

# PROGRESS TO DATE: REVISION OF THE AACN ESSENTIALS

DOCTORAL EDUCATION CONFERENCE  
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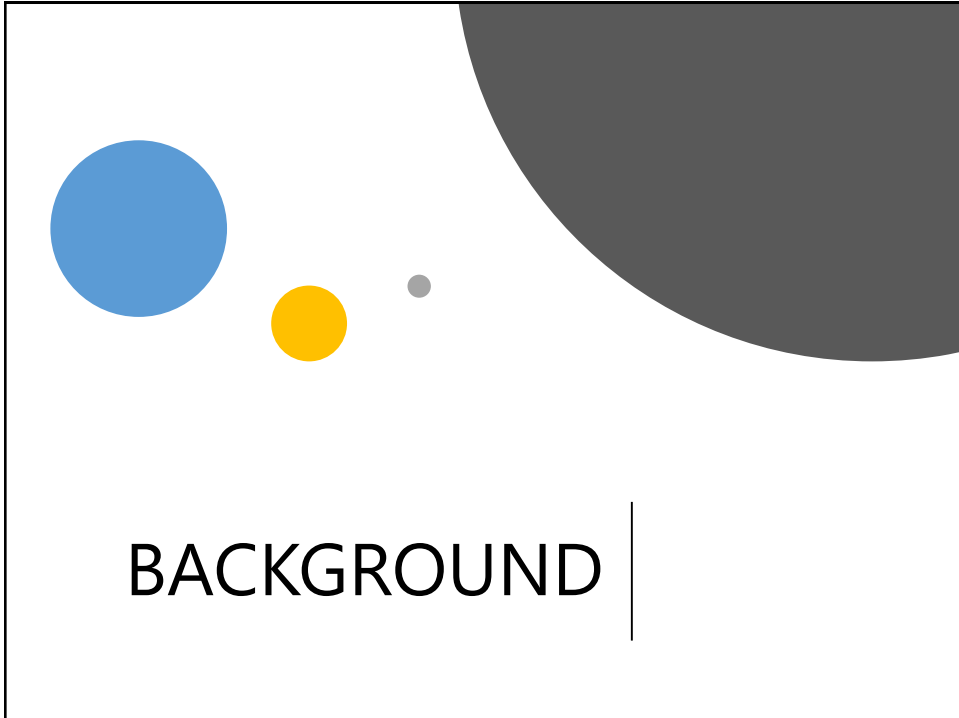
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## FOCUS OF PRESENTATION

- » Background & Progress-to-Date
- » Framework and Model
- » Questions




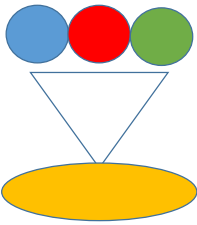
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3

## 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.



4

# ESSENTIALS TASK FORCE LEADERSHIP TEAM

## Co-Chairs



Jean Giddens VCU



John McFadden  
Barry Univ.



Cynthia  
McCurren GVSU



Nancy DeBasio



Joan Bartels



Linda Caldwell

## Consultants

## AACN Board Liaisons



Christie Shelton  
Jacksonville State  
Univ.



Lin Zhan  
U of  
Memphis

## AACN Staff Liaisons

Joan Stanley  
Rick Garcia  
Kathy McGuinn



# AACN ESSENTIALS TASK FORCE MEMBERS



Angela Amar,  
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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,  
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Eileen Fry-Bowers,  
University of San Diego



Vincent Hall,  
Walden University



Beverly Foster,  
University of North  
Carolina – Chapel Hill



Jacqueline Hill,  
Southern University  
and A&M



Erica Hooper-Arana,  
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## ESSENTIALS TASK FORCE MEMBERS, CONT.



Martha Scheckel,  
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University of West  
Georgia



Mary Stachowiak,  
Rutgers University



Casey Shillam,  
University of Portland



Rachel Start,  
Rush Oak Park Hospital  
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Allison Squires,  
New York University



Susan Swider,  
Rush University



Marge Wiggins  
VP Patient Care, Maine  
Medical Center  
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Marisa Wilson,  
University of Alabama-  
Birmingham



Danuta Wojnar,  
Seattle University



Geraldine Young,  
Kentucky State  
University



7

## ESSENTIALS TASK FORCE MEMBERS, CONT.



Mary Bligh, VP, Sentara  
Medical Group-Sentara  
Occupational Health Services  
(Practice)



Connie Hiller,  
University of Arizona



Susan Mullarney,  
United Health Group  
(Practice)



Susan Ruppert,  
University of Texas  
Health Science Center



Marlene Ruffolo,  
Marshall University



8



## PATH TO THE ESSENTIALS

- » 2015: AACN *Futures Task Force report*
- » 2016-2018 AACN taskforce on *Vision for Academic Nursing White Paper*.
  - Provided foundation for the Essentials work
  - Published in *Journal of Professional Nursing* in July-August 2019.

## INSIGHTS FROM TASK FORCE MEMBERS



Jill Case-Wirth, Senior Vice  
President and CNO, WellStar  
Health System (Practice)

### **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..."

## INSIGHTS FROM TASK FORCE MEMBERS



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

### 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.*”



11

## 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 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



12

## 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



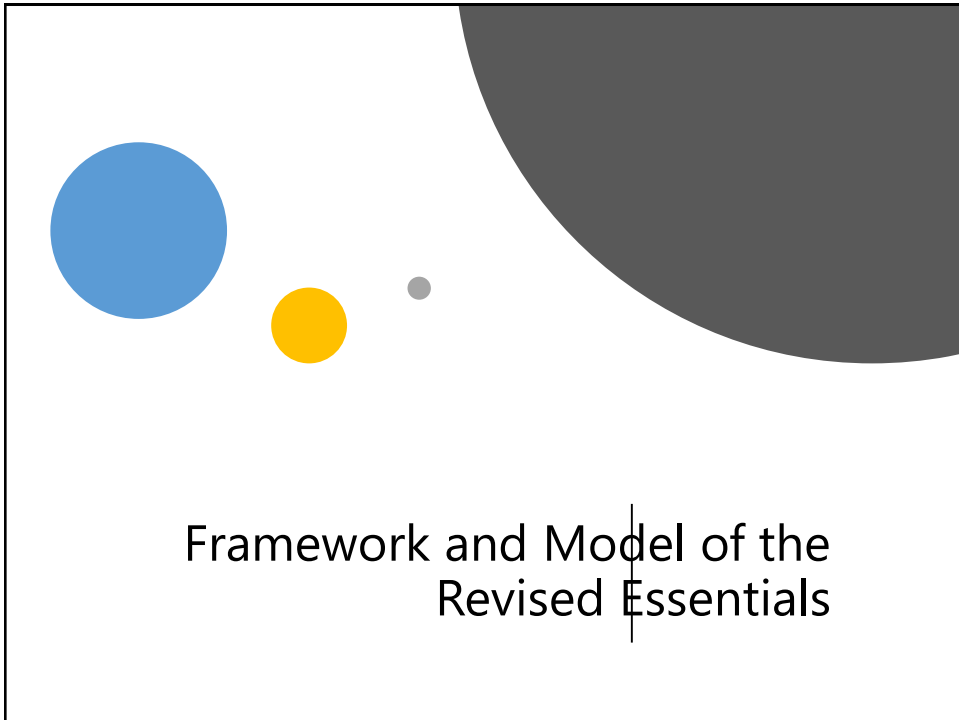
- » Continue refining descriptors, competencies and sub-competencies
- » Garner feedback
  - AACN conferences
  - Webinars
  - Regional meetings
- » Continue discussion with CCNE, other professional nursing associations and external stakeholders

## 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 Model of the Revised Essentials

17

### ESSENTIALS: COMPONENTS & FRAMEWORK

**Progress to Date:**

- » **Draft** Introduction and Background
- » **Draft** Domains and Domain Descriptors
- » **Draft** Core Competencies
- » **Draft** Sub-Competencies, 2 levels
- » **Draft** Model



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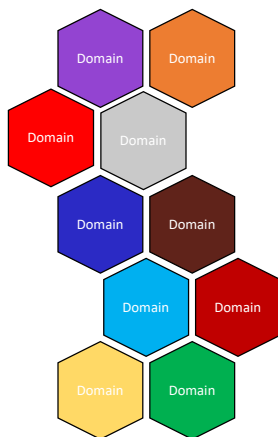
18

# Introduction & Background

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 discipline within the interprofessional team
- » Nursing Education and its role in Workforce Development
- » Competency-based education
- » Nursing's Values: Inclusivity, equity, and social justice

## DOMAINS & DOMAIN DESCRIPTORS



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.

## Current Proposed Domains for the *Essentials*

Domain 1: **Knowledge for Nursing Practice**

Domain 2: **Person-Centered Care**

Domain 3: **Population Health\***

Domain 4: **Scholarship for Nursing Discipline\***

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.

21

## CONCEPTS ACROSS AND WITHIN DOMAINS

- » Diversity, Equity and Inclusion
- » Social Justice
- » Determinants of Health
- » Communication
- » Ethics
- » Policy and Advocacy
- » Innovation

22



## 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.



Domain Descriptor

23

## DOMAIN 8

A preface for each domain

Healthcare professionals interact with patients, families, communities, and populations in technology rich environments. Nurses, as essential members of the healthcare team, use information and communication 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 settings of care changes how people, processes, and policies interact.

24

## DOMAIN 8

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”.



## DOMAIN 8 INFORMATICS AND HEALTHCARE TECHNOLOGIES

There are **FIVE** Competency Statements

### Competencies

- |     |  |
|-----|--|
| 8.1 | Evaluate the various information and communication technology tools used in the care of patients, communities, and populations.          |
| 8.2 | Demonstrate appropriate use of information and communication technology to gather data, create information, and generate knowledge.      |
| 8.3 | Describe how patient care and clinical interactions are supported by information and communication technology and informatics processes. |



## DOMAIN 8 INFORMATICS AND HEALTHCARE TECHNOLOGIES

There are **FIVE** Competency Statements

### Competencies

- |     |   |
|-----|---|
| 8.4 | Consider how information and communication technology supports chronicling of care and communication among providers, patients, and all systems levels.         |
| 8.5 | Use information and communication technologies in accordance with legal, professional, and regulatory standards and workplace policies in the delivery of care. |

## SUB-COMPETENCIES



- » Collectively, sub-competencies *paint a picture* of competency attainment.
- » Observable, measurable
- » Two levels differentiate expectations.

29

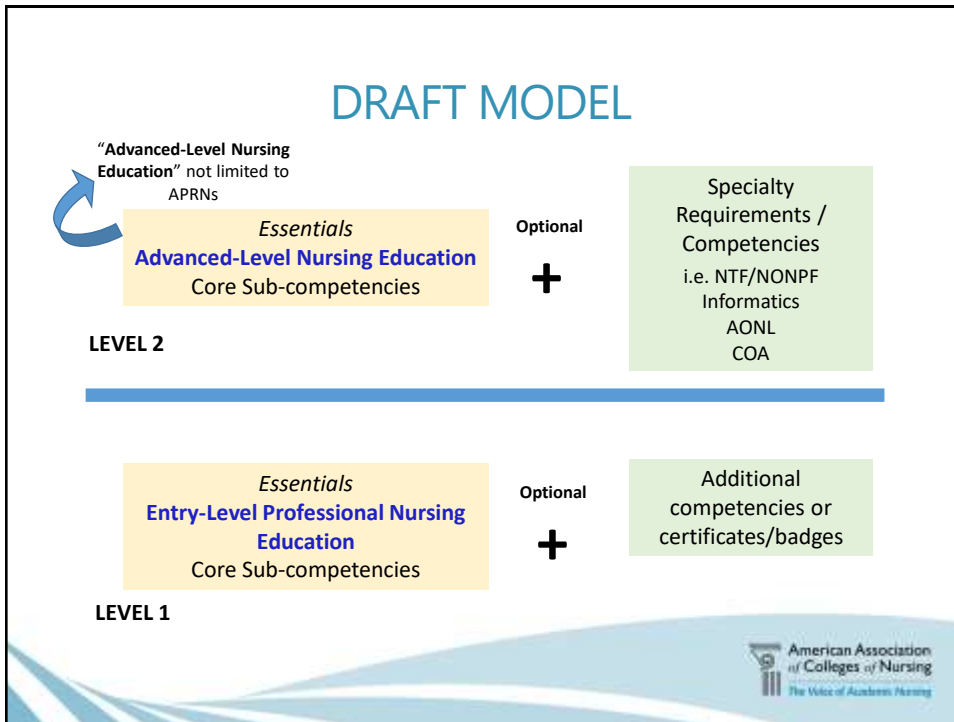


### DOMAIN 8 Informatics and Healthcare Technologies

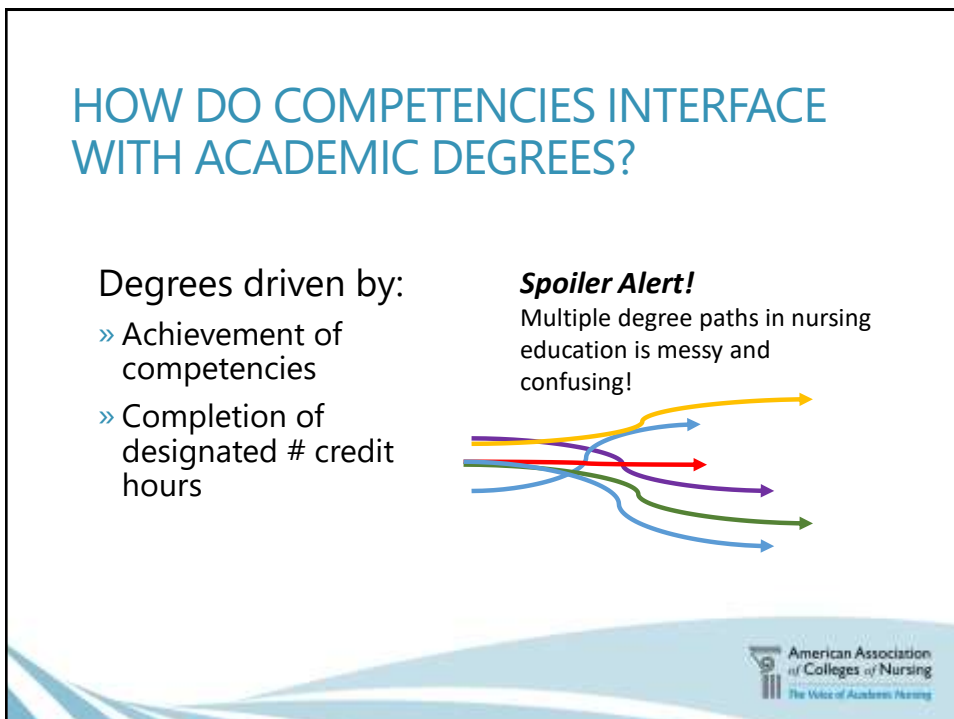
The use of informatics practices with information and communication technologies to manage and improve the delivery of safe, high-quality, and efficient health care services in accordance with best practice and following professional and regulatory standards.

Competency		Entry-Level Professional Nursing Education	Advanced Nursing Education
8.1	Evaluate the various information and communication technology tools used in the care of patients, communities, and populations	<p><b>8.1a</b> Identify the variety of information and communication technologies used in care settings.</p> <p><b>8.1b</b> Effectively use electronic communication tools.</p> <p><b>8.1c</b> Use of multimedia applications in healthcare.</p> <p><b>8.1d</b> Demonstrate best practice use of social networking applications</p> <p><b>8.1e</b> Explain the importance of nursing engagement in the planning and selection of technology for use in healthcare</p>	<p><b>8.1f</b> Consider the potential uses of emerging information and communication technologies in healthcare</p> <p><b>8.1g</b> Identify literature demonstrating best practice uses of information and communications technology to achieve outcomes.</p> <p><b>8.1h</b> Describe nurse leadership responsibilities in the selection and implementation of new information and communication technologies.</p> <p><b>8.1i</b> Demonstrate an understanding of the impact on finances and reimbursement with the use of technologies.</p> <p><b>8.1j</b> Appraise the impact on workflow and outcomes of commonly used technologies.</p>

30



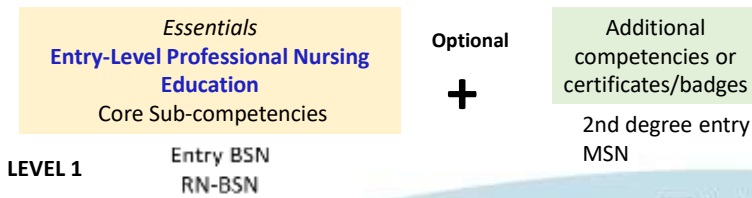
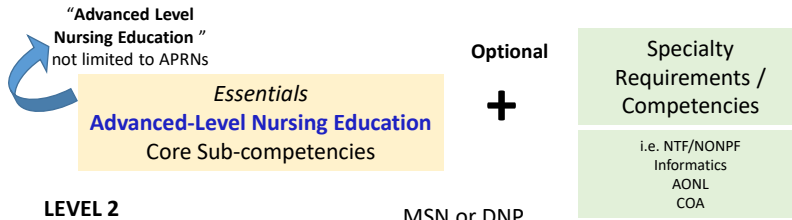
31



32



# DRAFT MODEL



# QUESTIONS

## REFERENCES

Englander, et al: Toward a common taxonomy of competency domains for the health professions and competencies for physicians. *Academic Medicine*, 8(8):1088-1094, 2013

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