Master’s Essentials
Task Force Dialogue

AACN’s Annual Meeting
March 20, 2011

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

• Task Force Members
• Work of the Task Force
• Consensus Building Process
• Highlights of the Final Draft of the *Master’s Essentials*
• Overview of the Final Draft Document
• Overview of the Nine Essentials
• Timeline
Task Force Members

Joanne Warner, PhD, Chair
  University of Portland
Lynn Babington, PhD, CCNE liaison
  Northeastern University
Jean Bartels, PhD
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Joyce Batcheller, DNP, FAAN practice liaison
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James Harris, DSN, FAAN practice liaison
  Dept. of Veterans Affairs
Patricia Martin, PhD, FAAN
  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*
Work of the Task Force to Date

• Review of the Literature
• Presentation/Discussion at Master’s Education Conference
• Stakeholders’ Teleconferences
  – March 5, 2009: 10 Stakeholders Participated
  – March 6, 2009: 7 Stakeholders Participated
• Presentation/Discussion at AACN Annual Meetings
  – March 15, 2009,
  – March 21, 2010
  – March 20, 2011
Invited Stakeholders

- American Organization of Nurse Executives
- Council on Graduate Education for Administration in Nursing
- National Council of State Boards of Nursing
- Joint Commission Nursing Advisory Council
- Dartmouth Institute for Health Policy and Clinical Practice
- American Association of Critical Care Nurses

- Association of American Medical Colleges
- American Nurses Association
- American Academy of Nurses Expert Panel on Aging
Invited Stakeholders (cont.)

- Quad Council of Public Health Nursing Organization
- End-of-Life Nursing Education Consortium
- American Association of Colleges of Pharmacy
- Alliance for Nursing Informatics
- Council on Social Work Education
- Cultural Competency Advisory Group
- National Nursing Staff Development Organization
- American Holistic Nurses Association
- National Human Genome Research Institute
- National Council of Ethnic and Minority Nurses Association
- Health Resources and Services Administration
Work of Task Force (cont.)

• Selection of a Framework
  – Parallels the *Essentials of Doctoral Education for Advanced Nursing Practice* and the *Essentials of Baccalaureate Education for Professional Nursing Practice*
  
  – Includes core competencies from 2003 Institute of Medicine’s (IOM) Report, *Health Professions Education: A Bridge to Quality*
Work of Task Force (cont.)

- IOM Core Competencies: Patient-Centered Care, Teamwork and Collaboration, Quality Improvement, Informatics, Evidence-based Practice

- Leveling of Master’s Competencies between Baccalaureate and DNP Competencies
Work of Task Force (cont.)

• Six draft documents posted on the AACN website:
  – 1\textsuperscript{st} draft on 9/04/09
  – 2\textsuperscript{nd} draft posted on 11/11/09
  – 3\textsuperscript{rd} draft posted on 1/11/10
  – 4\textsuperscript{th} draft posted on 2/17/10
  – 5\textsuperscript{th} draft posted on 8/23/10
  – 6\textsuperscript{th} final draft posted on 2/7/11
Consensus Building Process: 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
Regional Consensus-Building Process

• Gather and incorporate input into the document as clear, consistent messages emerge.

• Iterative process with changes made between regional meetings and posted on the AACN website.
Regional Consensus-Building Process

- Less clear or consistent messages are tracked and reviewed for incorporation following completion of regional meetings.
Recent Work of Task Force

• 3 Webinars: Sept 8, Oct 5, & Oct 26, 2010
• Public comments accepted until November 15, 2010
• Face-face meeting: December 8, 2010
Highlights of Final Draft

• Revised a clear and succinct message in the introduction about what master’s graduates are prepared to do:
  – Lead change to improve quality outcomes
  – Advance a culture of excellence through lifelong learning
  – Build and lead collaborative interprofessional care teams
Highlights (cont.)

– Navigate and integrate care services across the healthcare system
– Design innovative nursing practices
– Translate evidence into practice
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 3P’s (cont.)

- Graduate-level content in the 3P’s (Physiology/Pathophysiology, Pharmacology, and Health Assessment) 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.)

- Graduate level content in the 3P’s is **NOT** required for individuals being prepared for indirect care practice roles: those that focus on aggregates, systems, and organizations, e.g.
  - Administration
  - Public Health
  - Informatics
Highlights (cont.)

• Clarified Role of Nurse Educator:
  – The master’s prepared nurse educator differs from the BSN nurse in depth of his/her understanding of the nursing discipline, nursing practice, and the added pedagogical skills
• Clarified Role of Nurse Educator:
  – The master’s-prepared nurse educator builds on baccalaureate knowledge with *graduate-level content in the areas of health assessment, physiology/pathophysiology, and pharmacology*
Highlights (Cont.)

• Clarified Role of Nurse Educator:
  – Those master’s students who aspire to faculty roles in baccalaureate and higher degree programs will be advised that additional education at the doctoral level is needed (AACN, 2008)
Highlights (cont.)

• New Section on Master’s Nursing Education Curriculum and New Diagram: Important Concepts
  – Graduate nursing core
  – Direct/Indirect Care (definitions in glossary)
  – APRN definition added to glossary
  – Diagram clarifies the requirements for the 3Ps related to direct/indirect care
Highlights (cont.)

• Essential I:
  – Title Change: Background for Practice from Sciences and Humanities
  – Added Competency 8: Analyze nursing history to expand thinking and provide a sense of professional heritage and identity (AAHN)
Highlights (cont.)

• Essential VIII:
  – Added language on theory to rationale: Mastery of these concepts based on a variety of theories is essential in the design and delivery (planning, management, and evaluation) of evidence-based clinical prevention and population care and services
  – Added Nursing Theories to sample content
Highlights (cont.)

• Cultural Competence
  – “Culturally responsive” was the suggested language instead of “competence”
Overview of Final Draft Document

– Introduction
  • Master’s Education in Nursing and Areas of Practice
  • Context for Nursing Practice
  • Master’s Nursing Education Curriculum

– 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
Essential I

• Background for Practice from Sciences and Humanities
  – 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.
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.
Some content is noted multiple times due to the synergistic nature of the Essentials and the relevance of some content for more than 1 Essential.

Essential ≠ Course
AACN Board Actions at the January Meeting

• Approved the *Essentials of Master’s Education in Nursing*

• Approved the development of a faculty tool kit to accompany the new *Master’s Essentials* document
Tool Kit

• Integrative Learning Strategies
• FAQs
• Crosswalk of the Master’s Essentials with the new report from the Initiative on the Future of Nursing: Leading Change, Advancing Health (IOM, 2010)
• Crosswalks with the Baccalaureate and DNP Essentials
Tool Kit

- Talking points for various audiences
- Task Force’s final PowerPoint presentation to the membership
- Detailed discussion of roles
- Links to relevant competencies of stakeholders
Timeline

- March 2011 Submit to AACN Membership for Endorsement

If endorsed …

- September 2011 Tool Kit Completed