



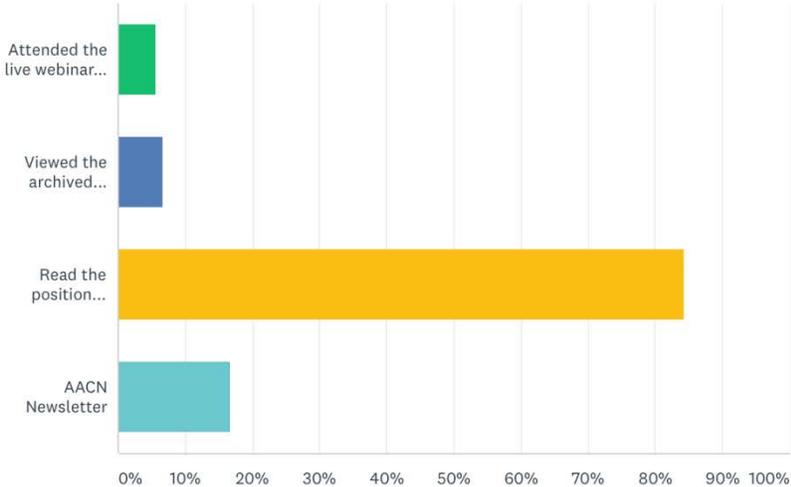
AACN's Vision for Nursing Education Task Force

Recommendation Respondent Survey Report

May 17, 2018

Prior to completing this survey, how did you receive information regarding AACN's Vision for Nursing Education position statement? (check one)

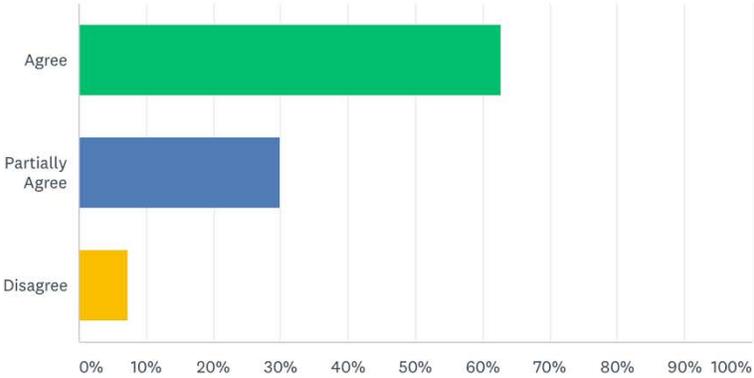
Answered: 192 Skipped: 1



ANSWER CHOICES	RESPONSES
Attended the live webinar on April 19, 2018	5.73% 11
Viewed the archived webinar from April 19, 2018 on the AACN website	6.77% 13
Read the position statement online	84.38% 162
AACN Newsletter	16.67% 32
Total Respondents: 192	

Please rate your level of agreement with the Nursing Workforce Recommendation:

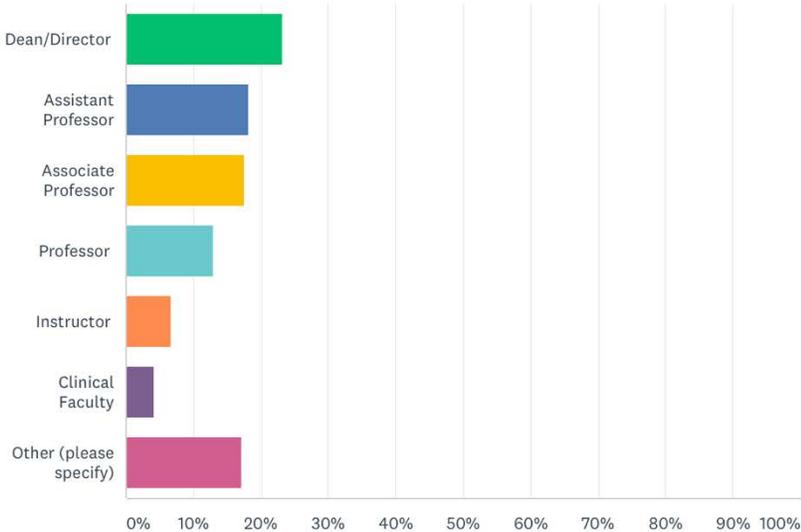
Answered: 191 Skipped: 2



ANSWER CHOICES	RESPONSES
▼ Agree	62.83% 120
▼ Partially Agree	29.84% 57
▼ Disagree	7.33% 14
TOTAL	191

Please share your position at your college/university: (position or title)?
Please choose one.

Answered: 193 Skipped: 0

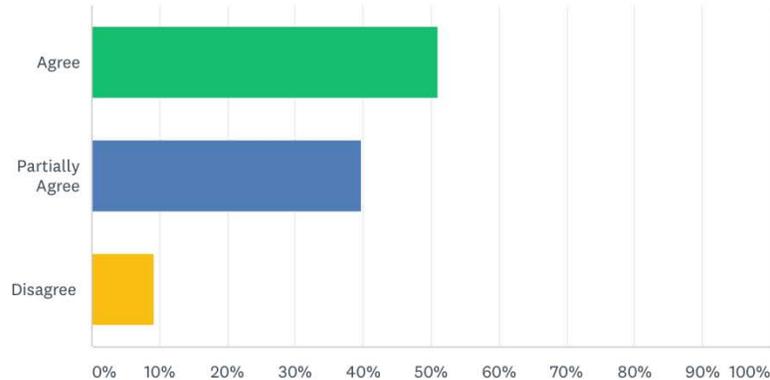


ANSWER CHOICES	RESPONSES
▼ Dean/Director	23.32% 45
▼ Assistant Professor	18.13% 35
▼ Associate Professor	17.62% 34
▼ Professor	12.95% 25
▼ Instructor	6.74% 13
▼ Clinical Faculty	4.15% 8
▼ Other (please specify)	Responses 17.10% 33
TOTAL	193

Number of

Please rate your level of agreement with the above Competency-Based Education and Assessment Recommendations:

Answered: 186 Skipped: 7



ANSWER CHOICES	RESPONSES
▼ Agree	51.08% 95
▼ Partially Agree	39.78% 74
▼ Disagree	9.14% 17
TOTAL	186

Competency-Based Education and Assessment Recommendations:

2. All nursing education, both at the entry-level for professional nursing practice as well as advanced nursing practice education transition away from time- or credit-based education to competency-based, time variable education.

3. Schools or programs of nursing be required to document that the required national, consensus-based competencies are achieved prior to graduation using national validated methods; however, the curricular process and design would be determined by the program/school.

4. AACN to facilitate the development of nationally recognized competencies using a consensus-based process that engages diverse stakeholders from academia, practice, and regulation. This would be similar to the Association of American Medical Colleges' (AAMC) Entrustable Professional Activities (EPAs)

5. Subsequent to adoption of the nursing competencies for entry and advanced nursing practice, AACN to facilitate the development of standardized competency assessment tools or methods to facilitate the valid assessment of students prior to completion of the nursing program.

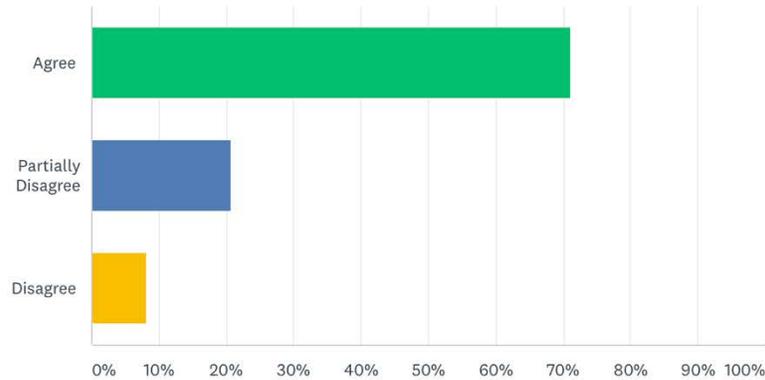
Salient comments summarized staff:

- Number of comments indicated they were not clear what was meant by c-b time variable education and needing a better understanding..
- Concern expressed regarding mandating change to c-b education without nationally recognized competencies, and valid assessment methods/tools. Also concern about how quickly this and many of the other recommendations would occur.

- Number of comments regarding implications for regional accreditation, fiscal impact on university, university requirements for credit hours, student fees and cost to students. These I labeled as Implementation issues.
- Some comments expressed fear of dumming down the profession and migrating down to the mean or lower standards. Fear of mandating a national curriculum.

Please rate your level of agreement with the above Transition to Practice Recommendations:

Answered: 183 Skipped: 10



ANSWER CHOICES	RESPONSES
Agree	71.04% 130
Partially Disagree	20.77% 38
Disagree	8.20% 15
TOTAL	183

Transition to Practice Recommendations:

6. With the growing complexity of healthcare and diversity of practice settings, schools of nursing and practice entities jointly offer optional, accredited (by a Department of Education recognized entity), post-graduate transition to practice programs for both entry-level and advanced nursing graduates.

7. To address the variable needs of employers and nurses, schools of nursing and practice entities jointly offer short courses or modules (separately or within post-graduate transition to practice programs) focused on specific areas of practice and preferably designed to award academic credits that promote competency enhancement and career advancement.

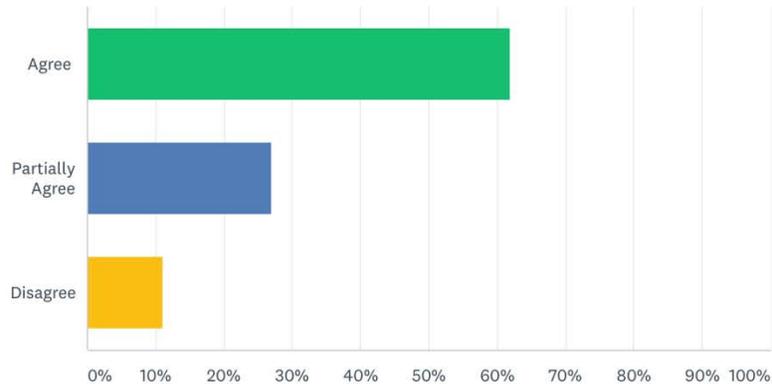
Salient comments of respondents selected/summarized by staff:

- Several comments noted that if move to c-b education would this negate the need for a transition to practice experience. Also a few pointed out that we are saying should move to c-b education and then also recommending providing “credit hours.”
- Several comments said should not be required and a few others said did not agree with “optional.”
- Several comments questioned the offering of academic credits if experiences offered or determined by practice; and others felt would increase burden and workload of faculty.

- Some comments seemed to not understand the purpose of offering post-graduate modules and that would somehow allow individuals to graduate without meeting academic standards.
- Several comments were concerned with cost and who would pay and ability of small and rural schools to provide.

Please rate your level of agreement with the above Faculty Shortage and Scarce Resources Recommendations

Answered: 181 Skipped: 12



ANSWER CHOICES	RESPONSES
Agree	61.88% 112
Partially Agree	27.07% 49
Disagree	11.05% 20
TOTAL	181

Faculty Shortage and Scarce Resources Recommendations:

8. To assure high quality through increased content standardization, address the faculty shortage and better utilize scarce resources and expertise, regional consortia of nursing schools share in providing core and optional/elective courses or areas of content for entry-level and advanced nursing. This could be similar to the western regional consortium, i.e. (NEXUS) or done centrally through an AACN coordinated repository/service.

9. Regional learning (simulation) centers provide access to current and new technologies for students and practicing clinicians.

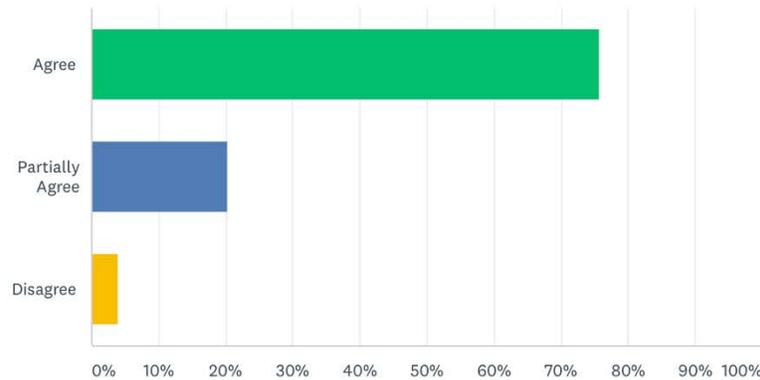
Salient and summarized comments of respondents selected by staff:

- In this section and subsequent sections there were many comments regarding role of EdD in nursing and that this degree and preparation should be added to the document. Also multiple comments regarding importance and skill set of faculty with EdD.
- Number of comments expressed concern with being too prescriptive. Several said should not be required.

- Number of comments focused on implementation issues i.e. ability of all schools to participate particularly rural and small schools, concern that would be sharing courses with low quality schools, partnering with public and private schools, who would get money and credits,
- Need to make sure that is a balance between simulated and real clinical experiences; also concerned with ability to teach and assess non task focused competencies (thinking, decision making, affect.)

Please rate your level of agreement with the above Academic - Practice Interface Recommendations:

Answered: 177 Skipped: 16



ANSWER CHOICES	RESPONSES	
Agree	75.71%	134
Partially Agree	20.34%	36
Disagree	3.95%	7
TOTAL		177

Academic-Practice Interface Recommendations:

10. AACN-AONE principles for academic-practice partnerships adopted by all schools of nursing (AACN-AONE, 2014).

11. Schools of nursing in partnership with practice institutions implement the recommendations delineated in A New Era for Academic Nursing.

12. In addition to the broad, high-level goals and purposes described above, academic-practice partnerships include engagement around:

- Co-curricular design and implementation
- Joint faculty appointments and identification and preparation of preceptors and mentors for students and new graduates
- Development of optional transition to practice programs
- Joint participation in health professional, research teams

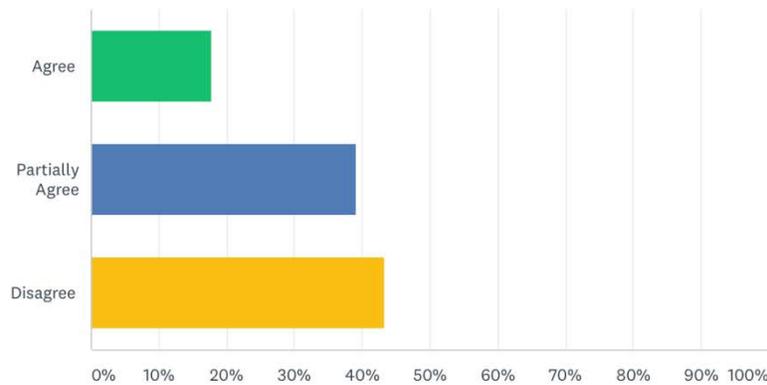
Salient and summarized comments of respondents selected by staff:

- Number of comments focused on fact that practice did not want to partner, or did not contribute significantly.

- Concerns around ability of small and rural schools to partner formally; large number of partners that many schools have,
- Need to provide strategies to partner
- Several comments said the New Era Report was only relevant to AHC's.
- Several comments said recommendation should be to increase pay for faculty and that such things as joint appointments had not worked in the past and only increased the workload of faculty.
- Said partnerships should be with a variety of types of practice partners not just acute care.

Please rate your level of agreement with the above Faculty Preparation and Career Advancement Recommendations:

Answered: 192 Skipped: 1



ANSWER CHOICES	RESPONSES	
▼ Agree	17.71%	34
▼ Partially Agree	39.06%	75
▼ Disagree	43.23%	83
TOTAL		192

Faculty Preparation and Career Advancement Recommendations:

13. Additional preparation for the faculty role occurs as optional, formal coursework during one's graduate academic program (either a DNP or PhD program).

14. Schools of nursing or the university/college provide an orientation or onboarding as well as mentorship for faculty new to the role.

15. Optional/elective coursework is offered as a post-graduate badge/credential for those interested in an academic career.

16. Faculty development across one's career is essential and reflects changes in healthcare and higher education, i.e. new discoveries in learning science, IP team care, and education, and healthcare and learning technologies.

17. All faculty remain current in their area of expertise, which requires active practice and engagement in a practice or clinical setting.

18. Faculty mix of expertise in practice and research is appropriate; faculty with degrees and

programs of research in education and other disciplines should be included as determined by the mission and needs of the institution.

19. Teaching teams include individuals with expertise in instructional technology and other advances in learning.

20. Leadership development opportunities are provided to faculty to provide for career progression as well as growth and sustainability of the profession.

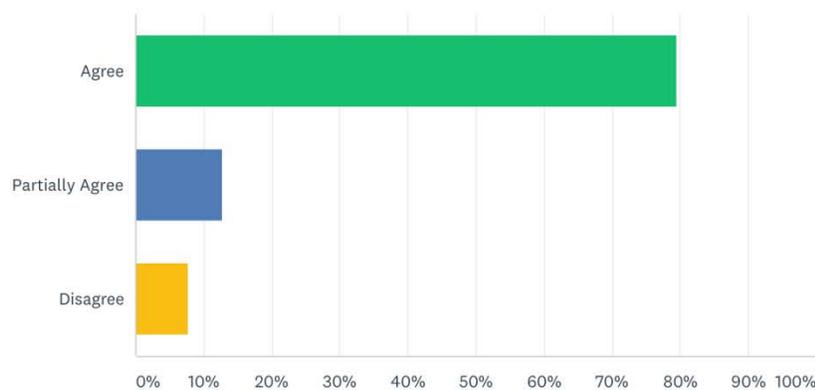
21. AACN leads in the design and implementation of a multidisciplinary Center for Teaching and Learning to showcase and support the development of innovative learning, experiential, and curricular models, for both didactic and clinical learning.

Summary of comments from respondents by staff:

- All but one or two of the comments from individuals who disagreed with these recommendations were focused on the lack of inclusion of the EdD as an acceptable degree for faculty.
- Recommended use of the term nurse educator rather than faculty; felt it included
- Need to include degrees in public health and the EdD
- Comments regarding inability of researchers due to time to do “practice.” That faculty should not have to take a second job. Would increase faculty shortage and not appropriate for those in administrative roles.

Please rate your level of agreement with the above Entry-Level Professional Nursing Recommendations:

Answered: 180 Skipped: 13



ANSWER CHOICES	RESPONSES
Agree	79.44% 143
Partially Agree	12.78% 23
Disagree	7.78% 14
TOTAL	180

Entry-Level Professional Nursing Recommendations:

22. The baccalaureate degree in nursing is adopted as the minimum preparation for registered nurse licensure and entry into the nursing profession.

23. Achieving this, in reality, means degree programs are offered in universities/four-year colleges or in partnership with community colleges or other four-year colleges/universities; however, the degree is awarded by the university/four-year college.

24. An imperative is that AACN, in partnership with other organizations, i.e. American Organization of Nurse Executives (AONE) and the National Council of State Boards of Nursing (NCSBN), facilitate this transition.

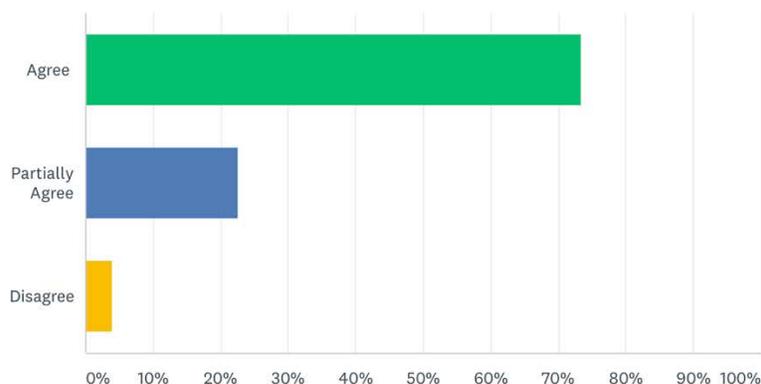
Salient comments of respondents selected by staff:

Themes identified –

- More partnerships beyond those with AONE and NCSBN
- Maintain all levels of nursing
 - ADN
 - Diploma
- Look at the hospital associations data on the unprepared skill levels of nurses entering practice
- Marginalization of diverse nurses who cannot afford a 4-year college/university-based education due to cost
- What is the transition plan for LPN, diploma, and ADN to the BSN?
 - Availability of funding
- No mention of academic progression in nursing
- Seek and obtain collaboration/partnership with NLN and ANA aimed at consensus/buy-in
- How will this transition be done? What does the timeline look like to achieve this Vision?
- MSN entry to practice is not at this time
- Colleges with ADN programs produce the vast majority of diverse nurses in practice
- Where is the evidence that MSN versus DNP educational preparation is making a difference as it relates to outcome measures?
- Work with the Tri-Council to forward the BSN entry to practice agenda
- Explore legislatively mandating BSN entry to practice or transition with timeline to BSN after graduation similar to NYS BS in 10 years
- Position statement raises concerns with who will remain at point of care
- Consider partnership programs with ADN programs rather than elimination of the need those programs fulfill in underserved communities

Please rate your level of agreement with the above Entry - Level Curricular Recommendations:

Answered: 177 Skipped: 16



ANSWER CHOICES	RESPONSES
▼ Agree	73.45% 130
▼ Partially Agree	22.60% 40
▼ Disagree	3.95% 7
TOTAL	177

Entry-Level Curricula:

25. Entry-level curricula encompasses four spheres or area of care:

- Prevention/promotion of health and well-being includes the promotion of physical and psychological health in all patients as well as management of minor acute and intermittent care needs of generally healthy patients;
- Chronic disease care which includes management of chronic diseases and prevention of negative sequela;
- Regenerative or restorative care which includes critical/trauma care, complex acute care, acute exacerbations of chronic conditions, and treatment of physiologically unstable patients that generally requires care in a mega-acute care institution; and,
- Hospice/palliative/supportive care.

26. Programs encompass didactic, simulation, and clinical field learning opportunities in diverse settings, including community primary care, long-term care, acute care, hospice, and virtual care settings.

27. Beginning competencies for person care, care transitions and coordination, and population health are mastered within the four spheres of care, which are not setting specific. For example, a long-term care (LTC) facility may encompass all spheres of practice except the regenerative (critical/trauma) sphere.

28. Substantial clinical experiences are provided within appropriate areas/sites that reflect the four spheres of care and include combinations of experiences in acute care, ambulatory, primary care, LTC, palliative care, or other relevant settings.

29. Strong academic-practice partnerships are forged to design and implement innovative, contemporary clinical or field experiences.

30. Substantial (time and type of experiences) immersion experiences are available to all entry-level learners encompassing one or more of the four spheres of care near the end of the degree program. The experiences are designed to integrate learning into one's clinical practice, increase care competencies, provide continuity, and increase confidence in performing as a generalist nurse.

31. Expected competencies for generalist, entry-level nursing practice include observable and measurable competencies across the four spheres of care. Competencies in the areas of professionalism, ethics, legal aspects of practice, critical thinking, evidence-based practice, social determinants of health (SDOH), assessment, communication, mental health, care coordination, and interprofessional team practice are threaded and assessed across the four spheres of care.

32. As described in the general recommendations, optional, transition to practice programs for baccalaureate or master's entry nurses are offered in any of the four spheres: prevention/promotion of health and wellbeing, chronic disease care, regenerative (critical/trauma) care, and hospice/palliative care.

33. Courses in specialty areas are offered as stackable credentials or badges within an academic program or as part of a life-long program of learning/career development. These are designed and offered by schools or in conjunction with practice and address identified needs of employers and changes within the healthcare system.

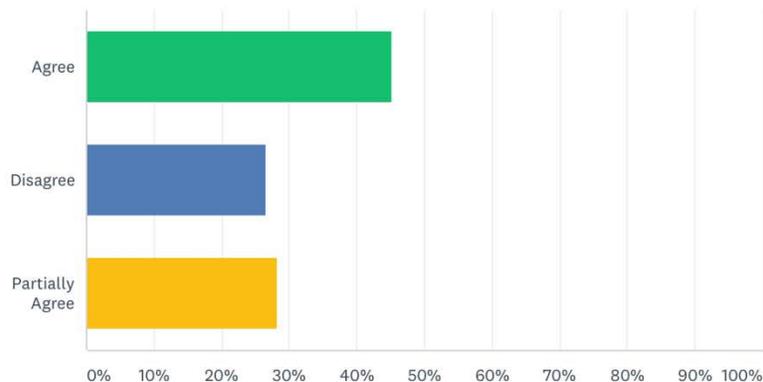
Salient comments of respondents selected by staff:

- Clarification of spheres, e.g. spheres affords a variety of venues rather than hours required in settings
- Where is the evidence and research outcomes on badges and stackable credentials?
 - Badges and stackable credentials seem to follow an apprenticeship model rather than an educational model that nursing evolved to from diploma-based hospital programs
- Address clinical site shortages rather than the recommendations in the position statement
- How will compliance be documented in achieving this position statement's Vision?
- Immersion should be considered throughout the program instead of toward the completion/end of program
- Use of simulation and allowable substitution of clinical experiences
- Badges, stackable credentials, spheres, second degree MSN entry-level of non-nursing BA and/or BS require clarification in the position statement

- Where are the outcomes that are referenced for these recommendations?
- Clarification of regulatory oversight and what this means especially among APRN-CNS

Please rate your level of agreement with the above Entry to the Profession Master's Degree Recommendations:

Answered: 177 Skipped: 16



ANSWER CHOICES	RESPONSES
Agree	45.20% 80
Disagree	26.55% 47
Partially Agree	28.25% 50
TOTAL	177

Entry to the Profession Master's Degree Recommendations:

34. As the complexity of healthcare delivery and patient/population health needs continue to grow, education preparation for the entry to professional nursing practice is expected to evolve to a generalist master's degree. Generalist master's degree programs require students to enter with a minimum of a bachelor's degree in another field.

35. In addition to the entry-level professional nursing competencies previously mentioned, nursing entry into the profession transition toward providing education for strengthened competencies in organizational and system's thinking, quality improvement and safety, care coordination, interprofessional communication, and team-based care and leadership.

36. As pre-RN licensure students, graduates from generalist master's entry-level degree programs, in addition to sitting for the NCLEX-RN®, sit for a certification exam that provides assurance of the additional competencies.

37. Eventually, it is envisioned that as entry-degree credentialing moves from a bachelor's to a masters' level, the RN licensure examination will evolve to encompass testing of the master's entry competencies. This also assumes that advanced nursing practice evolves to require a practice doctorate. Masters' degrees in indirect practice domains, e.g., leadership, health informatics, public health, or others, are envisioned to evolve to the doctoral level.

38. While transitioning to this future vision for nursing education, post-baccalaureate master's degree programs with an emphasis on systems, quality improvement and safety, evidence-based practice, care coordination, interprofessional communication, and team leadership should continue to prepare graduates for practice at the point of care. These master's degree programs

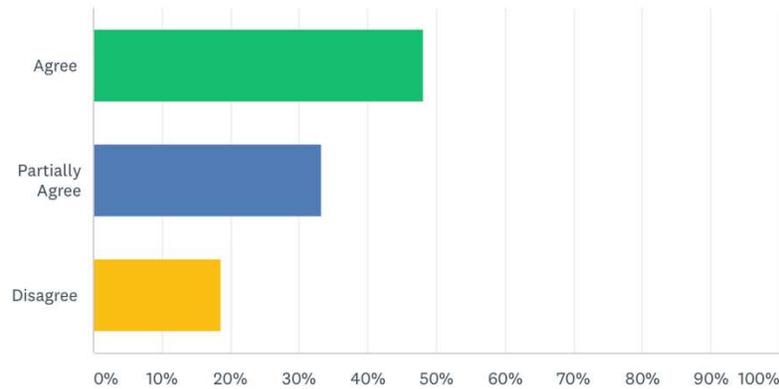
address the needs and gaps in the current healthcare system as well as provide opportunities for nurses to advance their careers through graduate education, assume greater accountability for care outcomes, and continue practice at the point of care.

Salient comments of respondents selected by staff:

- Repeated concerns of the importance of MSN nurse educator tracks and adverse effects of rural schools that afford graduate preparation via this track. Number of requests to include the MSN nurse educator.
- Academic preparation of nurses at point of care; concern that master's prepared nurses will not stay at the POC.
- MSN entry to the profession/practice is unlikely at the current time
- Few comments cited inadequacy of preparation of second degree nurses
- What is the market uptake of MSN generalists?
 - Market uptake of MSN generalists and employers' compensation for MSN educated generalists
- A few unforeseen challenges include the timeline for transition and implementation and cost of degree/preparation.
- Clarification of the subtleties of educational preparation and pathways in the position statement
- MSN entry to practice is too visionary at this time and impractical for implementation
- MSN should be maintained as specialization and not as an entry to practice
- Consider including the business of health care in nursing programs
 - Economics
 - Insurance and reimbursement models
 - Articulation and communication of the impact and value of nursing interventions
- Repeated calls for the elimination of MSN entry to practice pathway and certification at time of earning the MSN

Please rate your level of agreement with the above Advanced Nursing Practice Recommendations:

Answered: 177 Skipped: 16



ANSWER CHOICES	RESPONSES
▼ Agree	48.02% 85
▼ Partially Agree	33.33% 59
▼ Disagree	18.64% 33
TOTAL	177

Advanced Nursing Practice Recommendations:

39. The practice doctorate in nursing (DNP) is the minimum level of preparation for advanced practice registered nurse (APRN) practice and all other areas of advanced nursing practice which encompass direct care and systems or indirect nursing practice.

40. All advanced nursing education programs have a standardized core (advanced level courses) that incorporates advanced systems and design thinking (knowledge acquisition, assessment, development and application and analytics).among other topics such as leadership, ethics, epidemiology, data analysis, health informatics, and health policy. Implementation of an advanced nursing or doctoral core would allow students to move more easily from one track or degree to another as well as standardize the expected outcomes of advanced nursing education.

41. After completing the advanced nursing core, students choose one of two pathways: 1) direct clinical care or 2) systems/indirect nursing practice and pursue mastery of the national competencies delineated for that pathway or track.

42. The direct clinical care pathway can include the presently recognized four Advanced Practice Registered Nurse (APRN) roles: certified nurse-midwife, certified registered nurse anesthetist, clinical nurse specialist, and nurse practitioner. The systems/indirect care pathway can include: executive leadership/ nursing administration, health informatics, health policy, public health, and quality/safety.

43. All practice doctoral education includes an immersion, practice experience in an appropriate setting/population reflecting the track or area of advanced nursing practice. It is recommended that a final DNP project be integrated into the immersion experience.

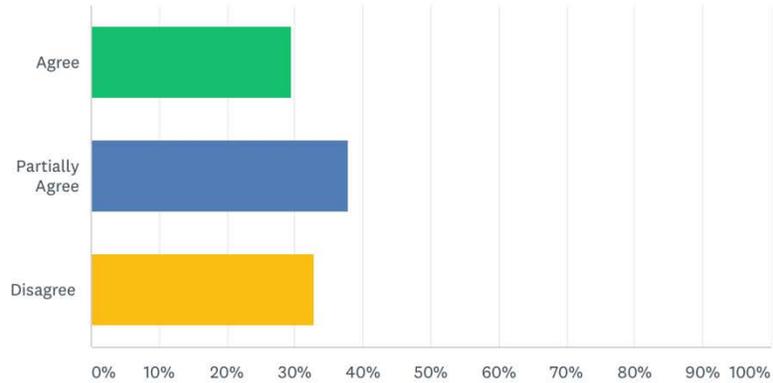
44. Opportunities to complete a nursing science doctorate (PhD in Nursing) are available in an appropriately streamlined path.

Salient comments of respondents selected by staff:

- Repeated comments about the inclusion of faculty prepared with a Doctor of Education (EdD)
- Clarify that research-focused doctorates includes: DNS, DSN, DNSc, EdD, DrPH, and PhD – both nursing and non-nursing
- Concern of PhD pipeline and preparation for researcher/faculty roles
- Compensation and marketability of advanced degrees: DNP, DNS, DSN, DNSc, EdD, DrPH, and PhD – both nursing and non-nursing
- Rigor of DNP Projects and the need to have consistency of degree outcomes both in terms of practice and scholarship (rigor)
- Clarification for the PhD \leftrightarrow DNP or DNP \leftrightarrow PhD pathway; what would be required.
- There is a concern of the lack of outcomes/evidence that educational preparation level (MSN versus DNP) yields varying quality outcomes

Please rate your level of agreement with the above Ph.D. or Research-Focused Education Recommendations:

Answered: 180 Skipped: 13



ANSWER CHOICES	RESPONSES
▼ Agree	29.44% 53
▼ Partially Agree	37.78% 68
▼ Disagree	32.78% 59
TOTAL	180

PhD or Research-Focused Education Recommendations:

45. A path from the DNP to the PhD and from the PhD to the DNP is offered in research-intensive schools of nursing.

46. Individuals moving from the PhD to the DNP complete the advanced nursing core as part of the program of study.

47. DNP and PhD graduates are eligible for academic positions relevant to their degree, background and experience.

48. DNP and PhD education prepare graduates with an understanding and experience with PhD/DNP scholarly teams to reinforce how the unique skill set of each degree is critical to the development of new knowledge and application of best evidence.

Salient comments of respondents selected by staff:

- Clarify: DNP, DNS, DSN, DNSc, EdD, DrPH, and PhD – both nursing and non-nursing
- Perceived hierarchy of degrees
- Repeated comments about lacking rigor of DNP Projects and varying level of preparation of DNP graduates

- Importance of the recruitment and retention of diversity of both faculty and students
- Clarify that nurse educators are not APNs and a few others wanted them included.
- Glossary – research-intensive institutions and research-focused doctorates.
- Why should DNP to PhD programs only be offered in research intensive institutions?
- Consider including an ongoing practice requirement for both faculty and applicants prior to admitting to a DNP program – minimum of 5 years post-graduation of BSN program