FOCUS OF PRESENTATION

» Background
» Framework and Conceptual Model
» Benefits
» Next Steps
» The Declaration of Independence was drafted by Thomas Jefferson, John Adams, Benjamin Franklin, Robert R. Livingston, and Roger Sherman.

» It did not represent their views. They did not agree with everything in it. Each had their own interests, priorities, constituents to satisfy, and beliefs. This was true for all the signers as well.

» “It was not a matter of unity of thoughts, but the spirit of unity that compelled them to compromise.” They had a shared goal to reach compromise for the good of the whole.
THE TASK FORCE IS LISTENING

Thoughts and statements from practice partners:

”I never knew there were documents called the Essentials, that could provide insight into the expectations we should have of BSN graduates – we could build on that. Instead, we start at the lowest common denominator.”

Jill Case-Wirth, Senior Vice President and CNO, WellStar Health System (Practice)
THE TASK FORCE IS LISTENING

Thoughts and statements from practice partners:

» “I am not routinely getting new graduates that understand population health, care coordination, or that are comfortable functioning in environments other than acute care. With volumes shifting so significantly, the need to have top of scope of practice is vital in the ambulatory and community settings.”

Rachel Start, Director, Ambulatory Nursing, Nursing Practice, Magnet Performance, and Interim Director ICU Unit Rush Oak Park Hospital (Practice)
Thoughts and statements from practice partners:

“There should be an emphasis on social contract. Rising generations of students will embrace social change, as related to equity and justice. If we are not fixing the dysfunction in health care, then we are not contributing to our societal contract to promote health in exchange for the power to self-regulate.”

**Rachel Start**, Director, Ambulatory Nursing, Nursing Practice, Magnet Performance, and Interim Director ICU Unit, Rush Oak Park Hospital (Practice)
THE TASK FORCE IS LISTENING

Thoughts and statements from practice partners:

» Turnover is troubling – nurses are leaving the profession unable to deal with conflict and challenges. Graduates are not prepared for the real world.

» “Underdeveloped/undeveloped coping, resilience, interpersonal skills, and leadership.”

» “There is a specific need to underscore self-care to prevent burnout. We have a serious concern for mental health and wellness in our system.” Rachel Start
THE TASK FORCE IS LISTENING

Thoughts and statements from practice partners:

» “There is inconsistency among graduates (across all degree levels) in terms of knowledge, skills, abilities. There is variability in length/expectations of programs. We are not sure what your ‘product’ is.”

» “If there is a difference between the ADN and BSN prepared nurse—this needs to be evident.”

Susan Mullaney,
Senior Director
Center for Clinician Advancement United Health Group (Practice)
THE TASK FORCE IS LISTENING

Thoughts and statements from practice partners:

“If all programs are accredited, and that is the measure of the quality of a program---how can there be variability in the product? How can we know a good program? How can we be assured of return on investment for tuition investment?”

Susan Mullaney, Senior Director Center for Clinician Advancement United Health Group (Practice)
THE TASK FORCE IS LISTENING

Thoughts and statements from faculty partners:

» “Being silent and unknown is a persistent problem in nursing. Nurses cannot broadly articulate that which is uniquely the discipline of nursing.”

» “In an effort to meet ‘consumer’ demand for RN-BSN education (quick, easy, lower cost), have we diminished the quality of the BSN degree?” And is there an impact on the profession as a result?

» “Nursing disciplinary knowledge must be clearly reflected in this document.”
Framework and Conceptual Model of the Revised Essentials
ESSENTIALS: COMPONENTS & FRAMEWORK

» Draft Introduction & Background
» Draft Domains and Domain Descriptors
» Draft Competencies
» Draft Sub-Competencies, 2 levels
» Draft Model
Introductory information that sets the stage by providing context and purpose of the Essentials. Selected examples include:

- Nursing as a scientific discipline
- Professionalism and professional identity
- Competency-based education
- Diversity, equity, and inclusion
- Changes in health care
- Changes in higher education
A domain is a “sphere of knowledge” or a grouping of “like-elements” and provides the overarching structure/framework.

**Domains of competence**: “Broad distinguishable areas of competence that in the aggregate constitute a general descriptive framework for a profession.” (Englander, et al., 2013).

**Domain descriptor** - working definition for that domain.
ORIGINALLY PROPOSED DOMAINS
(PRESENTED IN MARCH 2019)

1. Patient Care
2. Knowledge for Practice
3. Practice-Based Learning and Improvement
4. Interpersonal and Communication Skills
5. Professionalism
6. System-Based Practice
7. Interprofessional Collaboration
8. Personal and Professional Development

| Domain 1: Knowledge for Nursing Practice |
| Domain 2: Person-Centered Care |
| Domain 3: Population Health* |
| Domain 4: Scholarship for Nursing Practice* |
| Domain 5: Quality and Safety* |
| Domain 6: Interprofessional Partnerships |
| Domain 7: Systems-Based Practice |
| Domain 8: Informatics and Healthcare Technologies* |
| Domain 9: Professionalism |
| Domain 10: Personal, Professional, and Leadership Development |

Note: *differs from Englander, et al.
CONCEPTS ACROSS AND WITHIN DOMAINS

- Diversity, Equity, and Inclusion
- Social Justice
- Determinants of Health
- Communication
- Ethics
- Policy and Advocacy
- Innovation
Employment of established and emerging principles of safety science and quality in health care as an essential component of nursing practice.

Domain Descriptor
COMPETENCIES

What is a competency?

“An observable ability of a health professional, integrating multiple components such as knowledge, skills, values, and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition.” (England, et al., 2013).
TIME OUT! LET’S TALK ABOUT COMPETENCIES
WHAT COMPETENCIES ARE:

» A set of expectations which, when taken collectively, demonstrate what learners can do with what they know.

» Demonstrated across all spheres of care and in multiple contexts.

» Represent clear expectations made explicit to learners, employers, and public.

» Result from determined practice.

» Visibly demonstrated and assessed over time.
HOW ARE COMPETENCIES USED WITHIN CURRICULA?

» Provide guidance in how/what we teach.
» Provide guidance in what we expect of students.
» Provide framework for performance assessment across all spheres of care and professional practice.
**DOMAIN 5**

**Quality and Safety**

Employment of established and emerging principles of safety science and quality in health care as an essential component of nursing practice.

<table>
<thead>
<tr>
<th>Competencies</th>
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<tbody>
<tr>
<td>5.1</td>
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<td>5.2</td>
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<td>5.3</td>
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Collectively, sub-competencies *paint a picture* of competency attainment.

Observable, measurable

Two levels differentiate expectations.
**DOMAIN 5**
Quality and Safety

Employment of established and emerging principles of safety science and quality in health care as an essential component of nursing practice.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Entry into Professional Practice</th>
<th>Advanced Professional Practice</th>
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<tbody>
<tr>
<td>5.1</td>
<td><strong>5.1a</strong> Recognize nursing’s essential role in quality improvement. <strong>5.1b</strong> Articulate quality improvement methods in the delivery of patient care. <strong>5.1c</strong> Identify strategies to improve outcomes of patient care and practice. <strong>5.1d</strong> Implement changes as a team member with the goal of improving outcomes of care. <strong>5.1e</strong> Recognize the importance of reporting errors.</td>
<td><strong>5.1a</strong> Analyze practice gaps in quality. <strong>5.1b</strong> Substantiate the ROI for the organization to engage in improvement process. <strong>5.1c</strong> Create the team for enacting quality improvement. <strong>5.1d</strong> Determine data points for evaluation. <strong>5.1e</strong> Lead the change processes. <strong>5.1f</strong> Inform policy to improve safety and quality. <strong>5.1g</strong> Disseminate findings.</td>
</tr>
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</table>
“Advanced Practice” not limited to APRNs

**LEVEL 2**

- **Essentials**
  - Advanced Professional Practice
  - Core Sub-competencies

- > Specialty Requirements / Competencies

**LEVEL 1**

- **Essentials**
  - Entry into Professional Practice
  - Core Sub-competencies

- > Additional competencies or certificates/badges
HOW DO COMPETENCIES INTERFACE WITH ACADEMIC DEGREES?

Degrees driven by:

» Achievement of competencies
» Completion of designated # credit hours

Spoiler Alert!
Multiple degree paths in nursing education is messy and confusing!
**DRAFT CONCEPTUAL MODEL**

**“Advanced Practice”**
not limited to APRNs

**Essentials**
**Advanced Professional Practice**
Core Sub-competencies

**LEVEL 2**
Master’s or Practice Doctorate

**Essentials**
**Entry into Professional Practice**
Core Sub-competencies

**LEVEL 1**
Entry Baccalaureate
RN to Baccalaureate

**Specialty Requirements / Competencies**
i.e. NTF/NONPF
Informatics
AONL
COA

**Additional competencies or certificates/badges**
2nd degree entry Master’s
BENEFITS
BENEFITS

“I would say the domains, competencies, and sub-competencies developed in partnership with practice partners proves a strong basis for the practice of a new graduate. The clarity and consistency of undergraduate nursing education provides a foundation to build upon as they transition to practice.”

“As well, this will facilitate a more stable population of new nurses, more likely to adapt to and stay in nursing in today’s highly complex healthcare system.”

Marge Wiggins, VP Patient Care, Maine Medical Center (Practice)
“This is a bold step for nursing. But years from now, there will be a sense of appreciation. Nursing was advanced by planning for the future through advancing education. Time will show we will be an even stronger profession for the people we serve.”

Marge Wiggins, VP Patient Care, Maine Medical Center (Practice)
NEXT STEPS
NEXT STEPS

» Refine domains, descriptors, and competencies
» Refine Level 1 sub-competencies
» Revise Level 2 sub-competencies
NEXT STEPS

» Garner feedback
  – National Faculty Meeting
    November 2019 through
    January 2020
  – AACN meetings
    (Baccalaureate, Doctoral,
    CNL, etc.)

» Webinars

» Regional meetings

» Continue discussion with
  CCNE and other professional
  nursing associations
TIME OUT! LET’S TALK ABOUT ACCREDITATION
NEXT STEPS

» Revise based on feedback
» Create glossary
» Begin work on pathways, clinical experiences, simulation, doctoral projects, etc.
» Interface with 4 spheres of care
» Examples/ideas for learning activities
TO INFINITY AND BEYOND!

- Faculty development opportunities
- Toolkits for implementation and practice
- Broad dissemination to all of our stakeholders
ESSENTIALS TASK FORCE MEMBERS, CONT.

- Martha Scheckel, Viterbo University
- Jenny Schuessler, University of West Georgia
- Mary Stachowiak, Rutgers University
- Casey Shillam, University of Portland
- Rachel Start, Rush Oak Park Hospital (Practice)
- Allison Squires, New York University
- Susan Swider, Rush University
- Marge Wiggins, VP Patient Care, Maine Medical Center (Practice)
- Marisa Wilson, University of Alabama-Birmingham
- Danuta Wojnar, Seattle University
- Geraldine Young, Kentucky State University
REFERENCES
