AACN Common APRN Doctoral-Level Competencies: Opportunities for Nursing Education

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Overview

1. Selective Examples of Competency-Based Activities in the Health Professions
2. Recommendations of the AACN APRN Clinical Training Task Force
3. Activities to Date in Nursing
4. Work of the Competency-Based Education for Doctorally-Prepared APRNs Work Group
5. A Framework for Competency-Development in the Health Professions
6. The AACN Common Advanced Practice Doctoral-Level Competencies
7. Next Steps

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The Landscape: Education

- Emerging pedagogies
- Interprofessional education
- Content saturation
- Funding challenges, student debt
- Competition
- Clinical Education/Situated Learning

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The Landscape: Clinical Practice

- Aging population
- Enhanced focus on outcomes/pay for performance
- Emerging roles
- Knowledge explosion
- Scope of practice
- Team-based practice
- Uncertain state of health system reform

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Why Competency?

- Toward a defined outcome

- Accountability to consumers, funders and the healthcare team

- Confidence in assessment

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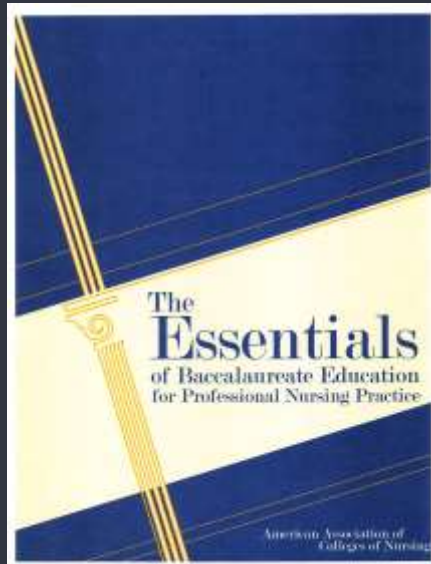The Voice of Academic Nursing

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Activities in Other Health Professions

- Medicine:
  - EPAs
  - Milestones

- Physical Therapy:
  - Clinical Performance Instrument

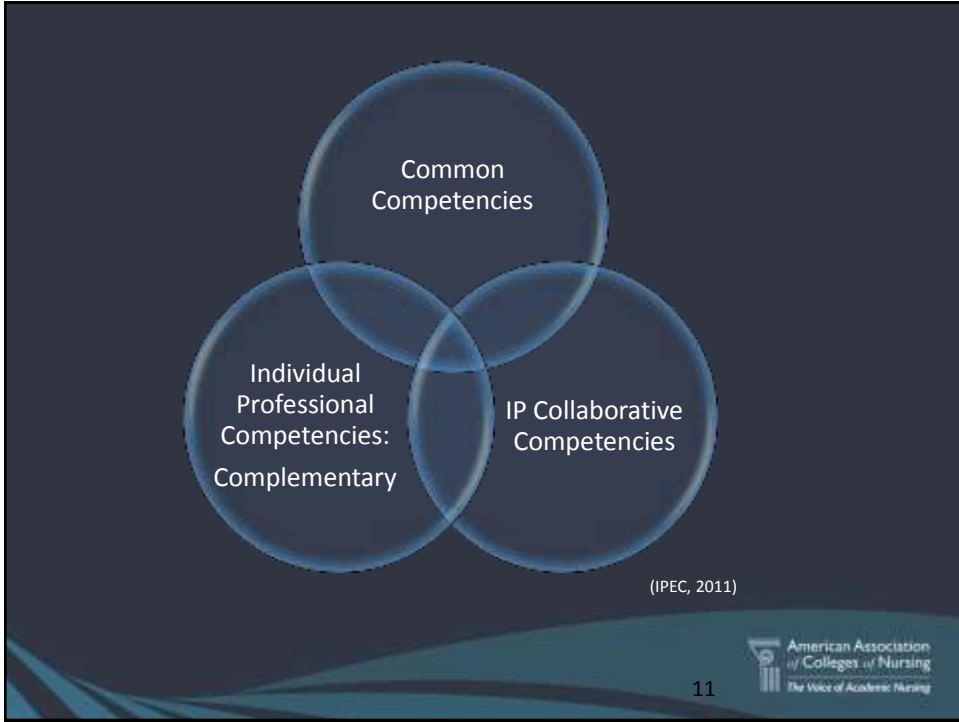American Association of Colleges of Nursing
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ACGME	APTA	IPEC	AACN DNP Essentials
Domains of Competence	**PT Clinical Performance Instrument**	**Core Competencies for Interprofessional Collaborative Practice**	**Advanced Nursing Expected Outcomes**
1. Patient Care 2. Medical Knowledge 3. Interpersonal and Communication Skills 4. Professionalism 5. Practice-Based Learning and Improvement 6. Systems-Based Practice	1. Professional Practice 2. Patient Management 3. Practice Management	1. Values/Ethics for Interprofessional Practice 2. Roles/Responsibilities 3. Interprofessional Communication 4. Teams and Teamwork	1. Scientific Underpinnings for Practice 2. Organizational & Systems Leadership for QI and Systems Thinking 3. Clinical Scholarship and Analytical Methods for EBP 4. IS/Patient Care Technology for the Improvement & Transformation of Health Care 5. Health Care Policy for Advocacy 6. Interprofessional Collaboration for Improving Patient and Population Health Outcomes 7. Clinical Prevention and Population Health for Improving the Nation's Health 8. Advanced Nursing Practice

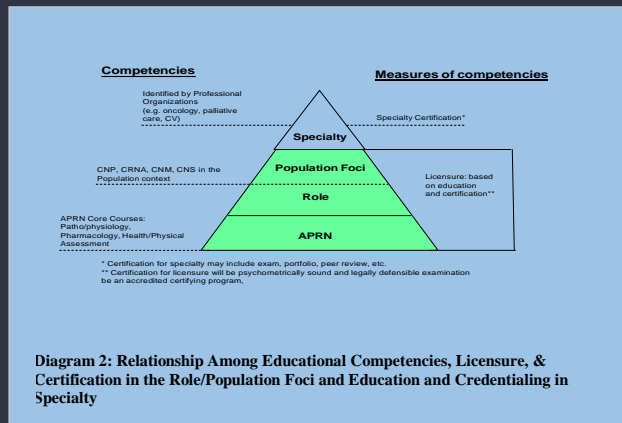# Competency-Based Education in Nursing

The Essentials of Baccalaureate Education for Professional Nursing Practice
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Team-Based Competencies
Building a Shared Foundation For Education and Clinical Practice
Conference Proceedings

Core Competencies for Interprofessional Collaborative Practice

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Common
Competencies

Individual
Professional
Competencies:
Complementary

IP Collaborative
Competencies

(IPEC, 2011)

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Competencies, Licensure and Certification

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Competencies

Measures of competencies

Identified by Professional
Organizations
(e.g. oncology, palliative
care, CV)

Specialty Certification*

Specialty

CNP, CRNA, CNM, CNS in the
Population context

Population Foci

Licensure: based
on education
and certification**

Role

APRN Core Courses:
Patho/physiology,
Pharmacology, Health/Physical
Assessment

APRN

* Certification for specialty may include exam, portfolio, peer review, etc.
** Certification for licensure will be psychometrically sound and legally defensible examination
be an accredited certifying program,

Diagram 2: Relationship Among Educational Competencies, Licensure, &
Certification in the Role/Population Foci and Education and Credentialing in
Specialty

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Background

- Nurse educators have led in the identification of behavioral competencies as a framework for assessment in educational programs.
- 30 yr. history of identifying education competencies or expected outcomes that have provided a foundation for both curricular development and individual student assessment
- Nationally accepted competencies exist for each of the four APRN roles.
- Parallel processes with little cross-organizational dialogue, particularly across APRN roles
- No widely accepted definition of what constitutes an individual competency, and many of the competencies that have been developed vary widely in terms of scope and measurability.

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The identification of widely accepted, clearly described, observable and measurable competencies common to each of the four APRN roles holds potential benefits for a variety of stakeholders in nursing and across the health professions:

- Both faculty and students share a common understanding of expected achievements that are foundational to APRN practice
- Preceptors, who serve as valuable members of the clinical education team for APRNs, would have a clearly defined set of expectations for students across programs.
- As the move to interprofessional education and practice advances, the use of common language to describe expectations *across health professions* also becomes even more critical.

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Common and Role-Specific Competencies:
A Career Development Approach

Nurse Practitioner Specific Competencies
Clinical Nurse Specialist Specific Competencies
Nurse Midwife Specific Competencies
Certified Registered Nurse Anesthetist Specific Competencies
APRN COMMON COMPETENCIES

Preclinical Experiences → Clinical Education → Graduation → Continuing Professional Development

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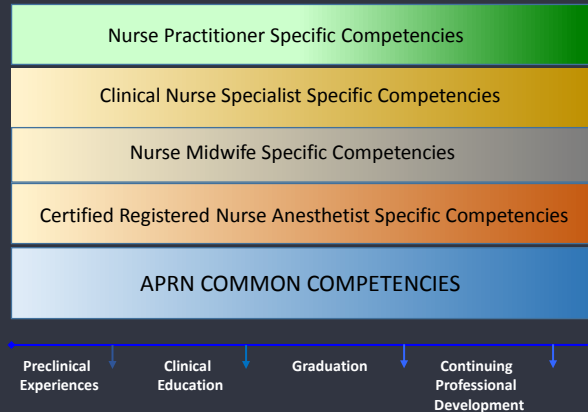
Recommendations of the AACN APRN CTTF

III. APRN clinical education and assessment should be competency based.

A. Establish a common language or taxonomy by adopting definitions for competence, competencies, and competency framework that are recognized by APRN organizations and other health professions.
B. Identify common, measurable APRN competencies that cross all four roles and build on or re-affirm the APRN core competencies (AACN, 2006).
C. Progression of competence or milestones should be identified and defined across each of the common competencies.
D. Develop standardized assessment tool to be available to faculty and preceptors to use for formative and summative evaluation of the common APRN competencies.

AACN Competency-Based Education for Doctoral-Prepared APRN's Work Group

- Establish a common language or taxonomy by adopting definitions for competence, competencies, and competency framework that are recognized by APRN organizations and other health professions.
- Identify common, measurable APRN doctoral-level competencies that cross all four roles and build on the expected outcomes for the APRN core courses: advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology).
- Identify and describe progression of competence or milestones across each of the common competencies. These milestones may vary for each of the four roles; however, the goal will be to reach consensus on two milestones: competence prior to entry into clinical experiences and at end of program.

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Organizations Participating in the Common APRN Doctoral-Level Competencies Work Group

- Accreditation Commission for Education in Nursing
- Accreditation Commission for Midwifery Education
- American Academy of Nurse Practitioners Certification Program
- American Association of Colleges of Nursing
- American Association of Critical-Care Nurses Certification Corporation
- American Association of Nurse Anesthetists
- American Association of Nurse Practitioners
- American College of Nurse-Midwives
- American Midwifery Certification Board
- American Nurses Association
- American Nurses Credentialing Center
- American Psychiatric Nurses Association

- Association of Faculties of Pediatric Nurse Practitioners
- Commission on Collegiate Nursing Education
- Council on Accreditation for Nurse Anesthesia
- Gerontological Advanced Practice Nurses Association
- International Society of Psychiatric-Mental Health Nurses
- National Association of Clinical Nurse Specialists
- National Association of Neonatal Nurses
- National Association of Pediatric Nurse Practitioners
- National Board of Certification & Recertification for Nurse Anesthetists
- National Certification Corporation
- National Council of State Boards of Nursing
- National Organization of Nurse Practitioner Faculties
- Nurse Practitioners in Women's Health
- Pediatric Nursing Certification Board

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Current State:

- No finite set of nationally recognized, consensus-based common/core competencies for APRNs

- Emerging national discussion regarding the reliance on "clinical hours" requirements

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Challenges

- Absence of a common taxonomy

- Fragmented understanding within the profession and across health professions

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AACN Board of Directors Approves Common APRN Doctoral-Level Competencies

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The AACN Board of Directors approved the final competency document *Common Advanced Practice Registered Nurse Doctoral-Level Competencies* at its recent meeting. In response to the recommendations of the AACN APRN Clinical Training Task Force, AACN convened the APRN Competency-Based Education for Doctoral-Prepared APRNs Work Group in 2016. The group consisted of members representing each of the four APRN roles and representatives of 25 organizations involved in education, licensure, certification and accreditation of APRNs. Chaired by Dr. Laurie Lauzon Clabo from Wayne State University, the purpose of the Work Group was to establish a cross-organizational dialogue on the current status of competency-based education with the goal of exploring the development of a common taxonomy for competencies for the doctoral-prepared APRN, charged with developing the APRN Doctoral Competencies recommended that the next step be a face-to-face meeting of the workgroup to identify the current state of competency-based education and assessment in all four APRN roles.

Competency

"*An observable ability of a health professional, integrating multiple components such as knowledge, skills and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition*"

(Frank, Snell, Cate, et al., 2010)

Competence

"The array of abilities [KSA] across multiple domains or aspects of performance in a certain context. Competence is multi-dimensional and dynamic. It changes with time, experience and settings."

(Frank, Snell, Cate, et al., 2010)

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Competency Domains
for the Health Professions

Article

Toward a Common Taxonomy of Competency Domains for the Health Professions and Competencies for Physicians

Robert Englander, MD, MPH, Terri Cameron, MA, Adrian J. Ballard, Jessica Dodge, Janet Bull, MA, and Carol A. Aschenbrener, MD

Academic Medicine, Vol. 88, No. 8 / August 2013

1. Patient Care
2. Knowledge for Practice
3. Practice-Based Learning and Improvement
4. Interpersonal and Communication Skills
5. Professionalism
6. Systems-Based Practice
7. Interprofessional Collaboration
8. Personal and Professional Development

(Englander, Cameron, et al., 2013)

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Common Taxonomy for Competency Domains in the Health Professions

Domain	Descriptor
1. Patient Care	Designs, delivers, manages and evaluates comprehensive patient care
2. Knowledge of Practice	Synthesizes established and evolving scientific knowledge from diverse sources and contributes to the generation, translation and dissemination of health care knowledge and practices.
3. Practice-Based Learning & Improvement	Demonstrates the ability to investigate and evaluate one's care of patients, to appraise and assimilate emerging scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

Common Taxonomy for Competency Domains in the Health Professions

Domain	Descriptor
5. Professionalism	Demonstrates a commitment to carrying out professional responsibilities and an adherence to ethical principles.
6. Systems-Based Practice	Demonstrates organizational and systems leadership to improve healthcare outcomes.
7. Interprofessional Collaboration	Demonstrates the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient-and population-centered care.
8. Personal and Professional Development	Demonstrates the qualities required to sustain lifelong personal and professional growth

Example
Domain 1: Patient Care

Domain Descriptor: Designs, delivers, manages and evaluates comprehensive patient care.

Competency	Time 1	Time 2
1. Perform a comprehensive, evidence-based assessment.	Performs a focused-assessment of a patient with only 1-2 presenting problems, using a template and under mentored guidance.	Demonstrates competent and efficient assessment of patients with multiple co-morbidities and undifferentiated condition(s).
2. Use advanced clinical judgment to diagnose.	Uses patient and clinical data to formulate common healthcare diagnosis(es) in a patient with only 1-2	Demonstrates competent and efficient ability to gather and interpret patient and clinical data to make accurate diagnosis(es) in patients with

Domain 6: Systems-Based Practice

Domain Descriptor: Demonstrates organizational and systems leadership to improve healthcare outcomes.

Competency	Time 1	Time 2
1) Collaborate in the development, implementation, and evaluation of systems level strategies to reduce errors and optimize safe, effective healthcare delivery.	Identifies systems-level quality improvement strategies, including use of population data to improve cost-effective care outcomes.	Actively participates in the implementation of systems-level, quality improvement strategies.
2) Demonstrate stewardship of financial and other	Evaluates quality and cost	Applies principles of business; economics; fiscal, human and

Future Issues

- Preceptor preparation

- Alignment with role-specific competencies

- Measurement issues/standardized assessment tool?

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Discussion

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