for APRN education, and I'm going to talk briefly about the transition to competency-based education, which is one of the key components of this work.

post-baccalaureate DNP programs are trending up, the entry-level master's have continued to trend up, and actually, the RN to baccalaureate have dropped down a little bit.

advanced nursing education competencies build on the sub-competencies for entry into professional practice.

And we assume that an individual has attained the level 1 before they move on, or at least while they're moving on to the advanced level, they continue to demonstrate the level 1 competencies. So this is the model. Many of you saw a version 2 or 3 iterations ago if you came to our regional meetings or if you attended the national faculty meetings, either the first one or the second one, at your institution.

We have attempted to clarify it and we think that this does express what we want the intended of this new Essentials model. There are two levels, one for entry-level professional nursing education. The level 1 competencies and sub-competencies are used by all programs preparing a nurse for initial professional nursing degree.

This could be an initial licensure and/or progression to their first professional nursing degree. Level 2 are the advanced-level nursing education sub-

We also made a number of presentations to specific groups, either at their request or at our request. We did a presentation for the National Council of State Boards of Nursing education consultants for several of the AONL regional groups, for the CCNE board of directors, for the Commission on Nurse Certification Board, and for leaders from CRNA organizational reps.

We also received a great deal of feedback from special interest groups, schools, other schools then at the national faculty meeting, and from many individuals. So what did we hear?

Well, what we heard that they liked most was that there was one document and not three documents, and that it was easy to read and use. And it provided clarity and continuity from the entry to professional nursing to the advanced-

Now, I will also say that a lot of the feedback we received was very specific with specific resources and content. And I'm going to talk a little bit later on about the tool kit that we're developing. So a lot of this information was put aside and has been put in a folder and is being populated or considered for inclusion into our tool kit that will be a supplement to the Essentials document.

When you look at the document, like I said, where will you see most of the revisions? If you've looked at the document, let's say, two months ago or even one month ago, this is where you will see many of the revisions. We've also added a section to the Essentials, which you did not see if you were part of the national faculty meeting or looking at the version we had posted on our website.

And this is implementing the Essentials considerations for curriculum. There is a section on general considerations for all programs at all levels, and then a section for entry-level professional nursing education, and one for advanced-level nursing education. Now, I want to focus primarily on the requirements and the expectations for the advanced-level nursing education programs.

This is the level 2 that comes right out of our model for nursing education. And as I said, the advanced-level nursing education includes the essential sub-competencies, as well as specialty requirements and competencies required for a national specialty practice or national practice, advanced-level nursing role.

In the document, it does say that participation in a minimum of 500 practice hours. Now, this includes both direct and indirect practice hours to acquire the level 2 sub-competencies. These are considered practice beyond or post-entry level professional nursing education. So once somebody has already attained and demonstrated the level 1 sub-competencies, we believe and we state that a minimum [illegible] beyond

So let me talk a little bit specifically about what some of these other expectations are. The practice experiences have faculty oversight and are part of a formal plan of study so that faculty need to be responsible for the planning, and the implementation, and the oversight of all practicum experiences.

And these experiences should be part of their formal coursework or formal plan of study. Also, that there is a focused sustained practice experience or experiences, sometimes called immersion experiences, within the program. There is no set time for what that would include, but there should be sustained focused practice experiences within the program.

Also, simulation is defined as a valuable tool to augment learning. Simulation should meet national standards and it cannot substitute for all direct and indirect care experiences that are included within the program. Yes, some but not all.

And also, that simulation requirements are also determined by specialty education, certification, and regulatory bodies so that some of the specialties or roles may have requirements that are much more specific about when and how much simulation can be used. The DNP scholarly project or product, all DNP students are expected to complete a scholarly work that aims to improve clinical practice.

Faculty involvement is needed. This would be from the planning, implementation, and definitely the evaluation of the product. Students and programs are strongly encouraged to collaborate with practice. And these products or projects may take a variety of forms.

And it should not be a standalone component. It should not have a life of its own just at the end of the program. But it should be this learning that comes through doing the project or product, needs to be threaded throughout the curriculum, and an integral part of the curriculum. The goal of the product, or project, or work, let's just call it a scholarly work, is to create, for the student, an understanding of the application of these competencies to future practice.

And finally, I would add that there must be some dissemination, which can take a variety of forms, of the scholarly work. So now, let me move to do a brief overview of what it is that we mean by a move to competency-based education.

And like I said, this topic in itself could be an entire hour or two-hour presentation. We do have several videos that have been done on competency-based education. There are several by Dr. Jean Bartels, who I've posted and there are links to them on our AACN Essentials webpage.

And I encourage you, several schools have used them for faculty meetings and have found them extremely helpful to begin a conversation about this transition with all their faculty. So what is competency-based education? We're talking about a system of instruction, assessment, feedback, self-reflection, and academic reporting.

Now, this competency-based education, at least in, you know, the way the term has been used is not new to nurse educators. They have been some of the pioneers of putting forth behavioral competencies and outcomes. And the nursing literature has a great deal about competencies and assessing nurse performance. And also, some of the specialty bodies already require specific competencies.

But what is it that makes this different and what has been missing from nursing's education up till now? We have had no widely accepted definitions of what common competencies for our graduates should possess. We have not had common definitions. The definitions that are adopted in this document are also

that document flipped, but it's the "APRN Common Doctoral-Level Competencies" that many of you participated in developing.

Those definitions are what we used in this document as well. There also has not been any common understanding of what should those competencies be? What do we expect nurses across entire professional nursing education to be able to demonstrate?

And that's what this document lays out and also creates pathways for moving forward as we try to get rid of some of the messiness that we have in nursing education. But not to say that we are going to define what the curriculum is. There's not a standard curriculum but rather, a framework for developing the curriculum. So a competence is an array of abilities across multiple domains or aspects of performance.

But a competency is an observable ability of a health professional integrating multiple components such as knowledge, skills, values, and attitudes. And the competencies as a whole should paint a picture of what that person's individual ability is, of what they can do with what they know.

It's not just what they know, but what they can do with what they know. Competencies are not a checklist of tasks. When we first started talking about transitioning to competency-based education, people had this mindset about little checklists that they would go in and go, "Yeah, check, check, check. They've demonstrated all those psychomotor skills or those skills and we're done."

It's not a once and done experience, it's not a checklist, it's not isolated to one particular kind of context, one particular population, or one particular care setting. And they must be assessed over time in different

should not just be one person's decision but over time.

And it should not just be an objective test. That may be one component of assessment about the knowledge base, but it should not be a sole measure of somebody's competence, ability to demonstrate competencies. What are they? A set of expectations, which as I said, collectively demonstrate what learners can do with what they know.

They are demonstrated across time and in different contexts and different areas of care. They're also clear expectations that are made explicit to the learner. The learner has to be the first one to know what the expectations are and what competencies they are expected to obtain, also for employers and the public. And that's one thing we've heard very recently when we've taken this to our practice partners and they say, "We really get it. We appreciate this. And this is something that then we can use these same domains to build on as we transition individuals into practice and even up the career ladder and build on it rather than have to go back to ground zero and figure out where we start and what every single graduate comes to us with."

And competencies are visibly demonstrated and assessed over time. Some of the feedback, a lot of the feedback as a matter of fact, that we got from some faculty are that they didn't think all of the sub-

competencies that we had in the document were measurable. We have gone over every single sub-competency and competency in the document with our experts on competency-based education, and I can ensure you, some of them may be more difficult to observe, but they are observable and able to be demonstrated.

So what do competencies do within the curriculum? They provide guidance for how we teach, they provide direction for what we expect of students, and they provide a framework for performance assessment. And I would also say that these cannot just be done as a single course or a single faculty, it must be done as a whole faculty component coming together to see where the competencies are threaded and assessed across the entire curriculum.

So what are the benefits of competency-based education? And they could go on to more and more pages, however, I have tried to condense them, and limit them, and pick some of the most important. It makes the learner responsible for his or her own learning. They understand what they need to obtain and they are expected to know and be able to self-assess also when they have obtained that competency.

It clarifies faculty expectations regarding learner performance. And it provides an overall cohesive framework for course design. And it promotes faculty development regarding teaching and creates a community of faculty with common goals and provides a framework.

So where are we and next steps? The document was approved by the AACN board of directors in January of 2021. It was presented to the AACN membership for a vote in March of 2021. And since that meeting, because we're all still in pandemic lockdown, that meeting was held remotely or virtually so

So I am not able to share, I do not know what the results are, but they should be revealed and reported very soon. This, I think, has become the mantra of our leadership team. How do you eat an elephant? And the answer is one bite at a time.

We know we have a huge task in front of us but and also for many of our schools and our specialty and other organizations, our certifiers and our accreditors. However, we know that this...we have planned a

I mentioned an Essentials Tool Kit, which we've already started populating with a lot of the resources that have been submitted by some of our content experts and some of our specialty groups.

I would also say that National Council has already submitted resource materials that we requested to be integrated across a number of the domains. This is the framework for the tool kit, that it will have competency-based education resources for all types of education development.

There will be competency-based assessment resources, not that we're going to do standardized

And this is not just individual courses but the curriculum as a whole. Have participation of faculty to talk about what this means and what might be brought forward. Where are you already in your curriculum? And we do assume that if you have been updating and having continuous quality improvement of your current curriculum, that you will find many and most of these Essentials or competencies are already in your curriculum, but it's how are you assessing them?

And we've heard from a couple of schools that have already done this as a curriculum, and we know that they have gotten extremely excited and have come up with many ideas for assessment and how this might be implemented, and have come up with some great ideas already about where these assessments can be integrated and how can they be built on what they already have?

And also, we encourage you to engage with your practice partners in true practice and partner academic relationships and partnerships, but also to think about what new partners you may need to bring in to implement the new Essentials. So I am going to stop now and we have time for some questions and I will be glad to answer any questions you have.

I also have listed several resources and particularly, the AACN Essentials webpage. There's a direct link here in the PowerPoint, which you should have access to, to access these documents that I've referred to.

They may overlap some, but they will build on those 500 practice hours, which are a combination of direct and indirect care practice.

- Thank you, Joan. Next question is from Mitzi Saunders. She asks, "A competency-based curriculum is congruent with a pass-fail grading system, either competent or not. Is that your intention to move away from a grading system to a pass-fail system? Also, in lieu of grade inflation in nursing education a real issue, is this the direction you are suggesting?"

- I don't believe that we have come out and said that. There has been a lot of conversation and there will be additional conversation as we transition to competency-based education. I know that there's a lot of issues we had early on in the discussion about what a grading system might do for people looking to enter other types of programs if they're moving from their professional-entry program into advanced level.

So no, we are not saying that schools should go to a pass-fail system at this time. But I think competency-based education also can be reflected in our current grading system and there are other ways to assess competencies and how they're applied in different contexts and other kinds of requirements and assignments.

- Thanks, Joan. Mitzi has a follow-up question. "If a program can meet the Essentials at all levels and do so at the master's level, would this be acceptable?"

- Okay. In our document, we say that the level 2 competencies should be used by all programs preparing graduates for any area of advanced nursing practice, so any specialty roles for advanced practice roles. We do not differentiate the level 2 sub-competencies.

However, so a program may decide whether they want to award a master's degree or a DNP degree for those advanced-level competencies. However, there are other...what we say is there are other ways to differentiate a master's at the DNP.

Now, the DNP, I'd like to point out that the level 2 competencies have been written with doctoral education in mind. However, the true differentiator between a master's degree and a DNP degree will also be determined by the specialty and role competencies and requirements expected. They may have additional requirements, they may differentiate what those requirements are for a master's versus a DNP.

I know that the informatics competencies and expectations for advanced-level programs are differentiated currently from master's to DNP. Others, there is no differentiation. The other differentiator will be that many institutions do have and require additional coursework or requirements to offer a doctoral degree.

So, these competencies in the Essentials alone do not differentiate a master's from DNP. However, I would reiterate that we have written those sub-level level 2 competencies at what we believe are the doctoral level.

- Thanks, Joan. Next question from Julie Sable. "Please define indirect and direct hours."

- Okay. Well, the definitions, I would refer you to the glossary in the Essentials, and I don't have it directly in front of me. But basically, the direct...and they are the same definitions that have been in our past Essentials documents. They are not new. But direct, and this is me talking, like I said, I'm not reading it directly from the Essentials, but direct care involves direct interaction with patients which can be individuals, families, or groups.

And they can be in traditional or non-traditional environments, but it requires direct interaction. Indirect

involve, let's say, patient advocacy, policy development, or other kinds of initiatives, quality improvement initiatives, policy development outside and away from the direct interaction with the populations, groups, families, or individuals.

- Thanks, Joan. We have about a minute and 45 seconds left. "How do these changes..." this is a question from Jessica Estus. "How do these changes address the concerns that APRN education is not consistent across educational programs?"

- Well, we believe both, not only for advanced level but also for entry level, that a program must have their graduates demonstrate over time these competencies. And the competencies are very well defined, and the expectations of what somebody would need to demonstrate.

And as I said, the assessment that occur in different contexts, in different settings. We will become, as we work towards the implementation and faculty become more aware of what competency-based education entails, I believe that this consistency will occur. We've heard consistently from our practice partners when they read the document and they look at the competencies, they know what they will expect and what to expect out of graduates coming out of the program, both entry professional as well as the advanced-level competencies.

- Thanks. We're going to do one more question from Rita D'Aoust. She asks, "There is a concern about the clinical competence of nurse practitioner students upon graduation. APRN/NP residency program is to provide additional transition but not complete the APRN education. The revised Essentials include 214 competencies plus APRN competencies. How will the revised Essentials competency approach address the concern of APRN clinical readiness at graduation?"

- Okay, well, the level 2 sub-competencies are the basis for advanced-level education. The specialty competencies, for whatever specialty it is or whatever role, are intended to build on these level 2 sub-competencies. So it's not the level 2 sub-competencies by themselves that will prepare a nurse practitioner for entry into practice, but it is the level 2 sub-competencies as well as the specialty or role competencies.

And as we all transition to competency-based education, these expectations should become clear and clear about what's expected. And also, then you have to consider the other requirements whether they are specific course assignments, whether they're clinical, whether they're direct care assignments, practice immersion expectations.

So working together, I think that we can reach more consistency and hopefully continue to prepare quality graduates that employers know what they're expecting. And I think some of that will come out in

our next presentation when we start talking about the national task force criteria which are specific to nurse practitioner programs. Remember, these Essentials are focused on all areas of advanced nursing practice, not just the four APRN roles but any program who is preparing anybody for any area of advanced nursing practice.

- Thank you very much, Joan. And before we get to Mary Beth Begley, our next presenter on the national task force, we're going to take about a 10-minute break and we're encouraging everyone to go to

choose the lounge you'd like to join, and we will see you back in about 10 minutes.

Thank you.