

Updates on Essentials TF

Wednesday, October 19th, 2:15-2:45pm

Mitzi M. Saunders (Chairperson)

Thank you!

Marie Adorno,
PhD, APRN, CNS,
RNC, CNE

Nicholette
Andrews, MS,
APRN, PCNS-BC

Laura Blazier, RNC-
NIC, CLS (CNS
Student)

Carla Brim, MN,
ARNP, CNS, CEN,
PHCNS-BC, FAEN

Denise Campbell,
DNP, RN, ACNS-BC,
CEN, CHSE

Terry Doescher,
MSN, RN, CNS-BC,
CCRC

Angela Floyd,
MSN, RN, AGCNS,
CCRN, SCRn

Patricia Friend,
PhD, APRN-CNS,
AOCNS, AGN-BC

Janet Fulton, PhD,
RN, ACNS-BC,
ANEF, FCNS, FAAN

Stephanie Kendall-
Chamberlain, RN,
BSN, CCRN-CMC
(CNS Student)

Sarah Knowles,
MSN, APRN,
ACCNS-AG, GERO-
BC, WCC

Noel Koller-Ditto,
DNP, AGCNS-BC

Oscar Lee, PhD,
APRN-BC, CNE

Mary Beth Makic,
PhD, RN, CCNS,
CCRN-K, FAAN,
FNAP, FCNS

Jennifer Manning,
DNS, APRN, CNS-
BC, CNE

Andrea C. Morris,
DNP, CNS, RNC-
NIC, CCRN,
NTMNC

Margaret Murray,
DNP, RN, CCNS,
CCRN-CSC, FAHA

Patricia O'Malley,
PhD, APRN-CNS,
CCRN

Sean Reed, PhD,
APRN, ACNS-BC,
ACHPN, FCNS

Jennifer Rice, MSN,
RN, AGCNS-BC,
SCRn

Tracy Riley, PhD,
RN, CNS, CNE

Jerithea Tidwell,
PhD, RN, PCNS-BC,
PNP-BC

Misti Tuppeny,
MSN, APRN-CNS,
CCRN, CNRN,
CCNS

Jane Walker, PhD,
RN

Learning Objectives

Articulate

- Articulate the findings and implications of the Crosswalk Analysis (TF Report).

Identify

- Identify how the Report impacts the future of CNS education and practice.

Create

- Create a shortlist of next steps for the CNS Program Directors in response to the findings.

Be ready to think **creatively** how CNS education and practice can be enhanced based on the findings of the Crosswalk Analysis.

Background

- Same key needs assessment that drove the new *Essentials* similar to Statement (2019) .
- New *Essentials* are competency based. NACNS has been competency based for years.
- Goal of *Essentials* = every graduate nurse is a DNP – written at that level.
- DNP is a degree with 274 sub-competencies. The 44 CNS role competencies = CNS role.
- Advanced roles expected to rise above the new *Essentials*.
- Each college/university nationwide decides if granting master's or DNP. Some can't do DNP.

Methods

Very rigorous level of validation that went 2-ways



Very time consuming



Many reviews by lots of scholars



More than 10 drafts to get it right



Board approval July 22, 2022, after a year of work

Articulate the findings and implications of the Crosswalk Analysis (TF Report).

100% of CNS competencies align with every *Essentials* sub-competency

Alignments determined at Level 2 (meaning we are not over and above) or APRN-CNS level (meaning we are distinguished by higher level skill, knowledge, etc.)

Domains 1, 2, 6, and 7 = APRN-CNS level.

Domain 3 Population Health 77%:33%

Domain 4 Scholarship 71%:29%

Domain 5 Quality and Safety 93%:7%

Domain 8 Information and Technologies 42%:58%

Domain 9 Professionalism 84%:16%

Domain 10 P.P.L. Development 71%:29%

Domain 4 Scholarship 71%:29%

Weakness: Ethical
Conduct of Scholarly
Activities

- IRB guidelines,
protection of human
subjects, ethics in
dissemination

Query: CNSs role in
research (competency
O6) - do we need to add
"ethical conduct"?

-Do these activities
distinguish between
master's or DNP entry or
expected at both entry
levels?

-We will need to include
some level of content in
CNS education
regardless.

Domain 8 Information and Technologies

42%:58%

Are we okay not being informatics CNSs?


Are we okay at Level 2 with other APRN groups in this domain?

Do we need more role competencies in this area?

We must assure CNS students are doing more in this area in clinical to meet Level 2 sub-competencies?

Domain 9 Professionalism 84%:16%

CNS role competencies N3 and N12 are Level 2 – nearly verbatim with sub-competencies in the *Essentials*.



Revise or remove?

Identify how the Report impacts the future of CNS education and practice.

Create a shortlist of next steps for the CNS Program Directors in response to the findings.

Small group work and report out