PROGRESS TO DATE: REVISION OF THE AACN ESSENTIALS

DOCTORAL EDUCATION CONFERENCE
FEBRUARY 1, 2020

Jill Case-Wirth, MHA, RN
Cynthia McCurren, PhD, RN
John McFadden, PhD, CRNA
Marge Wiggins, DNP, RN

FOCUS OF PRESENTATION

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

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

Consultants
Nancy DeBasio
Jean Bartels
Linda Caldwell

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,
University of Nevada Las Vegas
Jacklyn Barber,
Morningside College
Carol Buck-Rolland,
University of Vermont
Jill Case-Wirth, Senior Vice President and CFO, WellStar Health System (Practice)
Lori Escallier,
SUNY Downstate
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-Arias,
University of San Francisco
Kristin Lee,
University of Missouri-Kansas City
Kim Utmark,
University of Wisconsin-Milwaukee
ESSENTIALS TASK FORCE MEMBERS, CONT.

Martha Scheckel, Viterbo University
Jenny Schuessler, University of West Georgia
Mary Stachowski, Rutgers University
Casey Shillam, University of Portland
Rachel Start, Rush Oak Park Hospital (Practice)
Alison Squires, New York University

Susan Swider, Rush University
Marisa Wilson, University of Alabama-Birmingham
Geraldine Young, Kentucky State University

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

Danuta Wojnar, Seattle University

Mary Stachowiak, University of Alabama-Birmingham

Mary Stachowiak, University of Alabama-Birmingham

Rachel Start, Rush Oak Park Hospital

Danuta Wojnar, Seattle University

Mary Stachowiak, University of Alabama-Birmingham

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PATH TO THE ESSENTIALS

» 2015: AACN Futures Task Force report

  – 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 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 Model of the Revised Essentials

**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
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

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

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.
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”.

American Association of Colleges of Nursing
The Voice of Academic Nursing
## Domain 8: Informatics and Healthcare Technologies

There are **FIVE** Competency Statements

<table>
<thead>
<tr>
<th>Competencies</th>
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</thead>
<tbody>
<tr>
<td>8.1</td>
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<tr>
<td>8.2</td>
</tr>
<tr>
<td>8.3</td>
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<tr>
<td>8.4</td>
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<td>8.5</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-Level Professional Nursing Education</th>
<th>Advanced Nursing Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1</td>
<td>8.1a Identify the variety of information and communication technologies used in care settings.</td>
<td>8.1f Consider the potential uses of emerging information and communication technologies in healthcare</td>
</tr>
<tr>
<td></td>
<td>8.1b Effectively use electronic communication tools.</td>
<td>8.1g Identify literature demonstrating best practice uses of information and communications technology to achieve outcomes.</td>
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<tr>
<td></td>
<td>8.1c Use of multimedia applications in healthcare</td>
<td>8.1h Describe nurse leadership responsibilities in the selection and implementation of new information and communication technologies</td>
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<tr>
<td></td>
<td>8.1d Demonstrate best practice use of social networking applications</td>
<td>8.1i Demonstrate an understanding of the impact on finances and reimbursement with the use of technologies</td>
</tr>
<tr>
<td></td>
<td>8.1e Explain the importance of nursing engagement in the planning and selection of technology for use in healthcare</td>
<td>8.1j Appraise the impact on workflow and outcomes of commonly used technologies</td>
</tr>
<tr>
<td></td>
<td>8.1f Consider the potential uses of emerging information and communication technologies in healthcare</td>
<td></td>
</tr>
</tbody>
</table>
“Advanced-Level Nursing Education” not limited to APRNs

**LEVEL 2**

- **Essentials**
  - Advanced-Level Nursing Education
  - Core Sub-competencies

- **Optional**

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

**LEVEL 1**

- **Essentials**
  - Entry-Level Professional Nursing Education
  - Core Sub-competencies

- **Optional**

- Additional competencies or certificates/badges

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**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

Essentials
Entry-Level Professional Nursing Education
Core Sub-competencies

Entry BSN
RN-BSN

Optional +

Additional competencies or certificates/badges
2nd degree entry MSN

LEVEL 2

Essentials
Advanced-Level Nursing Education
Core Sub-competencies

“Advanced Level Nursing Education” not limited to APRNs

Optional +

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

MSN or DNP

QUESTIONS
REFERENCES
