



The Essentials: Core Competencies for Professional Nursing Education ***Frequently Asked Questions*** **Updated September 2021**

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 new model for nursing education and expectations for schools of nursing.

Overview of the New Essentials

How is the re-envisioned *Essentials* document organized?

Titled *The Essentials: Core Competencies for Professional Nursing Education*, the new format for the document includes an Introduction, A New Model for Nursing Education, Implementing the Essentials: Considerations for Curriculum, 10 Domains and Domain Descriptors, 10 Contextual Statements, Competencies, Entry-Level into Professional Nursing Education Sub-competencies, and Advanced Level Nursing Sub-competencies. In addition, there are a glossary and references.

What are the featured domains and concepts found within the *Essentials*?

Within the *Essentials*, there are 10 domains that were adapted from the interprofessional work initiated by Englander (2013) and tailored to reflect 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 *Essentials*. 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

Implementation Expectations

When does AACN expect implementation of the new *Essentials* to be completed?

The AACN Board of Directors recognizes that the *Essentials* provides a new model for professional nursing education, which includes a transition to competency-based education. They also recognize the enormity and breadth of challenges this transition presents for many schools. Therefore, the pathway to fully implementing the new *Essentials* will be an extended process that may take three years or longer.

How will AACN facilitate the transition?

AACN is committed to facilitating this transition and providing support and resources to make the implementation a reality. The association will:

- Appoint a steering committee to monitor the process, identify issues that may arise, and develop materials and resources to support the implementation.
- Provide extensive [learning opportunities for deans and faculty](#) (e.g. webinars, conference sessions, online resources, and workshops.)
- Continue engagement with practice-based organizations and other external agencies that influence academic programs to create synergistic efforts and a common understanding related to the *Essentials*.
- Continue ongoing engagement over the next several years with the Commission on Collegiate Nursing Education and the Commission on Nurse Certification as each of these autonomous organizations dialogue with their constituents and stakeholders regarding this new model.
- Develop an [Essentials Implementation Tool Kit](#) to provide current information on competency-based education and assessment, suggested learning resources and content, and assessment exemplars for each of the domains. The template for the toolkit has been developed, and the implementation has already been started based on input received from faculty and others. Various stakeholder groups and specialty organizations have been invited to submit resources and materials for possible inclusion.
- Explore the development of digital tools to facilitate documenting, tracking, and reporting curricula and students' attainment of competencies.

What can schools/programs begin doing now to begin this transition?

The transition to competency-based education and this new model for nursing education will be a gradual process, possibly taking three years or longer to fully implement. However, there are some steps schools can begin doing now to begin this process.

Recommended early steps include:

- Use the new *Essentials* to crosswalk or map current curricula in individual programs of study (or degree programs) with the Domains, Competencies, and Sub-competencies.

- 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.
- 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.
- Use the crosswalk for faculty generative thinking regarding how degree pathways do or not align with the new model for nursing education.
- Continue the generative thinking to develop pathways for how the program(s) may evolve to align with the new model for nursing education.
- Develop or participate in faculty development sessions or workshops to support this transition.
- Engage with current and new practice partners to strategize, plan, and implement the new *Essentials*.

A New Model for Nursing Education

Why two levels of competencies/sub-competencies for professional nursing education?

- The *Essentials* Task Force was charged to be forward thinking and create a document that addressed the continuum of professional nursing education, initiated a transition to competency-based education, and aligned with current healthcare.
- After much discussion, the Task Force agreed that a new paradigm or way of thinking was needed to create a pathway for moving professional nursing education to a clearer and more consistent future.
- A crosswalk of the current *Essentials* expected outcomes showed tremendous overlap and misalignment from one type of degree to another. This was particularly true of the master's and DNP degree expectations which in many areas had very little differentiation.
- In the re-envisioned *Essentials*, the sub-competencies for both the entry-into-professional nursing practice and the advanced-level nursing practice are designed to produce a more robust education leading to graduates prepared to address the current and future healthcare system and advance the profession of nursing.
- The new *Essentials* Model of Nursing Education with two levels, entry-into-professional nursing practice and advanced-level nursing practice, provides a seamless foundation for the preparation and advancement of nurses across the education continuum.

How does this new model differentiate between master's and DNP programs?

- In the new model, all advanced nursing education programs prepare graduates for practice in an advanced nursing practice specialty or an advanced practice nursing role, using Level 2 sub-competencies and competencies required for an advanced nursing practice specialty or advanced practice role.
- 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.

- An institution may choose to award a master’s or DNP degree for advanced nursing preparation in a nursing practice specialty or an advanced nursing practice role.
- These *Essentials* do not supersede the requirements established by national nursing specialty organizations for the advanced level specialties or advanced level roles. If, for example, the specialty organization requires the DNP for certification or licensure, then that requirement will also influence the degree granted.
- Specialty competencies identified and recognized by national specialty organizations will build on the *Essentials* sub-competencies and be integrated across the curriculum.
- All DNP students will complete a scholarly project/project, which will be evaluated by faculty.
- Additional coursework and requirements may be included in the curriculum to meet the institutional requirements for a degree awarded. For example, additional credits/courses may be required for an institution to award a doctoral degree.

What about an advanced generalist master’s degree or the Clinical Nurse Leader (CNL) program?

- In the new model for nursing education there is no designation as an “advanced generalist master’s degree” for any area of nursing specialization or role.
- All advanced nursing education programs prepare graduates for practice in an advanced nursing practice specialty or an advanced practice nursing role, using Level 2 sub-competencies and competencies required for an advanced nursing practice specialty or advanced practice role.
- In dialogue with the Commission on Nurse Certification (CNC), who offers CNL Certification, it was agreed that the term advanced generalist was not descriptive of the CNL practice or role. CNC completed a crosswalk of the CNL competencies and new *Essentials* sub-competencies; it was determined that a majority of the CNL competencies aligned with the Level-2 sub-competencies. CNC has indicated they will explore how best to align the CNL certification expectations with the new *Essentials* and how the CNL may be recognized as a specialty role.

How does this new model differentiate between BSN and entry-level (or generic) master’s degree programs?

- The new *Essentials* focuses on competencies and sub-competencies necessary for entry into professional nursing practice. All programs preparing graduates for entry into professional nursing practice will use the *Essentials* entry-level (Level 1) sub-competencies.
- Level 1 sub-competencies explicate a more robust breadth of preparation for entry into practice (as compared to the former BSN *Essentials*) which will create a much stronger generalist preparation for entry-level professional nurses.
- Graduates of community college or diploma programs enrolled in degree completion program will be expected to demonstrate attainment of the entry-level sub-competencies prior to graduation.

- Master’s entry-level programs, in addition to preparing graduates with the Level 1 sub-competencies, may include additional courses and requirements to meet the institution’s requirements for awarding a master’s degree. Currently many entry-level master’s programs include additional content/coursework focused on care coordination, quality improvement, and leadership development. The new *Essentials* include competencies focused on these areas of practice for all entry-level professional education.

How do associate degree nursing (ADN) programs fit in to this new model for nursing education?

- The *Essentials* focus on baccalaureate and higher degree nursing education programs.
- However, “the American Association of Colleges of Nursing (AACN) is committed to working with the larger education and healthcare communities to create a highly educated nursing workforce able to meet complex healthcare demands today and in the future. To that end, AACN encourages all nurses to advance their education and supports the many pathways to achieving academic progression in nursing. (AACN, 2019, [*Academic Progression Position Statement*](#), p.1)
- AACN recognizes that many students begin their nursing education at the associate degree level and complete their general education requirements at community colleges before transferring to professional degree completion programs.
- All students in a post-licensure nursing program (RN-BSN or RN-MSN) are expected to demonstrate attainment of the Level 1 (entry-level) sub-competencies prior to graduation. If an RN-MSN program decides to prepare graduates for an advanced-level nursing specialty or advanced-level nursing role, graduates must also demonstrate the Level 2 sub-competencies and the specialty/role competencies.

Clinical Hours and Curriculum Expectations

Are there required number of practice or clinical hours for entry-level programs?

- Consistent with the 2008 Baccalaureate *Essentials*, there are no specific, required number of clinical or practice hours for entry-level programs. (Some state boards of nursing or licensing bodies have set requirements for number of hours and types of experiences.)
- All learners in entry-level professional nursing education programs (pre-licensure and post-licensure [degree-completion] programs) are expected to engage in direct patient care learning activities in all four spheres of care and across the lifespan.
- Graduates of all types of entry-level professional nursing education programs need sufficient practice experiences (both direct and indirect care experiences) to demonstrate end-of-program learning outcomes inclusive of all Level 1 sub-competencies.
- Entry-level professional nursing programs (pre-and post-licensure) are expected to develop immersion or synthesis experiences that allow students to integrate learning and gain experience that facilitates transition into practice. The immersion experience may occur towards the end of the program as a culminating synthesis experience; and/or there may be one or more immersion experiences at various points in a curriculum.

Are there required number of practice or clinical hours for advanced-level nursing education programs?

- The transition to competency-based education inherently calls into question the role of more traditional time-based requirements. In this new *Essentials* model, there is an emphasis on ensuring that all nurses pursuing advanced education attain Level 2 sub-competencies as well as competencies required for an advanced nursing practice specialty or advanced nursing practice role being pursued. The number of required practice (direct and indirect care) hours will vary based on advanced specialty/role requirements.
- The specific clinical/practice experiences and number of practice hours and/or credit hours required depends on these *Essentials*, advanced nursing practice specialty and advanced nursing practice role requirements, and regulatory standards for specialty certifications and licensure. The program must include adequate experiences (in terms of time, diversity, depth, and breadth) to allow attainment and demonstration of all relevant competencies (Level 2 sub-competencies and applicable specialty/role competences and other requirements) and successful transition to practice demonstrated through program outcomes. The number of in-person practice hours will vary based on student needs and curriculum design.
- Participation in a minimum of 500 practice (direct and indirect) hours in the discipline of nursing, post entry-level education and attainment of Level-1 sub-competencies, is required for demonstration of the advanced level sub-competencies. Some students may require additional time and practice to achieve competency.
- These practice hours also provide a foundation for the additional time-based requirements set by specialty organizations or external licensing/certifying bodies, which will require additional practice time for preparation in advanced nursing specialties or advanced nursing practice roles. Hours of practice do not necessarily need to be delineated by competency type (*Essentials* or specialty/role). Some, but not all, Level 2 sub-competencies and/or specialty/role competencies may be demonstrated and assessed concurrently.
- 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.

What will be the biggest change or impact that the new *Essentials* will have on our nursing curricula?

- The new *Essentials* reflect current and future healthcare and nursing practice, which will require ensuring that the curriculum reflects these changes and advances in care and care delivery.
- The new *Essentials* reflect a transition to competency-based education (CBE), which will require new and additional learning opportunities and opportunities for demonstration of attainment of the competencies and sub-competencies.
- CBE requires that students participate in multiple learning experiences across increasingly complex environments and situations. Students' performances are assessed or evaluated in multiple venues, experiences, and increasingly complex situations across curriculum versus via a quick check off or "one demonstration and done" approach.

- Domains are not individual courses or defined areas of study, but rather are integrated across multiple courses or throughout the curriculum.

Will competencies or content in physiology/pathophysiology, health assessment, and pharmacology (commonly referred to as the 3 Ps) be required for all advanced nursing education?

- Advanced level (Level 2) sub-competencies across all the Domains of competence are foundational for any pursuit of advanced-level nursing education regardless of practice specialty or advanced nursing practice role. A strong foundation in multiple areas of science is needed to form the basis for clinical judgment in all nursing practice.
- The new *Essentials* does not change the requirement that programs preparing graduates for one of the four APRN roles, must include three separate graduate courses in physical assessment, pathophysiology, and pharmacology as defined and required in the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education*, 2008.
- Regardless of the emphasis area of a graduate nursing program of study, professional nursing leadership, making informed decisions, and guiding practice (regardless of setting) must be informed by the science of the discipline – the biophysical principles fundamental to health for patients, families, communities, and populations.
- The 3 Ps is the operationalization of the science of the discipline as applied to the four APRN roles as well as all nurses providing direct care to individuals.
- Using the reference of “the 3 Ps” is not universal. The science of the discipline could be operationalized differently for different areas of study or specialty areas other than the four APRN roles. The core areas of physiology/pathophysiology, pharmacology, and assessment have varied applications across specialty or practice areas. For example, a student pursuing an advanced nursing degree in Health Systems Leadership:
 - Might apply advanced knowledge in pathophysiology/epidemiology in context of management of a pandemic across all settings of practice for a health system—from perspectives of resource management, safety, quality, staff deployment, etc. Assessment in this case would be assessment of the organizational resources, consideration of supply and demand, etc.
 - Might apply advanced knowledge in pharmacology operationalized for the specific role in health systems. In an environment where the expectation is to perform at higher levels of quality with fewer resources, economies of scale and possible limited product availability, it is essential to have a clear understanding of pharmacologic principles and concepts. Content applied to the pharmacy enterprise and an approach to pharmacy on a system level, might focus on variables such as: (1) improvement of patient care, (2) reduction of inpatient pharmacy costs, and (3) expansion and optimization of outpatient pharmacy revenue. The goal is quality and improvement of patient care.
- In addition to the areas of advanced knowledge referenced above, courses or content in other areas of science (e.g., epidemiology, genomics) will be necessary for preparation and attainment/demonstration of the Level 2 competencies. These

scientific areas of study also will depend upon the advanced nursing practice specialty or role being pursued.

Nursing Education as a Concentration

Can an advanced nursing program focus on nursing education as a specialty?

- All advanced nursing programs prepare graduates with the Level 2 sub-competencies 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.
- Advancing education in nursing with the emphasis on teaching and learning alone does not fulfill the achievement of 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. A number of 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/certificate programs, and professional development opportunities offered by employment settings.
- Programs that do or wish to prepare graduates for a faculty/educator role are encouraged to offer additional coursework/series of courses that lead to a minor or certificate in teaching in higher education/andragogy.

CCNE Accreditation

Will the Commission on Collegiate Nursing Education (CCNE) require the new *Essentials* and, if so, when? (Response From CCNE)

- CCNE is governed by a Board of Commissioners, which has the authority to approve CCNE policies, procedures, and standards. CCNE, which is the autonomous accrediting arm of AACN, will be responsible for determining whether to require the document in the accreditation process.
- The CCNE *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs* (2018), which went into effect on January 1, 2019, requires programs to incorporate AACN's *The Essentials of Baccalaureate Education for Professional Nursing Practice* (2008), *The Essentials of Master's Education in Nursing* (2011), and *The Essentials of Doctoral Education for Advanced Nursing Practice* (2006).
- CCNE reviews and considers revisions to its accreditation standards every five years or sooner, if needed. The next regular review of the accreditation standards

is expected to occur during 2022-2023. Whenever the CCNE Board approves a new set of accreditation standards, CCNE's practice has been that the document will go into effect several months later. For example, if CCNE revises the accreditation standards in Summer 2023, it is likely that the revised standards would go into effect January 1, 2024.

- In the meantime, programs hosting a CCNE evaluation or submitting a report to CCNE through 2023 should plan to address the *Essentials* documents listed above.
- CCNE will provide notice when its accreditation standards are under revision and will seek input from its community of interest throughout the standards revision process.