RE-ENVISIONING THE AACN ESSENTIALS: A TASK FORCE UPDATE

AACN ACADEMIC NURSING LEADERSHIP CONFERENCE
SUNDAY, OCTOBER 20
ESSENTIALS TASK FORCE
LEADERSHIP TEAM

Co-Chairs
Jean Giddens VCU
John McFadden Barry Univ.
Cynthia McCurren GVSU

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Nancy DeBasio
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Liaisons from AACN
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AACN Staff Liaisons
Christie Shelton
Jacksonville State Univ.
Lin Zhan
Univ. of Memphis
FOCUS OF PRESENTATION

» Background
» Framework and Conceptual Model
» Benefits
» Next Steps
BACKGROUND

» The complex nature of higher education and education for the profession of nursing presents us with unique challenges to communicate vision and strategic direction that is for the good of the whole.

» This type of communication requires analytical skills, considering the points of persuasion.

» To come to consensus on the Essentials for Nursing Education, requires a SHARED understanding of the context for the vision and a spirit of compromise.
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.
Choosing to be informed, respecting diversity of thought, and giving up some of what is personally valued – while ensuring quality, future-minded direction, and integrity of the profession – has driven the Essentials Task Force.
The newly Re-Envisioned *Essentials* should reflect the beliefs and aspirations of the membership of AACN and practice partners!

» Members of the Task Force are a remarkable representation of diversity of thought, experience, and perspective. This diversity is representative of the larger membership, allowing a breadth of views, perceptions, and needs to inform the work.

» Five practice partners have given equal time to this endeavor. They are engaged and insightful – their contributions are greatly valued. Together we have identified our gaps in how best to deliver education/prepare for reality and how best to transition to practice/retain the workforce.
AACN ESSENTIALS TASK FORCE MEMBERS

Angela Amar, University of Nevada Las Vegas
Jacklyn Barber, Morningside College
Carol Buck-Rolland, University of Vermont
Jill Case-Wirth, Senior Vice President and CNO, WellStar Health System (Practice)
Lori Escallier, SUNY Downstate
Eileen Fry-Bowers, University of San Diego

Vincent Hall, Walden University
Beverly Havens Foster, University of North Carolina – Chapel Hill
Jacqueline Hill, Southern University and A&M
Erica Hooper-Arana, University of San Francisco
Kristin Lee, University of Missouri-Kansas City
Kim Litwack, University of Wisconsin–Milwaukee

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
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)
Marissa Wilson, University of Alabama-Birmingham
Danuta Wojnar, Seattle University
Geraldine Young, Kentucky State University
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)
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)
The Task Force is Listening

Thoughts and statements from practice partners:

» “NCLEX does not hold graduates accountable to the emerging area of population health.”

» “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 healthcare, 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, challenge, seeking a M-F/8-5 job; nursing is not a career, it’s a job. 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; the BSN should be held to a different scope of practice.”

Susan Mullaney,
Senior Director
Center for Clinician Advancement United Health Group (Practice)
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 ROI 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:

» “We have concerns about using the competencies derived from the biomedical model of Englander, et al., (2013), if the Domains prevent the explication of that which is uniquely nursing. Nursing disciplinary knowledge must be clearly reflected in this document.”

» “We have to question if we have become too focused on the study of knowledge that forms the foundation for diagnosis and treatment of illness.”
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.”

» “Nurses cannot convincingly differentiate between the technical and professional levels of practice -- to discern between the ADN and BSN prepared nurse.”

» “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?
THE TASK FORCE IS LISTENING

Thoughts and statements from faculty partners:

» “How to teach Informatics for Nurses has not been made clear nor understood. Clearly this is an area to be explicated, leading to faculty development.”

» “Nursing informatics is no longer just a specialty area of practice. Communication and information technology is foundational to nursing practice. It must be integrated across all levels of nursing practice and across roles (clinical nursing, management, research, education).”
Framework and Conceptual Model of the Revised Essentials
ESSENTIALS: COMPONENTS & FRAMEWORK

Progress to Date:

» Draft Preamble
» 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*.

» Nursing as a discipline
» Professionalism and professional identity
» Competency-based education
» Health care
» Higher education
» Faculty development
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

<table>
<thead>
<tr>
<th>Domain</th>
<th>Description</th>
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<tbody>
<tr>
<td>Domain 1</td>
<td>Knowledge for Nursing Practice</td>
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<td>Domain 3</td>
<td>Population Health*</td>
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<td>Domain 4</td>
<td>Scholarship for Nursing Practice*</td>
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<td>Safety and Quality*</td>
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<td>Interprofessional Partnerships</td>
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<td>Systems-Based Practice</td>
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<td>Domain 8</td>
<td>Information and Communication Technologies*</td>
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<td>Domain 9</td>
<td>Professionalism</td>
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<td>Domain 10</td>
<td>Personal, Professional, and Leadership Development</td>
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Note: *differs from Englander, et al.*
CONCEPTS ACROSS AND WITHIN DOMAINS

» Equity and Inclusion
» Diversity
» Cultural Sensitivity
» Social Determinants of Health (SDoH)
» Communication
» Ethics
Employment of established and emerging principles of safety science and quality in health care as an essential component of nursing practice.
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.” (Englander, et al., 2013).

How are competencies used within curricula?

– Provide guidance in how/what we teach.
– Provide guidance in what we expect of students.
– Provides framework for performance assessment across all spheres of care and professional practice.
### Competencies

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

**Competencies**

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Collectively, sub-competencies *paint a picture* of competency attainment.

» Observable, measurable

» Two levels differentiate expectations.
## DOMAIN 5

**Safety and Quality**

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

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

**Level 1**

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

**Level 2**

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

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

**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!
"Advanced Practice" not limited to APRNs

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

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

**LEVEL 2**
- MSN or DNP

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

**Additional competencies or certificates/badges**

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

- 2nd degree entry, MSN
BENEFITS
THE TASKFORCE HAS LISTENED!

» We have become deeply informed.

» The proposed evolving framework and conceptual model is our intentional response.
CURRENT REALITIES

Variability in program length, scope, expectations, quality of degree programs; inability to articulate that which is uniquely the discipline of nursing; differentiating between technical and professional levels of nursing practice.
BENEFITS

» The Domains, Domain Descriptors, Competencies, and Sub-Competencies are co-designed with practice to promote and validate relevancy.

» Educators and practice partners agreed on the importance of a uniform standard of what graduates should KNOW and be able TO DO – the competencies reinforce this.

» Entrenched in a model of learning that requires validation of competencies (observable and measurable), graduates will be able to articulate that which is uniquely nursing and differentiate their level of practice.

» Domains: Knowledge for Nursing and Professionalism both ensure emphasis on nursing’s unique disciplinary knowledge.
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 health care system.”

Marge Wiggins, VP Patient Care, Maine Medical Center (Practice)
"It is my desire that we create clarity in our profession. Having so many areas of entry weakens our voice in the clinical and advocacy arenas. Moving to a maximum of two levels for entry into professional nursing practice, and advanced nursing education will help promote our leadership and ability to garner respect."

Rachel Start, Director, Ambulatory Nursing, Nursing Practice, Magnet Performance, and Interim Director ICU Unit Rush Oak Park Hospital (Practice)
“It is a step of Leadership for AACN to include population health as a Domain. If we don’t do this for the nursing discipline, other disciplines will move on without us, at the cost of nurses being prepared inadequately. Care of the population and owning key metrics can reduce inequity and promote value –nursing should lead this. AACN can make this happen.”

Rachel Start, Director, Ambulatory Nursing, Nursing Practice, Magnet Performance, and Interim Director ICU Unit Rush Oak Park Hospital (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
SHORT TERM – FALL AND WINTER

» Refine domains, descriptors, and competencies
» Refine Level 1 sub-competencies
» Revise Level 2 sub-competencies
SHORT TERM – FALL AND WINTER

» Continue writing preamble and introductions

» Address intersection of degrees

» Confer with/address specialty organizations (NONPF, ACNM, AONL, COA, etc.)
MEDIUM RANGE GOALS – WINTER AND SPRING

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

» Webinars

» Regional meetings

» Other professional nursing associations
MEDIUM RANGE GOALS – WINTER AND SPRING

» 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
LONGER RANGE GOALS – THROUGH 2020

» Seek feedback on revisions
» Create final draft
» Finalize work on pathways, clinical experiences and simulation; doctoral projects
» Present to AACN Board
» Present to AACN membership
TO INFINITY AND BEYOND!

» Faculty development opportunities
» CCNE
» Toolkits for implementation and practice
» Communication to stakeholders
REFERENCES
