

NLN Core Competencies for Nurse Educators: Are They Present in the Course Descriptions of Academic Nurse Educator Programs?

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Abstract

AIM As an initial approach to determining representation of the NLN Core Competencies for Nurse Educators in Master's of Science in Nursing Education and Post-Master's Certificate programs, the study identified the presence of the competencies in course descriptions.

BACKGROUND The competencies are the gold standard to ensure academic nurse educators have the knowledge and skill to teach, assist learners, develop curricula, and implement effective evaluation methods.

METHOD A descriptive design that applied web scraping techniques was used to collect data from school web pages, including course descriptions, credit hours, practica information, distance accessibility, and Certified Nurse Educator exam preparation.

RESULTS Four competencies were well represented (≥ 85 percent), and four competencies were poorly represented (< 50 percent) in a sample of 529 schools.

CONCLUSION Programs should review courses and course descriptions for inclusion of all competency areas that prepare nurse educators and make revisions to address poorly represented competencies.

KEY WORDS Academic Nurse Educator – Academic Programs – Certified Nurse Educator – Course Descriptions – Master's Nurse Educator – NLN Core Competencies – Post-Master's Nurse Educator

Nurse educators entering academe frequently struggle with the role, as most are clinicians coming from advanced practice or are graduates from DNP or PhD programs without education courses (Goodrich, 2014; Ortelli, 2012; Poindexter, 2013). Essential skills for nurse educators, such as facilitating learning, assisting novice learners, developing curricula, and implementing effective evaluation methods, are typically lacking even in expert clinicians (Christensen, 2015; Goodrich, 2014; Halstead, 2012; Poindexter, 2013). Because academic nurse educators teach in both classroom and clinical settings, they are bound to professional standards set forth by peers from both nursing and nursing education (Frank, 2015). To more specifically define the role of the academic nurse educator, the National League for Nursing (NLN) established a task force to review the literature and identify essential competencies that comprised the role (NLN, 2002). The work of the task force was published by the NLN as *Core Competencies of Nurse Educators With Task Statements*

in 2005 and reaffirmed in 2012 (NLN, Certification Commission, & Certification Test Development Committee [NLN, Cert. Comm.]). This inaugural work was critical to guide the preparation and ongoing development of this specialty area of nursing.

While the NLN Core Competencies describe the scope of educator practice, they also serve as an evidence-based framework for curricular design in programs that prepare nurse educators (Halstead, 2007). Moreover, the NLN Core Competencies were used to guide the development of a certification exam for nurse educators — the Certified Nurse Educator (CNE) exam (Byrne & Welch, 2016; Christensen, 2015; Lundeen, 2014; NLN, 2005; Ortelli, 2012, 2016). Since the publication of the NLN Core Competencies, several studies have used the NLN Core Competency framework to examine the relationship between academic preparation and pass rates on the CNE exam (Byrne & Welch, 2016; Christensen, 2015; Lundeen, 2014; Ortelli, 2012, 2016), to assess student and educator competency (Kalb, 2008), and to measure progress from entry to graduation of students in a master's degree nurse educator preparation program (Kalb & Skay, 2016). The evolution and application of the NLN Core Competencies are important to validating and standardizing the nurse educator role. Yet, no study has examined the presence of the NLN Core Competencies in curricula of programs that prepare nurse educators.

Even though the NLN Core Competencies are the only guide for academic nurse educators and were delineated to guide both the preparation and the practice of nurse educators (NLN, 2005; NLN, Cert. Comm., 2012), little evidence was found that showed the consistent presence of these competencies in curricula that prepare nurse educators. The purpose of this study was to determine the

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extent to which the NLN Core Competencies for Nurse Educators were included in the course descriptions of master's of nursing programs with an education focus (MSN Ed) or post-master's certificate programs with a nursing education focus (PMC). The determination was based on a review of key words pertaining to the Core Competencies in course descriptions and other documents available on the websites of all schools of nursing in the United States. During the study, additional information was collected to provide background regarding the current context of the specified graduate programs across the United States. Data included credit hours for the entire program and education focus area, credit hours for the practicum, courses used outside of nursing, distance accessibility, geographic distribution of the programs, and whether the program stated it prepared graduates to take the CNE exam. These data are also reported to provide a description of the current structure of these programs in the United States.

BACKGROUND

Nurse educators should have the requisite knowledge and skills as identified by the NLN Core Competencies (NLN, 2005; NLN, Cert. Comm., 2012) to fulfill their role. These competencies define the nurse educator role and specialized preparation and are considered a gold standard (Higbie, 2010; NLN, Cert. Comm., 2012; Ortelli, 2012). Current literature, however, does not provide evidence that the NLN Core Competencies have been integrated into curricula of academic nurse educator or nurse educator certification programs across the United States. Without the NLN Core Competencies as a guiding and standardizing curricular framework, graduates of these programs are at risk for being unprepared to fulfill the nurse educator role to the fullest extent possible or become certified as a nurse educator (Christensen, 2015; Goodrich, 2014; Halstead, 2012; Poindexter, 2013).

The NLN Core Competencies for Nurse Educators

In 2002, the NLN appointed a task group of nursing education leaders to define how nursing faculty should be properly prepared to teach (NLN, 2002). Through a comprehensive and rigorous process of literature review and analysis, the NLN published the *Nurse Educator Competencies: Creating an Evidence-Based Practice for Nurse Educators* (Halstead, 2007). The NLN Core Competencies for Nurse Educators are to: (1) facilitate learning, (2) facilitate learner development and socialization, (3) use assessment and evaluation strategies, (4) participate in curriculum design and evaluation of program outcomes, (5) function as a change agent and leader, (6) pursue continuous quality improvement in the nurse educator role, (7) engage in scholarship, and (8) function within the educational environment (NLN, 2005; NLN, Cert. Comm., 2012). Collectively, the NLN Core Competencies are considered the standard of practice for nurse educators and the guide for preparing nurses for the role of academic nurse educator (Higbie, 2010; NLN, Cert. Comm., 2012; Ortelli, 2012).

Educator Preparation in Master's in Nursing Degree Programs

Master's degree programs in nursing education vary significantly in the credit hours, structure, and ways in which the focus area fits within the MSN program. Faculty must balance tradeoffs between the MSN core courses, the three recommended clinical courses (pharmacology, pathophysiology, and physical assessment), and

the number of credit hours in the educational focus area to meet expected outcomes for MSN Ed programs. Ruland and Leuner (2010) acknowledged the challenge to include MSN core courses, along with the required clinically focused courses, while including courses that prepare nurse educators and yet keep the credit hours manageable. In their study of 198 programs, the authors found courses in the education focus area included content in teaching strategies/instructional design (97 percent), curriculum development (96 percent), a teaching practicum (92 percent), and evaluation methods (89 percent). Courses in a clinical specialty area, such as geriatrics, pediatrics, or adult health, were required in 46 percent of the programs reviewed, and of those programs, 75 percent of the clinical specialty courses were designed for the nurse educator role (Ruland & Leuner, 2010). These researchers concluded that a call for discussion and re-configuration of the curriculum to evidence-based standards for the master's-prepared nurse educator was needed.

Certification as a Nurse Educator

In the 2012 revision of *The Scope of Practice for Academic Nurse Educators* (NLN, Cert. Comm., 2012), a nurse educator practice analysis was used to update the CNE test blueprint. The update provided assurance that the NLN Core Competencies remained aligned with standards of practice and standards of professional development for nursing designated by the American Nurses Association (NLN, 2010). Achievement of the CNE designation continues to support proficiency as an advanced practice role and provides validation of knowledge, personal accomplishment, and satisfaction (Barbé & Kimble, 2018).

The few studies that have been conducted to examine how nurse educators achieve the CNE credential are predominantly descriptive in nature and suggest that academic programs may not contain the necessary content to prepare nurse educators for their full role (Byrne & Welch, 2016; Christensen, 2015; Lundeen, 2014; Ortelli, 2012, 2016). Moreover, these studies also supported the NLN Core Competencies as an evidence-based framework to guide curricula that prepare faculty for the teaching aspect of their role and to become a CNE. Although the evidence is scant, it consistently supports the utility of the NLN Core Competencies in directing educational efforts. Therefore, this study, to determine the presence of said competencies, is necessary and foundational in moving the science forward.

METHOD

Design and Data Collection

A descriptive design using a web scraping technique served to collect study data. Inclusion criteria for this study were US MSN Ed or PMC programs accredited by the American Association of Colleges of Nursing (AACN, 2015) or the Accreditation Commission for Education in Nursing (ACEN, 2015). Exclusion criteria were programs reported to prepare staff nurse educators only, school nurse educators (K-12), or health educators. In addition, programs with missing, incomplete, or incorrect data, such as mismatched course title/description, were excluded. Inaccessible websites or those that did not provide complete information about the focus area were also excluded from collection of data.

Based on lists available in October 2015, websites of 576 MSN Ed and PMC programs were reviewed to ascertain the courses required for completion of the focus area or certificate in nursing education offered by each school. Because course descriptions should

include information about the concepts and content included in the course, the descriptions for the courses required for the MSN Ed specialty or PMC focus were reviewed and included in the study. Course descriptions not easily found on the school of nursing website were located, where possible, using the course requirements listed for the degree and focus area in the course catalog.

Of the 576 programs reviewed, 529 programs met inclusion criteria and were included in this study. Data retrieved from the websites included course descriptions, number of credit hours per course and any laboratory or practicum time required, distance accessibility, and if the program stated it prepared graduates to take the CNE exam. Each course description was thoroughly examined to determine which key words from the definition of the NLN Core Competencies were addressed. For purposes of this study, competency representation of 85 percent or greater was defined as “well represented,” while competency representation at or below 50 percent was defined as “poorly represented.” The institutional review board determined the study was exempt.

Data Reliability and Analysis

To support reliability of data interpretation (O'Rourke & Zerwic, 2016; Wyman & Henly, 2015), including identifying presence of educator competencies in course descriptions, eight nursing education experts corroborated the primary investigator's data interpretation using an iterative process. Differences in interpretation were discussed, and revisions were made prior to the next iteration and continued until confidence in interrater reliability was reached. Using this multiphased, iterative process, strong (>80 percent) agreement was established prior to the primary investigator collecting study data. IBM SPSS Statistics 24 was used to conduct descriptive analyses.

RESULTS

Demographic Findings

At the time of the study, the AACN listed 484 schools offering master's or postmaster's programs in nursing, and the ACEN listed 92 schools. Of the 576 total, the final sample size for the study was 529 schools (92 percent) and included 317 (60 percent) programs with MSN Ed programs and 212 (40 percent) with PMC programs. Schools that offered both the MSN Ed and PMC programs totaled 174, while 143 schools offered MSN Ed only and 38 schools offered PMC only.

Total credit hours in MSN Ed programs ranged from 28 to 65 with a mean of 39 ($SD = 5.3$); nursing education focus area credit hours ranged from 6 to 47 with a mean of 19 ($SD = 7.5$). The PMC program credit hours ranged from 3 to 45 with a mean of 15 ($SD = 5.2$). The majority of both programs (89 percent) required a practicum course. Almost all practicum hours were reported as credit hours; however, a few practicum courses were reported as clock hours, precluding a consistent method of reporting the actual number of hours of the experience. Nursing education practica credit hours ranged from 1 to 18 for MSN Ed programs and 1 to 14 for PMC programs. Mean practicum credit hours were 4.4 for MSN Ed ($SD = 2.2$) and 4.6 for PMC programs ($SD = 1.9$). A total of 23 programs used clock hours when reporting practica requirements for both MSN Ed and PMC programs; clock hours ranged from 60 to 500 with a mean of 186 hours ($SD = 101.6$).

Forty-two (13 percent) MSN Ed programs used courses from schools outside nursing to fulfill or complement program requirements. Courses in the school of education were used most frequently ($n = 25$); additional courses were from an education subspecialty or other departments, such as statistics, biology, or ethics. Notably, every state in the United States, except Hawaii, offered either an MSN Ed or PMC. Of the 529 MSN Ed and PMC programs, 199

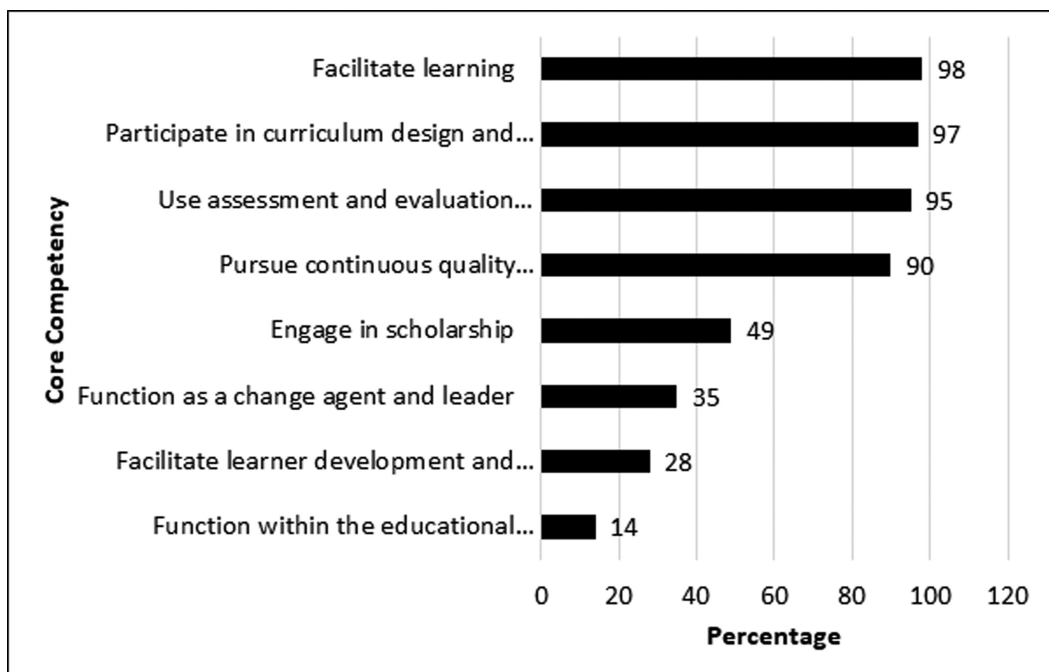


Figure 1. Percent of competencies found in MSN education program course descriptions.

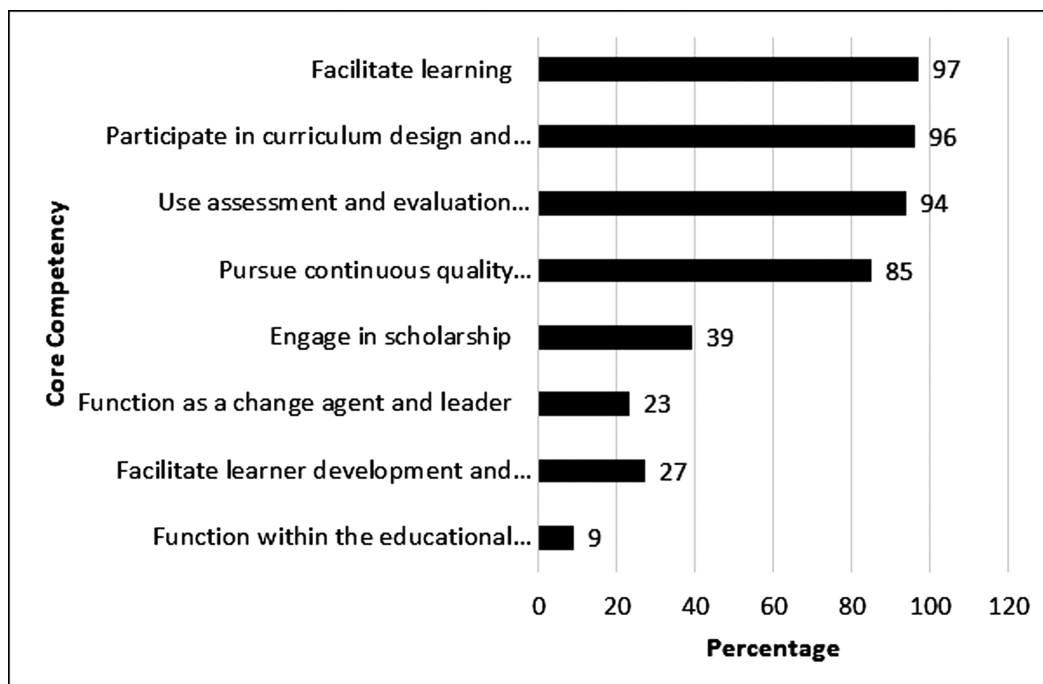


Figure 2. Percent of competencies found in post-Master's certificate program course descriptions.

(37 percent) were completely distance accessible. Only 317 (32 percent) of the MSN Ed program and 212 (38 percent) of PMC program websites clearly stated the program prepared graduates to take the CNE exam.

Representation of NLN Core Competencies Course Descriptions

Figure 1 shows the extent to which descriptions for courses in the MSN Ed programs included statements indicating the presence of the NLN Core Competencies; Figure 2 contains the same information for the PMC programs. For both programs, the first four competencies are well represented (≥ 85 percent); however, the final four competencies are poorly represented (< 50 percent).

DISCUSSION

Presence of the NLN Core Competencies

As noted in Figures 1 and 2, only four of the NLN Core Competencies (*facilitate learning*, *participate in curriculum design and program evaluation*, *use assessment and evaluation strategies*, and *pursue continuous quality improvement in the nurse educator role*) were well represented in course descriptions. Notably, the first three NLN Core Competencies listed above all had greater than 90 percent presence and are expected educator skills recommended by the AACN (2011) Master's Essentials, the Institute of Medicine (IOM, 2011) report, and Benner, Sutphen, Leonard, and Day (2010). Moreover, they were the most common content areas noted in Ruland and Luener's (2010) study and in the study of student self-report of competency attainment by Kalb and Skay (2016).

In this study, the NLN Core Competency *pursue continuous quality improvement in the nurse educator role* was found in MSN Ed and PMC course descriptions (fourth highest percentage in both). The content supporting this NLN Core Competency frequently was

provided within several courses, rather than being identified with a specific course. Because this subject area appeared in multiple course descriptions, this competency was well represented in the curricula of the MSN Ed and PMC programs. In addition, faculty development, which enhances the role of the nurse educator, was recommended by Benner et al. (2010) and the IOM (2011). Quality improvement in the role of a nurse educator promotes continuous education for all who teach. Encouraging faculty development in all aspects of the nurse faculty role will perpetuate growth in nursing education.

Interestingly, the *facilitate learner development and socialization* competency was not well represented in MSN Ed or PMC programs in this study. Despite its linkage to the NLN Core Competency of *facilitate learning*, the focus of *facilitate learner development and socialization* is on the ability of the nurse educator to adapt teaching to student needs and diversity, to assist students to learn how to learn, and to socialize them to the professional nursing role. Lack of representation may be due to the difficulty to enact in a classroom setting, and thus, the key words did not appear in didactic course descriptions.

The NLN Core Competencies of *engage in scholarship*, *function as a change agent and leader*, and *function within the educational environment* were found in less than half of the MSN Ed or PMC programs, even though these skills are identified as critical by the AACN (2011) Master's Essentials, the IOM (2011), and Benner et al. (2010). Where possible, the content associated with these competencies was integrated into the overall MSN program courses; it was not emphasized in the education focus area courses.

Engage in scholarship focuses on understanding and using evidence-based teaching practices or engaging in the scholarship of teaching and was also poorly represented. Few programs were found that required both production and use of scholarly work, even though creating and using research was listed as an essential function by the IOM in 2011 and Quality and Safety Education for Nurses (QSEN) in 2012.

Most nurse educators are prepared at the master's level and are expected to take on leadership roles in academic institutions, yet the key words that pertain to *function as a change agent and leader* were not well represented in course descriptions in these programs. Although these skills are identified as critical by the AACN (2011) Master's Essentials, the IOM (2011), Benner et al. (2010), and NLN (2010) Outcomes and Competencies for Nursing Graduates, they were inadequately represented in MSN Ed courses and even more poorly represented in PMC courses. Because these role skills are also components of an MSN program, it is possible that the content and experiences needed to acquire these competencies are included elsewhere in the overall MSN program.

Key words related to *function within the educational environment* were difficult to locate in course descriptions and found to have the lowest percentage in both PMC and MSN Ed programs. Despite the IOM (2011) and QSEN (2012) reports indicating these skills were necessary at the graduate level, very few programs indicated ways to provide student interaction supporting this competency. It may be that this content was included in the practica; however, practica course descriptions were particularly scant across all programs.

Credits and Practica Hours

The number of credits required for MSN Ed and PMC programs varied significantly in this sample of schools. This may be because MSN program accreditation standards are not prescriptive, and there is no reported evidence for the number of credit, clinical, practicum, clock, or laboratory hours necessary to achieve program outcomes. Furthermore, there is no evidence on which to base decisions about the ratio of core MSN courses and courses in a specialty area.

Most programs listed a practicum requirement and included the total number of credit or clock hours associated with the practicum; however, few described practicum goals or included sufficient information in the course description to identify content that contributes to attaining the NLN Core Competencies. In addition, nursing organizations that accredit MSN programs have not specified the number of practica hours required for nurse educator practice in the same way that organizations have prescribed the hours for nurse practitioners and other specialty practice areas (AACN, 2013; ACEN, 2013; American Nurses Credentialing Center, 2016; National Organization of Nurse Practitioner Faculties, 2009). Currently, eligibility requirements to take the CNE exam include completion of courses with an educator emphasis or two years of experience in an academic setting, thus giving value to both education and experience but not requirements about practica hours (NLN, 2017).

Preparation for Certification

Approximately one third of the programs indicated the nurse educator curriculum prepared graduates for the CNE exam. Acknowledging the preparation for the CNE exam indicates that the program prepares graduates to attain competencies in all aspects of the faculty role and are prepared to become certified, as is the case for other specialty practice areas (Advanced Practice Registered Nurse [APRN] Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee, 2008). Schools should identify that their programs prepare students to take the exam to validate the advanced practice expertise accomplished by nurse faculty (Cannon & Boswell, 2016).

In summary, there was great variability in the NLN Core Competencies represented in the course descriptions. In addition, the number of credits to achieve the MSN Ed and PMC varied significantly,

and a focus on preparation for the CNE exam was missing on most program websites. Without explicit documentation of the presence of the NLN Core Competencies and acknowledgement that programs prepare graduates to sit for the CNE exam, potential nurse educators are at a disadvantage when choosing their academic program. Moreover, if, in fact, this critical content is not included in programs, graduates may lack preparation for the academic nurse educator role.

LIMITATIONS

The study is limited by the completeness of the lists obtained from the AACN (2015) and ACEN (2015) websites. Limitations related to data collection include websites that were inaccessible or under construction and issues with program information such as missing or inconsistent data. Reliance on course descriptions to determine the presence of the competencies also limited the study because universities often have word restrictions for descriptions and may not be inclusive of all learning outcomes for the course. This was particularly an issue for understanding the inclusion of the competencies in practicum courses. Finally, only one investigator collected data and could have introduced bias when determining presence of the NLN Core Competencies.

RECOMMENDATIONS

Despite the limitations of this study, there are practical recommendations that can be implemented to ensure clear representation of the NLN Core Competencies in course descriptions and on program websites. Several recommendations are also offered for future research.

1. Faculty offering MSN Ed and PMC programs should carefully review and revise practica and course descriptions, if warranted, to indicate which of the NLN Core Competencies are included in the course.
2. Credit and practica hours in the MSN Ed and PMC programs varied widely in this study, and there is no evidence on which to base recommendations for the number and type of credits to attain the NLN Core Competencies. Future studies are needed to determine the appropriate number of credit or clock hours required to achieve integration of all eight competencies and if schools of nursing with increased credit/clock hours had better representation of the competencies.
3. Because this study revealed a wide range of hours for the practica and a variation in how credit hours were reported, faculty should clearly describe in the practica course description how many clock hours are represented by credit hours.
4. Schools of nursing should update their websites frequently to maintain accuracy of course descriptions and credit hour allocation, especially during program or curricular changes. Websites should be user friendly and easy to navigate.
5. Given the inherent limitations of web scraping, other methods of identifying the presence of the NLN Core Competencies in MSN Ed and PMC courses should be used. For example, reviewing syllabi containing course and student learning outcomes could further pinpoint inclusion of the competencies and elucidate gaps. In addition, determination of specific learning activities and outcomes, noted in practicum course syllabi, may provide additional evidence of the inclusion of the NLN Core Competencies in the curriculum.

CONCLUSION

This study identified the presence of the NLN Core Competencies in course descriptions required by MSN Ed and PMC programs in nursing education. Results showed only half of the competencies were

well represented and wide variation in required credit and practica hours. In addition, programs often did not indicate that the program prepared graduates for the CNE exam. Recommendations noted in this study may be used to guide future research, including the extent to which the competencies are integrated in the curricula and how many credit and practica hours are needed to prepare competent nurse educators.

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