FOCUS OF PRESENTATION

» Background & Progress-to-Date
» Framework and Conceptual Model
» Questions
BACKGROUND
COMPOSITION OF AACN ESSENTIALS TASK FORCE AND WORK GROUPS

» Nurse educators from AACN member schools + 5 leaders from nursing practice.

» Originally divided into 3 subgroups (bachelors, masters, DNP).

» The original 3 groups gave way to working as one group and within areas of expertise.
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
ESSENTIALS TASK FORCE MEMBERS, CONT.

Mary Morin, VP, Sentara Medical Group/Sentara Occupational Health Services (Practice)

Connie Miller, University of Arizona

Susan Mullaney, United Health Group (Practice)

Susan Ruppert, University of Texas Health Science Center

Marcella Rutherford, Nova Southeastern University
PATH TO THE ESSENTIALS

» 2015: AACN Futures Task Force report

» 2016-2018 AACN taskforce on Vision for Nursing Education.
  – Provided foundation for the Essentials work
INSIGHTS FROM TASK FORCE MEMBERS

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...”

Jill Case-Wirth, Senior Vice President and CNO, WellStar Health System (Practice)
INSIGHTS FROM TASK FORCE MEMBERS

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.”

Susan Mullaney, Senior Director, Center for Clinician Advancement United Health Group (Practice)
PROGRESS OF TASK FORCE

Fall 2018:  🍂 🍁
» Task Force formed; reviewed charge from AACN Board.
» Adopted Englander model as starting point for framework. Immersion in topics.
» Presentation at Baccalaureate conference.

Winter 2019  ❄️
» Three-day in-person meeting of entire Task Force.
» Reviewed/revised domains and descriptors; considered other nurse-centric domains needed.
» Presentations at Master’s and Doctoral conference.

Spring 2019:  🌿
» Two-day meeting of entire Task Force.
» Worked on first-level sub competencies.
» Presentation at AACN Dean’s Spring meeting
SIDEBAR: HOW ARE COMPETENCIES USED WITHIN CURRICULA?

Provide guidance in how/what is taught.
– Provide guidance in what we expect of students.
– Provides framework for performance assessment across all spheres of care and professional practice.
PROGRESS OF TASK FORCE

Summer 2019 ☀
» Three-day meeting of entire Task Force.
» Revised domains, domain descriptors, core competencies, sub competencies, 2 levels.
» Introduction and background for Essentials.

Fall, 2019 🍂 🍁
» Presentation at AACN Academic Leadership Conference
» Elicited feedback regarding domains, domain descriptors, core competencies.

Winter 2020 ❄
» Three-day in-person meeting of entire Task Force.
» Revisions based on feedback; focus on level 2 sub-competencies.
» Presentation at Doctoral Conference.
NEXT STEPS

» Continue refining descriptors, competencies and sub-competencies

» Garner feedback
  – AACN conferences
  – Webinars
  – Regional meetings

» Continue discussion with CCNE, other professional nursing associations and external stakeholders
LONGER RANGE GOALS – THROUGH 2020

» Create final draft
» Finalize work on pathways, clinical experiences and simulation; doctoral projects
» Present to AACN membership
» Begin planning for wider dissemination, faculty development opportunities, toolkits, etc.
Framework and Conceptual Model of the Revised Essentials
Progress to Date:

» Draft Introduction and Background
» Draft Domains and Domain Descriptors
» Draft Core Competencies
» Draft Sub-Competencies, 2 levels
» Draft Model
Provides context and purpose of the *Essentials*.

- Current State of Higher Ed and Future Trends
- Current State of Health Care and Nursing’s Changing Roles
- Nursing as a *unique* scientific discipline *within the interprofessional team*
- Nursing Education and its role in Workforce Development
- Competency-based education
- Nursing’s Values: Inclusivity, equity, and social justice
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.
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

<table>
<thead>
<tr>
<th>Domain 1: Knowledge for Nursing Practice</th>
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<tbody>
<tr>
<td>Domain 2: Person-Centered Care</td>
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<tr>
<td>Domain 3: Population Health*</td>
</tr>
<tr>
<td>Domain 4: Scholarship for Nursing Discipline*</td>
</tr>
<tr>
<td>Domain 5: Quality and Safety*</td>
</tr>
<tr>
<td>Domain 6: Interprofessional Partnerships</td>
</tr>
<tr>
<td>Domain 7: Systems-Based Practice</td>
</tr>
<tr>
<td>Domain 8: Informatics and Healthcare Technologies*</td>
</tr>
<tr>
<td>Domain 9: Professionalism</td>
</tr>
<tr>
<td>Domain 10: Personal, Professional, and Leadership Development</td>
</tr>
</tbody>
</table>

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
The use of informatics practices with information and communication technologies to manage and improve the delivery of safe, high-quality, and efficient health care services in accordance with best practice and following professional and regulatory standards.
DOMAINE 8

Healthcare professionals interact with patients, families, communities, and populations in technology rich environments. Entry to practice and advanced nurses, as essential members of the healthcare team, use information and communications technologies and informatics tools in their direct and indirect care roles. The technologies, the locations in which they are used, the users interacting with the technology, and the work being done while using them all impact the data collected, information formed, decisions made, and the knowledge generated. Additionally, bringing in information and communication technologies into areas of care changes how people, processes, and policies interact.
Using these tools in the provision of care results in short- and long-term consequences to the quality of the care, the efficiency of communications, and the connections between team members, patients, and consumers. It is essential that nurses at all levels understand their role and the value of their input in health information technology analysis, planning, implementation, and evaluation. As the prevalence of patient focused health information technologies grows, all nurses have a responsibility to assist patients and consumers to optimally use these tools to engage in care, improve health, and manage health conditions.
COMPETENCIES ....

» Collectively, demonstrate what learners can do with what they know.

» Demonstrate what they can do with what they know across all spheres of care and in multiple contexts.

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

» Result from determined practice.

» Are visibly demonstrated and assessed over time – NOT “one and done”.
## Competencies

<table>
<thead>
<tr>
<th>Competency</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1</td>
<td>Evaluate the various information and communication technology tools used in the care of patients, communities, and populations.</td>
</tr>
<tr>
<td>8.2</td>
<td>Demonstrate appropriate use of information and communication technology to gather data, create information, generate knowledge, and develop wisdom.</td>
</tr>
<tr>
<td>8.3</td>
<td>Describe how patient care and clinical interactions are supported by information and communication technology and informatics processes.</td>
</tr>
</tbody>
</table>
There are **FIVE** Competency Statements

<table>
<thead>
<tr>
<th>Competencies</th>
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</thead>
<tbody>
<tr>
<td><strong>8.4</strong></td>
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<tr>
<td><strong>8.5</strong></td>
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</tbody>
</table>
Collectively, sub-competencies paint a picture of competency attainment.

Observable, measurable

Two levels differentiate expectations.
## DOMAIN 8 Informatics and Healthcare Technologies

The use of informatics practices with information and communication technologies to manage and improve the delivery of safe, high-quality, and efficient health care services in accordance with best practice and following professional and regulatory standards.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Entry into Professional Nursing Practice</th>
<th>Advanced Nursing Education</th>
</tr>
</thead>
</table>
| 8.1        | Evaluate the various information and communication technology tools used in the care of patients, communities, and populations | 8.1a Investigate the variety of information and communication technologies used in care settings.  
8.1b Effectively use electronic communication tools.  
8.1c Appropriately use word processing, spreadsheets, and presentation applications.  
8.1d Describe the use of multimedia applications in healthcare.  
8.1e Demonstrate best practice use of social networking applications.  
8.1f Explain the importance of nursing engagement in the planning and selection of technology for use in healthcare | 8.1a Consider the potential uses of emerging information and communication technologies in healthcare  
8.1b Identify literature demonstrating best practice uses of information and communications technology to achieve outcomes.  
8.1c Describe nurse leadership responsibilities in the selection and implementation of new information and communication technologies.  
8.1d Demonstrate an understanding of the impact on finances and reimbursement with the use of technologies.  
8.1e Appraise the impact on workflow and outcomes of commonly used technologies. |
**LEVEL 1**

<table>
<thead>
<tr>
<th>Essentials</th>
<th>Optional</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Entry into Professional Practice</strong></td>
<td><strong>+</strong></td>
</tr>
<tr>
<td><em>(Entry Level Nursing Education)</em></td>
<td><strong>+</strong></td>
</tr>
<tr>
<td>Core Sub-competencies</td>
<td>Additional competencies or certificates/badges</td>
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</table>

**LEVEL 2**

<table>
<thead>
<tr>
<th>Essentials</th>
<th>Optional</th>
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<tbody>
<tr>
<td><strong>Advanced Nursing Education</strong></td>
<td><strong>+</strong></td>
</tr>
<tr>
<td>Core Sub-competencies</td>
<td>Specialty Requirements / Competencies</td>
</tr>
<tr>
<td></td>
<td>i.e. NTF/NONPF</td>
</tr>
<tr>
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<td>AONL</td>
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<td>COA</td>
</tr>
</tbody>
</table>
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 MODEL

**LEVEL 1**
- Entry BSN
- RN-BSN

**LEVEL 2**
- MSN or DNP

**Essentials**
- **Advanced Nursing Education**
  - Core Sub-competencies
- **Entry into Professional Practice**
  - (Entry Level Nursing Education)
  - Core Sub-competencies

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

**Additional competencies or certificates/badges**
- 2nd degree entry
- MSN

“Advanced Professional Practice” not limited to APRNs
QUESTIONS
REFERENCES
