

**Frequently Asked Questions**  
**Crosswalking the COA Practice Doctorate Standards to the Revised AACN *Essentials***

**1. Why should a nurse anesthesia program that is NOT housed in a School of Nursing crosswalk its curriculum to the revised *Essentials*?**

Nurse anesthesia programs housed outside of Schools of Nursing will also be impacted by the revised *Essentials* as State Boards of Nursing and the National Council of State Boards for Nursing use the *Essentials* in establishing regulatory requirements. The involvement of State Boards of Nursing in approving graduate nursing programs varies between the states. The Boards of Nursing in some states are directly involved in graduate nursing program approval.

**2. Should the nurse anesthesia curriculum be crosswalked to the applicable COA standards and to the level of the revised AACN *Essentials* sub-competencies?**

The COA does not require completion of this crosswalk; however, if a program chooses to complete this crosswalk, the curriculum **only** needs to be mapped to the revised AACN *Essentials* advanced level nurse **sub-competencies** by course number, name, course outcome, goal or objective. By doing so, this will ensure that the curriculum is also mapped to all higher-level AACN domains, competencies and eight featured concepts (i.e., Clinical Judgment; Communication; Compassionate Care; Diversity, Equity, and Inclusion; Ethics; Evidence-Based Practice; Health Policy; and Social Determinants of Health). Furthermore, the nurse anesthesia program curriculum may be mapped to the applicable COA standards (D1 to D51, E.2.1, and E.2.2) by course number, name, course outcome, goal, or objective using the template developed by the COA.

**3. Are programs required to obtain COA approval for curricular changes made in response to the revised AACN *Essentials*?**

The COA encourages programs to carefully consider whether curricular changes in response to the revised AACN *Essentials* are needed. Although crosswalking using the COA's template is optional, use of the document may reveal that many of the revised AACN sub-competencies are already addressed in the nurse anesthesia and/or core nursing courses. Program administrators should notify their COA accreditation specialist of any changes to their curricula to determine whether review by the Council is necessary. This notification should include a brief summary of any changes made, including identification of any changes to course credits, content, or sequencing.

If after review by the Council it is determined that a program's curricular changes represent a significant departure in content, submission of a major programmatic change (in accordance with COA policy) will be required. Programs are required to attain Council approval prior to implementing any major programmatic change.

**4. Does a sub-competency need to be addressed in courses completed ONLY by nurse anesthesia students?**

No, a sub-competency may be crosswalked to any course completed by the nurse anesthesia students. Students enrolled in a nurse anesthesia program housed in a nursing school likely will include courses such as leadership and management required for other graduate nursing students enrolled in that university.

**5. Are courses completed by all advanced practice nurses in a School of Nursing (perhaps termed “core courses”) part of the nurse anesthesia program curriculum that should be crosswalked?**

Yes, because these courses are completed by nurse anesthesia students, the courses are part of the nurse anesthesia program curriculum.

**6. Should there be one course for each competency or sub-competency?**

No, competencies or sub-competencies can be addressed in one or more courses included in the program’s curriculum. The COA does not expect programs engaged in crosswalking to link one course per domain or competency.

**7. What are some examples of “systems” in nurse anesthesia practice?**

Consider where nurse anesthesia fits into micro-, meso-, and macro-systems theory. Nurse anesthesia is involved at the federal and state government levels (macro), but also in day-to-day practice at an institution (micro) level. The examples below are not exhaustive.

- Possible examples of “micro” systems:
  - The operating room (RN, technician, surgeon, physician anesthesiologist)
  - The PACU (RNs, technicians, surgeon, physician anesthesiologist)
- Possible examples of “meso” systems:
  - The anesthesia practice group (company)
  - The healthcare facility
- Possible examples of “macro” systems:
  - The state healthcare system
  - The federal healthcare system

**8. What are some examples of “populations” in nurse anesthesia practice?**

In addressing AACN sub-competencies related to population health, it is important to note that “population health” is not “community health.” CRNAs care for a number of populations, including (but not limited to):

- Ages
  - Pediatrics, geriatrics

- Health conditions
  - Individuals suffering from cardiac, respiratory, endocrine, or inherited conditions
- Environmental conditions
  - Accident victims
  - Disaster victims

**9. What are some examples of “self-management” in nurse anesthesia practice?**

“Self-management” in nurse anesthesia practice can range widely. The very basic self-management functions include spontaneous ventilation and control of other body functions, such as cardiovascular functions. More advanced “self-management” activities are those activities patients should engage in postoperatively, such as ambulation and hydration.

**10. Do the revised *Essentials* call for each advanced practice nurse to actually “do” what is called for in the sub-competency?**

This refers to the level of assessment<sup>1</sup> of the sub-competency. The nurse anesthesia program determines the appropriate level of assessment for each sub-competency.

Note that an individual assessment activity can assess one or more sub-competency. For example, performance in a simulation might assess the students’ performance related to:

- Practice Doctorate Standard D.3 - Conduct a comprehensive equipment check.
- Revised AACN *Essentials* sub-competencies:
  - Domain 2: Person-Centered Care
    - Competency 2.5 Develop a plan of care
      - 2.5i Prioritize risk mitigation strategies to prevent or reduce adverse outcomes.
  - Domain 9: Professionalism
    - Competency 9.3 Demonstrate accountability to the individual, society, and the profession.
      - 9.3k Address actual or potential hazards and/or errors.
      - 9.3l Foster a practice environment that promotes accountability for care outcomes.

It is important to note that not all of the revised *Essentials* sub-competencies will be able to be assessed in practice: some may be evaluated via simulation, case study review, didactic knowledge, or other methods. Although the COA has developed an extensive crosswalk of the *Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate* to the 2021 AACN *Essentials: Core Competencies for Professional Nursing Education*, it is the COA’s own interpretation. It is the responsibility of each program to demonstrate it will meet the AACN’s *Essentials*.

## 11. Do the revised *Essentials* call for implementation of the scholarly work by all practice doctorate students?

No, the revised *Essentials* call for implementation of the scholarly project *when possible*. Key elements of the scholarly work include: problem identification; a search, analysis, and synthesis of the literature and evidence; translating evidence to construct a strategy or method to address a problem; designing a plan for implementation and actual implementation when possible; and an evaluation of the outcomes, process, and/or experience.

A literature review that lacks applicability to affect a practice improvement or the other elements identified above would not constitute a scholarly work that aligns with this *Essentials*. Similarly, a portfolio may be used as a tool to enhance the development and presentation of a project but may not be the sole deliverable product of the student's scholarly work.

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- <sup>i</sup> The levels of assessment can be classified in the following fashion:
    - KNOWS forms the base of the pyramid and the foundation for building clinical competence.
      - Knowledge: tested by written exams
      - Ex1: Learner is assessed his/her knowledge of the ethics and principles of patient confidentiality through a multiple choice exam.
    - KNOWS HOW uses knowledge in the acquisition, analysis, and interpretation of data and the development of a plan.
      - Application of knowledge: tested by clinical problem solving, etc.
      - Ex3: Learner knows to, given an appropriate clinical scenario, place a chest tube
    - SHOWS HOW: requires the learner to demonstrate the integration of knowledge and skills into successful clinical performance.
      - Demonstration of clinical skills: tested by objective structured clinical exam (OSCE), standardized patients, clinical exams, etc (competency)
      - Ex3: Learner shows how to place a chest tube. Does focuses on methods that provide an assessment of routine clinical performance.
      - Ex2: Learner shows how to develop and implement a treatment plan for a patient on congestive heart failure and effectively explain it to the patient and/or family.
    - DOES: focuses on methods that provide an assessment of routine clinical performance.
      - Ex2: Learner demonstrates the ability to evaluate the post treatment status of a patient with congestive heart failure and to revise the plan as warranted.
      - Ex3: Learner does the procedure of chest tube placement and implements post-procedure care.

Adapted from:

Miller GE. The assessment of clinical skills/competence/performance. *Acad Med.* 1990;65(9 Suppl):S63-S67. doi:10.1097/00001888-199009000-00045

Ramani S, Leinster S. AMEE Guide no 34: Teaching in the clinical environment. *Medical Teacher*, 2008;30(4):347-364.