That is Dr. Lucy Marion, Dean Emeritus of Augusta University and Dr. Eileen Breslin, Dean of the University of Texas Health Science. It was a pleasure working with them as well as the 19 representatives as we've come together now for the last 16 months on these revisions.

You'll see as I describe this process how they have put an enormous amount of work, passion, expertise in time, and has made this project a success. So just briefly the timeline here with this, as I said, we started in the fall with the invitation going out. We had our first meeting in December 3rd.

It was a short meeting and it was just an introductory meeting to get to know each other, to learn a little bit more about the process, and to go over the agenda for the meeting on the 18th. As part of the invitation, we ask that 19 organization representatives to speak with their boards to answer two questions which I'll go through in a minute and this was the base for the conversations that we had on December 18th.

Over the course of the last 16 months, we met many, many times for two-hour Zoom meetings, they were incredibly productive and a lot of the members joined on a regular basis. We very rarely had people that were unable to attend which from 19 organizations is pretty phenomenal. On January of this year, January 29th this year, the first complete draft of the National Task Force Criteria, the sixth edition went to the boards for the review and comments.

And on the beginning of March 1st, we started to receive comments from them which we are now putting together and consolidating for meetings that are going to occur over the next six weeks. So the purpose of the task force, the document itself, is to provide a framework for the review of all NP educational programs.

Additionally, the leadership program had a charge for the task force representatives and that was to produce the sixth edition that would better reflect the changing demands of the current and future healthcare as well as higher education, and accountability for quality NP education. As mentioned earlier, the all day meeting on the 18th was upTh w2 0 612 792 reW*ñBT/F1 12 Tf1 0 0 1 54.025 543.17 Tm0 g0 G[

programs, APRN conference, and of course, the DNP as entry into practice. So that was a pretty long list

So that was written into the sixth edition. Each chapter has a standards paragraph. It was also then determined that there would no longer be six chapters, that we would rearrange things into four chapters and here's the listing of the four chapters. In addition as I go through this, the third thing that happened is the teams were so efficient in their work in defining the criterium and the required evidence that there was no longer a need for an elaboration that was in the elaboration paragraphs that were in the previous chapters.

What we used if there was a need to define something is the glossary at the end of the document where we define both terms and words. So if there is a need to elaborate on something, that's where somebody would go to get additional information. So I'm going to jump into the chapters here and what I've provided is the draft standard and I'll give you a little bit information on what's in some of the criteria.

As mentioned earlier, this is still in draft. So some of this may change and the criterium and the required evidence for each one of these chapters may also be changed based on what I'm going to be presenting here. So Chapter 1 is Mission and Governance. It's pretty clear what a mission and governance is.

We want the schools of nursing and the programs in nursing to look at their governance structure so that it prides quality for NP programs and through the faculty governance, we actually would like the institutional policies to be committed to supporting the NP programs.

So one of the criterium would read something to the extent that the governance structure within the institutional facility has ongoing participation from the community of interest which includes the administrator's faculty and students in the development, implementation, maintenance, and evaluation of the NP program.

And the evidence for that particular criterium would be that they would define who their community of interest is and show clearly how the information from the community inference is included in the governance and how they provide input, and this input is used to make changes and to have quality assurance and quality improvement through the programs.

Another example, we heard a lot during the discussions over the past 16 months of faculty having time to do teaching service and scholarship. So one of the policies would be that the institution has policies and expectations for faculty, consistent with other faculty that are in the academic institution to have time, allotted time for teaching service and scholarship.

Again that's outlined as one of the criteria with supporting evidence. This chapter also outlines policies as it relates to clinical sites, preceptors, and the use of simulation. Chapter 2, Chapter 2 is Resources. This is a pretty compact chapter because the resources that we're talking about here are fiscal, human, the student support services, the learning resources, and the physical resources.

So again, this is having institutional resources sufficient for all matriculated students across these different types of resources. So the criteria here would be something to the effect of sufficient number and qualified preceptors to facilitate student clinical learning needs in the population focus for the program that there would be sufficient staff and there would be sufficient faculty to ensure that there were successful completion of the program.

That would include if necessary, clinical placement support. So Chapter 3 is curriculum. This chapter was previously in the previous version, but there's been quite a few changes and it's been clarified in many ways to be more specific. And again it's the design and the revision of the evaluation by NP faculty to maintain currency and meet national standards.

Maintain currency was talked about a lot that this document had to be looking into the future to make sure that there were changes that needed to be done in curriculum that they'd be able to be put in and

other questions to come in. Can you describe the difference between the Essentials and the new task force standards and criteria document?

I think sometimes people get them confused. So could you both maybe chime in on the differences between the two?

- So I think they're very complementary of each other. They're different documents, and Joan will talk about the Essentials in a bit. But the National Task Force standards and criteria are specific to NP programs. So they go that one step further in talking of about what programs could be doing for meeting quality expectations.

There's a lot of process points in that document where we ask for certain policies to be in place, evaluations, curriculum, where it's not as much competency-based as the Essentials are, although there is a little bit that leads to competency. So that's where the overlap is with... From my looking at the two documents, it's not a competency-based document.

The Essentials is. It's more of a process document. Joan.

- [Joan] And thank you, Mary Beth. And I would just add to be clear and I know we said this before that the Essentials document, the AACN Essentials document addresses all, both entry into professional nursing as well as advanced professional nursing. So we're not talking about just nurse practitioners or the four APRN roles but all advanced nursing practice. So that is one of the major differences and as Mary Beth said, the Essentials doc, the new document now is transitioning to competency-based education.

It does include a section on implementation and other expectations and requirements for our programs. But it's primarily in a competency-based document.

- Thank you both. Our first question is from Susan Rupert. She asks, "Will education programs get to provide input in the same way that AACN sought feedback on the revised Essentials?"

- Thank you. Thanks for that question. This is a discussion actually that the leadership group has been having. In the past, the National Task Force when it's been under revision has received comments through the boards through the 18 organizations that have been part of the revision process. We realize that the revisions we made this time are significant, going even from six chapters to four chapters is very different in getting rid JETQq0.000glucust add to be(] vCW*hBT/F1 12 Tf1 0 t)6 be)6BT/F1 12 Tf1 0 0 11 54.025

- But we know it's an important part of the process, and how to make sure that we get feedback.

- Thank you. Next question is from Mary Powell and she asks, "When do you expect the new NTF document to be released?" You knew that one was coming.

- I knew that one was coming. You know, similar to the Essentials document, this document has to... is part of an accreditation process, we realize for schools. So we want it released as soon as possible, so that could be on the same line of review for accreditors as the new Essentials document.

Now that said, we have a lot of comments and they're very good comments. And the leadership team is going through them and making modifications, and it's going to have to go back to the 18 organizations. The previous question is where I hesitate. When we open it up for public, we're going to have to do the same thing and as Joan explained with the Essentials process, going through the comments and every comment being looked at and reviewed, and considered is a tremendous amount of time.

And right now it's the four of us that are on the leadership team having these meetings. So I can't give you a timeline. I want to say that it's going to be done by the end of 2021 and kind of hope it's done sooner than that, maybe, you know, by the fall.

But at this point, we want to take every comment, we want to do this right, we want to get a document out there that's clear, concise, and has an impact.

-

- And I would just add just to reinforce that because that is the same answer I would have given. But also just to reinforce that we do not say specifically what each institution has to have. But it has to demonstrate how and have policies for, and show what they do have, where they have gaps, and what they're doing to address those gaps, and how that they have the resources necessary to meet their mission, goals, and objectives.

- Thank you. Next question is from Julie Stanik-Hutt. "With growing comments from employers example, VHA in particular, that they prefer to hire PAs to new grad NPs because of the differences in the number of clinical practicum hours, 2,000 for PA and 500 for NP. Have the minimum expectation for clinical practicum hours been revised?"

- Joan, you want that question?

- Sure. I'll take the first crack at that. That has certainly been a major part of the discussion and one of the key points that the National Task Force is focusing on. We have done an extensive review of the literature, we have looked at requirements from the other APRN roles, we have looked at the requirements for other disciplines, and also the documentation for expectations.

So it is part of the conversation. We do have some proposed guidelines and standards that we have weighed in. We have had feedback from all of our 18 organizations and the final document will have a recommendation for practice hours, and also how those are defined.

- Yeah. Thank you, Joan. I didn't mean to throw that one at you that badly, but I think the other piece here is the... I had confusion. I've talked to Joan about this, the 500 hours that's in the document for the Essentials. As Joan explained in the previous presentation, those are for meeting the competencies at the second level of the Essentials and that 500 includes both direct and indirect hours.

The NTF will come out with a recommendation for direct patient care hours and additional hours are likely to be needed to meet the competencies as it addresses APRN competencies or NP competencies specific to the way it's outlined in the Essentials.

So, you know, we believe that there is likely going to be an increase in the direct patient care hours and probably a redefining of those indirect patient care hours.

- Thank you, both. Next question is from Jennifer Wright. She asks, "Will you retain your guidance documents for gap analysis and assistance with evaluating clinical experiences for dual track preparation?"

- Let me answer the first one first. So, yes, and in fact one of the task force members has agreed to help us with the gap analysis, I know, and a few of the other members have to look at the gap analysis to make decisions on a regular basis. So that document is going to be included in and in fact updated.

The other attachments that are currently in there are all under review right now. We're going to keep some of them. We're going to update the ones that we do keep and we're likely to have even additional ones to support the four chapters.