

# PROGRESS TO DATE: REVISION OF THE AACN ESSENTIALS

BACCALAUREATE EDUCATION CONFERENCE  
NOVEMBER 23, 2019

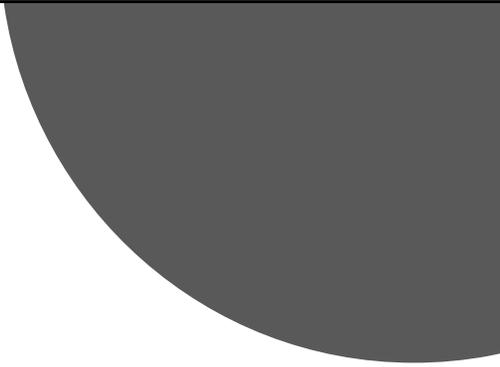
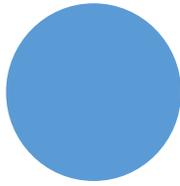
Jean Giddens, PhD, RN  
Jean Bartels, PhD, RN  
John McFadden, PhD, CRNA



## FOCUS OF PRESENTATION

- » Background & Next Steps
- » Framework and Conceptual Model
- » Questions





# BACKGROUND

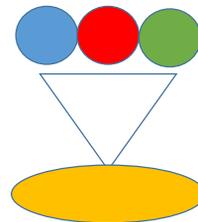


## PATH TO THE ESSENTIALS

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

## 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.



## 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 CNO,  
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-Arana,**  
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University of  
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## ESSENTIALS TASK FORCE MEMBERS, CONT.



**Martha Scheckel,**  
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**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  
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**Marisa Wilson,**  
University of Alabama-  
Birmingham



**Danuta Wojnar,**  
Seattle University



**Geraldine Young,**  
Kentucky State  
University

## ESSENTIALS TASK FORCE MEMBERS, CONT.



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



Connie Miller,  
University of Arizona



Susan Maloney,  
United Health Group  
(Practice)



Susan Ruppert,  
University of Texas  
Health Science Center



Marcela Pudin-Ford,  
Nova Southeastern  
University

## PROGRESS OF TASK FORCE

### Fall 2018:

- » Task Force formed; reviewed charge from AACN Board.
- » Adopted Englander domains/domain descriptors as starting point for framework.
- » Immersion in topics; worked on domains and descriptors.
- » Presentation at Bachelor's conference.

### Winter 2019

- » Three-day in-person meeting of entire Task Force.
- » Reviewed and revised domains, domain descriptors; considered other domains needed.
- » Presentations at Master's and Doctoral conference.

## PROGRESS OF TASK FORCE

### Spring 2019:

- » Two-day meeting of entire Task Force.
- » Worked on first-level sub competencies.
- » Presentation at AACN Dean's Spring meeting

### 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.

## NEXT STEPS



- » Refine domains, descriptors, and competencies
- » Garner feedback
  - National Faculty Meeting  
Nov 2019 - Jan 2020
  - AACN conferences
  - Webinars
  - Regional meetings
- » Continue discussion with CCNE and other professional nursing associations

## LONGER RANGE GOALS – THROUGH 2020



- » Create final draft
- » Finalize work on pathways, clinical experiences and simulation; doctoral projects
- » Present to AACN membership

## TO INFINITY AND BEYOND!



- » Faculty development opportunities
- » CCNE
- » Toolkits for implementation and practice
- » Broad dissemination to all of our stakeholders

## 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..."

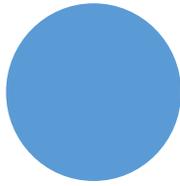
## INSIGHTS FROM TASK FORCE MEMBERS



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.*"



## Framework and Conceptual Model of the Revised Essentials

### ESSENTIALS: COMPONENTS & FRAMEWORK

#### **Progress to Date:**

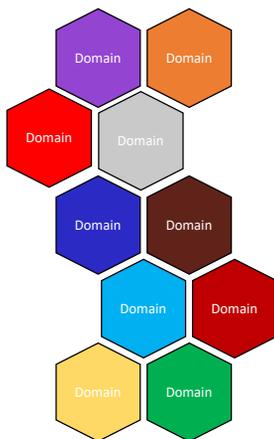
- » **Draft** Introduction and Background
- » **Draft** Domains and Domain Descriptors
- » **Draft** Core Competencies
- » **Draft** Sub-Competencies, 2 levels
- » **Draft** Model

## Introduction & Background

Introductory information *sets the stage* by providing context and purpose of the *Essentials*.

- » Nursing as a scientific discipline
- » Professionalism and professional identity
- » Competency-based education
- » Diversity, equity, and inclusion
- » Changes in health care and higher education
- » Faculty development

## 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.

# 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

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



## 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 Practice\***

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.

## CONCEPTS ACROSS AND WITHIN DOMAINS

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



### DOMAIN 5

## Quality and Safety

Coming soon....  
preface for each  
domain

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

Domain Descriptor

## COMPETENCIES ARE....

- » A set of expectations which, when taken collectively, demonstrate what learners can do with what they know.
- » Demonstrated across all spheres of care and in multiple contexts.
- » Represent clear expectations made explicit to learners, employers, and public.
- » Result from determined practice.
- » Visibly demonstrated and assessed over time.



### DOMAIN 5 Quality and Safety

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

#### Competencies

5.1	Apply quality improvement principles in care delivery.
5.2	Contribute to a culture of patient safety.
5.3	Contribute to a culture of provider and workplace safety.

## SUB-COMPETENCIES



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



### DOMAIN 5

## Quality and Safety

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

Competency		Entry into Professional Nursing Practice	Advanced Professional Practice
5.1	Apply quality improvement principles in care delivery.	<p><b>5.1a</b> Recognize nursing's essential role in quality improvement.</p> <p><b>5.1b</b> Articulate quality improvement methods in the delivery of patient care.</p> <p><b>5.1c</b> Identify strategies to improve outcomes of patient care and practice.</p> <p><b>5.1d</b> Implement changes as a team member with the goal of improving outcomes of care.</p> <p><b>5.1e</b> Recognize the importance of reporting errors.</p>	<p><b>5.1a</b> Analyze practice gaps in quality.</p> <p><b>5.1b</b> Substantiate the ROI for the organization to engage in improvement process.</p> <p><b>5.1c</b> Create the team for enacting quality improvement.</p> <p><b>5.1d</b> Determine data points for evaluation.</p> <p><b>5.1e</b> Lead the change processes.</p> <p><b>5.1f</b> Inform policy to improve safety and quality.</p> <p><b>5.1g</b> Disseminate findings.</p>

# DRAFT CONCEPTUAL MODEL

*“Advanced Professional Practice”*  
not limited to APRNs

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

+

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

LEVEL 2

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

+

Additional  
competencies or  
certificates/badges

LEVEL 1

## COLLABORATIVE ACTIVITY



# ANALOGY TO MODEL

**Advanced GEOMETRIC SHAPES**  
Core Sub-competencies



Specialty  
Competencies

**LEVEL 2**

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**ENTRY GEOMETRIC SHAPES**  
Core Sub-competencies



Certificates

**LEVEL 1**



## DOMAIN 5: SQUARES

Competency	Level 1 Sub competencies	Level 2 Sub Competencies
5.1 Creates perfectly dimensional squares.		



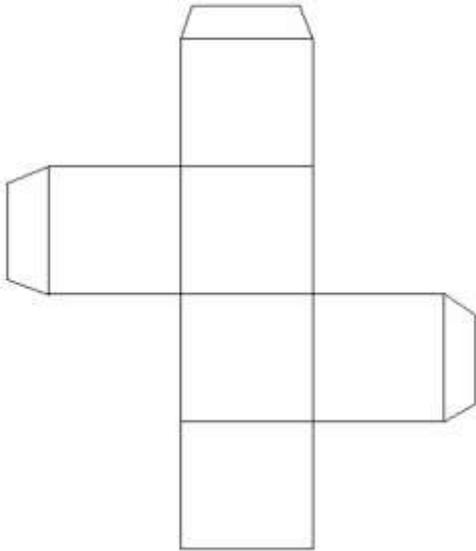
# DOMAIN 5: SQUARES

Competency		Level 1 Sub competencies	Level 2 Sub Competencies
5.1	Creates perfectly dimensional squares.	<b>5.1a</b> Uses a writing instrument and straight edge to draw straight lines. <b>5.1b</b> Draws a perfect square (same measurements on all sides; 90-degree angles). <b>5.1c</b> Uses computer software program to create perfect square image; print image. <b>5.1d</b> Cuts out square.	

- Optional Certificates:** 
- Color
  - Bling



# DOMAIN 5: SQUARES



Level 2 Sub Competencies
<b>5.1a</b> Creates template for 3 dimensional squares (cube). <b>5.1b</b> Constructs a perfectly dimensional cube. <b>5.1c</b> Creates sufficient cubes to match quantity needed.

- Specialty Competencies:** 
- Tower Builder
  - Cube Arranger

# HOW DO COMPETENCIES INTERFACE WITH ACADEMIC DEGREES?

Degrees driven by:

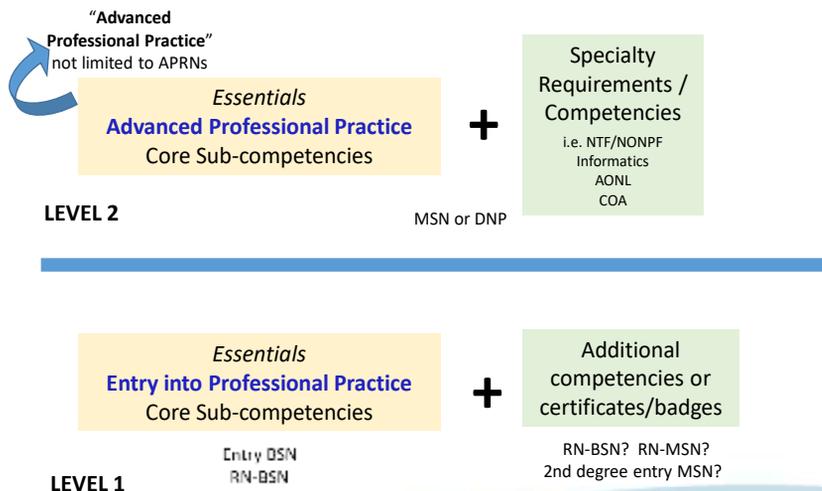
- » Achievement of competencies
- » Completion of designated # credit hours

## **Spoiler Alert!**

Multiple degree paths in nursing education is messy and confusing!



# DRAFT CONCEPTUAL MODEL



## QUESTIONS

- » How did this exercise help you understand the idea of domains, competencies, and sub-competencies?
- » What do you still “not get”?

## 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

Freepik, (2019) Retrieved from <https://www.freepik.com/>