Master’s Essentials Webinar

October 26, 2010

Joanne Warner, PhD, RN
Dean and Professor
University of Portland
Chair, Task Force on The Essentials of Master’s Education in Nursing
Overview of Presentation

- Purpose of Webinars
- Consensus Building Process
- Recent Work of the Task Force
- Highlights of the Fifth Draft of the *Master’s Essentials*
- Overview of the Final Draft Document
- Nine Essentials
- Timeline
Task Force Members

Joanne Warner, PhD, Chair
University of Portland

Lynn Babington, PhD, CCNE liaison
Northeastern University

Jean Bartels, PhD
Georgia Southern University

Joyce Batcheller, DNP, FAAN practice liaison
Seton Family of Hospitals

James Harris, DSN, practice liaison
Dept. of Veterans Affairs

Patricia Martin, PhD
Wright State University College of Nursing and Health
Task Force Members

David Reyes, MN, MPH, public health practice liaison, Seattle & King County
Julie Sebastian, PhD, AACN Board liaison
  University of Missouri – St. Louis
Polly Bednash, PhD, AACN CEO
Kathy McGuinn, MSN, staff liaison
Joan Stanley, PhD, staff liaison
Horacio Oliveira, staff liaison
Purpose of Webinars

• Disseminate the work and thinking that lead to the fifth draft of the *Master’s Essentials* to a wide audience
• Answer questions from the audience
• Obtain feedback from participants
• Final comments will be due by November 15, 2010. Send comments to kmcguinn@aacn.nche.edu
Consensus Building Process

• Gather and incorporate input from a variety of sources into the document as clear, consistent messages emerge.

• Iterative process with changes made and posted on the AACN website.
Four Regional Meetings
Fall 2009 – Spring 2010

• 515 participants have attended these meetings
  – with 266 schools of nursing,
  – 7 nursing organizations,
  – and 5 practice organizations represented
Recent Work of the Task Force

• Fourth Draft posted on February 17, 2010
• 2 face-face meetings
  – April 28-29
  – July 27-28
• Fifth Draft posted on August 23, 2010
Analysis of Feedback

• TF analyzed the following feedback to create the Fifth Draft of the *Master’s Essentials*:
  – San Diego/New Orleans Regional Meetings
  – Letter from International Society of Nurses in Genetics (ISONG)
  – Letter from Council on Graduate Education for Administration in Nursing (CGEAN)
  – Cultural Competency Advisory Group Graduate Competencies
  – Public Health/Association of Community Health Nurse Educators (ACHNE)
Highlights of Fifth Draft

- Added a clear and succinct message to the introduction about what master’s graduates are prepared to do:
  - Assume accountability for quality care outcomes,
  - Navigate and integrate care services across the healthcare system,
  - Lead and mentor healthcare team members,
Highlights (cont.)

– Collaborate with and build interprofessional care teams,
– Design innovative nursing practices, and
– Facilitate the translation of evidence into practice.
Highlights (cont.)

- Deleted Essential IX, *Advancing Professionalism and Professional Values*
- Now there are 9 Essentials instead of 10.
- Content and competencies from the old Essential IX moved to Essential VII and the new Essential IX
Highlights (cont.)

- Clarified that the nine *Essentials* represent new core outcomes for all master’s programs.
- The Master’s programs encompassing these *Essentials* prepare graduates with additional knowledge and skills; however, may or may not prepare graduates for specific roles.
- Based on education for different roles, additional coursework may be necessary.
Highlights (cont.)

• Added an Executive Summary and Summary to the document
• Integrative Learning Strategies will not be a part of the final document; they will be in a tool kit
Highlights (cont.)

- Language on 3P’s moved from the old Essential X to Essential I:
  - Master’s students being prepared for direct-care roles will have graduate-level content that builds upon an undergraduate foundation in health assessment, pharmacology, and pathophysiology.
  - Having master’s-prepared students with a strong background in these three areas is seen as imperative from the practice perspective.
Highlights 3P’s (cont.)

- Graduate-level content in the 3P’s is required for individuals being prepared for direct-care roles; however, it is recommended that for these students, the Master’s curriculum include three separate graduate-level courses in these three areas.
- The inclusion of these three separate courses facilitates the transition of these master’s program graduates into the DNP specialty programs.
Highlights (cont.)

• CGEAN Feedback
  – Graduate-level content in the 3P’s is not needed for preparation in management or administration (non-direct) roles
  – Management or administration curricula must focus on systems (micro-, meso-, & macro)
  – Definitions of administration, leadership and management added to the glossary, using the CGEAN definitions
Highlights (cont.)

• There is a role for master’s preparation for population-focused practice at the master’s level

• Population-focused Practice and the 3P’s
  – If graduates are being prepared for a practice with populations/aggregates (non-direct roles), graduate-level content in the 3P’s are not required
  – If graduates are being prepared for taking care of individuals in the community (direct-care roles), graduate-level content in the 3P’s are required
Highlights (cont.)

• Genetic/Genomics strengthened in content, competencies, and Integrative Learning Strategies in fifth draft in the following Essentials:
  – Essential I
  – Essential VIII
  – Essential IX
Highlights (cont.)

- Cultural competency concepts strengthened throughout the document
  - Definitions of Cultural Competency and Diverse Populations from the Cultural Competency Advisory Group were added to the glossary
  - Cultural competency concepts were strengthened in Essentials I, II, III, IV, & IX
Highlights (Cont.)

• Clinical Educator:
  – Preparation across all nine Essential areas, including graduate-level preparation in an area of clinical practice
  • If that clinical practice is in direct care, then students need graduate-level content in the 3P’s
Highlights (Cont.)

• Clinical Educator (cont.)
  – Additional preparation in curriculum design and development, teaching methodologies, educational needs assessment, and learner-centered theories and methods.
Overview of Final Draft Document

• All components of fifth draft have been revised from the fourth draft
  – Executive Summary
  – Introduction
  – Context for Nursing Practice
  – Nine Essentials
Overview of Draft Document (cont.)

– Clinical/Practice Learning Expectations for Master’s programs
– Summary
– Glossary
– References
Overview of Nine Essentials

Each Essential includes:

- Rationale
- Outcomes: what the graduate is able to do, know, and value at the end of the program
- Sample Content: key points/concepts
- Examples of Integrative Learning Strategies (will not be part of final document; will be in tool kit)
Content

Some content is noted multiple times due to the synergistic nature of the essentials and therefore the relevance of some content for >1 essential.

Essential ≠ Course
Essential I

• Scientific Background for Practice
  – Recognizes that the master’s-prepared nurse integrates scientific findings from nursing, biopsychosocial fields, genetics, public health, quality improvement, and organizational sciences for the continual improvement of nursing care across diverse settings.
Essential II

- Organizational and Systems Leadership
  - Recognizes that organizational and systems leadership are critical to the promotion of high quality and safe patient care. Leadership skills are needed that emphasize ethical and critical decision making, effective working relationships, and a systems-perspective.
Essential III

• Quality Improvement and Safety
  – Recognizes that a master’s-prepared nurse must be articulate in the methods, tools, performance measures, and standards related to quality, as well as prepared to apply quality principles within an organization.

Causes For Medications Not Being Delivered On-Time
Essential IV

• Translating and Integrating Scholarship into Practice
  – Recognizes that the master’s-prepared nurse applies research outcomes within the practice setting, resolves practice problems, works as a change agent, and disseminates results.
Essential V

• Informatics and Healthcare Technologies
  – Recognizes that the master’s-prepared nurse uses patient-care technologies to deliver and enhance care and uses communication technologies to integrate and coordinate care.
Essential VI

• Healthcare Policy and Advocacy
  – Recognizes that the master’s-prepared nurse is able to intervene at the system level through the policy development process and to employ advocacy strategies to influence health and health care.
Essential VII

- Interprofessional Collaboration for Improving Patient and Population Health Outcomes
  - Recognizes that the master’s-prepared nurse, as a member and leader of interprofessional teams, communicates, collaborates, and consults with other health professionals to manage and coordinate care.
Essential VIII

• Clinical Prevention and Population Health for Improving Health
  – Recognizes that the master’s-prepared nurse applies and integrates broad, organizational, client-centered, and culturally appropriate concepts in the planning, delivery, management, and evaluation of evidence-based clinical prevention and population care and services to individuals, families, communities, and aggregates/clinical populations.
Essential IX

• Master’s-Level Nursing Practice
  – Recognizes that master’s-prepared nursing practice is broadly defined as any form of nursing intervention that influences healthcare outcomes for individuals, populations, or systems. Master’s-level nursing graduates must have an advanced level of understanding of nursing and related sciences. Nursing practice interventions include both direct and indirect care components.
Timeline

- December 2010: Task Force Meeting
- January 2011: Submitted to AACN Board for Approval
- March 2011: Submitted to AACN Membership for endorsement
Final comments will be due by November 15, 2010. Send comments to kmcguinn@aacn.nche.edu