nursing Practice
- Person-Centered Care
- Population Health
- Scholarship for the Nursing Discipline
- Quality and Safety
- Interprofessional Partnerships
- Systems-Based Practice
- Informatics and Healthcare Technologies
- Professionalism
- Personal, Professional, and Leadership Development

In addition, eight featured concepts associated with professional nursing practice are integrated within the *Essentials*. A concept is an organizing idea or a mental abstraction that represents important areas of knowledge. A common understanding of each concept is achieved through characteristics and attributes. Concepts are equally as important as domains. Although not every concept is found within every domain, each concept is represented in most domains – and all domains have multiple concepts represented.

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

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Implementation Expectations

When does AACN expect implementation of the 2021 *Essentials* to be completed?
The AACN Board of Directors recognizes that the *Essentials* provides a new model for professional nursing education, which includes a transition to competency-based education. They also recognize the enormity and breadth of challenges this transition presents for many schools. Therefore, the transition to the *Essentials* will be an extended process that may take three years or longer for schools to fully implement. See AACN's Statement on the Timeline for *Essentials* Implementation issued on May 23, 2023.

How will AACN facilitate the transition?
AACN is committed to facilitating this transition and providing support and resources to make the implementation a reality. The association will:

- Appoint a steering committee to monitor the process, identify issues that may arise, and develop materials and resources to support the implementation.
- Provide extensive learning opportunities for deans and faculty (e.g. webinars, conference sessions, online resources, and workshops.)
- Continue engagement with practice-based organizations and other external agencies that influence academic programs to create synergistic efforts and a common understanding related to the *Essentials*.
- Continue ongoing engagement over the next several years with the Commission on Collegiate Nursing Education and the Commission on Nurse Certification as each of these autonomous organizations dialogue with their constituents and stakeholders regarding this new model.
- Develop an *Essentials* Implementation Tool Kit to provide current information on competency-based education and assessment, suggested learning resources and content, and assessment exemplars for each of the domains. The template for the toolkit has been developed, and the implementation has already been started based on input received from faculty and others. Various stakeholder groups and specialty organizations have been invited to submit resources and materials for possible inclusion.
- Explore the development of digital tools to facilitate documenting, tracking, and reporting curricula and students' attainment of competencies.

What can schools/programs begin doing now to begin this transition?
The transition to competency-based education and this new model for nursing education will be a gradual process, possibly taking three years or longer to fully implement. However, there are some steps schools can begin taking now to begin this process. Recommended early steps include:

- Use the 2021 *Essentials* to crosswalk or map current curricula in individual programs of study (or degree programs) with the Domains, Competencies, and Sub-competencies.
    - As a collective, faculty can use this crosswalk to identify what is missing across the curriculum and where there are content and experiential gaps.
    - Identify where in the curriculum learning experiences already address the competencies and how these experiences are integrated across the curriculum.
    - Identify activities that are already included in the curriculum to promote and assess achievement of competencies.
    - Encourage faculty to brainstorm and create ways competencies might be assessed using current or new learning activities/scenarios.
    - Use the crosswalk for faculty generative thinking regarding how degree pathways do or not align with the new model for nursing education.
    - Continue the generative thinking to develop pathways for how the program(s) may evolve to align with the new model for nursing education.
- Develop or participate in faculty development sessions or workshops to support this transition.
- Engage with current and new practice partners to strategize, plan, and implement the 2021 *Essentials*.

New Model for Nursing Education

Why two levels of competencies/sub-competencies for professional nursing education?

- The *Essentials* Task Force was charged to be forward thinking and create a document that addressed the continuum of professional nursing education, initiated a transition to competency-based education, and aligned with current healthcare.
- After much discussion, the Task Force agreed that a new paradigm or way of thinking was needed to create a pathway for moving professional nursing education to a clearer and more consistent future.
- A crosswalk of the current *Essentials* expected outcomes showed tremendous overlap and misalignment from one type of degree to another. This was particularly true of the master's and DNP degree expectations which in many areas had very little differentiation.
- In the re-envisioned *Essentials*, the sub-competencies for both the entry-into-professional nursing practice and the advanced-level nursing practice are designed to produce a more robust education leading to graduates prepared to address the current and future healthcare system and advance the profession of nursing.
- The competencies outlined in the *Essentials* are applicable across four spheres of care (disease prevention/ promotion of health and wellbeing, chronic disease care, regenerative or restorative care, and hospice/palliative/supportive care), across the lifespan, and with diverse patient populations.

- The *Essentials* Model of Nursing Education with two levels, entry-into-professional nursing practice and advanced-level nursing practice, provides a seamless foundation for the preparation and advancement of nurses across the education continuum.

How does this new model differentiate between master's and DNP programs?

- In the new model, all advanced nursing education programs prepare graduates for practice in an advanced nursing practice specialty or an advanced practice nursing role, using Level 2 sub-competencies and competencies required for an advanced nursing practice specialty or advanced practice role.
- Although Level 2 sub-competencies have been written with doctoral education in mind, the actual differentiator for the degree attained does not lie within the sub-competencies themselves, but rather the degree/program requirements – such as the DNP project, role/specialty requirements, and other requirements set by the faculty and institution.
- An institution may choose to award a master's or DNP degree for advanced nursing preparation in a nursing practice specialty or an advanced nursing practice role.
- These *Essentials* do not supersede the requirements established by national nursing specialty organizations for the advanced level specialties or advanced level roles. If, for example, the specialty organization requires the DNP for certification or licensure, then that requirement will also influence the degree granted.
- Specialty competencies identified and recognized by national specialty organizations will build on the *Essentials* sub-competencies and be integrated across the curriculum.
- All DNP students will complete a scholarly project/project, which will be evaluated by faculty.
- Additional coursework and requirements may be included in the curriculum to meet the institutional requirements for a degree awarded. For example, additional credits/courses may be required for an institution to award a doctoral degree.

What about an advanced generalist master's degree or the Clinical Nurse Leader (CNL) program?

- In the new model for nursing education there is no designation as an "advanced generalist master's degree."
- All advanced nursing education programs prepare graduates for practice in an advanced nursing practice specialty or an advanced practice nursing role, using Level 2 sub-competencies and competencies required for an advanced nursing practice specialty or advanced practice role.
- The Commission on Nurse Certification (CNC), who offers CNL certification, completed a crosswalk of the CNL competencies and 2021 *Essentials* sub-competencies and determined that a majority of CNL competencies align with the Level-2 sub-competencies. The CNC is discussing how best to adapt CNL certification expectations in keeping with the 2021 *Essentials*.

How does this new model differentiate between BSN and entry-level (or generic) master's degree programs?

- The 2021 *Essentials* focuses on competencies and sub-competencies necessary for entry into professional nursing practice. All programs preparing graduates for entry into professional nursing practice will use the *Essentials* entry-level (Level 1) sub-competencies.
- Level 1 sub-competencies explicate a more robust breadth of preparation for entry into practice (as compared to the former BSN *Essentials*) which will create a much stronger generalist preparation for entry-level professional nurses.
- Graduates of community college or diploma programs enrolled in degree completion program will be expected to demonstrate attainment of the entry-level sub-competencies prior to graduation.
- Master's entry-level programs, in addition to preparing graduates with the Level 1 sub-competencies, may include additional courses and requirements to meet the institution's requirements for awarding a master's degree. Currently many entry-level master's programs include additional content/coursework focused on care coordination, quality improvement, and leadership development. The 2021 *Essentials* include competencies focused on these areas of practice for all entry-level professional education.

How do associate degree nursing (ADN) programs fit in to this new model for nursing education?

- The *Essentials* focus on baccalaureate and higher degree nursing education programs.
- However, the American Association of Colleges of Nursing (AACN) is committed to working with the larger education and healthcare communities to create a highly educated nursing workforce able to meet complex healthcare demands today and in the future. To that end, AACN encourages all nurses to advance their education and supports the many pathways to achieving academic progression in nursing. (AACN, 2019, *Academic Progression Position Statement*, p.1)
- AACN recognizes that many students begin their nursing education at the associate degree level and complete their general education requirements at community colleges before transferring to professional degree completion programs.
- All students in a post-licensure nursing program (RN-BSN or RN-MSN) are expected to demonstrate attainment of the Level 1 (entry-level) sub-competencies prior to graduation. If an RN-MSN program decides to prepare graduates for an advanced-level nursing specialty or advanced-level nursing role, graduates must also demonstrate the Level 2 sub-competencies and the specialty/role competencies.

Clinical Hours

Are there required number of practice or clinical hours for entry-level programs?
Consistent with the 2008 Baccalaureate *Essentials*, there is no specific number of required clinical or practice hours for entry-level programs. (Some state boards of nursing or

licensing bodies have set requirements for number of hours and types of experiences.)

Graduates of all types of entry-level professional nursing education programs need sufficient practice experiences (both direct and indirect care experiences) to demonstrate end-of-program learning outcomes inclusive of all Level 1 sub-competencies.

Entry-level professional nursing programs (pre-and post-licensure) are expected to develop immersion or synthesis experiences that allow students to integrate learning and gain experience that facilitates transition into practice. The immersion experience may occur towards the end of the program as a culminating synthesis experience; and/or there may be one or more immersion experiences at various points in a curriculum.

Are there required number of practice or clinical hours for advanced-level nursing education programs?

The transition to competency-based education calls into question the role of more traditional time-based requirements. In the 2021 *Essentials* model, there is an emphasis on ensuring that all nurses pursuing advanced education attain Level 2 sub-competencies as well as competencies required for an advanced nursing practice specialty or practice role being pursued. The number of required practice (direct and indirect care) hours will vary based on advanced specialty/role requirements.

The specific clinical experiences and number of practice hours and/or credit hours required depends on these *Essentials*, advanced nursing practice specialty, and advanced nursing practice role requirements, and regulatory standards for specialty certifications and licensure. The program must include adequate experiences (in terms of time, diversity, depth, and breadth) to allow attainment and demonstration of all relevant competencies (Level 2 sub-competencies and applicable specialty/role competences and other requirements) and successful transition to practice demonstrated through program outcomes. The number of in-person practice hours will vary based on student needs and curriculum design.

Participation in a minimum of 500 practice (direct and indirect) hours in the discipline of nursing, post entry-level education, and attainment of Level-1 sub-competencies are required for demonstration of the advanced level sub-competencies. Some students may require additional time and practice to achieve competency.

These practice hours also provide a foundation for the additional time-based requirements set by specialty organizations or external licensing/certifying bodies, which will require additional practice time for preparation in advanced nursing specialties or practice roles. Hours of practice do not necessarily need to be delineated by competency type (*Essentials* or specialty/role). Some Level 2 sub-competencies and/or specialty/role competencies may be demonstrated and assessed concurrently.

As the strength of evidence to support valid and reliable assessment techniques builds, the role of practice experiences and number of hours (e.g. time-based requirements) may evolve in the future.

How many practice hours are required for advanced-level programs? Is it 500 or 1000 practice hours?
Based on the 2021 *Essentials*, all advanced-level programs will need to include a minimum of 500 practice hours focused on attaining the Level 2 sub-competencies. The 500 practice hours includes both direct and indirect practice experiences. (Please check with your nursing accrediting agency as hours requirements may differ.)

The 500 practice hours are the minimum number of hours a student will need to complete to demonstrate the advanced-level competencies delineated in the *Essentials*. The 500 hours required for all advanced-level nursing programs in the 2021 *Essentials* addresses only the student's preparation for advanced-level competencies, not the specialty/role competencies (although some overlap is expected for most roles/specialties). The 500 practice hour minimum for advanced-level programs delineated in the 2021 *Essentials* can be distributed across the curriculum as faculty deem most appropriate, including some hours for work on the DNP final project if they meet the *Essentials* definition of practice (p. 62). If a student holds a master's degree in nursing, is certified in an area of advanced nursing practice, and is not seeking preparation in a different area of nursing practice, attainment of the *Essentials* Level II sub-competencies must still be demonstrated and attained. This is best achieved by ensuring Level II sub-competencies are addressed in the post-master's DNP curriculum. If the master's degree-granting institution can provide evidence the student met specific Level II sub-competencies, a gap analysis and course credit may be appropriate. In this case, the student may not need to complete the full 500 practice hours but should have opportunities to demonstrate all of the Level-2 sub-competencies throughout the program. (Note: The 500 practice hours, which include direct and indirect care hours, required in the 2021 *Essentials* are considered a minimum number of hours to attain and demonstrate in one's practice the Level 2 sub-competencies.)

However, practice hours in the post-master's DNP program are expected to focus on those competencies/sub-competencies that have not been attained or fully attained previously in their advanced nursing program. For example, hours may need to focus more intensely on the indirect areas of practice, particularly at the systems level, quality, safety, policy, etc. The completion of the DNP project provides an opportunity for students to develop and demonstrate many of the advanced-level sub-competencies. Therefore, post-master's students who are not seeking to be prepared in another advanced nursing specialty or role would need to meet the university's requirements for the degree plus any Level II competencies/sub-competencies they have not achieved in their master's program.

While the *Essentials* require a minimum of 500 hours for DNP programs, CCNE-accredited programs are required to have a 'minimum of 1,000 hours of practice post-baccalaureate

as part of a supervised academic program' (*CCNE Standards of Accreditation of Baccalaureate and Graduate Programs*, 2024, p. 20).

How do the 500 practice hours in the *Essentials* relate to the 750 direct patient care hours in the *National Task Force's 2022 Standards for Quality Nurse Practitioner Education*?
The AACN *Essentials* and the National Task Force *Standards for Quality Nurse Practitioner Education* (NTFS) are two separate documents and delineate expectations for different but overlapping groups of students. The AACN *Essentials* provides a framework and expectations for professional nursing education, including all advanced-level nursing practice programs. The 2022 *NTFS* delineates standards for one subset of advanced-level students: nurse practitioner students only. Therefore, the 500 practice hours required in the *Essentials* for all students graduating from any advanced-level professional nursing program and the 750 direct patient care hours required in the *NTFS* for all NP students are two different requirements.

The 750 hours specified in the *NTFS* includes only direct care experiences (defined in the *NTFS* glossary on page 20.) The 500 hours specified in the *Essentials* includes both direct and indirect practice experiences. Attaining and demonstrating both the *Essentials* advanced-level competencies and the NP role and nationally recognized population-focused competencies will require direct care experiences; therefore, some portion of the 500 practice hours specified in the *Essentials* will overlap with the 750 direct care hours specified in the NTFS. The number of hours that overlap will be determined by the area of practice as well as the curriculum design and program expectations.

For clarification, does a BSN-DNP program require at least 500 hours?
Yes, 500 hours are expected for the BSN-DNP student to attain and demonstrate the Level 2 competencies. Participation in a minimum of 500 practice hours (direct and indirect) in the discipline of nursing, post entry-level education, and attainment of Level 1 sub-competencies, are required for demonstration of the advanced level sub-competencies. The number of practice hours in a post-BSN DNP program will vary based on the area of advanced nursing practice the student is pursuing and the number of hours needed for the student to integrate all the advanced-level competencies into his/her practice.

Do Nursing Education, Nursing Leadership, and Nursing Informatics programs offered at the master's level require a minimum of 500 clinical hours?
Yes. Participation in a minimum of 500 practice (direct and indirect) hours in the discipline of nursing, post entry-level education and attainment of Level 1 sub-competencies, is required for demonstration of the advanced-level sub-competencies. Some students may require additional time and practice to achieve competency. Additional practice hours may also be required to achieve the competencies specific to the specialty or area of nursing practice.

Curriculum Redesign and Expectations

How can the 2021 *Essentials* be incorporated into curricula?
The domains, competencies, and concepts presented in the *Essentials* provide a platform for curriculum design and program assessment with an intent to produce consistency in outcomes expected of graduates. Although these are major elements incorporated within a curriculum for learning and assessment, they are not to be interpreted as representing the curriculum in its entirety. In other words, it is not intended for courses within nursing curricula to mirror the 10 domains and eight concepts. Instead, the elements used as the *Essentials* framework (domains, concepts, and competencies) should be integrated throughout and across the curriculum. This scaffolded approach ensures that students interface with competencies in multiple contexts with increasing complexity, while allowing nursing programs to continue to have a great deal of flexibility in the design of their curricula.

What will be the biggest change or impact that the 2021 *Essentials* will have on our nursing curricula?
The 2021 *Essentials* reflect current and future healthcare and nursing practice, which will require ensuring that the curriculum reflects these changes and advances in care and care delivery. The *Essentials* also reflect a transition to competency-based education (CBE), which will require new and additional learning opportunities as well as opportunities for demonstrating attainment of the competencies and sub-competencies. CBE requires that students participate in multiple learning experiences across increasingly complex environments and situations. Note that domains are not individual courses or defined areas of study, but rather are integrated across multiple courses or throughout the curriculum.

What resources are available to schools/programs undergoing a curriculum redesign?
AACN offers many resources for streamlining the implementation of the 2021 *Essentials* into curricula, including:

- An *Essentials* Implementation Tool Kit that provides current information on competency-based education and assessment, suggested learning resources and content, and assessment exemplars for each of the domains.
- The *Essentials* Coaching Program, which provides programs with curriculum experts who will guide faculty through *Essentials* implementation.
- On-demand webinars and sessions covering competency-based education, *Essentials* implementation, clinical education, curriculum redesign, and more.
- In-person regional workshops throughout the year.

What can schools/programs do to begin the transition to competency-based education?
The transition to competency-based education is a gradual process that may take three years or longer to fully implement. However, there are a few steps schools can take as they begin the transition:

- Use the 2021 *Essentials* to crosswalk or map current curricula in individual programs of study (or degree programs) with the domains, competencies, and sub-competencies.
    - Review the Curricular Transition Guide
    - Identify what is missing across the curriculum and where there are content and experiential gaps.
    - Identify experiential learning opportunities that are already included in the curriculum to promote and assess achievement of competencies.
    - Encourage faculty to brainstorm and create ways competencies might be observed and assessed using current or new experiential learning activities/scenarios.
    - Use the crosswalk for faculty generative thinking regarding how degree pathways do or do not align with the new model for nursing education.
    - Continue the generative thinking to develop pathways for how the program(s) may evolve to align with the new model for nursing education.
- Develop or participate in faculty development sessions or workshops to support this transition.
- Engage with current and new practice partners to strategize, plan, and implement the 2021 *Essentials*.

Are you working towards having a standardized curriculum?
No, AACN is not developing a standardized curriculum. Schools are encouraged to design the curriculum to reflect their mission and values as well as their school's communities of interest. Only the competencies and sub-competencies that students are expected to demonstrate at graduation are consensus-based or standardized.

Are there any staffing parameters for what would be expected to efficiently implement CBE? For example, the staffing required for simulation and labs.
We do not have specific guidance for faculty staffing or workload as this is set by each school of nursing. Schools are using different structures and processes for curricular review and revision as they progress through this transition. Simulation is one important tool for providing learning and assessment in CBE—it is not just done in a lab and does not always include high fidelity mannequins. We also encourage schools to look at what resources are available both internal and external to the school of nursing, particularly in other disciplines within the university and practice partners.

Should schools map their curriculum to the competencies or sub-competencies?
Mapping to the sub-competencies is recommended. The sub-competencies are the behaviors which, when demonstrated, show achievement of competency at either Level 1 or Level 2. Sub-competencies should be aligned to learner outcomes, which are aligned to program outcomes. Progression indicators are observable behaviors of the sub-competencies.

Are concepts expected to be assessed to the same extent as the competencies or can they be threaded throughout? The AACN assessment framework does not mention concepts at all.
The concepts are threaded throughout the *Essentials*—in the Domains, competencies, and sub-competencies—and are captured when implementing the *Essentials* as written. Some schools are including the concepts in the mapping process.

What are the recommended curriculum mapping programs?
AACN does not endorse any particular vendor. Many schools are using Excel to map their curriculum. If you are interested in commercial platforms, you can explore some of the vendors that presented at the recent AACN Vendor Showcase. AACN is planning to hold the next Vendor Showcase in the fall 2024. If your school chooses to select a vendor to use for competency tracking, please refer to AACN's Vision for Sharing Data and Information.

AACN provides several free curriculum mapping tools online.

Is a crosswalk available linking the old *Essentials* to the new ones to assist in the mapping process?
No, a crosswalk of this type is not available.

Will schools be held to the latest NTF document?
AACN endorses the National Task Force Standards (NTFS) and expects member schools to follow this document.

Is there a required number of practice/clinical hours for students?

- Entry-level students
  - Consistent with the 2008 Baccalaureate *Essentials*, there is no required number of clinical/practice hours for entry-level programs. However, some state boards of nursing or licensing bodies have set requirements for number of hours and types of experiences.
- Advanced-level students
  - All advanced-level programs will need to include a minimum of 500 practice hours focused on attaining the Level 2 sub-competencies and must include both direct and indirect practice experiences. This is the minimum number of hours a student will need to complete to demonstrate that advanced-level competencies are achieved. The total number of hours needed will be dependent on the specialty and role requirements.

What are the criteria for evaluating a competency? Can it be a low stakes assignment or a group activity?
Students should be able to demonstrate competency in both practice and clinical settings. AACN's Guiding Principles for CBE and Assessment and Competency Assessment Framework are excellent resources for faculty with questions about assessing student understanding and capability.

Programs determine when and where both formative and summative evaluations occur throughout their own curriculum. The specific behaviors and competencies being assessed—through both formative or summative assessments—should be clear to students and their assessor. Feedback from the assessor is important for students and faculty to understand where students are on the continuum for attaining and demonstrating the competencies.

While group activities can provide excellent learning experiences, each student needs opportunities to learn, practice, and receive feedback individually. Additionally, an individual student's ability to demonstrate competencies should be clear even when engaging in group summative assessments.

It is recognized that not all students will have an opportunity to demonstrate achievement of all competencies in a practice/clinical setting. However, students need opportunities to learn and demonstrate the competencies in the clinical environment. A majority of competencies should be practiced and demonstrated in traditional or non-traditional practice/clinical settings. Programs should collaborate with practice partners to provide opportunities for students to do so throughout the curriculum. Simulation or other opportunities for competency demonstration in multiple contexts should be integrated throughout the curriculum and can supplement the practice and demonstration of competencies in an actual or virtual practice setting.

Do each of the competencies and sub-competencies need to be evaluated individually?
No. The *Essentials* intend for each student to have multiple opportunities to develop and demonstrate understanding of all the competencies and sub-competencies. The sub-competencies are the behaviors that would be expected of the student to demonstrate after attaining the competency at either the entry- or advanced-level. That being said, competencies and sub-competencies do not need to be evaluated individually, but should be assessed in clusters in a variety of contexts using different methods.

In doing a crosswalk of the *Essentials* domains, competencies and sub-competencies with the current curriculum, areas where didactic and practice learning strategies provide students with opportunities to demonstrate competencies and sub-competencies should be evident. Faculty should also be able to identify gaps in the curriculum where new or additional experiences should be implemented.

Do programs have to address attainment of each sub-competency?
Yes. The *Essentials* aim to ensure that every student has opportunities to develop and demonstrate all competencies and sub-competencies. Sub-competencies reflect expected behaviors that indicate attainment of competencies at either the entry- or advanced- level. These competencies do not need to be assessed individually but should be evaluated in various contexts and settings, with increasing complexity and diverse

methods. A crosswalk of the *Essentials* domains, competencies, and sub-competencies with the current curriculum should reveal where learning strategies allow students to acquire and demonstrate these competencies. Faculty should also identify gaps in the curriculum that require the development of new or additional experiences.

What is the role of exams in meeting competencies/sub-competencies?
Exams are still part of assessments in CBE, but their use differs from traditional education models. In CBE, the emphasis is on assessing whether learners have achieved specific competencies and can apply knowledge and skills in clinical settings (assessed by observing a student "doing"). In CBE, which focuses on frequent formative assessments, exams can be used as a tool to gauge learners' understanding of foundational knowledge and provide feedback for improvement. Miller's Pyramid is very useful to visualize this. The use of exams in CBE should be part of an overall assessment approach that includes other methods, including simulation and direct observation. All students will need to take and pass boards, so having written exams in their educational program is an important component for that preparation. Exams should integrate scenario-based or application-oriented questions that require critical thinking and problem-solving, aligning with real-world practice, which are more in line with current NCLEX and APRN board exams.

Does an MSN to DNP program have to map to all of the sub-competencies?
AACN recommends that schools use curricular mapping to:

1. Analyze the existing curriculum and identify where there are didactic or clinical learning experiences and assignments that align with the sub-competencies being developed or demonstrated.
2. Identify gaps and redundancies and plan for revisions using the backward design process.
3. Identify where assessments are currently done, including type and format. The curricular map can serve as a living document to continue to update as your program transitions to CBE.

A crosswalk of the *Essentials* domains, competencies, and sub-competencies with the current curriculum should reveal where learning strategies (both didactic and practice) offer opportunities for students to acquire and demonstrate these competencies/sub-competencies. Faculty also should be able to identify gaps in the curriculum where they need to develop new or additional experiences.

Post-master's DNP programs should ensure that Level 2 sub-competencies are addressed in the curriculum, as all advanced-level students need to demonstrate these competencies. As we continue the *Essentials* implementation journey, it may be years before new DNP students have completed master's programs that fully integrate the 2021

Essentials, so they will need to demonstrate achievement of these sub-competencies across all domains.

What are some recommendations for meeting the Level 2 sub-competencies? CNL programs are usually online with precepted clinical experiences.
The CNL program is responsible for preparing graduates with Level 2 sub-competencies. As in any advanced level nursing program, experiences in actual practice settings—which can be both traditional or non-traditional—are expected so students are able to learn and demonstrate the Level 2 sub-competencies. The focus of these practice experiences should include opportunities to work with patients, families, other health professionals, and communities to address quality improvement, risk assessment, practice changes, interprofessional communication, team leadership, etc. Revised CNL master's level competencies that align with the 2021 *Essentials* have been developed and should be released in 2024. The CNL Competency Workgroup is now working on DNP level competencies that build on the master's level competencies.

How are master's graduate (MSN) NP students and doctorate (BSN-DNP) NP held to the same standard for competency achievement? MSN students will not have doctoral courses, nor will their work elevate to a doctoral level.
The *Essentials* Level 2 sub-competencies are common to all advanced level roles and specialties, and should be demonstrated in practice by any graduate of an advanced level education program. Experiences in actual practice settings—which can be both traditional or non-traditional—are expected so students are able to learn and demonstrate the Level 2 sub-competencies. The focus of these practice experiences should include opportunities to work with patients, families, other health professionals, and communities. However, the demonstration of the *Essentials* sub-competencies may look different or done with different populations or in different settings depending on the advanced role or specialty the student is being prepared for.

Page 21 of the *Essentials* states, "Although Level 2 sub-competencies have been written with doctoral education in mind, the actual differentiator for the degree attained does not lie within the sub-competencies themselves but rather the degree/program requirements—such as the DNP project, role/specialty requirements, and other requirements set by the faculty and institution."

How does assessment change with a certificate program that is typically shorter than a full program, such an NP that is adding another specialty? Would we need an assessment of previous knowledge?
Learning and assessment opportunities need to be designed to allow graduates of an advanced-level certificate program to demonstrate the Level 2 sub-competencies in their practice. Students admitted to the program may have already partially or fully developed these competencies during past practice and educational experiences. Rather than assessing all students when they enter the program, designing the curriculum to include

opportunities for demonstrating these sub-competencies should be integrated into the assignments and experiences throughout the program.

If a student does not meet an expected sub-competency, what are the expectations for remediation? Should the student repeat the assessment or course?
Competencies and sub-competencies do not have to be assessed individually, but should be assessed in different contexts and using different methods. CBE accommodates diverse learners, as it uses experiential learning where students should have multiple assessments of variable types and receive frequent formative feedback. This allows students who may be struggling with certain competencies and sub-competencies to be identified early. It also provides the students with the opportunity to request additional or different experiences or learning opportunities in these areas. Reports from other disciplines indicate that CBE with frequent formative feedback results in more successful students.

As schools continue to transition to a competency-based pedagogy, it is expected that more information will emerge on the progression process. We encourage schools who are developing policies regarding remediation and progression as

Is the assessment committee looking at the COPA model for Lab/simulation? This competency model has been around for a while.
The Assessment Working Group did a thorough literature review of the evidence prior to moving forward with their recommendations for the framework. They discussed the COPA model in their review of the literature. The *Essentials* is the foundational framework for the competency assessment framework.

Does a program need to perform an assessment of the Level 1 competencies when students enter an MSN or DNP program?
The advanced-level nursing education sub-competencies build on the entry-level sub-competencies. Therefore, attainment of the Level 1 sub-competencies would be needed for demonstration of the advanced-level sub-competencies. Programs do not need to perform an assessment of the Level 1 sub-competencies when a student enters an MSN or DNP program. However, advanced-level nursing education programs should be designed in a way that allows students to demonstrate they have attained Level 1 competencies and have integrated them into their practice.

If existing course objectives are mapped to the 2021 *Essentials*, do those objectives need to be rewritten as outcomes?
CBE focuses on an individual's ability to develop and demonstrate a new standard of competence, requiring students to apply knowledge, skills, and attitudes to progress in their studies. CBE matches active learning strategies with different learning styles and provides students with frequent feedback and formative assessments to enhance learning and ensure equity. When evaluating current course objectives, schools should identify what student capabilities will be at course completion (e.g. what the learner will be able to

"do") and determine if the objectives are written as competency statements or learning outcomes.

Any advice on how long the program outcomes should be? A sentence, several, paragraph?
Program outcomes should be aligned with the 10 domains and include your school's mission/vision/values. AACN recommends writing 10 program outcomes, one aligned with each domain; however, the number and length of program outcomes is up to each individual school.

Will competencies or content in physiology/pathophysiology, health assessment, and pharmacology (commonly referred to as the 3 Ps) be required for all advanced nursing education?
Advanced-level (Level 2) sub-competencies across all the Domains are foundational for any pursuit of advanced-level nursing education regardless of practice specialty or advanced nursing practice role. A strong foundation in multiple areas of science is needed to form the basis for clinical judgment in all nursing practice. For APRN programs (NP, CNS, CRNA, and CNM), the 3 Ps must be in three separate, graduate-level courses.

For the CNL or any other area of advanced-level practice, content in the 3Ps, as well as other sciences, should be woven across the curriculum; this advanced-level content is needed to attain and demonstrate many of the Level 2 sub-competencies. One reason that programs, particularly master's programs, may choose to offer the 3 Ps as three separate graduate-level courses would be so that students graduating from a CNL or other leadership program would not need to repeat or take these courses later if they decided to seek a graduate degree in one of the four APRN roles.

Regardless of the emphasis area of a graduate nursing program, understanding the science of the discipline is critical for professional nursing leadership, making informed decisions, and guiding practice. The 3 Ps operationalize the science of the discipline as applied to the four APRN roles as well as all nurses providing direct care to individuals.

For a direct-entry master's program that ends in a CNL degree, not a generalist degree, do you recommend they meet the Level 1 and Level 2 sub-competencies?
The CNL is not a degree but rather an area of advanced nursing practice (not an APRN role, which is defined in regulations as one of four roles – NP, CNS, CNM, or CRNA). The CNL can be prepared in a master's or higher degree program. A direct-entry master's degree program that prepares students to sit for the CNL certification exam would need to prepare students with the Level 1 and Level 2 sub-competencies, as well as the CNL competencies and requirements. The *Essentials* competencies encompass all professional nursing practice. Therefore, the CNL competencies build on the Level 2 sub-competencies, which build on the Level 1 sub-competencies, so overlap of these levels can be expected in designing the curriculum.

Do elective courses need to be included in the AACN *Essentials* crosswalk with existing curriculum?
Yes, it is recommended that schools include elective courses in curricular mapping. Documentation of competency achievement during electives should be tracked in the same manner as they are in other areas of the program. Consistency across the curriculum will help both students and faculty identify expectations and students' demonstration of the competencies. However, when looking at attainment of competencies in the aggregate; the program should consider that students may have different experiences and opportunities to demonstrate competencies and sub-competencies.

How frequently should schools solicit feedback from clinical partners regarding current practice changes that must be reflected in our curriculum? What are some suggestions regarding educating adjuncts about the *Essentials* and requisite curricular changes, such as the move to CBE?
Practice partners are integral to preparing nurses who are better prepared to enter the workforce and should be involved in curricular design, delivery, implementation, and evaluation. As the practice environment is rapidly changing, curricula and learning experiences co-created by faculty and practice partners will help to ensure more practice-ready nurses as they will have more opportunities for current, real-world learning. Other benefits to strong academic-practice partnerships focused on the *Essentials* include a clear understanding of the knowledge and competencies of graduates from entry- and advanced-level nursing programs and student opportunities to become an integral part of the care team. Involvement from practice partners will also better equip new nurse graduates to meet workforce expectations, which will make them less vulnerable to stress and burnout and reduce turnover. Including practice partners in learning opportunities with faculty (e.g. free CBE and *Essentials* webinars on the AACN website), inviting them to be involved on a curricular task force, sharing the *What Practice Partners Need to Know about the AACN Essentials* talking points document, offering a free CE session on CBE or the *Essentials* to preceptors or adjunct faculty, are some ideas to engage partners. In addition, strong faculty practice models are key to true academic-practice integration.

Is there a recommendation for incorporating students into curricular revisions and building CBE?
Students should be an integral part of the curricular transition, and many schools have student representatives on their curricular committees. It is important for students to know about the *Essentials* as nursing education standards and understand how they impact their education and transition to practice. Students should understand:

- Competency-based education as a concept
- How to give and receive feedback
- Their role in their own learning
- Expected outcomes

Obtaining feedback from students, as well as your practice partners and preceptors, will be imperative as your school progresses with curriculum redesign. Please refer to these helpful guides:

- What Prospective Students Need to Know About the AACN *Essentials*
- What Practice Partners Need to Know About the *Essentials*

Are direct care experiences in all four spheres of care expected for direct-entry programs?
Yes, students in direct-entry programs are expected to have diverse experiences and have opportunities to attain and demonstrate the sub-competencies in diverse settings and with diverse populations across the continuum of care. However, clinical learning experiences related to each sphere of care do not necessarily require four different settings. They refer to the patient's needs and the type of care provided.

Does each sub-competency need to meet a sphere of care?
No. The Essentials intend for each student to have multiple opportunities to develop and demonstrate understanding of all the competencies and sub-competencies. The sub-competencies are the behaviors that would be expected of the student to demonstrate after attaining the competency at either entry- or advanced-level. However, while competencies and sub-competencies do not need to be evaluated individually, they should be assessed in clusters in a variety of contexts using different methods.
All learners in entry-level professional nursing education programs (pre-licensure and degree-completion programs) are expected to engage in direct patient care learning activities in all four spheres of care, across the lifespan, and with diverse patient populations. The competencies outlined in the *Essentials* are applicable across the four spheres of care: disease prevention/promotion of health and wellbeing; chronic disease care; regenerative or restorative care; and hospice/palliative/supportive care. The spheres of care are not setting-specific, but rather reflect patient needs. Please review the FAQ for more information.

What level of competency is expected of graduates of direct-entry, MSN generalist programs?
If it is an entry-level generalist master's program, it is recognized in the *Essentials* as a Level 1 program.

It seems like CBE mostly takes place, and is assessed best, in simulation and/or clinical. How do we implement CBE in theory courses?
Implementing the *Essentials* through curricular transition and the move to CBE involves backward design. Consider what the student should be able to "do" with what they know at the end of each course, how that will be assessed, and develop the curricula, including content and experiential learning opportunities with lots of formative assessments and feedback to ensure the student is able to "do" what is expected at the end of each course.

Learner outcomes are linked to sub-competencies, which are the behaviors that are expected for students to demonstrate competency achievement. Each learner outcome is linked to a program outcome, which should be aligned with the 10 Domains. Based on the expected outcomes/competencies many can be demonstrated or partially demonstrated using different methods of assessment. Please see the new Guide to Curricular Transition for Competency-Based Education.

Do you have any resources for a clinical evaluation tool mapped to the new *Essentials*?
Not currently. Consider your learner outcomes for the overall curriculum (the *Essentials* competencies/sub-competencies) and for each clinical course, and then identify observable behaviors that the student would need to demonstrate as evidence that they have met the learner outcome(s). The learner outcomes should be mapped to the sub-competencies (there likely will be multiple for each learning experience). The learner outcomes within each course should link to the program outcomes. Please see the Guide to Curricular Transition for Competency-Based Education for tips on backward design.

What is the language now for progression? I believe it changed and is not introduce, reinforced, and mastery.
In the new *Essentials* Competency Assessment Framework, there are two levels of competence: Level 1 (entry-level nursing education) and Level 2 (advanced-level nursing education). Since the behaviors (sub-competencies) expected of a nurse at these two levels differ, nurses are designated as competent for where they are in their education trajectory–Level 1 or Level 2.

Progression indicators (also known as behavioral performance indicators) are descriptive behaviors that show progression to competency and attainment of each sub-competency. The new assessment framework uses “developing competency” and “competent” for both Level 1 and 2. Programs should map their curricula to demonstrate where students are developing competency and assessments are occurring along the trajectory, which includes where in the curriculum the competencies are introduced, reinforced, and assessed.

How do we develop progression indicators?
Progression indicators, or behavioral performance indicators, are the specific, defined behaviors of each sub-competency. We recommend that you work together as a faculty to discuss these specific behaviors. AACN’s *Essentials* Competency Assessment Framework calls for progression indicators at “developing competency” and “competent” for Levels 1 and 2. The work to develop national consensus for progression indicators is currently underway. AACN has initiated a process to develop progression indicators as part of the work toward achieving national consensus. Watch for more details about this in 2024.

Is "developing and developed" being used in place of "introduce, reinforce, and demonstrate"?

Under AACN's Assessment Framework, competence is categorized into two levels: Level 1 for entry-level nursing education and Level 2 for advanced-level nursing education. The expected behaviors for nurses at these levels differ, leading to designations of competence based on their educational progression.

Progression indicators, or behavioral performance indicators, are specific observable behaviors that indicate movement toward competency and the attainment of each sub-competency. These indicators serve as markers for sub-competency development, ranging from "developing" to "developed."

For effective evaluation and to inform learners about their progress, these indicators should be identified and assessed at key points along the competency development continuum. Some schools use the framework of "introduce, reinforce, and demonstrate" to scaffold or structure content and learning experiences across the curriculum, with "developing" and "developed" indicating the achievement of sub-competencies.

If we are in the assessment phase of revision, should we wait until AACN's work on progression indicators is complete?
No, we encourage schools to keep moving forward with CBE implementation and to work with faculty and practice partners to develop progression indicators, as well as to identify opportunities to provide both formative and summative assessments throughout the curriculum. See the Competency Assessment Tools on the *Essentials* website.

RN-BSN Programs

In RN to BSN programs, is there room to document some competencies from professional practice work experience?
All students in a post-licensure nursing program are expected to demonstrate attainment of the Level 1 (entry-level) sub-competencies prior to graduation. This should be done in the RN to BSN curriculum. Practice experiences are embedded in post-licensure programs to prepare students to care for a variety of patients across the lifespan and across the four spheres of care: promotion of health and well-being/disease prevention; chronic disease care; regenerative or restorative care; and hospice/palliative/supportive care.

The 2021 *Essentials* indicate that the NCLEX-RN® pass rate is one of several outcome measures pre-licensure programs can use to demonstrate Level 1 competency attainment and that post-licensure programs must build on knowledge and skills acquired in the initial nursing program to meet Level 1 sub-competencies. Therefore, it is accepted that successful completion of NCLEX-RN® and subsequent RN licensure by a state board of nursing or other nursing regulatory body indicates minimal knowledge, skills, and competency for entry-level RNs. A crosswalk was developed between the NCLEX test blueprint and the 2021 *Essentials* and shows which *Essentials* sub-competencies may be assumed to have been partially demonstrated through previous experiences and which will need more emphasis. See the RN-BSN Crosswalk for more information. However, RN-BSN

programs should be designed in a way that allows students to demonstrate attainment of the Level-1 sub-competencies prior to graduation.

Why do the *Essentials* require RN to BSN students to review all four spheres of care, when they are practicing nurses and should have these experiences prior to starting the BSN program?
All students in post-licensure nursing programs, including RN to BSN programs, must demonstrate attainment of Level 1 (entry-level) sub-competencies before graduation, which should be integrated into the curriculum. Practice and learning experiences are embedded to prepare students for caring for diverse patients across the lifespan and the four spheres of care: health promotion and disease prevention, chronic disease management, restorative care, and hospice/palliative/supportive care.

While RN-BSN students may have clinical experience in various healthcare settings, it's essential that they engage in learning and practice across all four spheres of care. This requirement allows them to apply new competencies in diverse areas and address patients with varying healthcare needs and levels of acuity, demonstrating how competencies are applied differently in each sphere. Ultimately, the focus should be on meeting patient needs, rather than just the physical setting.

The 2021 *Essentials* state that the NCLEX-RN® pass rate is one of several outcome measures for pre-licensure programs to demonstrate Level 1 competency attainment. Post-licensure programs must build on the knowledge and skills gained in initial nursing education to meet Level 1 sub-competencies. Successful completion of the NCLEX-RN® and subsequent RN licensure by a state board of nursing indicate that entry-level RNs possess the minimal required knowledge, skills, and competency. A crosswalk between the NCLEX test blueprint and the 2021 *Essentials* identifies which sub-competencies may be partially demonstrated through prior experiences and which require more emphasis (see the RN-BSN Crosswalk for details). RN-BSN programs should be designed to ensure that students demonstrate attainment of Level 1 sub-competencies before graduation.

Are there example assignment rubrics related to use of the *Essentials* in a post-licensure program?
AACN's Teaching Resource Database has nearly 100 peer reviewed classroom resources centered around the domains and concepts outlined in the *Essentials*. Many of these resources include sample assessment rubrics. We suggest searching the database for resources that align with the courses in your program.

Post-licensure programs are expected to ensure that graduates are prepared with the Level 1 sub-competencies. There are some excellent examples of assignments and clinical experiences in the new white paper (April 2024) *Practice Experiences in Entry-Level Post-Licensure Nursing Programs*.

I understand the need for consistency among new graduates. However, won't there be inconsistencies between ADN and BSN graduates?
Yes, we do expect differences in the practice readiness of new graduates to continue between BSN and ADN graduates, which may become even more apparent since the 2021 *Essentials* raises the expectations for BSN and higher degree graduates. Research shows that care outcomes improve as the education level of nurses increases.

What constitutes direct care experiences for RN-BSN students?
The *Essentials* defines direct care as, "A professional encounter between a nurse and an actual individual or family, either face-to-face or virtual …" (see page 62 of the *Essentials*). A revised white paper delineating the practice expectations for all post-licensure, entry-level programs was released in April 2024. Examples of direct and indirect care experiences for RN-BSN programs are included.

Are clinical experiences in entry-level programs expected across the spheres of care?
The competencies outlined in the *Essentials* are applicable across four spheres of care: disease prevention/promotion of health and wellbeing; chronic disease care; regenerative or restorative care; and hospice/palliative/supportive care. All learners in entry-level professional nursing education programs (pre-licensure and degree-completion programs) are expected to engage in direct patient care learning activities in all four spheres of care, across the lifespan, and with diverse patient populations. Simulation can be used to satisfy some clinical learning requirements; but simulation cannot substitute for all direct care practice experiences in any one sphere of care for any one age group (*Essentials*, p. 21).

The spheres of care are not setting-specific, but rather reflect patient needs. For example, regenerative/restorative care may occur in acute care facilities and trauma centers as well as in homes, rehabilitation centers, and skilled nursing facilities. Disease prevention and wellness promotion may occur in any healthcare setting, but most commonly is delivered in primary care settings, home, or community settings. Chronic disease management may occur across multiple settings, including primary care, home, community, and rehabilitation settings. Hospice or palliative care may occur in nursing homes, hospices, at home, or dedicated units in acute care facilities.

Moving to the 2021 *Essentials* provides a unique opportunity for faculty to think differently about how and where we educate new nurses, including non-traditional settings and sites where nurses can make the most impact.

The RN-BSN program is significantly shorter and contains less time and courses than a traditional BSN. RN-BSN students are already practicing, so how do schools make them "practice ready?" How does a RN-BSN program incorporate the same competencies as the traditional BSN when the RN-BSN has less time and fewer courses for students to be able demonstrate the competencies and sub competencies?

See the Crosswalk of the NCSBN NCLEX blueprint with the *Essentials* posted on the AACN website. This document, developed by the national RN-BSN Faculty Forum, identifies the *Essentials* competencies/sub-competencies that an education program could assume that a licensed RN has developed, partially developed, or not developed through their prior educational experiences. Throughout the curriculum, RN-BSN programs are expected to provide learning opportunities in clinical settings for students to demonstrate that they have integrated the *Essentials* competencies into their practice. The RN-BSN program is preparing the graduate for professional baccalaureate practice, which includes all *Essentials* Level 1 competencies and sub-competencies.

What are some of the recommendations to meet the competencies and sub-competencies in an RN-BSN program, while following the principles of CBE? Students usually work with 1-2 preceptors.
RN-BSN programs should follow the *Essentials* Competency Assessment Framework and Guiding Principles on CBE and Assessment, which have been developed for all professional nursing education programs. A revised white paper delineating the practice expectations for all post-licensure, entry-level programs, which includes the RN-BSN programs, was released in April 2024. Examples of direct and indirect care experiences for RN-BSN programs are included.

Additionally, AACN workgroups have been charged to develop real life scenario templates for schools to use for formative and summative assessments, but schools are also encouraged to develop scenarios that can be used to assess multiple competencies and sub-competencies in different settings.

Nurse Education as a Specialty

Can an advanced nursing program focus on nursing education as a specialty?

- All advanced nursing programs prepare graduates with the Level 2 sub-competencies as well as competencies required for an advanced nursing practice specialty or advanced nursing practice role.
- Knowledge and practice experiences in an advanced nursing practice specialty or advanced nursing practice role are critical to advancing the profession, to expand the influence of the profession for the transformation of health care, and to ensure an informed disciplinary perspective for teaching in the discipline and preparing the next generation of nurses.
- Advanced Level nursing programs with the emphasis on teaching and learning (**without a practice specialty/role competency**) do not fulfill the achievement of advanced-level disciplinary expertise.
- Advanced nursing education programs may include additional coursework focused on teaching and learning, which build on the attainment/demonstration of the Level 2 sub-competencies and nursing practice specialty/role competencies.
- AACN recognizes the importance of all faculty in any discipline knowing how to teach and evaluate students. Several approaches exist for attaining the needed

knowledge and experience to assume a faculty/educator role, including additional coursework focused on teaching and learning as part of the academic degree program, post-graduate courses/certificate programs, and professional development opportunities offered by employment settings.
- Programs that do or wish to prepare graduates for a faculty/educator role are encouraged to offer additional coursework/series of courses that lead to a minor or certificate in teaching in higher education/andragogy.

CCNE Accreditation

What is the latest regarding Commission on Collegiate Nursing Education (CCNE) updates to its *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs*? (Response From CCNE)

- CCNE is governed by the CCNE Board of Commissioners, which has the authority to approve CCNE policies, procedures, and standards. As the autonomous accrediting arm of AACN, CCNE is responsible for determining whether to require programs to incorporate professional nursing standards and guidelines in the accreditation process.
- Based on a comprehensive 18-month revision process, the CCNE Board of 22 Commissioners revised the 2018 *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs*. In addition to offering public comment periods in Fall 2022, Fall 2023, and Winter 2024, CCNE held multiple forums to provide updates and solicit input from constituents. The CCNE Standards Committee reviewed more than 1,500 comments and survey responses submitted by its communities of interest. The 2018 CCNE *Standards* will remain in effect through December 31, 2024. The community announcement about the amended Standards can be found here.
- The 2024 CCNE *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs* go into effect on January 1, 2025 for all nursing education programs. Importantly, any program hosting a CCNE on-site evaluation or due to submit a report (e.g., continuous improvement progress report, compliance report) on or after January 1, 2025 will be assessed under CCNE's amended 2024 Standards.
- An Overview of Substantive Changes reflected in the 2024 CCNE *Standards* is accessible here.
- The 2024 CCNE *Standards* require all programs to incorporate these three specific components of *The Essentials: Core Competencies for Professional Nursing Education* (AACN, 2021):
    - The 10 "Domains for Nursing" (*Essentials*, pp. 10-11)
    - The 8 "Concepts for Nursing Practice" (*Essentials*, pp. 11-14); and
    - the 45 Competencies (numbered 1.1 through 10.3 and organized by Domain, *Essentials*, pp. 11-14).
- Programs are welcome to select and incorporate additional components of the AACN 2021 *Essentials* as they deem appropriate, though this is not required by

CCNE. A CCNE resource identifying the components of the *Essentials* that are required for accreditation purposes is accessible here.

- Programs hosting CCNE on-site evaluations or submitting reports (e.g., continuous improvement progress report) to CCNE on or before December 31, 2024, will be assessed under CCNE's 2018 *Standards*, which require the "old" AACN *Essentials* documents. However, programs may choose to be assessed under AACN's 2021 *Essentials*, if they prefer. Specifically, each program (baccalaureate degree, master's degree, DNP, and/or post-graduate APRN certificate program) under review during the Fall 2024 review cycle has the option of demonstrating incorporation of the "old" *Essentials* or the three CCNE-required components (identified above) from the 2021 *Essentials*. All impacted programs were sent a direct communication from CCNE about this flexibility.
- Programs may or may not need to submit a substantive change notification as a result of CCNE's 2024 *Standards*. Programs that are making major curricular changes are required to timely submit a substantive change notification to CCNE (see "Substantive Change Notification" section of CCNE *Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs*). Making a few curricular updates or revisions to course syllabi, for example, may not 23 constitute a substantive change, but these examples do constitute a substantive change: a major overhaul of the curriculum; the addition, suspension, or closure of program offerings or options; and the addition of courses that represent a significant change in method or location of delivery from those offered when CCNE last evaluated the program.
- CCNE is offering resources and assistance to programs during the transition to the 2024 *Standards*, including webinars for program officials and faculty, evaluator retraining/retooling, forums at conferences, implementation notices, and consultation with CCNE staff.
    - CCNE evaluators were retrained to the 2024 *Standards* in June 2024.
    - CCNE is offering a live webinar series for constituents in November 2024 to provide updates relative to the 2024 *Standards*. The opportunity to register for the webinars will be posted to the CCNE website, and chief nurse administrators of CCNE-affiliated programs will be provided with registration information. These webinars are free to attend and will also be archived for viewing later.
    - CCNE is hosting forums at AACN Transform in December 2024 and the AACN Doctoral Education Conference in January 2025 to present and respond to questions about the 2024 *Standards*.

Does CCNE's 2024 Standards for Accreditation of Baccalaureate and Graduate Nursing Programs call for preparing generalist master's program graduates for an advanced nursing specialty?

CCNE continues to recognize that there are master's degree programs (whether entry-level or post-licensure) that have a generalist focus. CCNE does not prohibit "generalist" tracks, nor does CCNE prescribe how tracks are titled. CCNE's interpretation of Key Element III-C

(see fourth paragraph of Elaboration) is that all master's degree programs, regardless of focus (whether "generalist" tracks or not), are expected to demonstrate that the curriculum includes graduate-level content and practice experiences to attain disciplinary expertise related to advanced nursing practice. This does not mean that a generalist track is expected to prepare students as experts in any particular specialty. Thus, CCNE does not require master's "generalist" tracks to "identify" an advanced nursing specialty or prepare students for a particular advanced nursing specialty upon completion of the master's degree program. This expectation is further supported by the statement in CCNE Key Element III-F (see first paragraph of Elaboration) that "Graduate entry-programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as well as advanced nursing knowledge," which is not a new CCNE expectation and is consistent with both the "old" AACN *Essentials* and the 2021 AACN *Essentials*. Please contact CCNE staff with any questions about the interpretation of the CCNE *Standards*.

Recently Asked Questions

What is AACN doing about the DEI concept in light of the new government executive order and policies?
AACN is working to determine how the new executive orders will impact higher education and nursing. We continue to monitor and will provide additional information as it becomes available.

Do the 2021 *Essentials* (and guidance for the DNP project) replace the 2015 DNP white paper? The old school of thought was that an academic setting was not an appropriate site for a DNP Project, i.e. a DNP Project that seeks to improve student learning and aims to improve clinical practice.
The *Essentials* state that the DNP project is a scholarly work that aims to improve clinical practice and should be carried out in a practice setting as the DNP is a practice doctorate. Collaboration with practice partners will maximize the impact of the student experience.

Will the resources for practice partners be free or will there be a charge?
Yes, the guides on the *Essentials* website are free to download. If you would like to purchase hard copies of the brochures, you can order them in bulk online, however there is a charge for those.

Are there any resources about signature assignments?
Yes. See Competency-Based Education: Practical Tips to Move Your Work Forward, a webinar by Dr. Nancy O'Neill.

Some competencies state that the learner needs to engage in an activity in patient care (for example 4.2d—Participate in the implementation of a practice change to improve nursing care). Can this type of competency be demonstrated and evaluated in a simulated setting?
All students need the opportunity to engage in a practice setting. Using a simulated environment for some portion of competency development provides deliberate practice and experiential learning for the student—however, students do need the opportunity to demonstrate competency in the clinical setting.

In Domain 2: Person-Centered Care, several sub-competencies speak to 'self-care', which has been interpreted by some as self-care of the nurse, particularly from a leadership perspective where the focus could also be on supporting the staff. Others thought Domain 2 (sub-competency 2.8) is about the patient and family, and Domain 10 is self-care for the nursing team. Could you please clarify the correct interpretation?
Domain 2 requires the intentional presence of the nurse seeking to know the totality of the individual's lived experiences and connections to others (family, important others, community). Self-care in Domain 2 focuses on the patient and family. Domain 10 focuses on the nurse, both self and team members. For learning strategies and resources related to building competency in self-care, click here.

At our last meeting there was some discussion of a task force issuing recommendations related to student evaluation and assessment. Do you have any recommendations from this group?
AACN has now published two companion guides to facilitate *Essentials* implementation. The *Guiding Principles on Competency-Based Education and Assessment* outlines the six elements that distinguish CBE from traditional approaches to teaching/learning and addresses the nine Core Principles for Assessment of Learners in CBE. The *Essentials Competency Assessment Framework* illustrates the evolution of a student's learning experience as they journey through competency development and demonstration of achievement. The framework encompasses competency assessment at both Level 1 for entry-level nursing education and Level 2 for advanced-level nursing education.

Combined, the *Guiding Principles* and *Assessment Framework* create a common understanding of CBE for the learner and the assessor. The documents build upon each other, outlining the importance of reframing how nursing educators approach assessment to ensure their strategies are centered on the individual learner and their ability to demonstrate understanding and attainment of the competencies and sub-competencies.

Our MSN program offers a Nurse Educator specialty track. The FAQs state that an emphasis on teaching and learning does not fulfill the achievement of advanced-level disciplinary expertise. Is it correct that this track will now be considered a Graduate Certificate option unless curriculum revisions are made to include a different practice specialty?
AACN recommends that programs incorporate educator courses and content into advanced-level curriculum as optional coursework, or as a certificate that could be offered to any post-master's or post-doctoral program for nurses or other health professionals.

Our team would like to know if there has been any further discussion or updates regarding the 500 clinical hours for the MSN in leadership?
Any program offering a master's or DNP program in an advanced role or specialty area of nursing practice will need to include a minimum of 500 practice hours, which was determined as necessary to attain and demonstrate the Level 2 competencies/sub-competencies. Further, a workgroup has been revising the CNL competencies, which will build on the Level 2 *Essentials* competencies/sub-competencies. The workgroup also will recommend education pathways and curricular expectations to align with the 2021 *Essentials*.

If you have a stand-alone, post master's DNP program (i.e., leadership) does this program require 500 hours or 1000 practice hours? Would one assume that applicants to this DNP program with an MSN would have 500 practice hours associated with their prior master's degree? Ultimately resulting in 1000 practice hours?
Completion of a minimum of 500 practice hours (direct and indirect) in the discipline of nursing, post entry-level education, and attainment of Level-1 sub-competencies are required for demonstration of the advanced-level sub-competencies. The number of practice hours in a post-MSN program will vary based on the area of advanced nursing practice, the student's previous master's or graduate program, as well as the number of hours needed for the student to integrate all the advanced-level competencies into their practice. See the Clinical Hours tab of this FAQ for more information.

In relation to the 500 clinical practice hours to demonstrate the Level 2 competencies for all graduate degrees, can you give an idea of how these hours are being envisioned in non-APRN tracks, such as leadership?
Students in non-APRN tracks need practice experiences in healthcare settings where they can engage with patients, families, populations, and other health professionals. Non-APRN students engaged in these experiences will not be providing direct care the same as an APRN. Examples might be engaging with the quality/safety committee to assess outcomes in a unit or the system; designing and implementing new policies; rounding and speaking with patients, families, and nurses regarding care, processes, etc.; meeting with the head of pharmacology regarding their decisions to change the formulary and how it will impact care; or meeting with the Nursing Practice Council to understand the issues, such as workforce shortages or how technologies might improve patient outcomes.

The National RN to BS Faculty Forum has recently posted a position statement identifying the *Essentials* Domains and Competencies that are met, partially met, and not met through NCLEX-RN examination. Has AACN given any consideration to this position statement in terms of guidance for RN-BSN programs on implementing the *Essentials*?
AACN met with several key leaders working on this position paper in the Summer 2022 and provided comments and suggested edits. AACN has posted this new resource on our website and believes it will be a helpful guide for post-licensure BSN or MSN programs.

What types of direct or indirect experiences may contribute to the minimum 500 practice hours in various non-clinical activities of learning such as leading, data managing, or educating nurses/students?
For non-direct care advanced-level specialties—informatics, administration/practice leadership, public health/population health, health policy—both direct and indirect experiences are needed to demonstrate the Level 2 sub-competencies. However, the types of direct and indirect experiences are informed/determined by the Level 2 sub-competencies **and** the specialty competencies. Many of the experiences that prepare a student with the Level 2 sub-competencies and the specialty competencies may be done together. Development and demonstration of the specialty competencies should complement and build on the Level 2 sub-competencies.

Are DNP Leadership program tracks expected to achieve all the same Level 2 competencies as the DNP NP program tracks?
Yes. All DNP programs (post-baccalaureate and post-master's) must demonstrate that graduates attain and integrate all Level 2 sub-competencies and competencies for at least one advanced

nursing specialty or role. All students in Level 2 programs must demonstrate the Level 2 sub-competencies, which is the foundation for advanced-level nursing.

Can you clarify whether the requirements for the Immersion Practicum Experiences are limited to direct patient care experiences?
Immersion experiences in advanced nursing education programs will likely be a combination of direct and indirect care and are meant to provide the learner with the opportunity to integrate the advanced-level sub-competencies and applicable specialty/role competencies into their practice. Immersion experiences allow the learner to focus on their population of interest, advanced nursing role, or specialty area of study.

For students in entry-level professional nursing programs, immersion experiences will likely be a combination of direct and indirect care. Immersion experiences provide the learner with the opportunity to integrate the Level 1 sub-competencies into their practice which will, in general, require a greater focus on direct care. Programs should develop immersion or synthesis experiences that allow students to integrate learning and gain experience that facilitate transition into practice.

Why was only one Champion selected for each school of nursing?
AACN intentionally asked each member school to identify one *Essentials* Champion for several reasons. The role of the designated Champion is to ensure that all faculty within your school are receiving *Essentials* and CBE-related educational resources, to bring questions from all faculty back to AACN, and to increase communication across all programs within your school, both entry and advanced level programs. It is important that *Essentials* implementation and the transition to CBE is not done in siloes. Second, we have heard from schools who are moving along successfully with their implementation efforts that identifying one faculty member to take the lead in their communication has been critical to their success. For AACN member deans, who have **not yet assigned** a Champion, please contact essentials@aacnnursing.org.