

Which AACN Essential Competencies Can be Performed Without Supervision by Registered Nurses at Entry to Practice? A Delphi Study

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Learning outcomes

- 1) Explore the need for nursing to transition to a competency-based model.
- 2) Identify competencies that may be performed without supervision at entry to practice.
- 3) Describe a model for evaluation of competencies.

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Our call to action:

Transform nursing education by focusing on one lens for professional identity and competencies of nursing

Allow for a more consistent product in terms of breadth of preparation and quality

(AACN, n.d.)

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Background

- The Essentials: Core Competencies for Professional Nursing Education (2021):
 - Call for a shift in nursing education to a competency-based framework.
 - Outline the competencies that nurses should meet at entry to practice
 - Do not describe how to observe them in the workplace.
 - Do not indicate to what level the competencies should be performed without supervision at entry to practice.

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Entrustment scale

(Ten cate, et al, 2020)

Observe only

Direct, proactive supervision

Indirect, reactive supervision

Performs unsupervised

Supervises others

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Research questions

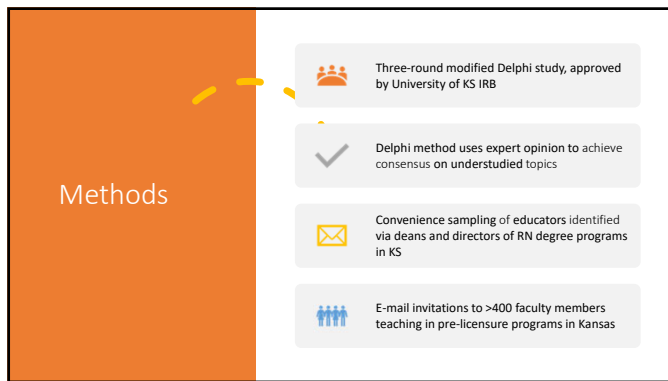


Which of the 45 AACN competencies are reflective of a direct practice/observable workplace activities?

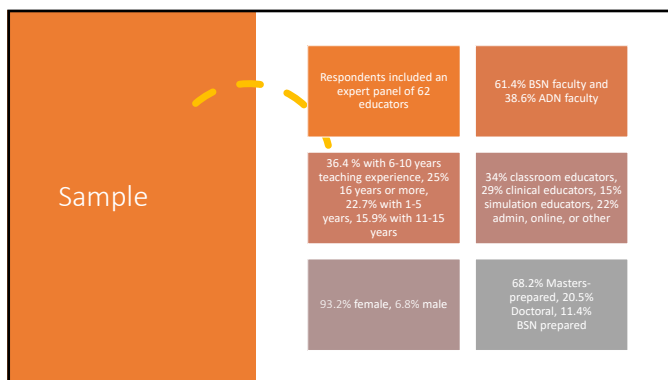


Which level of entrustment (supervision) should be expected for direct practice/observable workplace activities at the time of graduation and licensing?

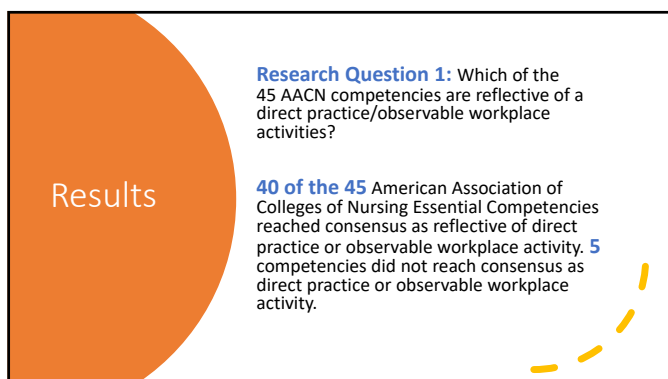
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Results

5 of 45 Did not meet consensus as direct practice or observable workplace activity

- 3.1 Manage population health.
- 3.4 Advance equitable population health policy.
- 4.1 Advance the scholarship of nursing.
- 4.3 Promote the ethical conduct of scholarly activities.
- 7.3 Optimize system effectiveness through application of innovation and evidence-based practice.

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Results

Research Question 2: Which level of entrustment (supervision) should be expected for direct practice/observable workplace activities at the time of graduation and licensing?

39 of 40 competencies met consensus of entrustment (supervision) at time of graduation. **1 of 40** competencies did not meet consensus. Consensus set at **2/3, 66.7%**

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Performs unsupervised	Indirect, reactive supervision	Direct supervision	Observe only
2.1 Engage with the individual in establishing a caring relationship.		9.1 Demonstrate an ethical comportment in one's practice reflective of nursing's mission to society.	
2.2 Communicate effectively with individuals.		9.2 Employ participatory approach to nursing care.	
2.3 Integrate assessment skills in practice.		9.3 Demonstrate accountability to the individual, society, and the profession.	
2.6 Demonstrate accountability for care delivery.		9.4 Comply with relevant laws, policies, and regulations.	
2.8 Promotes self-care management.		9.5 Demonstrate the professional identity of nursing.	
5.2 Contribute to a culture of patient safety.		9.6 Integrate diversity, equity, and inclusion as core to one's professional identity.	
5.3 Contribute to a culture of provider and work environment safety.		10.1 Demonstrate a commitment to personal health and well-being.	
6.4 Work with other professions to maintain a climate of mutual learning, respect, and shared values.		10.2 Demonstrate a spirit of inquiry that fosters flexibility and professional maturity.	
8.1 Describe the various information and communication technology tools used in the care of patients, communities, and populations.			

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1.1 Demonstrate an understanding of the discipline of nursing's distinct perspective and where shared perspectives exist with other disciplines.

1.2 Apply theory and research-based knowledge from nursing, the arts, humanities, and other sciences.

1.3 Demonstrate clinical judgment founded on a broad knowledge base.

2.4 Diagnosis actual or potential health problems and needs.

2.5 Develop a plan of care.

2.7 Evaluate outcomes of care.

2.9 Provide care coordination.

3.2 Engage in effective partnerships.

3.3 Consider the socioeconomic impact of the delivery of health care.

3.5 Demonstrate advocacy strategies.

4.2 Integrate best evidence into nursing practice.

6.1 Communicate in a manner that facilitates a partnership approach to quality care delivery.

6.2 Perform effectively in different team roles, using principles and values of team dynamics.

6.3 Use knowledge of nursing and other professions to address healthcare needs.

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7.1 Apply knowledge of systems to work effectively across the continuum of care.

7.2 Incorporate consideration of cost-effectiveness of care.

8.2 Use information technology to gather data, create information, and generate knowledge.

8.3 Use information and communication technologies and informatics processes to deliver safe nursing care to diverse populations in a variety of settings.

8.4 Use information and communication technology to support documentation of care and communication among providers, patients, and all system levels.

8.5 Use information and communication technologies in accordance with ethical, legal, professional, and regulatory standards, and workplace policies in the delivery of care.

10.3 Develop capacity for leadership.

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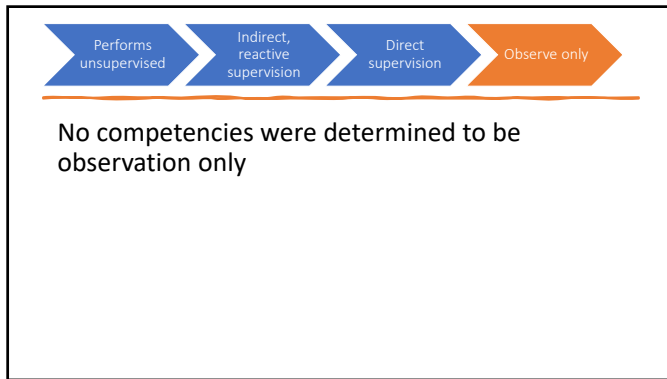


3.6 Advance preparedness to protect population health during disasters and public health emergencies.

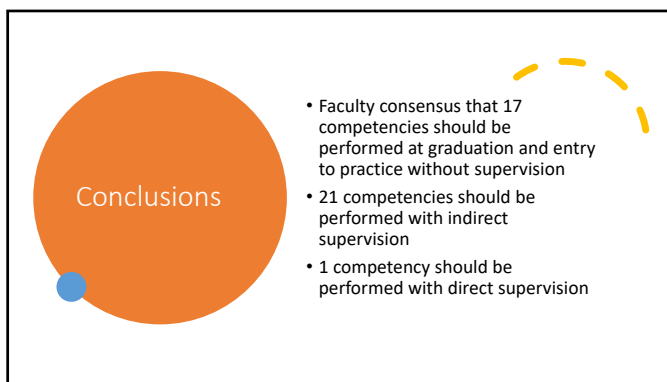
Did not reach consensus:

5.1 Apply quality improvement principles in care delivery. Divided between direct observation and indirect observation.

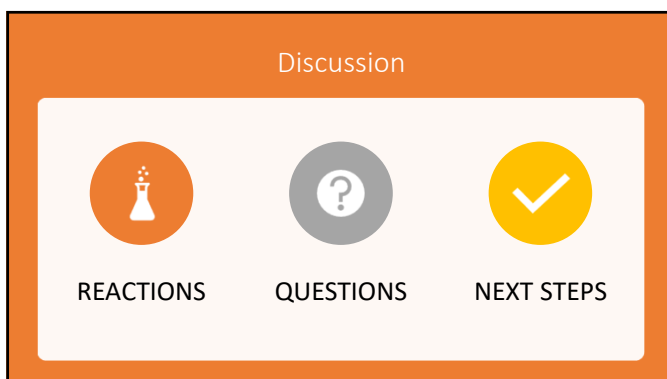
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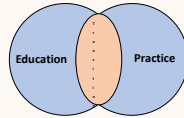
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Next Steps

- Gain understanding of practice opinion of expected performance at entry to practice
- Question how we can use this information in the assessment and evaluation of students
- Development of new models and further collaboration



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Contact

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