

N F

In April 2021, AACN's members approved The Essentials: Core Competencies for Professional Nursing Education, which calls for preparing future nurses using a competency-based approach. This document addresses some commonly asked questions related to this newmodel for nursing education and expectations for schools of nursing.

AACN defines competency-based education as "a system of instruction, assessment, feedback, self-ref ection, and academic reporting that is based on students demonstrating that they have learned the knowledge, attitudes, motivations, self-perceptions, and skills expected of them as they progress through their education." Other organizations define competency-based education differently, including the U.S. Department of Education, which more narrowly defines this term as education "that organizes academic content according to competencies—what a student knows and can do—rather than following a more traditional scheme, such as by course." Nursing programs are encouraged to institute a process to ensure curricula address the competencies delineated in the assesses student achievement of those competencies. AACN is not requiring schools to move to time-variable education or organize academic content according to competencies instead of by course. In fact, we anticipate most programs will continue to organize academic content by course. Even so, AACN reminds nursing programs that accrediting agencies and state boards of nursing may require notification or approval of substantive changes proposed in order to implement the framework, depending on the extent and nature of the proposed changes.

Essentials

Titled , the new format for the document includes an Introduction, A New Model for Nursing Education, Implementing the : Considerations for Curriculum, 8 Concepts with Concept Descriptors, 10 Domains and Domain Descriptors, 10 Contextual Statements, Competencies, Entry-Level into Professional Nursing Education Sub-competencies, and Advanced Level Nursing Sub-competencies.

Essentials

Within the , there are 10 domains that were adapted from the interprofessional work initiated by Englander (2013) and tailored to ref ect the discipline of nursing. Domains



are broad areas of competence that, when considered in the aggregate, constitute a descriptive framework for the practice of nursing. The domains include:

Knowledge for Nursing Practice
Person-Centered Care
Population Health
Scholarship for the Nursing Discipline
Quality and Safety
Interprofessional Partnerships
Systems-Based Practice
Informatics and Healthcare Technologies
Professionalism
Personal, Professional, and Leadership Development

In addition, eight featured concepts associated with professional nursing practice are integrated within the . A concept is an organizing idea or a mental abstraction that represents important areas of knowledge. A common understanding of each concept is achieved through characteristics and attributes. Concepts are equally as important as domains. Although not every concept is found within every domain, each concept is represented in most domains – and all domains have multiple concepts represented.

Clinical Judgment
Communication
Compassionate Care
Diversity, Equity, and Inclusion
Ethics
Evidence-Based Practice
Health Policy
Social Determinants of Health

Essentials

Yes. AACN holds the copyright on the institutions and their faculty may download and save one copy of this document solely in order to implement its contents. No other uses of the document, in whole or in part, are allowed by any other person or entity, including, but not limited to, no commercial use, reproduction, retransmission, sharing, editing, or creating of derivative works, without the prior written permission of AACN. Permission may be requested by contacting Robert Rosseter at rrosseter@aacnnursing.org.



Use the 2021 to crosswalk or map current curricula in individual programs of study (or degree programs) with the Domains, Competencies, and Subcompetencies.

- o As a collective, faculty can use this crosswalk to identify what is missing across the curriculum and where there are content and experiential gaps.
- Identify where in the curriculum learning experiences already address the competencies and how these experiences are integrated across the curriculum.
- o Identify activities that are already included in the curriculum to promote and assess achievement of competencies.
- Encourage faculty to brainstorm and create ways competencies might be assessed using current or new learning activities/scenarios.
- o Use the crosswalk for faculty generative thinking regarding how degree pathways do or not align with the new model for nursing education.

0



As the strength of evidence to support valid and reliable assessment techniques builds, the role of practice experiences and number of hours (e.g. time-based requirements) may evolve in the future.



The domains, competencies, and concepts presented in the provide a platform for curriculum design and program assessment with an intent to produce consistency in outcomes expected of graduates. Although these are major elements incorporated within a curriculum for learning and assessment, they are not to be interpreted as representing the curriculum in its entirety. In other words, it is not intended for courses within nursing curricula to mirror the 10 domains and eight concepts. Instead, the elements used as the framework (domains, concepts, and competencies) should be integrated throughout and across the curriculum. This scaf olded approach ensures that students interface with competencies in multiple contexts with increasing complexity, while allowing nursing programs to continue to have a great deal of f exibility in the design of their curricula.

Essentials

The 2021 ref ect current and future healthcare and nursing practice, which will require ensuring that the curriculum ref ects these changes and advances in care and care delivery. The cukalso refrect a transition to competency-based education (CBE), which will require new and additional learning opportunities as well as opportunities for demonstrating attainment of the competencies and sub-competencies. CBE requires that students participate in multiple learning experiences across increasingly complex environments and situations. Note that domains are not individual courses or defined areas of study, but rather are integrated across multiple courses or throughout the curriculum.



Use the 2021 to crosswalk or map current curricula in individual programs of study (or degree programs) with the domains, competencies, and subcompetencies.

- o Review the <u>Curricular Transition Guide</u>
- o Identify what is missing across the curriculum and where there are content and experiential gaps.
- o Identify experiential learning opportunities that are already included in the curriculum to promote and assess achievement of competencies.



Essentials

No, a crosswalk of this type is not available.

AACN endorses the <u>National Task Force Standards</u> (NTFS) and expects member schools to follow this document.

Essentials

Yes, CCNE has stated that schools transitioning to CBE are required to notify them of a substantive change.

The outline the core competencies and sub-competencies expected of graduates from baccalaureate, master's, and Doctor of Nursing Practice (DNP) programs for all areas of practice. The competencies and program requirements for the advanced roles and special ties build on the competencies. They do not address PhD education.

These serve as guidelines for nursing education programs to ensure that graduates are well-prepared for professional practice. AACN recommends that schools map and gap their curricula as a step in implementing the . CCNE is an independent arm of AACN. Please contact CCNE for questions accreditation-related questions.

Entry-level students

o Consistent with the 2008 Baccalaureate , there is no required number of clinical/practice hours for entry-level programs. However, some state boards of nursing or licensing bodies have set requirements for number of hours and types of experiences.

Advanced-level students

o All advanced-level programs will need to include a minimum of 500 practice hours focused on attaining the Level 2 sub-competencies and must include both direct and indirect practice experiences. This is the minimum number of hours a student will need to complete to demonstrate that advanced-level competencies are achieved. The total number of hours needed will be dependent on the specialty and role requirements.



Students should be able to demonstrate competency in both practice and clinical settings. AACN's <u>Guiding Principles for CBE and Assessment</u> and <u>Competency Assessment</u> <u>Framework</u> are excellent resources for faculty with questions about assessing student understanding and capability.

Programs determine when and where both formative and summative evaluations occur throughout their own curriculum. The specific behaviors and competencies being assessed—through both formative or summative assessments—should be clear to students and their assessor. Feedback from the assessor is important for students and faculty to understand where students are on the continuum for attaining and demonstrating the competencies.

While group activities can provide excellent learning experiences, each student needs opportunities to learn, practice, and receive feedback individually. Additionally, an individual student's ability to demonstrate competencies should be clear even when engaging in group summative assessments.

It is recognized that not all students will have an opportunity to demonstrate achievement of all competencies in a practice/clinical setting. However, students need opportunities to learn and demonstrate the competencies in the clinical environment. A majority of competencies should be practiced and demonstrated in traditional or non-traditional practice/clinical settings. Programs should collaborate with practice partners to provide opportunities for students to do so throughout the curriculum. Simulation or other opportunities for competency demonstration in multiple contexts should be integrated throughout the curriculum and can supplement the practice and demonstration of competencies in an actual or virtual practice setting.

No. The intend for each student to have multiple opportunities to develop and demonstrate understanding of all the competencies and sub-competencies. The sub-competencies are the behaviors that would be expected of the student to demonstrate



The CNL program is responsible for preparing graduates with Level 2 sub-competencies. As in any advanced level nursing program, experiences in actual practice settings—which can be both traditional or non-traditional—are expected so students are able to learn and demonstrate the Level 2 sub-competencies. The focus of these practice experiences should include opportunities to work with patients, families, other health professionals, and communities to address quality improvement, risk assessment, practice changes, interprofessional communication, team leadership, etc. Revised CNL master's level competencies that align with the 2021 have been developed and should be released in 2024. The CNL Competency Workgroup is now working on DNP level competencies that build on the master's level competencies.

The 2021 , through a national consensus development process, delineate the expected competencies/sub-competencies for advanced level practice. These competencies define the practice of an advanced-level nursing practitioner. Page 21 of the states, "Although Level 2 sub-competencies have been written with doctoral education in mind, the actual differentiator for the degree attained does not lie within the sub-competencies themselves but rather the degree/program requirements—such as the DNP project, role/specialty requirements, and other requirements set by the faculty and institution."

Competencies and sub-competencies do not have to be assessed individually, but should be assessed in different contexts and using different methods. CBE accommodates diverse learners, as it uses experiential learning where students should have multiple assessments of variable types and receive frequent formative feedback. This allows students who may be struggling with certain competencies and sub-competencies to be identified early. As schools continue to transition to a competency-based pedagogy, it is expected that more information will emerge on progression process.

The Assessment Working Group did a thorough literature review of the evidence prior to moving forward with their recommendations for the framework. They discussed the COPA model in their review of the literature. The is the foundational framework for the competency assessment framework.





discuss these specific behaviors. AACN's <u>Competency Assessment Framework</u> calls for progr



All students in a post-licensure nursing program are expected to demonstrate attainment of the Level 1 (entry-level) sub-competencies prior to graduation. This should be done in the RN to BSN curriculum. Practice experiences are embedded in post-licensure programs to prepare students to care for a variety of patients across the lifespan and across the four



Additionally, AACN workgroups have been charged to develop real life scenario templates for schools to use for formative and summative assessments, but schools are also encouraged to develop scenarios that can be used to assess multiple competencies and sub-competencies in different settings.

All advanced nursing programs prepare graduates with the Level 2 subcompetencies as well as competencies required for an advanced nursing practice specialty or advanced nursing practice role.

Knowledge and practice experiences in an advanced nursing practice specialty or advanced nursing practice role are critical to advancing the profession, to expand the influence of the profession for the transformation of health care, and to ensure an informed disciplinary perspective for teaching in the discipline and preparing the next generation of nurses.

Advanced Level nursing programs with the emphasis on teaching and learning () do not fulf II the achievement of advanced-level disciplinary expertise.

Advanced nursing education programs may include additional coursework focused on teaching and learning, which build on the attainment/demonstration of the Level 2 sub-competencies and nursing practice specialty/role competencies.

AACN recognizes the importance of all faculty in any discipline knowing how to teach and evaluate students. Several approaches exist for attaining the needed knowledge and experience to assume a faculty/educator role, including additional coursework focused on teaching and learning as part of the academic degree program, post-graduate courses/certif cate programs, and professional development opportunities of ered by employment settings.

Programs that do or wish to prepare graduates for a faculty/educator role are encouraged to of er additional coursework/series of courses that lead to a minor or certificate in teaching in higher education/andragogy.

Essentials

ax



AACN has now published two con	npanion guides to facilitate	implementation. The outlines the six elements
that distinguish CBE from tradition Principles for Assessment of Lear	nal approaches to teaching/learning ners in CBE. The	_
development and demonstration	ent's learning experience as they jou of achievement. The framework end try-level nursing education and Leve	compasses competency
importance of reframing how nurs	sor. The documents build upon each sing educators approach assessmen rand their ability to demonstrate un	nt to ensure their strategies are
, ,	s incorporate educator courses and rk, or as a certif cate that could be c or other health professionals.	
practice will need to include a mir to attain and demonstrate the Lev been revising the CNL competence	or DNP program in an advanced role nimum of 500 practice hours, which yel 2 competencies/sub-competencies, which will build on the Level 2 so will recommend education pathwers.	was determined as necessary sies. Further, a workgroup has competencies/sub-



nursing specialty or role. All students in Level 2 programs must demonstrate the Level 2 subcompetencies, which is the foundation for advanced-level nursing.