The Essentials: Core Competencies for Professional Nursing Education
Frequently Asked Questions
Updated March 2023

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 does AACN define competency-based education?
AACN defines competency-based education as "a system of instruction, assessment, feedback, self-reflection, and academic reporting that is based on students demonstrating that they have learned the knowledge, attitudes, motivations, self-perceptions, and skills expected of them as they progress through their education." Other organizations define competency-based education differently, including the U.S. Department of Education, which more narrowly defines this term as education "that organizes academic content according to competencies—what a student knows and can do—rather than following a more traditional scheme, such as by course." Nursing programs are encouraged to institute a process to ensure curricula address the competencies delineated in the Essentials and assesses student achievement of those competencies. AACN is not requiring schools to move to time-variable education or organize academic content according to competencies instead of by course. In fact, we anticipate most programs will continue to organize academic content by course. Even so, AACN reminds nursing programs that accrediting agencies and state boards of nursing may require notification or approval of substantive changes proposed in order to implement the Essentials framework, depending on the extent and nature of the proposed changes.

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, 8 Concepts with Concept Descriptors, 10 Domains and Domain Descriptors, 10 Contextual Statements, Competencies, Entry-Level into Professional Nursing Education Sub-competencies, and Advanced Level Nursing Sub-competencies.

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

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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 transition to the new *Essentials* will be an extended process that may take three years or longer for schools to fully implement.

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 competencies outlined in the *Essentials* are applicable across four spheres of care (disease prevention/ promotion of health and wellbeing, chronic disease care, regenerative or restorative care, and hospice/palliative/supportive care), across the lifespan, and with diverse patient populations.
- 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."
- 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.
- The Commission on Nurse Certification (CNC), who offers CNL certification, completed a crosswalk of the CNL competencies and new *Essentials* sub-competencies and determined that a majority of CNL competencies align with the Level-2 sub-competencies. The CNC is discussing how best to adapt CNL certification expectations in keeping with the new *Essentials.*

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.)
- 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 clinical experiences in entry-level programs expected across the spheres of care?

- The competencies outlined in the *Essentials* are applicable across four spheres of care: disease prevention/promotion of health and wellbeing; chronic disease care; regenerative or restorative care; and hospice/palliative/supportive care. All learners in entry-level professional nursing education programs (pre-licensure and degree-completion programs) are expected to engage in direct patient care learning activities in all four spheres of care, across the lifespan, and with diverse patient populations. Simulation can be used to satisfy some clinical learning requirements; but simulation cannot substitute for all direct care practice experiences in any one sphere of care for any one age group (p. 21).
- The spheres of care are not setting specific, but rather reflect patient needs. For example, regenerative/restorative care may occur in acute care facilities and trauma centers as well as in home, rehabilitation centers, and skilled nursing facilities. Disease prevention and wellness promotion may occur in any healthcare setting, but most commonly is delivered in primary care settings, home, or community settings. Chronic disease management may occur across multiple settings, including primary care, home, community, and rehabilitation settings. Hospice or palliative care may

occur in nursing homes, hospices, or dedicated units in acute care facilities.
- Moving to the new *Essentials* provides a unique opportunity for faculty to think differently about how and where we educate new nurses, including non-traditional settings and sites where nurses can make the most impact.

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. (Also see next question below.)
- 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.

How many practice hours are required for advanced-level programs? Is it 500 or 1000 practice hours?
- Based on the 2021 Essentials, all advanced level programs will need to include a minimum of 500 practice hours focused on attaining the Level 2 sub-competencies. The 500 practice hours includes both direct and indirect practice experiences. The 500 practice hours are the minimum number of hours a student will need to complete to demonstrate the advanced-level competencies delineated in the

Essentials. This practice hour requirement applies to all students in any advanced-level program.

- *The Essentials of Doctoral Education for Advanced Nursing Practice,* released by AACN in 2006*,* required all post-baccalaureate students in a DNP program to complete 1,000 practice hours. The 1,000 practice hours included time spent attaining and demonstrating advanced nursing practice competencies and meeting the requirements for all areas of nursing practice. Post-master's DNP programs were allowed to waive up to 500 of the 1,000 hours if the student had attained advanced level nursing certification or if there was evidence that the student had at least 500 practice hours in his/her master's program. Some advanced level specialty areas required many more than the 500 hours and some required less. The 500 hours required for all advanced level nursing programs in the 2021 *Essentials* addresses only the student's preparation for advanced level competencies, not the specialty/role competencies (although some overlap is expected for most roles/specialties).
- The 500 practice hours minimum for advanced level programs delineated in the 2021 *Essentials* can be distributed across the curriculum as faculty deem most appropriate, including some hours for work on the DNP final project if they meet the *Essentials* definition of practice (p. 62). For a post-master's DNP program, some of these advanced level competencies may have been attained as part of the student's master's program; however, the DNP program must provide sufficient practice hours/experiences for students to demonstrate they have attained all the advanced level sub-competencies and integrated them into their practice.

How do the 500 practice hours in the *Essentials* relate to the 750 direct patient care hours in the *National Task Force's 2022 Standards for Quality Nurse Practitioner Education*?

- The AACN *Essentials* and the National Task Force *Standards for Quality Nurse Practitioner Education* (NTFS) are two separate documents and delineate expectations for different but overlapping groups of students. The AACN *Essentials* provides a framework and expectations for professional nursing education, including all advanced level nursing practice programs. The 2022 *NTFS* delineates standards for one subset of advanced-level students: nurse practitioner students only. Therefore, the 500 practice hours required in the *Essentials* for all students graduating from any advanced-level professional nursing program and the 750 direct patient care hours required in the *NTFS* for all NP students are two different requirements.
- The 750 hours specified in the *NTFS* includes only direct care experiences (defined in the *NTFS* glossary on page 20.) The 500 hours specified in the *Essentials* includes both direct and indirect practice experiences. Attaining and demonstrating both the *Essentials* advanced level competencies and the NP role and nationally recognized population-focused competencies will require direct care experiences; therefore, some portion of the 500 practice hours specified in the *Essentials* will overlap with the 750 direct care hours specified in the *NTFS*. The number of hours that overlap will be determined by the area of practice as well as the curriculum design and program expectations.

Does a program need to perform an assessment of the Level 1 competencies when students enter an MSN or DNP program?

- The advanced level nursing education sub-competencies build on the entry level sub-competencies. Therefore, attainment of the Level 1 sub-competencies would be needed for demonstration of the advanced level sub-competencies. Advanced-level nursing education programs should be designed in a way that allows students to demonstrate they have attained Level 1 competencies and are integrated into their practice. Level 1 sub-competencies should be demonstrated independent of advanced level nursing education and are foundational as students progress in their advanced level nursing program and at a higher level.

Does a program need to demonstrate achievement of each competency and sub-competency with individual student evaluation measure?

- The intent of the *Essentials* is that every student has opportunities to develop all the competencies/sub-competencies and demonstrate attainment of the competencies/sub-competencies. The sub-competencies are the behaviors that would be expected of the student to demonstrate after attaining the competency at either the entry or advanced level. Competencies and sub-competencies do not have to be assessed individually but should be assessed in clusters in different contexts and using different methods across the curriculum.
- When completing a crosswalk of the new *Essentials* with the current curriculum, areas where learning strategies (didactic and practice) provide opportunities for students to obtain and demonstrate the competencies/sub-competencies should be evident. Faculty also should be able to identify gaps in the curriculum where they need to develop new or additional experiences.

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 pursing 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.
- Advanced Level nursing programs with the emphasis on teaching and learning (**without a practice specialty/role competency**) does not fulfill the achievement of advanced-level 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 AACN's 2021 *Essentials* and, if so, when? (Response From CCNE)
- CCNE is governed by the CCNE Board of Commissioners, which has the authority to approve CCNE policies, procedures, and standards. As the autonomous accrediting arm of AACN, CCNE is responsible for determining whether to require programs to incorporate professional nursing standards and guidelines 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. CCNE's regularly scheduled 2022-2023 standards revision process is now underway. CCNE announced the launch of the standards revision process and the appointment of the Standards Committee in August 2022.
- CCNE issued a Call for Comments on the 2018 accreditation standards with feedback due by December 7, 2022. CCNE hosted forums on the accreditation standards revision process, including sessions at the AACN Academic Nursing Leadership Conference in October 2022, the AACN Transform conference in December 2022, and the AACN Doctoral Education Conference in January 2023,

where updates were provided and comments were received. There will be additional opportunities to provide input and comments, as well.

- 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. The CCNE Board expects the 2018 accreditation standards to be amended during the second half of 2023. Programs hosting CCNE on-site evaluations or submitting a report to CCNE on or before June 30, 2024 will be assessed under CCNE's 2018 accreditation standards, which require the "old" AACN *Essentials* documents. For programs hosting a CCNE on-site evaluation Fall 2024 or submitting a report to CCNE on or after July 1, 2024, it is not yet clear whether CCNE's 2018 accreditation standards or future (yet-to-be-amended) CCNE accreditation standards will apply. CCNE is not precluding programs from incorporating AACN's 2021 *Essentials* and/or other revised versions of professional nursing standards and guidelines, if they wish to do so; however, any program being assessed under CCNE's 2018 accreditation standards will need to address the "old" AACN *Essentials*.

- CCNE will afford constituents the opportunity to comment on proposed revisions, and the Standards Committee will consider these comments before the revised accreditation standards are adopted by the CCNE Board.

- CCNE will provide notice well in advance of when the revised CCNE accreditation standards will go into effect. Further, CCNE will inform its constituents of any substantive changes that are made to the accreditation standards and will host webinars/forums related to the revised standards.