

WHITE PAPER

Practice Experiences in Entry-Level Post-Licensure Nursing Programs

April 2024

Background

Landmark research studies and reports from Dr. Linda Aiken and colleagues (2017, 2008, 2003), the Institute of Medicine (2011) and the Carnegie Foundation for the Advancement of Teaching (Benner, 2009) clearly link nursing education level to enhanced patient outcomes. The Tri-Council for Nursing policy statement on the Educational Advancement of Registered Nurses (2010), the Joint Statement on Academic Progression for Nursing Students and Graduates (2012) and the Future of Nursing Report (2011) all call for increasing the number of nurses with baccalaureate and higher degrees and the facilitation of academic progression. Employers also support the hiring of baccalaureate-prepared registered nurses (RN), with 69.8% of employers expressing a strong preference for RNs prepared at this level (AACN, 2023). Though most new RNs in the U.S. now enter the profession with a baccalaureate or entry-level master's degree (Smiley et al., 2023), the need to advance the education level of diploma and associate degree prepared nurses in RN-Baccalaureate and RN-Master's programs remains a priority. This document updates and replaces AACN's 2012 white paper on curricular expectations in RN degree completion programs to align with the new guidelines advanced in *The Essentials: Core Competencies for Professional Nursing Practice* (AACN, 2021).

Current Healthcare Landscape

Over the last decade a multitude of sociopolitical and environmental changes have impacted and reshaped healthcare across the U.S., including the COVID-19 pandemic. The nursing workforce, too, has transformed as RNs face different challenges in a more complex healthcare environment. RNs experience stressors in their workplace like violence, staff shortages, and high workloads. In fact, the National Council of State Boards of Nursing reports that nearly 100,000 nurses left the workforce during the past two years due to stress, burnout, and retirements, with another 619,388 reporting an "intent to leave" the workforce by 2027 for similar reasons (NCSBN, 2023). Initiatives by AACN and other professional organizations to educate nurses to improve resilience and wellbeing and prepare them for evolving work environments and areas of practice are underway (AACN, 2022). To strengthen the ability of new nurse graduates to provide high quality care across contemporary care settings, practice and academic leaders are calling for new, innovative approaches to preparing more practice-ready nurses.

Competency-Based Education in Entry-Level, Post-Licensure Programs

The 2021 AACN *Essentials* calls for the transition to competency-based education (CBE), defined as "a system of instruction, assessment, feedback, self-reflection, and academic reporting that is based on students demonstrating they have learned the knowledge, attitudes,

motivations, self-perceptions, and skills expected of them as they progress through their education.” The transition to CBE seeks to prepare nurses who are equipped to navigate and thrive within an evolving healthcare environment (Lewis, 2022). CBE places the students at the center of the learning process, with CBE connecting the curriculum and coursework to real-world experiences. The transition to CBE requires all post-licensure programs for RNs to re-examine the curricular design and expectations, particularly experiential learning, and assessment opportunities.

Post-licensure programs offer degree-completion options for students who are already licensed registered nurses, including RN-BSN, RN-MSN, and RN-DNP programs. In keeping with the 2021 *Essentials*, all post-licensure programs are expected to prepare graduates with the Level 1 (entry-level) sub-competencies. RN-MSN programs can prepare graduates with only the Level 1 sub-competencies, or they can choose to also prepare graduates for advanced level practice roles/specialties. Programs focused beyond the entry-level must prepare graduates with Level 1 and Level 2 (advanced) sub-competencies plus the competencies expected of the advanced role or specialty, which would be expected of an RN-DNP program.

Prior to 2018, nursing schools experienced nearly two decades of continuous growth in RN-BSN programs with student enrollment growing from 28,876 students in 2001 to 139,587 students in 2018. Since 2018, there has been a 29.2% decrease in enrollment in RN-BSN programs, which may be due to an increase in nurses entering the profession with a baccalaureate degree as well as the stressors of the pandemic, the nursing shortages, and other obstacles that may prevent RNs from returning to school. In 2023 there were 678 schools that offered a post-licensure BSN program, 189 post-licensure RN-MSN programs, and 12 schools that offered a post-licensure RN-DNP program.

Practice Experiences in Post-Licensure Degree Programs

Nursing is a practice discipline that includes both direct and indirect care activities that impact health outcomes. Post-licensure or degree completion (RN-BSN, RN-MSN, and RN-DNP) programs provide rich and varied opportunities for practice experiences designed to assist graduates to achieve the 2021 *Essentials*. 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.

Experiential learning for this practice discipline is frequently called practice experiences, clinical experiences, clinical learning opportunities, clinical strategies, and clinical activities. The term practice experiences will be consistently used in this document to refer to experiential learning in any setting where health is influenced, or health care is delivered that allow for and require the student to integrate new practice related knowledge and skills.

As noted in the 2021 *Essentials*, all entry-level professional nursing students, which includes those enrolled in RN-BSN, RN-MSN, and RN-DNP programs, are required to complete direct patient care learning experiences in all four spheres of care and across the lifespan and provide clear evidence of student achievement of all Level 1 sub-competencies to acquire the degree. Practice experiences may be augmented by simulation and laboratory experiences; but simulation cannot substitute for all direct care practice experiences in any one sphere of care for any one age

group. Curriculum designers focused on transitioning nursing students from the associate degree or diploma to the baccalaureate level of proficiency should note:

- All post-licensure degree programs must provide direct and indirect practice experiences for all students.
- Practice experiences should include activities that support health and/or provide care, allowing the student to interact with a variety of providers and/or with patients. These experiences cannot be completed solely by a student working alone or in isolation without also interacting with patients, other healthcare providers. Patients throughout this document are defined as individuals, families, groups, communities, or aggregates.
- Practice experiences, including those completed in the student's work setting, shall be separate from the student's work activities and include specific objectives, expected outcomes and competencies, and both formative and summative assessments provided by a faculty member.
- Practice experiences should include but are not limited to organization/systems understanding, leadership development, evidence-based practice, information management and integration of technologies into practice, interprofessional collaboration and communication, clinical prevention and population health, comprehensive assessment, and quality improvement strategies. Didactic and practice experiences should be provided to all post-licensure students for the student to achieve the expected knowledge, skills, and attitudes and to integrate them into one's practice.
- Practice experiences should be developed to assure that upon graduation students have attained all end-of-program competencies delineated in the 2021 *Essentials* for entry-level professional nursing education. These expectations include the advancement of clinical reasoning and proficiency in performing psychomotor skills. Psychomotor skill development for the post-licensure student must be differentiated from the expectations for the nursing student without previous nursing experience. This should not be interpreted to mean development of the skills already acquired in an associate degree or diploma nursing program but instead references the development of higher-level skills or proficiency. For example, the RN-BSN student's ability to conduct a comprehensive assessment should encompass all three domains of learning (cognitive, affective and psychomotor).
- Oversight and evaluation of the practice experience is the responsibility of faculty. Faculty oversight includes responsibility for identifying and aligning objectives and competencies to be addressed during the practice experience, assessing whether the objectives are met, communicating and debriefing with the student on a regular basis, assessing competency attainment, and evaluating the learning experience.
- Preceptors or clinical faculty, if used, should be oriented to the learning objectives of the practice experience and competencies/sub-competencies to be observed, may provide input regarding faculty evaluation of students, and should consult regularly with the faculty providing oversight for the student's practice experience. Preceptors should engage the student in achieving the identified objectives/competencies and integrating the new learning into their practice.

Practice experiences in the post-licensure nursing program involve a variety of activities that include direct care and indirect care experiences. Direct care refers to a professional encounter between a nurse and patient (individual, family, groups, community, or aggregate), either face to face or virtual, that is intended to achieve specific health goals or achieve selected health outcomes. Direct care may be provided in a wide range of settings, including acute and critical care, long-term care, home health, community-based settings, and telehealth (AACN, 2021; Suby, 2009; Upenieks, et al., 2007).

- Examples of direct care experiences include provision of nursing care directly to patients across the four spheres of care and across the lifespan may include:
 - Working with other providers to identify gaps in care and implement a quality improvement strategy which involves engagement with patients.
 - Collaborating with nursing staff to implement a new procedure or nursing practice that is evidence-based and requires engagement with patients.
 - Working with an interprofessional team to evaluate the outcomes of a new practice guideline and implement recommended changes in a healthcare setting, which includes engagement with patients.
 - Designing and implementing a coordinated, patient-centered plan of care with an interprofessional team.

Indirect care refers to nursing decisions, actions, or interventions that are provided through or on behalf of individuals, families, or groups. These decisions or interventions create conditions under which nursing care or self-care may occur. Nurses might use administrative decisions, population or aggregate health planning, or policy development to affect health outcomes in this way. Nurses who function in administrative capacities are responsible for direct care provided by other nurses. Their administrative decisions create the conditions under which direct care is provided. Public health nurses organize care for populations or aggregates to create the conditions under which improved health outcomes are more likely to occur. Health policies create broad scale conditions for delivery of nursing and health care (AACN, 2021; Suby, 2009; Upenieks et al., 2007).

- Examples of indirect care experiences include:
 - Educating other healthcare providers regarding the safe and effective use of new technology.
 - Writing a policy and working with other stakeholders to have the policy approved by the state board of nursing or other regulatory agency.
 - Working with community leaders to develop a disaster/emergency preparedness plan for a specific population in a community.
 - Collaborating with the facility information technology staff to design, modify, or implement an electronic health record.
 - Working with staff to write an administrative policy that will improve communication among the units in the facility.

The number of practice hours expected of students in entry-level post-licensure nursing programs are not defined. Also, every course in the curriculum does not need to include practice

experiences. Programs are expected to develop meaningful practice experiences and assess student attainment of expected competencies/outcomes. If the post-licensure program (RN-MSN or RN-DNP) is also preparing the graduate for advanced-level practice, the *Essentials* do require a minimum of 500 practice hours beyond Level 1 competency development to ensure that students attain and can demonstrate Level 2 sub-competencies (AACN, 2021, p. 23).

Summary

Nursing is a practice discipline that includes both direct and indirect care services that impact health outcomes. Entry-level post-licensure nursing programs must include direct and indirect practice experiences across all four spheres of care designed to assist graduates in achieving the competency expectations outlined in the 2021 AACN *Essentials*. All post-licensure programs, including RN-BSN, RN-MSN, and RN-DNP programs must provide practice experiences for students to bridge to higher-level professional nursing practice.

Definitions

The following definitions, which are derived from current AACN position statements and the *Essentials* (AACN, 2021), are used in this report:

Patient: The recipient of a healthcare service or intervention at the individual, family, community, or aggregate level. Patients may function in independent, interdependent, or dependent roles, and may seek or receive nursing interventions related to disease prevention, health promotion, or health maintenance, as well as illness and end-of-life care (AACN, 2021).

Nursing practice: Any form of nursing intervention that influences healthcare outcomes for individuals or populations, including the direct care of individual patients, management of care for individuals and populations, administration of nursing and healthcare organizations, and the development and implementation of health policy (AACN, 2021). Practice includes both direct and indirect care experiences.

Direct Care: Direct care refers to a professional encounter between a nurse and actual patients, either face to face or virtual, that is intended to achieve specific health goals or achieve selected health outcomes. Direct care may be provided in a wide range of settings, including acute and critical care, long-term care, home health, community-based settings, and telehealth (AACN, 2021; Suby, 2009; Upenieks et al., 2007).

Indirect Care: Indirect care refers to nursing decisions, actions, or interventions that are provided through or on behalf of individuals, families, or groups. These decisions or interventions create conditions under which nursing care or self-care may occur. (AACN, 2021; Suby, 2009; Upenieks et al., 2007).

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Appendix A:

Examples of Practice Experiences in Post-licensure Nursing Degree Program

All post-licensure nursing degree programs must include practice experiences in curricula, which are essential for students to evolve their practice as a baccalaureate- or higher degree-prepared professional nurse. Simulation experiences are one type of experiential learning that may be used to augment practice experiences. Examples of practice experiences that may be useful in a post-licensure degree program are described below. Though all entry-level (Level 1) competencies/sub-competencies outlined in the 2021 *Essentials* are not included in each example, these practice experiences generally integrate multiple competencies/sub-competencies. All post-licensure degree programs must include both indirect and direct practice experiences in all four spheres of care across the lifespan and must provide opportunities for students to demonstrate all Level 1 sub-competencies.

Practice Experience Topics

The following examples highlight the specific domains addressed in the 2021 *Essentials* and identify each experience as a direct or indirect care experience. The domains and competencies/sub-competencies listed may not be all inclusive.

- Participate with an interprofessional performance improvement team currently working on implementation/evaluation of national patient safety goals. (Domains 1, 5, 6, 10; indirect care experience)
- Conduct a mock Root-Cause Analysis on a near miss and share results with staff or shared governance council or participate in an actual RCA and/or Failure Mode Effects Analysis (FMEA). (Domains 1, 4, 5, 7, 8, 10; indirect care experience)
- Teach vulnerable populations about avoiding environmental risks. (Domains 1, 2, 3, 4, 7; direct care experience)
- Collaborate with community agencies, such as a day care center or a homeless shelter, to develop and implement policies to minimize transmission of communicable diseases. This experience would include engaging with patients as defined previously at either site to gather information and/or to explain the new policies. (Domains 1, 2, 3, 4, 6, 7; direct care experience)
- Construct a genetic pedigree by collecting family history information to identify a risk profile. Develop and implement a plan of care, including patient/family education and appropriate referral. (Domains 1, 2, 5, 8; direct care experience)

- Using an actual care team in a microsystem of care, evaluate and make decisions about the organization, prioritization, and appropriate delegation of care. (Domains 1, 4, 6, 7, 8; direct care experience)
- Consult with other professionals to improve transitions of elderly patients across care settings. Develop and implement a plan for an actual older patient to transition from one level of care to another within the same facility and from one facility to another and from a facility to home safely. (Domains 1, 2, 3, 6, 7, 8; direct care experience)
- Participate in professional leadership activities (conferences, work site committees, professional organizations, journal clubs, etc.) and present to peers the information gained from the activities and perception of professional impact. (Domains 1, 4, 9, 10, indirect care experience)
- Identify a professional nursing topic/issue, conduct literature review with a focus toward advocacy and policy development. Present findings to classmates and share information with interprofessional and political stakeholders. (Domains 1, 4, 9, 10; indirect care experience)

Practice Experience Assignments

The following practice experiences provide examples of how to connect Domains and Concepts, competencies, sub-competencies, and spheres of care into direct and indirect practice experiences. Post-licensure program curricula will need to identify how their practice experiences are designed to address patient care across the lifespan and across the four spheres of care. (Spheres of care are based on the patient's needs and not a care setting.)

Example #1 (Direct Care Experience)

Care Coordination Exploration

The student will interview a patient or patient's family member with a chronic condition. From the interview and with support from course content, the student will identify and describe the variety of collaborators (nursing, pharmacy, OT/PT, MD, case manager, social worker, home health aide, or other interprofessional team member) on the client's healthcare and social work teams. The student will identify issues and gaps in the following: access to comprehensive health care, case management, referral; safety and efficiency of care transitions; organization/coordination of numerous providers; and patient-centered care and patient independence and control. The student will develop a care plan to address noted gaps. The information will be shared with the patient/family member and care coordination team to use for quality improvement purposes.

Spheres of Care: Chronic Illness; and potentially Restorative/Regenerative or Hospice/Palliative

Concepts: Clinical judgment; communication; compassionate care; diversity, equity, and inclusion; ethics; evidence-based practice; health policy; and social determinants of health

Domains: Domain 1 Knowledge for Nursing Practice; Domain 2 Patient-Centered Care; Domain 3 Population Health; Domain 5 Quality and Safety; Domain 6 Interprofessional Partnerships

Competencies: 1.1, 1.2, 1.3; 2.9; 3.1; 3.3, 3.5; 5.1; 6.1

Sub-Competencies: 1.1a, 1.1b, 1.1 d; 1.2a, 1.2b, 1.2c, 1.2d, 1.2e; 1.3a, 1.3b, 1.3c; 2.9a, 2.9b, 2.9c, 2.9d, 2.9e; 3.1a; 3.3a, 3.3b; 3.5a, 3.5b, 3.5c, 3.5d, 3.5e; 5.1a, 5.1b, 5.1c, 5.1d, 5.1e, 5.1f, 5.1g, 5.1h; 6.1a, 6.1b, 6.1c, 6.1d, 6.1e, 6.1f

Example #2 (Direct Care Experience)

Community Health and Population-Focused Health Promotion Activity

The students will apply the nursing process in a selected community, using a community assessment model (e.g. Community as Partner) by conducting an abbreviated community assessment of the student's own community, including a windshield survey. Analyze data for strengths, weaknesses, or conditions and identify a community health problem of a particular aggregate at-need or at-risk. Interact with a member of the community aggregate for further assessment, information gathering, and confirmation of conclusions. In collaboration with a community agency, the student will plan and implement a health promotion project to address the identified problem or need of the aggregate population. The student also will develop a scheme for evaluation of the intervention.

Spheres of Care: Wellness, Health Promotion, Disease prevention; potentially other spheres depending on identified weaknesses or conditions

Concepts: Clinical judgment; communication; compassionate care; diversity, equity, and inclusion; ethics; evidence-based practice; social determinants of health; and potentially health policy

Domains: Domain 1 Knowledge of Nursing Practice; Domain 2 Person-Centered Care, Domain 3 Population Health, Domain 4 Scholarship for the Nursing Discipline, Domain 6 Interprofessional Partnerships, Domain 8 Informatics and Healthcare Technologies, and Domain 10 Personal, Professional, and Leadership Development

Competencies: 1.1, 1.2, 1.3; 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9; 3.1, 3.2, 3.3, 3.5; 4.1, 4.2; 6.1, 6.2, 6.3, 6.4; 8.1, 8.2, 8.3, 8.4, 8.5; 10.1, 10.2, 10.3

Sub-Competencies: 1.1a; 1.2c; 1.3a, 1.3b, 1.3c; 2.1a, 2.1b, 2.1c; 2.2b, 2.2c, 2.2d; 2.3a, 2.3f; 2.4a, 2.4b, 2.4c, 2.4d, 2.4e; 2.5c, 2.5e, 2.5f; 2.6b, 2.6c, 2.6d; 2.7b, 2.7c; 2.8c, 2.8d, 2.8e; 2.9b, 2.9c, 2.9d, 2.9e; 3.1a, 3.1b, 3.1c, 3.1d, 3.1f, 3.1g, 3.1h, 3.1i; 3.2a, 3.2b, 3.2c; 3.3b; 3.5c, 3.5d; 4.1b, 4.1c; 4.2a; 6.1b, 6.1c, 6.1d; 6.2c, 6.2d, 6.2e, 6.2f; 6.3c; 6.4b, 6.4d; 8.1b, 8.1c, 8.1f; 8.2c, 8.2d; 8.3a, 8.3c, 8.3d; 8.4c; 8.5c, 8.5f; 10.1a, 10.3c, 10.3f

Example #3 (Indirect Care Experience)

Management Proposal to Address a Quality Care or Patient Safety Issue

The student will identify a quality care or patient safety problem/issue that exists in an inpatient unit or in an outpatient setting and create a business proposal complete with goals, objectives, and strategies to address the identified issue. The student will integrate and demonstrate management and leadership qualities by thoroughly considering the identified issue, accurately identifying the problem, and investigating the topic through data collection, research review, and interprofessional

communication. In developing the proposal, the student will integrate the functions of a nurse manager, including organizing, planning, directing, controlling, and budgeting. Consider the identified issue and proposed solution from the perspective of how it impacts the organization and mission, how a plan/proposal is created; how that proposal affects staffing, scheduling, staff development, and staff satisfaction; what it will cost to implement the proposal; and how quality will be affected, measured, and evaluated. The student will coordinate and communicate with the unit or agency nurse manager and other organization departments, such as, quality, finance, human resources, nursing councils, medical department, and others as determined by the identified issue. The final proposal will be presented to administration and other appropriate entities (i.e., nursing councils) for consideration.

Spheres of Care: Will vary.

Concepts: Clinical judgment, communication, ethics, evidence-based practice, health policy

Domains: Domain 1 Knowledge of Nursing Practice, Domain 2 Person-Centered Care, Domain 4 Scholarship for the Nursing Discipline, Domain 5 Quality and Safety, Domain 6 Interprofessional Partnerships, Domain 8 Informatics and Healthcare Technologies, Domain 9 Professionalism, and Domain 10 Personal, Professional, and Leadership Development

Competencies: 1.1, 1.2, 1.3; 2.2, 2.5, 2.7; 4.1, 4.2, 4.3; 5.1, 5.2; 6.1, 6.2, 6.3, 6.4; 8.2, 8.3, 8.5; 9.1, 9.2, 9.3, 9.4, 9.5; 10.2, 10.3

Sub-Competencies: 1.1b, 1.1d; 1.2b, 1.2c, 1.2d, 1.2e; 1.3a, 1.3b, 1.3c; 2.2b, 2.2c, 2.2d, 2.2f; 2.5d, 2.5e; 2.7c; 4.1a, 4.1b, 4.1c, 4.1d, 4.1e, 4.1f, 4.1g; 4.2a, 4.2b, 4.2c, 4.2d, 4.2e; 4.3b; 5.1a, 5.1b, 5.1c, 5.1d, 5.1e, 5.1d, 5.1e, 5.1f, 5.1g, 5.1h; 5.2a, 5.2b, 5.2c, 5.2d, 5.2e, 5.2f; 6.1b, 6.1c, 6.1e, 6.1d, 6.1f; 6.2e, 6.2 f; 6.3a, 6.3b, 6.3c; 6.4a, 6.4b, 6.4d; 8.2a, 8.2b, 8.2c, 8.2d, 8.2e; 8.3e, 8.3f; 8.5b, 8.5c; 9.1a, 9.1c, 9.1e, 9.1f; 9.2 g; 9.3a, 9.3b, 9.3c, 9.3d, 9.3e; 9.4a; 9.5d, 9.5e; 10.2d; 10.3c, 10.3e, 10.3h, 10.3i

Example #4 (Direct Care Experience)

Wellness Activities Based Upon Individual/Population Assessment

The student will select appropriate wellness, resiliency, and/or self-care assessment tool(s) for administration with individuals (nursing and interprofessional colleagues, patients, families) and selected populations. The student will then analyze needs based upon findings for individuals and/or populations and make recommendations for enrichment activities. The student will create a plan to develop and offer activities to address identified needs, encourage stakeholders to explore activities to meet their identified needs, and follow up to explore the impact of the activities on wellness and resiliency for the selected individuals and/or populations.

Spheres of Care: Wellness, Health Promotion, Disease Prevention

Concepts: Clinical judgment; communication; compassionate care; diversity, equity, and inclusion; ethics

Domains: Domain 1 Knowledge for Nursing Practice; Domain 2 Patient Centered Care; Domain 3 Population Health; Domain 9 Professionalism; Domain 10 Personal, Professional, and Leadership Development

Competencies: 1.1, 1.2, 1.3; 2.4, 2.5, 2.8; 3.1,3.3, 3.5; 5.1; 9.1, 9.2, 9.3, 9.4, 9.5, 9.6; 10.2, 10.3

Sub-Competencies: 1.1a, 1.1b, 1.1d; 1.2a 1.3a; 2.2a, 2.2b, 2.2c, 2.2d, 2.2e; 3.1b, 3.1c; 2.4a. 2.4b, 2.4c; 2.5a, 2.5b, 2.5c, 2.5d, 2.5e, 2.5f, 2.5g; 2.8a, 2.8b, 2.8c; 3.1b, 3.1d, 3.1e, 3.1d, 3.1e, 3.1f, 3.1g, 3.1h; 3.2c; 3.3b; 3.5c, 3.5d; 5.1a, 5.1b, 5.1c, 5.1d, 5.1e, 5.1f, 5.1g, 5.1h; 9.1c, 9.1d, 9.1e, 9.1g; 9.2a, 9.2b, 9.2d, 9.2e, 9.2g; 9.3a, 9.3b, 9.3c, 9.3d, 9.3f, 9.3g; 9.4b, 9.4c; 9.5d, 9.5e; 9.6a, 9.6b, 9.6c; 10.2a, 10.2f; 10.3b, 10.3c, 10.3f, 10.3g

Example #5 (Direct Care/Simulation) (Simulation experiences can be direct care experiences if done with patients; however, not all direct care experiences in the curriculum can be done through simulation.)

Leadership Simulation Case Analysis for Quality & Safety for Medical Errors for Pediatric Patient

Groups of students will analyze a complex case study of a patient/family who experienced medical errors during outpatient day surgery. The case will be examined from various perspectives through interviews with patient/family, point-of-care physicians and nurses, risk manager and healthcare leaders, to determine financial, legal, and ethical implications, best practices, cultural implications, and impact on just culture/trust. Identify problems, strategies to cope, eliminate, and reduce errors through root-cause analysis (RCA). The students will explore patient-specific outcomes based on errors and management of care priorities. Next, students will review several hospital systems and compare HCAHPS, Star rating, and complications data. From this data, students will make impressions as consumers and stakeholders. Faculty will lead a debriefing session to assist students to reflect on the case scenario and the role as RN leaders through team collaboration, problem-solving, conflict resolution, clinical judgment, advocacy, and systems thinking. At the end of the debriefing students will describe how they can use what they learned in a variety of clinical practice settings

Spheres of Care: Wellness, health promotion; Restorative/Regenerative

Concepts: Clinical judgment; communication; compassionate care; diversity, equity, and inclusion; ethics; evidence-based practice; health policy

Domains: Domain 1 Knowledge of Nursing Practice, Domain 2 Person-Centered Care, Domain 4 Scholarship for the Nursing Discipline, Domain 5 Quality and Safety, Domain 6 Interprofessional Partnerships, Domain 7 Systems-based Practice, Domain 8 Informatics and Healthcare Technologies, Domain 9 Professionalism, and Domain 10 Personal, Professional, and Leadership Development

Competencies: 1.1, 1.2, 1.3; 2.1, 2.2, 2.4, 2.5, 2.6, 2.7, 2.9; 4.2; 5.1, 5.2, 5.3; 6.1, 6.2, 6.3; 7.1, 7.2, 7.3; 8.1, 8.2, 8.5; 9.1, 9.2, 9.3, 9.4, 9.5, 9.6; 10.1, 10.2, 10.3

Sub-Competencies: 1.1a, 1.1b, 1.1c, 1.1d; 1.2b, 1.2c, 1.2d, 1.2e; 1.3a, 1.3b; 2.1a, 2.1b, 1.2c; 2.2a, 2.2c, 2.2d, 2.2e, 2.2f; 2.4b, 2.4c; 2.5c, 2.5f; 2.6a, 2.6b, 2.6d; 2.7a, 2.7b, 2.7c; 2.9a, 2.9c, 2.9d, 2.9e; 4.2a, 4.2d, 4.2e; 5.1a, 5.1b, 5.1c, 5.1f, 5.1g, 5.1h; 5.2a, 5.2b, 5.2c, 5.2d, 5.2e, 5.2f; 5.3a, 5.3d; 6.1a, 6.1b, 6.1c, 6.1d, 6.1e, 6.1f; 6.2a, 6.2b, 6.2d, 6.2e, 6.2f; 6.3a, 6.3b, 6.3c; 7.1b, 7.1c, 7.1d; 7.2a, 7.2c, 7.2d, 7.3a, 7.3c; 8.1a, 8.1b, 8.1c, 8.1e; 8.2b, 8.2e; 8.5e; 9.1a, 9.1b, 9.1c, 9.1d, 9.1e, 9.1f, 9.1g; 9.2a, 9.2b, 9.2c, 9.2d, 9.2e, 9.2g; 9.3a, 9.3b, 9.3c, 9.3d, 9.3f, 9.3g, 9.3h; 9.4a, 9.4b, 9.4c; 9.5b, 9.5c, 9.5d, 9.5e; 9.6b, 9.6c; 10.1b; 10.2a, 10.2b, 10.2c, 10.2d, 10.2e; 10.3c, 10.3d, 10.3e, 10.3f, 10.3g,

10.3h, 10.3i

Example #6 (Direct Care Experience)

Stakeholder Satisfaction of Healthcare Technology

The student will select a healthcare technology used in patient care, such as wearable blood glucose monitors, telehealth technology, INR home monitoring, portable cardiac monitors, or patient information portals. The experience will focus upon exploring satisfaction with the selected technology with all users, including patients, families, nurses, providers, and other members of the interprofessional team. The student will observe all users while they are actively engaged with the technology and collect stakeholder feedback, analyze it, and share it, along with quality improvement recommendations for improving the user experience with the selected technology. The student will include a description of ethical implications associated with the use of selected technology and the impact of the social determinants of health on the accessibility and use of the selected technology for the stakeholders.

Spheres of Care: Will vary.

Concepts: Clinical judgment; communication; compassionate care; diversity, equity, and inclusion; ethics; evidence-based practice; and social determinants of health

Domains: Domain 1 Knowledge for Nursing Practice; Domain 2 Patient Centered Care; Domain 5 Quality and Safety; Domain 8 Informatics and Healthcare Technologies

Competencies: 1.1, 1.2, 1.3; 2.1, 2.4; 5.1; 8.1

Sub-Competencies: 1.1a, 1.1b, 1.1d; 1.2a, 1.2b, 1.2c, 1.2d, 1.2e; 1.3a, 1.3b, 1.3c; 2.1c; 2.4b, 2.4c; 5.1a, 5.1b, 5.1c, 5.1d, 5.1e, 5.1f, 5.1g, 5.1h; 8.1a, 8.1b, 8.1c, 8.1d, 8.1e, 8.1f

Example #7 (Direct Care Experience)

Palliative/Hospice Support

The student will explore palliative care services and roles/responsibilities of the interprofessional team in a local hospice/palliative agency. The student will assess the agency for information, including the mission, vision, and philosophy; payment models used; regulatory guidelines that govern agency operations; and evaluation of effectiveness of the agency. Due to the sensitive nature of the timing of hospice/palliative care, access to a patient may be limited; however, interaction with a family member after using palliative care services may provide an available alternative to a patient encounter. The student will explore patient, family, and staff satisfaction feedback to identify areas for quality improvement and educational needs regarding palliative care services and experiences. The student will share quality improvement recommendations with stakeholders and develop patient and family education and support materials to address identified need of the patient and family.

Spheres of Care: Hospice/Palliative Care

Concepts: Clinical judgment; communication; compassionate care; diversity, equity, and inclusion;

ethics; evidence-based practice; health policy; and social determinants of health

Domains: Domain 1 Knowledge of Nursing Practice, Domain 2 Person-Centered Care, Domain 3 Population Health, Domain 6 Interprofessional Partnerships, Domain 7 Systems-Based Practice, Domain 8 Informatics and Healthcare Technologies, and Domain 10 Personal, Professional, and Leadership Development

Competencies: 1.1, 1.2, 1.3; 2.1, 2.2, 2.9; 3.1, 3.5; 5.1; 6.1, 6.2, 6.3; 7.1, 7.2, 7.3; 8.1, 8.2, 8.3, 8.4, 8.5; 10.3

Sub-Competencies: 1.1a, 1.1b, 1.1d; 1.2a, 1.2b, 1.2c, 1.2d, 1.2e; 1.3a, 1.3b, 1.3c; 2.1a, 2.1b, 2.1c; 2.2a, 2.2b, 2.2c, 2.2d, 2.2e, 2.2f; 2.9a, 2.9b, 2.9c, 2.9d, 2.9e; 3.1a, 3.1b, 3.1c, 3.1d, 3.1e, 3.1f, 3.1g, 3.1h, 3.1i; 3.5a, 3.5b, 3.5c, 3.5d, 3.5e; 5.1a, 5.1b, 5.1c, 5.1d, 5.1e, 5.1g, 5.1h; 6.1a, 6.1b, 6.1c, 6.1d, 6.1e, 6.1f; 6.2a, 6.2b, 6.2c, 6.2d, 6.2e, 6.2f; 6.3a, 6.2b, 6.3c; 7.1a, 7.1c; 7.2a, 7.2b, 7.2c, 7.2d, 7.2e, 7.2f; 7.3a, 7.3b, 7.3c, 7.3d; 8.1a, 8.1b, 8.1d; 8.2c, 8.2d; 8.3b, 8.3d, 8.3e, 8.3f; 8.4a, 8.4b, 8.4c, 8.4d; 8.5b, 8.5c; 10.3c, 10.3e, 10.3g, 10.3h, 10.3i

Example #8 (Direct Care Experience)

Delegation Inservice for Peers

The student will review the National Council of State Boards of Nursing (NCSBN) delegation statement, conduct a literature review on the topic of nursing delegation, and then explore current delegation practices and assess outcomes of care through interactions/interviews with workplace RNs, staff, and patients. The student will develop an in-service showcasing the expectations for nursing delegation and proper ways to utilize and implement delegation to improve patient care, ensure safety, and maintain patient and staff satisfaction.

Spheres of Care: Will vary.

Concepts: Clinical judgment; communication; ethics; evidence-based practice; health policy

Domains: Domain 1 Knowledge for Nursing Practice; Domain 2 Person-Centered Care; Domain 4 Scholarship for the Nursing Discipline; Domain 5 Quality and Safety; Domain 6 Interprofessional Partnerships; Domain 7 Systems-Based Practice, Domain 10 Personal, Professional, and Leadership Development

Competencies: 1.1, 1.2, 1.3; 2.1, 2.2, 2.6; 4.1, 4.2; 5.1, 5.2; 6.1, 6.2, 6.3; 7.2, 7.3; 10.2, 10.3

Sub-Competencies: 1.1a, 1.1b, 1.1d; 1.2a, 1.2b, 1.2c, 1.2d, 1.2e; 1.3a, 1.3b, 1.3c; 2.1a, 2.1b, 2.1c; 2.2a, 2.2b, 2.2c, 2.2d, 2.2e, 2.2f; 2.6a, 2.6b, 2.6c, 2.6d; 4.1b, 4.1e, 4.1f, 4.1g; 4.2a, 4.2b, 4.2c; 5.1a, 5.1b, 5.1f; 5.2a, 5.2b, 5.2c, 5.2e, 5.2f; 6.1a, 6.1b, 6.1c, 6.1f; 6.2d, 6.2e; 6.3b, 6.3c; 7.2e, 7.3a; 10.2c, 10.3h

Example #9 (Direct Care Experience)

Targeted Age Group Comprehensive Assessment

The student will conduct a complete health history and physical assessment on a client (age will

vary across the lifespan); document, identify, and prioritize health concerns based on assessment findings; and present a plan for health and wellness individualized to the targeted age group and individual assessment results.

Spheres of Care: Wellness, Health Promotion, Disease Prevention; or potentially any of the other spheres based on the health of the identified patient

Concepts: Clinical judgment; communication; compassionate care; diversity, equity, and inclusion; ethics; evidence-based practice; health policy; and social determinants of health

Domains: Domain 1 Knowledge for Nursing Practice, Domain 2 Person Centered Care, Domain 10 Personal, Professional, and Leadership Development

Competencies: 1.1, 1.2, 1.3; 2.2, 2.3, 2.4, 2.5, 2.6, 2.8; 10.2, 10.3

Sub-Competencies: 1.1a, 1.1b, 1.1c, 1.1d; 1.2a, 1.2b, 1.2e; 1.3a, 1.3b; 2.2a, 2.2b, 2.2e; 2.3a, 2.3b, 2.3c, 2.3e, 2.3f, 2.3g; 2.4a, 2.4b, 2.4c; 2.5a, 2.5b, 2.5c, 2.5d, 2.5e, 2.5f, 2.5g; 2.6a; 2.8a, 2.8b, 2.8c, 2.8d, 2.8e; 10.2d; 10.3a

Example #10 (Indirect or Direct Care Experience)

Educational Activity for Vulnerable Population

The student will identify a vulnerable population within the community and collect social determinants of health data from a variety of sources, including interviews with member(s) of the identified vulnerable population. The student will develop an educational intervention for the population or for healthcare and social work providers to educate the population. Following the intervention, the student will evaluate the impact/effectiveness of the intervention on the selected population. If the student then delivers the education directly to patients, this would become a direct care experience.

Spheres of Care: Wellness, health promotion, disease prevention; potentially any of the other spheres depending on the identified needs of the population

Concepts: Clinical judgment; communication; compassionate care; diversity, equity, and inclusion; ethics; evidence-based practice; social determinants of health; and health policy

Domains: Domain 1 Knowledge for Nursing Practice, Domain 2 Person-Centered Care, Domain 3 Population Health, Domain 4 Scholarship for the Nursing Discipline, Domain 6 Interprofessional Partnerships

Competencies: 1.1, 1.2, 1.3; 2.4, 2.5, 2.8, 2.9; 3.1, 3.2, 3.5; 4.1, 4.2; 6.1, 6.2, 6.3, 6.4

Sub-Competencies: 1.1a, 1.1b, 1.1c, 1.1d; 1.2a, 1.2e; 1.3a, 1.3b, 1.3c; 2.4a, 2.2b, 2.2c, 2.2e; 2.5a, 2.5c, 2.5d, 2.5f; 2.8b, 2.8c, 2.8e, 2.8f; 2.9b, 2.9c; 3.1a, 3.1b, 3.1c, 3.1e, 3.1f, 3.1g, 3.1h; 3.2a, 3.2b, 3.2c; 3.3a, 3.3b; 3.5c, 3.5d; 4.1e; 4.2c; 6.1a, 6.1c, 6.1d, 6.1f; 6.2a, 6.2c, 6.2d; 6.3a, 6.3c; 6.4a, 6.4b, 6.4c, 6.4d

Practice Projects/Outcomes

This section provides examples of the impact and outcome of selected practice experiences.

Intentional Rounds (Indirect care experience): One student worked with the quality improvement department of their hospital to implement an Intentional Rounds initiative (also known as bedside rounds, hourly rounds). They completed the initial training then served as a coach to others who were implementing this on several floors. The student developed a second round of training materials, including video-taped exemplary rounds. The student's written paper described the need for and benefits of Intentional Rounds using evidence-based literature. The student also discussed the barriers and resistance they met and how they worked to overcome these. Within a professional reflection, the student noted the importance of coaching and mentoring in nursing.

School Health Parent Education (Direct care experience): In one practice experience, a student developed teaching materials for parents and teachers using current national asthma guidelines, an asthma action plan, and related information on the role of the school nurse. The parent information included questions to ask the primary provider, the importance of having reliever medication at school, and a tool for parent-provider-nurse communication. For teachers the information included observations of the child and when to contact the school nurse. The information was presented to parents and teachers who provided feedback on its usefulness.

Infection Prevention (Direct care experience): A student became interested in a new evidence-based ventilator associated pneumonia (VAP) protocol being implemented. The student understood that evidence must now be gathered to verify that expected outcomes are demonstrated. The student, in collaboration with several nurse managers and the infection control nurse, helped develop, implement, and coordinate a process for monitoring outcomes and providing focus for revisions in the protocol.

Evidence-Based Protocol (Indirect care experience): A student wished to develop a protocol for use of Kangaroo Care (placing baby skin-to-skin after birth) on a busy mother-baby unit. The evidence supported its use to maintain temperature and increase breastfeeding and bonding. In addition, studies showed the use of Kangaroo Care also decreased crying in newborns. The student worked with the nurse manager to draft the protocol, link to evidence, and develop a temperature monitoring plan to assure that the newborn did not become hypothermic. Then the student worked to get staff feedback and initiated the approval process by taking it through the hospital clinical review committee. Throughout this process the student acquired both the skills and communication techniques to effectively implement change.

Community-Based Activity (Indirect care experience): In one community-based experience, a student worked with a volunteer organization to create a database for its referrals and follow up plans. This led to creation of an evaluation plan that was later used as part of a grant proposal for the agency. The student provided a key service and collaboration with the agency that furthered its mission and outreach. In addition, patient follow-up was more effective with fewer dropped referrals.

Contributors to Appendix A:

Deborah Blackwell, PhD, WHNP-BC, RNC-OB, CNE
Clinical Faculty, Course Coordinator, and Team Lead, Undergraduate Nursing
Southern New Hampshire University

Manchester, New Hampshire

Debra Cherubini, PhD, RN
Associate Professor
Program Director, RN to BSN Program
Salve Regina University
Newport, Rhode Island

Margie Hair, PhD, RN, CNE
Associate Professor and RN to BSN Program Coordinator
University of Mary
Bismarck, North Dakota

Vicki Jowell, MSN-Ed, RN
Clinical Senior Instructor, RN-BSN Program Coordinator
University of Texas at Tyler
Tyler, Texas

Lynn Nichols, PhD, RN, PED-BC, SANE
Associate Professor and RN-BS Program Director
Boise State University
Boise, Idaho

Kate Tredway, MBA, MSN, RN
Program Co-Director, RN-BSN Completion Degree Program
University of Illinois Chicago
Chicago, Illinois