

National RN-Baccalaureate Faculty Forum Position Statement

Integrating the 2021 *Essentials* in RN to Baccalaureate Programs

The National RN-Baccalaureate Faculty Forum (NRFF) recognizes the significance of *The Essentials: Core Competencies for Professional Nursing Education* (American Association of Colleges of Nursing [AACN], 2021a). The *Essentials* document guides the concepts, domains, competencies, and spheres of care that RN to Baccalaureate (RN to B) programs must include in their curricula. The NRFF reaffirms that RN to B programs build upon the introductory knowledge, skills, and abilities that are verified through an earned diploma or associate degree in nursing from an accredited/state board-approved program, successful completion of NCLEX-RN[®], and subsequent RN licensure by a state board of nursing or other nursing regulatory body. The NRFF proposes that RN to B programs continue to reinforce, scaffold, and further develop the knowledge, skills, and abilities measured through the above three components while meeting all competencies outlined in the *Essentials* (AACN, 2021a).

Acknowledgments
National RN-Baccalaureate Faculty Forum
Curriculum Support Committee

Co-Chairs/Editors (2024-2026)

Natalie Heywood, DNP, RN, CNE
Clinical Associate Professor
Director, MS Programs
Arizona State University
Phoenix, AZ

Rhonda Williams DNP, RN, CNE
Teaching Professor
RN to BSN Program Coordinator
Wichita State University
Wichita, KS

Co-Chairs/Editors (2021-2024)

Karen Jagiello, Ph.D., RN, CNE
Assistant Professor
RN to BSN Program Coordinator
James Madison University
Harrisonburg, VA

Jamie Robinson, Ph.D., RN, CNL
Associate Professor
Associate Director of Undergraduate Programs
James Madison University
Harrisonburg, VA

Committee Members and Domain Reviewers

Deborah Blackwell, Ph.D., WHNP-BC, RNC-OB, CNE
Clinical Faculty and Team Lead
Nursing and Health Professions Department
Southern New Hampshire University
Manchester, NH
Domain 2

Margie Hair, Ph.D., RN, CNE
Associate Professor
RN to BSN Coordinator
University of Mary
Bismarck, ND
Domain 4

Stephanie Brink, Ph.D. RN
Dean
School of Health Professions & Online Learning
Central Methodist University
Fayette, MO
Domain 1 and 4

Vicki Jowell, MSN-ED, RN
RN to BSN Program Coordinator
University of Texas at Tyler
Tyler, TX
Domain 5 and 9

Debra A. Cherubini Ph.D., RN
Associate Professor
Program Director
RN to BSN Program
Salve Regina University
Newport, RI
Domain 3 and 8

Paula Kihn, DNP, MS, RN
Associate Lecturer
University of Wyoming
Laramie, WY
Domain 10

Elizabeth Crusse, DNP, MA, RN, CNE
Clinical Associate Professor
Assistant Chairperson
Towson University
Towson, MD
Domain 9

Brenda Krogh Duree, Ph.D., RN, CNE
Professor of Instruction
University of Iowa
Iowa City, IA
Domain 8

Lori McElroy, DNP, RN, CNE
Assistant Professor
University of Oklahoma
Lawton, OK
Domain 7

Palmira Good, Ed.D., MSN, RN
Professor
RN to BSN Program
Polk State College
Winter Haven, FL
Domain 2

Janet LoVerde Ph.D., RN
Assistant Professor
Mennonite College of Nursing
Illinois State University
Normal, IL
Domain 3

Lynn Nichols, Ph.D., RN, PED-BC, SANE, ANEF
Associate Professor
RN-BS Program Director
Boise State University
Boise, ID
Domain 5

Kate Tredway, MBA, MSN, BA, RN
Clinical Instructor
Academic Director
University of Illinois Chicago
Chicago, IL
Domain 6 and Spheres of Care

Acknowledgements

The National RN-Baccalaureate Faculty Forum (NRFF) extends its sincere gratitude to the many individuals whose expertise, collaboration, and commitment were instrumental in the development of this updated position statement. The collective efforts of the following individuals reflect a shared commitment to advancing RN to Baccalaureate education and ensuring alignment with the 2021 AACN *Essentials*.

Susan Corbridge, PhD, APRN, FAANP, FCCP, FAAN
Chief Education Innovation Officer
American Association of Colleges of Nursing
Washington, DC

Sherri Franklin, MSN, RN, CPUM, CIQI*
Assistant Professor
Director of RN-BSN Program
University of Mississippi Medical Center
Jackson, MS

Rick García, Ph.D., RN, CCM, FAAOHN, FAADN, FAAN
Chief Executive Officer
Organization for Associate Degree Nursing (OADN), and OADN Foundation
Washington, DC

Beth Hall, Ph.D., RN*
Assistant Professor
Oklahoma State University
Oklahoma City, OK

Stephen D. Heglund, PhD, MSN, APRN, FNP-C
Senior Lecturer & Knighted Faculty
College of Nursing
Academic Health Sciences Center, University of Central Florida
Orlando, FL

Tiffany Hommes, DNP, APRN, FNP-BC, PMHNP-BC*
Professor
Bemidji State University
Bemidji, MN

Debra A. Hrelac, Ph.D., RNC-OB*
Clinical Associate Professor of Nursing
University of North Carolina Wilmington
Wilmington, NC

Amy Johnson EdD, RN, CNE
Faculty Chair, Nursing
Maricopa Community Colleges
Tempe, AZ

Kathleen T. Ogle PhD, RN, FNP-BC, CNE
CCNE Lead On-Site Education Reviewer
Associate Professor Nursing
Towson University
Towson, MD

Cynthia Smith Peters, MSN, MS, DNP, RN*
Assistant Clinical Professor, Nursing
RN to BSN Program Director
ABNF Leadership and Public Policy Mentoring Fellow
University of West Florida
Pensacola, FL

Janet Schueller, MSN, RN, CNE
Associate Dean of Health, Education, and Public Services
Butler Community College
El Dorado, KS

Joan M. Stanley, PhD, NP, FAANP, FAAN
Chief Academic Officer
American Association of Colleges of Nursing
Washington, DC

Kristi Wilson, PhD, APRN-BC, FNP*
Associate Professor of Nursing
Director, RN-BSN and Professional Education Programs
University of Michigan-Flint
Flint, MI

*NRFF Curriculum Support Committee Member

Integrating the 2021 *Essentials* in RN to Baccalaureate Programs

The call for transforming nursing education began over a decade ago, citing the need to ensure patient safety in increasingly complex healthcare environments (Benner et al., 2010). In 2021, the National Academy of Medicine recommended increasing the number of baccalaureate-prepared nurses to strengthen the nursing workforce's capacity to address social determinants of health, promote health equity, and lead in diverse care settings, especially in community and public health roles. While the percentage of baccalaureate-prepared nurses has grown to over 70% in 2022, this upward trend highlights both progress and the continued need to expand educational attainment across the nursing profession (Smiley et al., 2022). Registered Nurse (RN) to Baccalaureate (RN to B) programs enroll 25.83% of all baccalaureate students, and 782 AACN member schools offer an RN to B program (AACN, 2023).

In 2022, the National RN to Baccalaureate Faculty Forum (NRFF) published a Position Statement to provide academic leaders with evidence-based guidance when designing RN to B curricula. In 2023, the National Council of State Boards of Nursing (NCSBN) launched the most recent National Council Licensing Examination for Registered Nurses (NCLEX) test version, known as Next Generation NCLEX (NGN) (NCSBN, 2025). The updated NCLEX format prompted a re-evaluation of what AACN *Essentials* content is addressed through licensure and content that requires further development in RN-to-BSN programs, ensuring that curricula remain aligned with current standards for safe and effective nursing practice.

Background and Context

Students admitted to RN to B programs have earned an associate degree or diploma in nursing, have passed the NCLEX-RN®, and are licensed to practice as an RN by a state board of nursing. The AACN affirms that RN to B programs build on previous nursing knowledge and skills

to prepare nurses for a higher level of practice (AACN, 2019b). These programs increase the competencies of RNs by preparing them to practice in complex settings with individuals, families, communities, and populations across the lifespan of care. RN to B programs fill an essential role in nursing education and provide a seamless pathway to the baccalaureate degree while empowering nurses to practice at the full scope of their license (AACN, 2019a; AACN, 2000; AACN, 2022a; American Nurses Association [ANA], 2022).

The AACN's (2022b) mission is to be the collective voice for academic nursing; its vision is to transform healthcare and improve health. The AACN (2019b) establishes baccalaureate and graduate nursing education standards and views the baccalaureate as the minimum educational requirement for "professional nursing practice". The *Essentials: Core Competencies for Professional Nursing Education* ("Essentials") provides a re-envisioned framework for education, representing a transformation in professional nursing education, including a shift to competency-based education (CBE) for pre-licensure baccalaureate, post-licensure baccalaureate (RN to B), master's, and Doctor of Nursing Practice (DNP) education levels (AACN, 2021a; AACN, 2022a).

The *Essentials* outline the concepts, domains, competencies, and spheres of care for the entry-level professional, baccalaureate-prepared nurse (AACN, 2021a). The purpose of this document is to 1) clarify that graduation from an RN diploma or ADN program along with successful completion of the NCLEX-RN® and subsequent RN licensure are indicators of knowledge for entry-level RNs; 2) identify the curricular elements of the *Essentials* that are addressed through the NCLEX-RN®; and 3) delineate the curricular elements of the *Essentials* that RN to B programs need to incorporate (AACN, 2021a).

Pre-licensure RN programs provide entry-level nursing education, including observation and evaluation of skills and abilities through direct care clinical experiences and initial

knowledge and decision-making abilities, as measured through the NCLEX-RN® (NCSBN, 2022a). According to the NCSBN (2024), nursing students complete a mean of 612 hours of direct care clinical experiences, and associate's degree students complete a mean of just over 445 hours of direct care clinical care experiences. In addition, most diploma and associate degree RN programs include more than 50% direct care clinical experiences (NCSBN, 2024). Therefore, graduation from a pre-licensure program and subsequent confirmation from nursing school program leaders to state boards of nursing supporting NCLEX-RN® exam eligibility affirms success in direct clinical care experiences, including entry-level knowledge, skills, and abilities.

The NCSBN (2022a) NCLEX Examination Committee (NEC) rigorously designs, evaluates, and revises the licensing examination to ensure public safety by measuring the entry-level knowledge needed to perform nursing care safely and effectively. The NCLEX-RN® Test Plan is reviewed every three years, based on the most recent Practice Analysis of Registered Nurses, in collaboration with experts from state boards of nursing, the National Exam Committee (NEC), and NCSBN content staff. The revisions to the test plan are determined by the decision-making body of NCSBN (2022a), the Delegate Assembly. The current NCLEX-RN® Test Plan uses the Clinical Judgment Measurement Model, an evidence-based and valid framework that "measures clinical judgment and decision making within the context of a standardized, high-stakes examination" (NCSBN, 2024a, para. 1). In addition, National Uniform Licensure Requirements ensure that RN applicants meet consistent standards for safety and competency, that the expectations for education and nursing responsibilities are the same throughout every NCSBN jurisdiction, and that a nurse in one state has met the requirements of nurses in every other state (NCSBN, 2022b). A candidate may obtain RN licensure only after successfully passing the NCLEX-RN® examination.

RN to B programs are an educational bridge, completing entry-level professional nursing education and advancing the scope of practice for licensed RNs (AACN, 2021b). Historically, the AACN has supported articulation agreements, including statewide agreements, to facilitate the seamless educational transition for students and has deferred to faculty to determine if and how course objectives and outcomes are met in RN to B programs (AACN, 2024; AACN, 2019b).

Competency-Based Education and Miller’s Pyramid

Miller’s (1990) pyramid offers a helpful reference for the assessment of competency as viewed in scaffolded levels: knowledge (knows), competence (knows how), performance (shows how), and action (does). The framework focuses on the idea that knowledge is foundational for the performance of clinical skills, but alone, it cannot represent the outcome of action expected of the learner. The additional skills of knowing how to use knowledge, showing how to use knowledge, and actively doing the skill in an encounter with a subject/patient demonstrates how student competency can be leveled and scaffolded within and across courses (Sharpnack, 2023). Educational programs for medical and nurse practitioner students have utilized this framework to guide students in the development of clinical skills, while The National League for Nursing issued a vision statement endorsing the integration of competency-based education into nursing curricula (Hampton et al 2024; NLN, 2023; Witheridge et al, 2019). This innovative method for viewing the development of competency aligns with the scaffolded levels of competency in the NRFF gap analysis: “met,” “partially met,” and “unmet.” Miller’s Pyramid supports the concept that the *Essentials* competencies and sub-competencies designated as “met” or “partially met” must be reinforced and scaffolded within RN to B curriculum and demonstrated by students; and those that are “unmet” must be introduced through demonstrated in RN-B curricula.

The National RN to Baccalaureate Faculty Forum

The NRFF is a professional organization formed in 2019 to represent and support faculty in RN to B programs. Shortly after inception, the NRFF Board of Directors assembled faculty within the organization to form an Essentials Committee to assess the unique position of RN to B programs in meeting the AACN *Essentials* (AACN, 2021a). The committee considered multiple ways of knowing how pre-licensure RN programs currently verify competency, including accrediting and regulatory bodies (e.g., Boards of Nursing) (NRFF, 2022). All states and territories in the United States have adopted the NCLEX-RN® as evidence of entry-level RN knowledge used in clinical judgement and decision making necessary for safe practice (NCSBN, 2022b)

At least one state also provides additional guidance on the specific roles and competencies of practical, associate degree, and baccalaureate degree nurses that can guide curricula (Texas Board of Nursing, 2021). Additionally, several statewide articulation agreements demonstrate cooperative agreements between entry-level RN programs and baccalaureate programs, including the Ohio Nursing Articulation Model's shared agreement between colleges on student outcomes, the Massachusetts Action Coalition Nurse of the Future Project's goal to streamline nursing education pathways, and the North Carolina Uniform Articulation Agreement between community colleges and four-year institutions (Massachusetts Campaign for Action, 2022; North Carolina Community Colleges, 2015; Ohio League for Nursing, 2005).

Methodology

The NRFF Curriculum Support Committee (formerly the Essentials Committee) conducted an updated gap analysis to determine the competencies that RN to B programs need to incorporate into curricula, given that RN licensure indicates the presence of entry-level knowledge, skills, and abilities. The gap analysis included the concepts and content of the 2023 NCLEX- RN® test plan

and the *Essentials* curricular elements (AACN, 2021a; NCSBN, 2023). Subgroups of 2-3 committee members compared each of the *Essentials* sub-competencies to the entirety of the 2023 NCLEX-RN® test plan to determine where the NCLEX-RN® addressed elements of the *Essentials* (AACN, 2021a; NCSBN, 2023). The domain subgroups reviewed each document using keyword searches to identify named concepts, followed by a search for related terms to minimize the risk of omission. Each subgroup reported findings to the committee and discussed ambiguous areas until consensus on the degree of competency assessed through graduation from an accredited or state board-approved prelicensure RN program and the licensure exam.

The committee reviewed the findings and identified important themes. The NCLEX-RN® test plan describes the fundamental nursing knowledge, skills, clinical decision-making, and critical thinking needed for entry-level nursing practice (AACN, 2021a; NCSBN, 2023). The *Essentials* and the NCLEX integrate concepts from general education studies (i.e., psychology, anatomy and physiology, chemistry, and others) and interdisciplinary knowledge. The NCLEX emphasized knowledge, comprehension, and application but not analysis, synthesis, self-reflection on actions and consequences, and developing a nurse identity (AACN, 2021a; NCSBN, 2023). The NCLEX does not address health systems thinking, such as systems theory, quality and safety, and improvement science; in population health, policy, and advocacy; or advanced informatics (see Appendix A). ADN and diploma nursing programs may introduce or reinforce certain foundational knowledge, skills, and content areas outlined in the 2021 *Essentials*. Students demonstrate attainment of these content areas through three key indicators:

1. Completion of a state board-approved RN diploma or associate degree program
and
2. successful passage of the NCLEX-RN® and

3. attainment of RN licensure.

These indicators demonstrate acquisition of core knowledge content and entry-level readiness and require further development and demonstration in academic and practice settings.

The summary of findings below lists the level to which the content in each *Essentials* domain is addressed, based on the gap analysis of the 2023 NCLEX-RN® test plan and the 2021 *Essentials*. The terms “Met,” “Partially Met,” and “Unmet” describe this alignment. Please see Appendix A for the findings in table format.

Summary of the 2021 *Essentials* and 2023 NCLEX-RN® Test Plan Gap Analysis

Domain 1: Knowledge for Nursing Practice

Programs should be designed to *scaffold upon and provide opportunities to demonstrate* the “met” sub-competencies:

- Apply knowledge of nursing science that develops a foundation for nursing practice (1.1b)
- Understand the historical foundation of nursing as the relationship developed between the individual and nurse (1.1c)
- Apply or employ knowledge from nursing science as well as the natural, physical, and social sciences to build an understanding of the human experience and nursing practice (1.2a)
- Demonstrate clinical reasoning (1.3a)

Programs should be designed to *teach, reinforce, scaffold, and provide opportunities for students to demonstrate* the “partially met” sub-competencies:

- Identify concepts, derived from theories from nursing and other disciplines, which distinguish the practice of nursing (1.1a)

- Articulate nursing's distinct perspective to practice (1.1d)
- Demonstrate ethical decision-making (1.2e)
- Integrate nursing knowledge (theories, multiple ways of knowing, evidence) and knowledge from other disciplines and inquiry to inform clinical judgment (1.3b)
- Incorporate knowledge from nursing and other disciplines to support clinical judgment (1.3c)

Programs should be designed to provide *initial teaching through opportunities for students to demonstrate* the “unmet” sub-competencies:

- Demonstrate intellectual curiosity (1.2b)
- Demonstrate social responsibility as a global citizen who fosters the attainment of health equity for all (1.2c)
- Examine influence of personal values in decision making for nursing practice (1.2d)

Domain 2: Person-Centered Care

Programs should be designed to *scaffold upon and provide opportunities to demonstrate* the “met” sub-competencies:

- Engage with the individual in establishing a caring relationship (2.1a-2.1c)
- Demonstrate relationship-centered care (2.2a)
- Consider individual beliefs, values, and personalized information in communications (2.2b)
- Use a variety of communication modes appropriate for the context (2.2c)
- Demonstrate the ability to conduct sensitive or difficult conversations (2.2d)
- Use evidence-based patient teaching materials, considering health literacy, vision, hearing, and cultural sensitivity (2.2e)
- Integrate assessment skills in practice (2.3a – 2.3g)

- Develop a plan of care (2.5a – 2.5g)
- Demonstrate accountability for care delivery (2.6a – 2.6d)
- Promote self-care management (2.8a – 2.8e)

Programs should be designed to *teach, reinforce, scaffold, and provide opportunities for students to demonstrate* the “partially met” sub-competencies:

- Demonstrate emotional intelligence in communications (2.2f)
- Synthesize assessment data in the context of the individual’s current preferences, situation, and experience (2.4a)
- Prioritize problems/health concerns (2.4c)
- Understand and apply the results of social screening, psychological testing, laboratory data, imaging studies, and other diagnostic tests in actions and plans of care (2.4d)
- Contribute as a team member to the formation and improvement of diagnoses (2.4e)
- Evaluate outcomes of care (2.7a – 2.7c)

Programs should be designed to *provide initial teaching through opportunities for students to demonstrate* the “unmet” sub-competencies:

- Create a list of problems/health concerns (2.4b)
- Provide care coordination (2.9a – 2.9e)

Domain 3: Population Health

Programs should be designed to *scaffold upon and provide opportunities to demonstrate* the “met” sub-competencies:

- Participate in the implementation of sociocultural and linguistically responsive interventions (3.1g)
- Identify ethical principles to protect the health and safety of diverse populations (3.1i)

- Demonstrate effective collaboration and mutual accountability with relevant stakeholders (3.2b)
- Use culturally and linguistically responsive communication strategies (3.2c)

Programs should be designed to *teach, reinforce, scaffold, and provide opportunities for students to demonstrate* the “partially met” sub-competencies:

- Define a target population including its functional and problem-solving capabilities (anywhere in the continuum of care) (3.1a)
- Assess population health data (3.1b)
- Assess the priorities of the community and/or the affected clinical population (3.1c)
- Apply an understanding of the public health system and its interfaces with clinical health care in addressing population health needs (3.1e)
- Develop an action plan to meet an identified need(s), including evaluation methods (3.1f)
- Describe general principles and practices for the clinical management of populations across the age continuum (3.1h)
- Engage with other health professionals to address population health issues (3.2a)
- Describe access and equity implications of proposed intervention(s) (3.3a)
- Prioritize patient-focused and/or community action plans that are safe, effective, and efficient in the context of available (3.3b)
- Describe policy development processes (3.4a)
- Articulate a need for change (3.5a)
- Implement messaging strategies appropriate to audience and stakeholders (3.5d)
- Evaluate the effectiveness of advocacy actions (3.5e)

- Identify changes in conditions that might indicate a disaster or public health emergency (3.6a)
- Describe the overarching principles and methods regarding personal safety measures, including personal protective equipment (PPE) (3.6d)
- Implement infection control measures and proper use of personal protective equipment. (3.6e)

Programs should be designed to *provide initial teaching through opportunities for students to demonstrate* the “unmet” sub-competencies:

- Compare and contrast local, regional, national, and global benchmarks to identify health patterns across populations (3.1d)
- Describe the impact of policies on population outcomes, including social justice and health equity (3.4b)
- Identify best evidence to support policy development (3.4c)
- Propose modifications to or development of policy based on population findings (3.4d)
- Develop an awareness of the interconnectedness of population health across borders (3.4e)
- Describe the intent of the proposed change (3.5b)
- Define stakeholders, including members of the community and/or clinical populations, and their level of influence (3.5c)
- Understand the impact of climate change on environmental and population health (3.6b)
- Describe the health and safety hazards of disasters and public health emergencies (3.6c)

Domain 4: Scholarship for the Nursing Discipline

Programs should be designed to *teach, reinforce, scaffold, and provide opportunities for students to demonstrate* the “partially met” sub-competencies:

- Participate in scholarly inquiry as a team member (4.1e)
- Evaluate clinical practice to generate questions to improve nursing care (4.2a)
- Use best evidence in practice (4.2c)
- Participate in the implementation of a practice change to improve nursing care (4.2d)
- Participate in the evaluation of outcomes and their implications for practice (4.2e)

Programs should be designed to *provide initial teaching through opportunities for students to demonstrate* the “unmet” sub-competencies:

- Demonstrate an understanding of different approaches to scholarly practice (4.1a)
- Demonstrate application of different levels of evidence (4.1b)
- Apply theoretical framework(s)/models in practice (4.1c)
- Demonstrate an understanding of basic elements of the research process (4.1d)
- Evaluate research (4.1f)
- Communicate scholarly findings (4.1g)
- Evaluate appropriateness and strength of the evidence (4.2b)
- Promote the ethical conduct of scholarly activities (4.3a – 4.3d)

Domain 5: Quality and Safety

Programs should be designed to *teach, reinforce, scaffold, and provide opportunities for students to demonstrate* the “partially met” sub-competencies:

- Recognize nursing’s essential role in improving healthcare quality and safety (5.1a)
- Implement standardized, evidence-based processes for care delivery (5.1c)
- Describe the factors that create a culture of safety (5.2a)
- Articulate the nurse’s role within an interprofessional team in promoting safety and preventing errors and near misses (5.2b)

Programs should be designed to *provide initial teaching through opportunities for students to demonstrate* the “unmet” sub-competencies:

- Identify sources and applications of national safety and quality standards to guide nursing practice (5.1b)
- Interpret benchmark and unit outcome data to inform individual and microsystem practice (5.1d)
- Compare quality improvement methods in the delivery of patient care (5.1e)
- Identify strategies to improve outcomes of patient care in practice (5.1f)
- Participate in the implementation of a practice change (5.1g)
- Develop a plan for monitoring quality improvement change (5.1h)
- Examine basic safety design principles to reduce risk of harm (5.2c)
- Assume accountability for reporting unsafe conditions, near misses, and errors to reduce harm (5.2d)
- Describe processes used in understanding causes of error (5.2e)
- Use national patient safety resources, initiatives, and regulations at the point of care (5.2f)
- Contribute to a culture of provider and work environment safety (5.3a – 5.3d)

Domain 6: Interprofessional Partnerships

Programs should be designed to *scaffold upon and provide opportunities to demonstrate* the “met” sub-competencies:

- Communicates in a manner that facilitates a partnership approach to quality care delivery (6.1a – 6.1f)
- Delegate work to team members based on their roles and competency (6.2b)

- Engage in the work of the team as appropriate to one's scope of practice and competency (6.2c)
- Communicate with team members to clarify responsibilities in executing a plan of care (6.3c)

Programs should be designed to ***teach, reinforce, scaffold, and provide opportunities for students to demonstrate*** the “partially met” sub-competencies:

- Apply principles of team dynamics, including team roles, to facilitate effective team functioning (6.2a)
- Recognize how one’s uniqueness (as a person and a nurse) contributes to effective interprofessional working relationships (6.2d)
- Apply principles of team leadership and management. performance to improve quality and assure safety. (6.2e)
- Evaluate performance of individual and team to improve quality and promote safety. (6.2f)
- Integrate the roles and responsibilities of healthcare professionals through interprofessional collaborative practice (6.3a)
- Leverage roles and abilities of team members to optimize care (6.3b)
- Demonstrate an awareness of one’s biases and how they may affect mutual respect and communication with team members (6.4a)
- Demonstrate respect for the perspectives and experiences of other professions (6.4b)
- Engage in constructive communication to facilitate conflict management (6.4c)

Programs should be designed to ***provide initial teaching through opportunities for students to demonstrate*** the “unmet” sub-competencies:

- Collaborate with interprofessional team members to establish mutual healthcare goals for individuals, communities, or populations (6.4d)

Domain 7: Systems-Based Practice

Programs should be designed to *teach, reinforce, scaffold, and provide opportunities for students to demonstrate* the “partially met” sub-competencies:

- Recognize internal and external system processes that impact care coordination and transition of care (7.1d)
- Recognize the impact of health disparities and social determinants of health on care outcomes (7.2b)
- Explain the relationship of policy, regulatory requirements, and economics on care outcomes (7.2d)
- Incorporate considerations of efficiency, value, and cost in providing care (7.2e)
- Optimize system effectiveness through application of innovation and evidence-based practice (7.3a – 7.3d)

Programs should be designed to *provide initial teaching through opportunities for students to demonstrate* the “unmet” sub-competencies:

- Describe organizational structure, mission, vision, philosophy, and values (7.1a)
- Explain the relationships of macrosystems, mesosystems, and microsystems (7.1b)
- Differentiate between various healthcare delivery environments across the continuum of care (7.1c)
- Describe the financial and payment models of health care (7.2a)
- Describe the impact of healthcare cost and payment models on the delivery, access, and quality of care (7.2c)

- Identify the impact of differing system structures, leadership, and workforce needs on care outcomes (7.2f)

Domain 8: Informatics and Healthcare Technologies

Programs should be designed to *scaffold upon and provide opportunities to demonstrate* the “met” sub-competencies:

- Identify the variety of information and communication technologies used in care settings (8.1a)
- Identify the basic concepts of electronic health, mobile health, and telehealth systems for enabling patient care (8.1b)
- Effectively use electronic communication tools (8.1c)
- Enter accurate data when chronicling care (8.2a)
- Use appropriate data when planning care (8.2c)

Programs should be designed to *teach, reinforce, scaffold, and provide opportunities for students to demonstrate* the “partially met” sub-competencies:

- Describe the importance of standardized nursing data to reflect the unique contribution of nursing practice (8.2e)
- Demonstrate appropriate use of information and communication technologies (8.3a)
- Use information and communication technology in a manner that supports the nurse-patient relationship (8.3c)
- Identify impact of information and communication technology on quality and safety of care (8.3e)
- Explain the role of communication technology in enhancing clinical information flows (8.4a)

- Describe how information and communication technology tools support patient and team communications (8.4b)
- Identify the basic concepts of electronic health, mobile health, and telehealth systems in enabling patient care (8.4c)
- Educate patients on their rights to access, review, and correct personal data and medical records (8.5d)

Programs should be designed to *provide initial teaching through opportunities for students to demonstrate* the “unmet” sub-competencies:

- Describe the appropriate use of multimedia applications in health care (8.1d)
- Demonstrate best practice use of social networking applications (8.1e)
- Explain the importance of nursing engagement in the planning and selection of healthcare technologies (8.1f)
- Explain how data entered on one patient impacts public and population health data (8.2b)
- Demonstrate the appropriate use of health information literacy assessments and improvement strategies (8.2d)
- Evaluate how decision support tools impact clinical judgment and safe patient care (8.3b)
- Examine how emerging technologies influence healthcare delivery and clinical decision making (8.3d)
- Identify the importance of reporting system processes and functional issues (error messages, mis-directions, device malfunctions, etc.) according to organizational policies and procedures (8.3f)

- Explain the impact of health information exchange, interoperability, and integration on health care (8.4d)
- Identify common risks associated with using information and communication technology (8.5a)
- Demonstrate ethical use of social networking applications (8.5b)
- Comply with legal and regulatory requirements while using communication and information technologies (8.5c)
- Discuss how clinical judgment and critical thinking must prevail in the presence of information and communication technologies (8.5e)
- Deliver care using remote technology (8.5f)

Domain 9: Professionalism

Programs should be designed to *teach, reinforce, scaffold, and provide opportunities for students to demonstrate* the “partially met” sub-competencies:

- Demonstrate an ethical comportment in one’s practice reflective of nursing’s mission to society (9.1a – 9.1g)
- Employ participatory approach to nursing care (9.2a – 9.2g)
- Engage in advocacy that promotes the best interest of the individual, community, and profession (9.3a)
- Demonstrate the moral courage to report concerns related to actual or potential hazards and/or errors (9.3b)
- Demonstrate professional and personal honesty and integrity (9.3c)
- Take responsibility for one’s roles, decisions, obligations, actions, and care outcomes (9.3d)
- Demonstrate sensitivity to the values of others (9.5c)

- Demonstrate ethical comportment and moral courage in decision making and actions (9.5d)
- Demonstrate emotional intelligence (9.5e)
- Demonstrate respect for diverse individual differences and diverse communities and populations (9.6a)
- Demonstrate awareness of personal and professional values and conscious and unconscious biases (9.6b)

Programs should be designed to *provide initial teaching through opportunities for students to demonstrate* the “unmet” sub-competencies:

- Engage in professional activities and/or organizations (9.3e)
- Demonstrate adherence to a culture of civility (9.3f)
- Advocate for social justice and health equity, including addressing the health of vulnerable populations (9.3g)
- Engage in peer evaluation (9.3h)
- Advocate for policies that promote health and prevent harm (9.4a)
- Adhere to the registered nurse scope and standards of practice (9.4b)
- Adhere to regulatory requirements and workplace policies consistent with one’s educational preparation (9.4c)
- Describe nursing’s professional identity and contributions to the healthcare team (9.5a)
- Demonstrate the core values of professional nursing identity (9.5b)
- Integrate core principles of social justice and human rights into practice (9.6c)

Domain 10: Personal, Professional, and Leadership Development

Programs should be designed to *provide initial teaching through opportunities for students to demonstrate* the “unmet” sub-competencies:

- Demonstrate a commitment to personal health and well-being (10.1a-10.1b)
- Demonstrate a spirit of inquiry that fosters flexibility and professional maturity (10.2a-10.2f)
- Develop capacity for leadership (10.3a-10.3i)

The *Essentials* document also introduces the concepts of 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 spheres of care represent the settings and patient populations where and for whom nurses provide care and services for individuals, families, and populations across the lifespan (AACN, 2021a). Although the NCLEX test plan addresses the spheres of care, RN to B students require additional exposure to more complex experiences to fully develop and demonstrate competence in each sphere.

Position Statement

The National RN-Baccalaureate Faculty Forum recognizes the significance of the 2021 AACN *Essentials* for RN to B programs while honoring the entry level knowledge, skills, and abilities that are indicated through RN licensure in the United States. A thorough gap analysis of the *Essentials* and the 2023 NCLEX-RN® Test Plan classifies each sub-competency as “met”, “partially met”, or “unmet”, whereby providing guidance for addressing each competency within RN to B programs (see Appendix A; AACN, 2021a; NCSBN, 2023). In addition, the four spheres of care — disease prevention and promotion of health and well-being, chronic disease care, hospice/palliative/supportive care, and regenerative or restorative care — are each “partially met” and thus indicate a need to teach, reinforce, scaffold, and demonstrate.

RN to B programs reinforce, scaffold, integrate, and verify the knowledge, skills, and competencies for these domains and spheres of care. Knowledge and skills that distinguish the

baccalaureate degree include stronger clinical reasoning and analytical skills, disease prevention and population health, leadership and systems thinking, care coordination and navigation, comprehensive assessment, quality and safety, research, and applied informatics, and are influenced by a liberal arts education (AACN, 2000). RN to B programs advance and enhance RNs' overall practice in several areas, such as the development of professional identity and emotional intelligence; health equity; leadership; evidence-based practice, and advocacy and health policy. The attached table is intended to guide RN to B programs on content development. This document is not intended to guide faculty on how to assess and measure competency.

Conclusion

The NRFF Curriculum Support Committee provided evidence that an earned diploma or associate degree in nursing from an accredited/state board-approved program, successful completion of the NCLEX-RN® (NCSBN, 2023), and subsequent RN licensure by a state board of nursing are indicators of knowledge for entry-level RNs. Additionally, the committee determined which components of the 2021 Essentials require scaffolding and demonstration within the curriculum (met sub-competencies); identified those requiring teaching, reinforcement, scaffolding, and demonstration across RN to B curricula (partially met sub-competencies); and outlined components that RN to B programs must initially teach, reinforce, scaffold, and provide opportunities for demonstration (unmet sub-competencies). Consistent with historical practices supported by the AACN, NRFF also supports the autonomy of the faculty of RN to B programs to determine how to meet and determine student achievement of the competencies. The gap analysis of the 2021 *Essentials* to the 2023 NCLEX-RN® Test Plan provides further knowledge and an effective tool for faculty to use when designing curricula, allowing RN to B programs to focus

educational attainment on higher-order competencies adding meaning, significance, and relevance to the baccalaureate degree (AACN, 2021a; NCSBN, 2023).

References

- American Association of Colleges of Nursing. (2023). *New AACN data points to enrollment challenges facing us schools of nursing*. <https://www.aacnnursing.org/news-data/all-news/article/new-aacn-data-points-to-enrollment-challenges-facing-us-schools-of-nursing>
- American Association of Colleges of Nursing. (2022a). *Understanding the re-envisioned Essentials: A roadmap for the transformation of nursing education*.
<https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Roadmap-to-New-Essentials.pdf>
- American Association of Colleges of Nursing. (2022b). *Vision and mission*.
<https://www.aacnnursing.org/About-AACN/AACN-Governance/Vision-and-Mission>
- American Association of Colleges of Nursing. (2021a, June). *The essentials: Core competencies for professional nursing education*.
<https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf>
- American Association of Colleges of Nursing. (2021b, November). *Essentials implementation webinar series chat box questions and responses*.
<https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-Webinars-Question-Responses.pdf>
- American Association of Colleges of Nursing. (2019a). *Creating a more highly qualified nursing workforce*. <https://www.aacnnursing.org/News-Information/Fact-Sheets/Nursing-Workforce>
- American Association of Colleges of Nursing. (2019b, April). *Fact sheet: Degree completion programs for registered nurses: RN to Master's degree and RN to baccalaureate programs*.
<https://www.aacnnursing.org/Portals/0/PDFs/White-Papers/Practice-Experiences-in-Entry-Level-Post-Licensure-Nursing-Programs-White-Paper.pdf>

American Association of Colleges of Nursing. (2024). *White paper: Practice experiences in entry-level post-licensure nursing programs*. <https://www.aacnnursing.org/Portals/0/PDFs/White-Papers/Practice-Experiences-in-Entry-Level-Post-Licensure-Nursing-Programs-White-Paper.pdf>

American Association of Colleges of Nursing. (2000). *The Baccalaureate degree in nursing as minimal preparation for professional practice*. <https://www.aacnnursing.org/news-data/position-statements-white-papers/baccalaureate-degree-in-nursing-as-a-minimal-preparation>

American Nurses Association. (2022). *Scope of practice*.
<https://www.nursingworld.org/practice-policy/scope-of-practice/>

Benner, P., Sutphen, M., Leonard, V. & Day, R. (2010). *Educating nurses: A call for radical transformation*. Jossey-Bass.

Hampton, D., Melander, S., Tovar, E., Falls, C., Makowski, A., Grubbs, A. G., Chitwood, H., & Scott, L. (2024). Value of Miller's pyramid for clinical skills assessment in the evaluation of competency for nurse practitioner students. *The Journal for Nurse Practitioners*, 20(4), 104952. <https://doi.org/10.1016/j.nurpra.2024.104952>

Massachusetts Campaign for Action. (2022). *Transforming nursing education*.
<https://campaignforaction.org/issue/transforming-nursing-education/#goal-and-impact>

Miller, G. E. (1990). The assessment of clinical skills/competence/performance. *Academic Medicine*, 65(9), s63-S67. <https://doi.org/10.1097/00001888-199009000-00045>

National Academy of Medicine. (2021). *The future of nursing 2020-2030: Charting a path to achieve health equity*. <https://nap.nationalacademies.org/read/25982/chapter/1>

National Council of State Boards of Nursing. (2022a). *Licensure: About*

nursing licensure. <https://www.ncsbn.org/licensure.htm>

National Council of State Boards of Nursing. (2022b). *Uniform licensure requirements.*

<https://www.ncsbn.org/nursing-regulation/licensure/uniform-licensure-requirements.page>

National Council of State Boards of Nursing. (2023). 2023 *NCLEX-RN® test plan.*

https://www.nclex.com/files/2023_RN_Test%20Plan_English_FINAL.pdf

National Council of State Boards of Nursing. (2024). *National nursing education database: 2021-*

2022 aggregate data. https://www.ncsbn.org/public-files/2021_2022_AggregateData.pdf

National Council of State Boards of Nursing. (2024a). *Clinical Judgment Measurement Model. A*

framework to measure clinical judgment and decision making. Retrieved October 10, 2024,

from <https://www.nclex.com/clinical-judgment-measurement-model.page>

National Council of State Boards of Nursing (2025). *Next generation NCLEX.* Retrieved June 16,

2025, from <https://www.nclex.com/next-generation-nclex.page>

North Carolina Community Colleges. (2015). *Uniform articulation agreement between the*

University of North Carolina RN to BS/BSN programs.

https://www.northcarolina.edu/wp-content/uploads/reports-and documents/academic-affairs/rn_to_bsn_uniform_articulation_agreement-1.pdf

National League for Nursing (2023, January). *NLN vision statement: Integrating*

competency-based education in the nursing curriculum.

National RN-Baccalaureate Faculty Forum. (2022). *National RN-Baccalaureate Faculty Forum*

position statement. American Association of Colleges of Nursing [Essentials Curriculum

Mapping Tools]. [https://drive.google.com/file/d/198w_PRT4Lt-](https://drive.google.com/file/d/198w_PRT4Lt-BYvFdYVqI9_b0G8xqO3bG/view)

[BYvFdYVqI9_b0G8xqO3bG/view](https://drive.google.com/file/d/198w_PRT4Lt-BYvFdYVqI9_b0G8xqO3bG/view)

Ohio League for Nursing. (2005). *Ohio nursing articulation model*.

https://www.ohioleaguefornursing.org/resource/resmgr/RWJ_Grant_Files/HFFinalDocument.pdf

Sharpnack, P.A. (2023). Dreaming to achieve: Let us begin our competency-based education journey. *Nursing Education Perspectives*, 45(1), 1-2.

<https://doi.org/10.1097/01.NEP.0000000000001224>

Smiley, R.A., Allgeyer, R.L., Shobo, Y., Lyons, K.C., Letourneau, R., Zhong, E., Kaminski-Ozturk, N., and Alexander, M. (2023, April). The 2022 National Nursing Workforce Survey. *Journal of Nursing Regulation*, 14(Supplement), S16-S17.

[https://doi.org/10.1016/S2155-8256\(23\)00047-9](https://doi.org/10.1016/S2155-8256(23)00047-9).

Texas Board of Nursing. (2021). *Differentiated essential competencies of graduates of Texas nursing programs*.

https://www.bon.texas.gov/pdfs/publication_pdfs/Differentiated%20Essential%20Competencies%202021

Wetheridge, A., Ferns, G., & Scott-Smith, Wesley (2019). Revisiting Miller's pyramid in medical education: The gap between traditional assessment and diagnostic reasoning. *International Journal of Medical Education*, 10, 191-192. <https://doi.org/10.5116/ijme.5d9b.0c37>

Appendix A: Table indicating the 2021 AACN *Essentials* Domains, Competency statements, and Sub-competency statements that are Met, Partially Met, or Unmet through graduation from an ADN program and NCLEX-RN Licensure. *The term "Met" indicates a need to scaffold upon and demonstrate within the curriculum, "Partially Met" indicates a need to teach, reinforce, scaffold, and demonstrate, and "Unmet" indicates a need for initial teaching through demonstration of competency.* All domains and competencies must be integrated both within and across domains, and competency must be verified.

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
Domain 1: Knowledge for Nursing Practice				
1.1 Demonstrate an understanding of the discipline of nursing's distinct perspective and where shared perspectives exist with other disciplines.	1.1a Identify concepts, derived from theories from nursing and other disciplines, which distinguish the practice of nursing.		✓	
	1.1b Apply knowledge of nursing science that develops a foundation for nursing practice.	✓		
	1.1c Understand the historical foundation of nursing as the relationship developed between the individual and nurse.	✓		
	1.1d Articulate nursing's distinct perspective to practice.		✓	

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
1.2 Apply theory and research-based knowledge from nursing, the arts, humanities, and other sciences.	1.2a Apply or employ knowledge from nursing science as well as the natural, physical, and social sciences to build an understanding of the human experience and nursing practice.	✓		
	1.2b Demonstrate intellectual curiosity.			✓
	1.2c Demonstrate social responsibility as a global citizen who fosters the attainment of health equity for all.			✓
	1.2d Examine influence of personal values in decision making for nursing practice.			✓
	1.2e Demonstrate ethical decision making.		✓	
1.3 Demonstrate clinical judgment founded on a broad knowledge base.	1.3a Demonstrate clinical reasoning.	✓		
	1.3b Integrate nursing knowledge (theories, multiple ways of knowing, evidence) and knowledge from other disciplines and inquiry to inform clinical judgment.		✓	

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
	1.3c Incorporate knowledge from nursing and other disciplines to support clinical judgment.		✓	
Domain 2: Person-Centered Care				
2.1 Engage with the individual in establishing a caring relationship.	2.1a Demonstrate qualities of empathy.	✓		
	2.1b Demonstrate compassionate care.	✓		
	2.1c Establish mutual respect with the individual and family.	✓		
2.2 Communicate effectively with individuals.	2.2a Demonstrate relationship-centered care.	✓		
	2.2b Consider individual beliefs, values, and personalized information in communications.	✓		
	2.2c Use a variety of communication modes appropriate for the context.	✓		

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
	2.2d Demonstrate the ability to conduct sensitive or difficult conversations.	✓		
	2.2e Use evidence-based patient teaching materials, considering health literacy, vision, hearing, and cultural sensitivity.	✓		
	2.2f Demonstrate emotional intelligence in communications.		✓	
2.3 Integrate assessment skills in practice.	2.3a Create an environment during assessment that promotes a dynamic interactive experience.	✓		
	2.3b Obtain a complete and accurate history in a systematic manner.	✓		
	2.3c Perform a clinically relevant, holistic health assessment.	✓		
	2.3d Perform point of care screening/diagnostic testing (e.g., blood glucose, PO2, EKG).	✓		
	2.3e Distinguish between normal and abnormal health findings.	✓		
	2.3f Apply nursing knowledge to gain a holistic perspective of the person, family, community, and population.	✓		

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
	2.3g Communicate findings of a comprehensive assessment.	✓		
2.4 Diagnose actual or potential health problems and needs.	2.4a Synthesize assessment data in the context of the individual's current preferences, situation, and experience.		✓	
	2.4b Create a list of problems/health concerns.			✓
	2.4c Prioritize problems/health concerns.		✓	
	2.4d Understand and apply the results of social screening, psychological testing, laboratory data, imaging studies, and other diagnostic tests in actions and plans of care.		✓	
	2.4e Contribute as a team member to the formation and improvement of diagnoses.		✓	
2.5 Develop a plan of care.	2.5a Engage the individual and the team in plan development.	✓		
	2.5b Organize care based on mutual health goals.	✓		
	2.5c Prioritize care based on best evidence.	✓		

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
	2.5d Incorporate evidence-based intervention to improve outcomes and safety.	✓		
	2.5e Anticipate outcomes of care (expected, unexpected, and potentially adverse).	✓		
	2.5f Demonstrate rationale for plan.	✓		
	2.5g Address individuals' experiences and perspectives in designing plans of care.	✓		
2.6 Demonstrate accountability for care delivery.	2.6a Implement individualized plan of care using established protocols.	✓		
	2.6b Communicate care delivery through multiple modalities.	✓		
	2.6c Delegate appropriately to team members.	✓		
	2.6d Monitor the implementation of the plan of care.	✓		
2.7 Evaluate outcomes of care.	2.7a Reassess the individual to evaluate health outcomes/goals.		✓	
	2.7b Modify plan of care as needed.		✓	
	2.7c Recognize the need for modifications to standard practice.		✓	

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
2.8 Promote self-care management.	2.8a Assist the individual to engage in self-care management.	✓		
	2.8b Employ individualized educational strategies based on learning theories, methodologies, and health literacy.	✓		
	2.8c Educate individuals and families regarding self-care for health promotion, illness prevention, and illness management.	✓		
	2.8d Respect individuals and families' self-determination in their healthcare decisions.	✓		
	2.8e Identify personal, system, and community resources available to support self-care management.	✓		
2.9 Provide care coordination.	2.9a Facilitate continuity of care based on assessment of assets and needs.			✓
	2.9b Communicate with relevant stakeholders across health systems.			✓
	2.9c Promote collaboration by clarifying responsibilities among individual, family, and team members.			✓

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
	2.9d Recognize when additional expertise and knowledge is needed to manage the patient.			✓
	2.9e Provide coordination of care of individuals and families in collaboration with care team.			✓
Domain 3: Population Health				
3.1 Manage population health.	3.1a Define a target population including its functional and problem-solving capabilities (anywhere in the continuum of care).		✓	
	3.1b Assess population health data.		✓	
	3.1c Assess the priorities of the community and/or the affected clinical population.		✓	
	3.1d Compare and contrast local, regional, national, and global benchmarks to identify health patterns across populations.			✓
	3.1 e Apply an understanding of the public health system and its interfaces with clinical health care in addressing population health needs.		✓	

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
	3.1f Develop an action plan to meet an identified need(s), including evaluation methods.		✓	
	3.1g Participate in the implementation of sociocultural and linguistically responsive interventions.	✓		
	3.1h Describe general principles and practices for the clinical management of populations across the age continuum.		✓	
	3.1i Identify ethical principles to protect the health and safety of diverse populations.	✓		
3.2 Engage in effective partnerships.	3.2a Engage with other health professionals to address population health issues.		✓	
	3.2b Demonstrate effective collaboration and mutual accountability with relevant stakeholders.	✓		
	3.2c Use culturally and linguistically responsive communication strategies.	✓		
3.3 Consider the socioeconomic impact	3.3a Describe access and equity implications of proposed intervention(s).		✓	

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
of the delivery of health care.				
	3.3b Prioritize patient-focused and/or community action plans that are safe, effective, and efficient in the context of available		✓	
3.4 Advance equitable population health policy.	3.4a Describe policy development processes.		✓	
	3.4b Describe the impact of policies on population outcomes, including social justice and health equity.			✓
	3.4c Identify best evidence to support policy development.			✓
	3.4d Propose modifications to or development of policy based on population findings.			✓
	3.4e Develop an awareness of the interconnectedness of population health across borders.			✓
3.5 Demonstrate advocacy strategies.	3.5a Articulate a need for change.		✓	
	3.5b Describe the intent of the proposed change.			✓

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
	3.5c Define stakeholders, including members of the community and/or clinical populations, and their level of influence.			✓
	3.5d Implement messaging strategies appropriate to audience and stakeholders.		✓	
	3.5e Evaluate the effectiveness of advocacy actions.		✓	
3.6 Advance preparedness to protect population health during disasters and public health emergencies.	3.6a Identify changes in conditions that might indicate a disaster or public health emergency.		✓	
	3.6b Understand the impact of climate change on environmental and population health.			✓
	3.6c Describe the health and safety hazards of disasters and public health emergencies.			✓
	3.6d Describe the overarching principles and methods regarding personal safety measures, including personal protective equipment (PPE).		✓	

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
	3.6e Implement infection control measures and proper use of personal protective equipment.		✓	
Domain 4: Scholarship for the Nursing Discipline				
4.1 Advance the scholarship of nursing.	4.1a Demonstrate an understanding of different approaches to scholarly practice.			✓
	4.1b Demonstrate application of different levels of evidence.			✓
	4.1c Apply theoretical framework(s)/models in practice.			✓
	4.1d Demonstrate an understanding of basic elements of the research process.			✓
	4.1e Participate in scholarly inquiry as a team member.		✓	
	4.1f Evaluate research.			✓
	4.1g Communicate scholarly findings.			✓
4.2 Integrate best evidence into nursing practice.	4.2a Evaluate clinical practice to generate questions to improve nursing care.		✓	
	4.2b Evaluate appropriateness and strength of the evidence.			✓
	4.2c Use best evidence in practice.		✓	

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
	4.2d Participate in the implementation of a practice change to improve nursing care.		✓	
	4.2e Participate in the evaluation of outcomes and their implications for practice.		✓	
4.3 Promote the ethical conduct of scholarly activities.	4.3a Explain the rationale for ethical research guidelines, including Institutional Review Board (IRB) guidelines.			✓

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
	4.3b Demonstrate ethical behaviors in scholarly projects including quality improvement and EBP initiatives.			✓
	4.3c Advocate for the protection of participants in the conduct of scholarly initiatives.			✓
	4.3d Recognize the impact of equity issues in research.			✓
Domain 5: Quality and Safety				
5.1 Apply quality improvement principles in care delivery	5.1a Recognize nursing's essential role in improving healthcare quality and safety.		✓	
	5.1b Identify sources and applications of national safety and quality standards to guide nursing practice.			✓
	5.1c Implement standardized, evidence-based processes for care delivery.		✓	
	5.1d Interpret benchmark and unit outcome data to inform individual and microsystem practice.			✓
	5.1e Compare quality improvement methods in the delivery of patient care.			✓

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
	5.1f Identify strategies to improve outcomes of patient care in practice.			✓
	5.1g Participate in the implementation of a practice change.			✓
	5.1h Develop a plan for monitoring quality improvement change.			✓
5.2 Contribute to a culture of patient safety.	5.2a Describe the factors that create a culture of safety.		✓	
	5.2b Articulate the nurse's role within an interprofessional team in promoting safety and preventing errors and near misses.		✓	
	5.2c Examine basic safety design principles to reduce risk of harm.			✓
	5.2d Assume accountability for reporting unsafe conditions, near misses, and errors to reduce harm.			✓
	5.2e Describe processes used in understanding causes of error.			✓
	5.2f Use national patient safety resources, initiatives, and regulations at the point of care.			✓

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
5.3 Contribute to a culture of provider and work environment safety.	5.3a Identify actual and potential level of risks to providers within the workplace.			✓
	5.3b Recognize how to prevent workplace violence and injury.			✓
	5.3c Promote policies for prevention of violence and risk mitigation.			✓
	5.3d Recognize one's role in sustaining a just culture reflecting civility and respect.			✓
Domain 6: Interprofessional Partnerships				
6.1 Communicate in a manner that facilitates a partnership approach to quality care delivery.	6.1a Communicate the nurse's roles and responsibilities clearly.	✓		
	6.1b Use various communication tools and techniques effectively.	✓		
	6.1c Elicit the perspectives of team members to inform person-centered care decision making.	✓		
	6.1d Articulate impact of diversity, equity, and inclusion on team-based communications.	✓		

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
	6.1e Communicate individual information in a professional, accurate, and timely manner.	✓		
	6.1f Communicate as informed by legal, regulatory, and policy guidelines.	✓		
6.2 Perform effectively in different team roles, using principles and values of team dynamics.	6.2a Apply principles of team dynamics, including team roles, to facilitate effective team functioning.		✓	
	6.2b Delegate work to team members based on their roles and competency.	✓		
	6.2c Engage in the work of the team as appropriate to one's scope of practice and competency.	✓		
	6.2d Recognize how one's uniqueness (as a person and a nurse) contributes to effective interprofessional working relationships.		✓	
	6.2e Apply principles of team leadership and management. performance to improve quality and assure safety.		✓	

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
	6.2f Evaluate performance of individual and team to improve quality and promote safety.		✓	
6.3 Use knowledge of nursing and other professions to address healthcare needs.	6.3a Integrate the roles and responsibilities of healthcare professionals through interprofessional collaborative practice.		✓	
	6.3b Leverage roles and abilities of team members to optimize care.		✓	
	6.3c Communicate with team members to clarify responsibilities in executing plan of care.	✓		
6.4 Work with other professions to maintain a climate of mutual learning, respect, and shared values.	6.4a Demonstrate an awareness of one's biases and how they may affect mutual respect and communication with team members		✓	
	6.4b Demonstrate respect for the perspectives and experiences of other professions.		✓	
	6.4c Engage in constructive communication to facilitate conflict management.		✓	

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
	6.4d Collaborate with interprofessional team members to establish mutual healthcare goals for individuals, communities, or populations.			✓
Domain 7: Systems-Based Practice				
7.1 Apply knowledge of systems to work effectively across the continuum of care.	7.1a Describe organizational structure, mission, vision, philosophy, and values.			✓
	7.1b Explain the relationships of macrosystems, mesosystems, and microsystems.			✓
	7.1c Differentiate between various healthcare delivery environments across the continuum of care.			✓
	7.1d Recognize internal and external system processes that impact care coordination and transition of care.		✓	
7.2 Incorporate consideration of cost-effectiveness of care.	7.2a Describe the financial and payment models of health care.			✓
	7.2b Recognize the impact of health disparities and social determinants of health on care outcomes.		✓	

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
	7.2c Describe the impact of healthcare cost and payment models on the delivery, access, and quality of care.			✓
	7.2d Explain the relationship of policy, regulatory requirements, and economics on care outcomes.		✓	
	7.2e Incorporate considerations of efficiency, value, and cost in providing care.		✓	
	7.2f Identify the impact of differing system structures, leadership, and workforce needs on care outcomes.			✓
7.3 Optimize system effectiveness through application of innovation and evidence-based practice.	7.3a Demonstrate a systematic approach for decision-making.		✓	
	7.3b Use reported performance metrics to compare/monitor outcomes.		✓	
	7.3c Participate in evaluating system effectiveness.		✓	

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
	7.3d Recognize internal and external system processes and structures that perpetuate racism and other forms of discrimination within health care.		✓	
Domain 8: Informatics and Healthcare Technologies				
8.1 Describe the various information and communication technology tools used in the care of patients, communities, and populations.	8.1a Identify the variety of information and communication technologies used in care settings.	✓		
	8.1b Identify the basic concepts of electronic health, mobile health, and telehealth systems for enabling patient care.	✓		
	8.1c Effectively use electronic communication tools.	✓		
	8.1d Describe the appropriate use of multimedia applications in health care.			✓
	8.1e Demonstrate best practice use of social networking applications.			✓
	8.1f Explain the importance of nursing engagement in the planning and selection of healthcare technologies.			✓

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
8.2 Use information and communication technology to gather data, create information, and generate knowledge.	8.2a Enter accurate data when chronicling care.	✓		
	8.2b Explain how data entered on one patient impacts public and population health data.			✓
	8.2c Use appropriate data when planning care.	✓		
	8.2d Demonstrate the appropriate use of health information literacy assessments and improvement strategies.			✓
	8.2e Describe the importance of standardized nursing data to reflect the unique contribution of nursing practice.		✓	

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
8.3 Use information and communication technologies and informatics processes to deliver safe nursing care to diverse populations in a variety of settings.	8.3a Demonstrate appropriate use of information and communication technologies.		✓	
	8.3b Evaluate how decision support tools impact clinical judgment and safe patient care.			✓
	8.3c Use information and communication technology in a manner that supports the nurse-patient relationship.		✓	
	8.3d Examine how emerging technologies influence healthcare delivery and clinical decision making.			✓
	8.3e Identify impact of information and communication technology on quality and safety of care.		✓	

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
	8.3f Identify the importance of reporting system processes and functional issues (error messages, mis-directions, device malfunctions, etc.) according to organizational policies and procedures.			✓
8.4 Use information and communication technology to support documentation of care and communication among providers, patients, and all system levels.	8.4a Explain the role of communication technology in enhancing clinical information flows.		✓	
	8.4b Describe how information and communication technology tools support patient and team communications.		✓	
	8.4c Identify the basic concepts of electronic health, mobile health, and telehealth systems in enabling patient care.		✓	
	8.4d Explain the impact of health information exchange, interoperability, and integration on health care.			✓

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
8.5 Use information and communication technologies in accordance with ethical, legal, professional, and regulatory standards, and workplace policies in the delivery of care.	8.5a Identify common risks associated with using information and communication technology.			✓
	8.5b Demonstrate ethical use of social networking applications.			✓
	8.5c Comply with legal and regulatory requirements while using communication and information technologies.			✓
	8.5d Educate patients on their rights to access, review, and correct personal data and medical records.		✓	
	8.5e Discuss how clinical judgment and critical thinking must prevail in the presence of information and communication technologies.			✓
	8.5f Deliver care using remote technology.			✓

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
Domain 9: Professionalism				
9.1 Demonstrate an ethical comportment in one's practice reflective of nursing's mission to society.	9.1a Apply principles of professional nursing ethics and human rights in patient care and professional situations.		✓	
	9.1b Reflect on one's actions and their consequences.		✓	
	9.1c Demonstrate ethical behaviors in practice.		✓	
	9.1d Change behavior based on self and situational awareness.		✓	
	9.1e Report unethical behaviors when observed.		✓	
	9.1f Safeguard privacy, confidentiality, and autonomy in all interactions.		✓	
	9.1g Advocate for the individual's right to self-determination.		✓	
9.2 Employ participatory approach to nursing care.	9.2a Employ the use of intentional presence to facilitate shared meaning of the experience between nurse and recipient of care.		✓	

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
	9.2b Facilitate health and healing through compassionate caring.		✓	
	9.2c Demonstrate empathy to the individual's life experience.		✓	
	9.2d Advocate for practices that advance diversity, equity, and inclusion.		✓	
	9.2e Demonstrate cultural sensitivity and humility in practice.		✓	
	9.2f Apply principles of therapeutic relationships and professional boundaries.		✓	
	9.2g Communicate in a professional manner.		✓	
9.3 Demonstrate accountability to the individual, society, and the profession.	9.3a Engage in advocacy that promotes the best interest of the individual, community, and profession.		✓	
	9.3b Demonstrate the moral courage to report concerns related to actual or potential hazards and/or errors.		✓	
	9.3c Demonstrate professional and personal honesty and integrity.		✓	

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
	9.3d Take responsibility for one's roles, decisions, obligations, Actions, and care outcomes.		✓	
	9.3e Engage in professional activities and/or organizations.			✓
	9.3f Demonstrate adherence to a culture of civility.			✓
	9.3g Advocate for social justice and health equity, including addressing the health of vulnerable populations.			✓
	9.3h Engage in peer evaluation.			✓
9.4 Comply with relevant laws, policies, and regulations.	9.4a Advocate for policies that promote health and prevent harm.			✓
	9.4b Adhere to the registered nurse scope and standards of practice.			✓
	9.4c Adhere to regulatory requirements and workplace policies consistent with one's educational preparation.			✓
9.5 Demonstrate the professional identity of nursing.	9.5a Describe nursing's professional identity and contributions to the healthcare team.			✓

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
	9.5b Demonstrate the core values of professional nursing identity.			✓
	9.5c Demonstrate sensitivity to the values of others.		✓	
	9.5d Demonstrate ethical comportment and moral courage in decision making and actions.		✓	
	9.5e Demonstrate emotional intelligence.		✓	
9.6 Integrate diversity, equity, and inclusion as core to one's professional identity.	9.6a Demonstrate respect for diverse individual differences and diverse communities and populations		✓	
	9.6b Demonstrate awareness of personal and professional values and conscious and unconscious biases.		✓	
	9.6c Integrate core principles of social justice and human rights into practice.			✓
Domain 10: Personal, Professional, and Leadership Development				
10.1 Demonstrate a commitment to personal health and well-being.	10.1a Demonstrate healthy, self-care behaviors that promote wellness and resiliency.			✓

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
	10.1b Manage conflict between personal and professional responsibilities.			✓
10.2 Demonstrate a spirit of inquiry that fosters flexibility and professional maturity.	10.2a Engage in guided and spontaneous reflection of one's practice.			✓
	10.2b Integrate comprehensive feedback to improve performance.			✓
	10.2c Commit to personal and professional development.			✓
	10.2d Expand personal knowledge to inform clinical judgment.			✓
	10.2e Identify role models and mentors to support professional growth.			✓
	10.2f Participate in ongoing activities that embrace principles of diversity, equity, inclusion, and anti-discrimination.			✓
10.3 Develop capacity for leadership.	10.3a Compare and contrast leadership principles and theories.			✓
	10.3b Formulate a personal leadership style.			✓
	10.3c Demonstrate leadership behaviors in professional situations.			✓

Competency statements	Sub-competency statements	Met Requires scaffolding and demonstration within curriculum.	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
	10.3d Demonstrate self-efficacy consistent with one's professional development.			✓
	10.3e Use appropriate resources when dealing with ambiguity.			✓
	10.3f Modify one's own leadership behaviors based on guided self-reflection.			✓
	10.3g Demonstrate self-awareness of one's own implicit biases and their relationship to one's culture and environment.			✓
	10.3h Communicate a consistent image of the nurse as a leader.			✓
	10.3i Recognize the importance of nursing's contributions as leaders in practice and policy issues.			✓

Appendix B: Crosswalk table indicating the 2021 AACN *Essentials* Spheres of Care statements that are Accomplished, Developing, or Beginning through an earned diploma or associate degree in nursing from an accredited/state board approved program, successful completion of NCLEX-RN® (NCSBN, 2023), and subsequent RN licensure by a state board of nursing or other nursing regulatory body. *The term “Accomplished” indicates a need to scaffold upon, “Developing” indicates a need to teach and reinforce, and “Beginning” indicates a need for initial teaching.*

Sphere of Care	Description	Met Requires scaffolding and demonstration within curriculum	Partially Met Indicates a need to teach, reinforce, scaffold, and demonstrate.	Unmet Indicates a need for initial teaching through demonstration.
Disease Prevention/Promotion of Health and Well-being	Includes the promotion of physical and mental health in all patients as well as management of minor acute and intermittent care needs of generally healthy patients.		✓	
Chronic Disease Care	Includes management of chronic diseases and prevention of negative sequelae.		✓	
Regenerative or Restorative care	Includes critical/trauma care, complex acute care, acute exacerbations of chronic conditions, and treatment of physiologically unstable patients that generally requires care in a mega-acute care institution.		✓	
Hospice/Palliative/Supportive care	Includes end-of-life care as well as palliative and supportive care for individuals requiring extended care or those with complex, chronic disease states or those requiring rehabilitative care.		✓	