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Incorporating the AACN *Essentials* 'spheres of care' into nursing curricula

Jean Foret Giddens, PhD, RN, FAAN, ANEF [a,*], Susan Mullaney, DNP, NP-C, GNP-BC, GS-C, FAAN, FAANP [b]

[a] *Virginia Commonwealth University School of Nursing, United States of America*
[b] *Center for Clinician Advancement United Health Group, United States of America*

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ABSTRACT

In 2021 the American Association of Colleges of Nursing (AACN) published new education standards for nursing programs offering degrees at the baccalaureate-level and higher. The new standards, *The Essentials: Core Competencies for Professional Nursing Education* (AACN, 2021), represent an educational shift and an opportunity to transform the nursing profession through a better-prepared workforce. One important new standard that must be incorporated for entry-level (Level 1) programs is preparation for practice within four *spheres of care*. This article will provide clarity and context to the concept of "spheres of care" with suggestions regarding ways to incorporate this educational expectation within the curriculum.

Dramatic changes throughout health care and our society have underscored the need for nursing education transformation. To prepare a nursing workforce able to thrive across contemporary practice settings, the American Association of Colleges of Nursing (AACN) published new education standards for nursing programs offering degrees at the baccalaureate-level and higher. The new standards, *The Essentials: Core Competencies for Professional Nursing Education* (AACN, 2021), truly represent an educational shift and an opportunity to transform the nursing profession through a better-prepared workforce.

Compared to previous versions of the *Essentials*, there are many notable changes in the 2021 version, including an emphasis on competency-based education, a new model for nursing education programs focused on preparing nurses for entry-level and advanced-level practice, and changes to the requirements associated with clinical education. Nursing faculty across the country are discussing the new standards and evaluating current curricula and educational processes against the new standards. These engaging discussions and analyses are leading to decisions regarding how to implement the new standards – either through changes to existing curricula or through a total curriculum redesign.

Regardless of the decision on how to implement the 2021 *Essentials*, one important new standard that must be incorporated for entry-level (Level 1) programs is preparation for practice within four *spheres of care*. This article will provide clarity and context to the concept of "spheres of care" with suggestions regarding ways to incorporate this educational expectation within the curriculum.

Background

Nursing education has historically reflected a hospital-centric healthcare delivery system. However, an unquestionable shift in healthcare delivery has occurred on many levels over the past two decades, resulting in changes to healthcare finance, health policies, scope of practice for nurses, and sites where health care is delivered (Levine, Malone, Lekiachvili, & Briss, 2019). Curricular changes in nursing education have lagged behind these more recent changes in health care. An analysis of nursing curricula found that there was a lack of primary care content within most nursing school curricula (Bodenheimer & Mason, 2017) with many schools still primarily focusing on acute care. It is increasingly important that new nurses entering the workforce possess a broad range of competencies that can be applied across multiple practice areas. Nurses need to understand how their role contributes to the overall health of the nation, which includes enhancing quality and safety, reducing healthcare costs, and positively influencing changes needed for innovation within the healthcare system (Yakusheva, Rambur, & Buerhaus, 2022).

Literature supporting the need for changes in nursing education and practice is extensive and nested within the context of emerging new models of health care and contemporary ideas, such as value-based care, wellness, medical homes, person-centered care, care coordination,

* Corresponding author.
E-mail address: jgiddens@vcu.edu (J.F. Giddens).

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transitions, teamwork, collaboration, and interprofessional practice (AACN, 2019; Bestsennyy, Chmielewski, Koffel, & Shah, 2022; Nahm, Mills, Raymond, Costa, et al., 2022; Watkins & Neubrander, 2020; Yakusheva, Czerwinski, & Buerhaus, 2022). Lipstein et al. (2016) described four primary categories representing the health status of broad population segments and the corresponding reason people seek health care, which include 1) health and wellness, 2) acute and restorative care, 3) chronic disease management, and 4) palliative care. These same categories were reflected in the *AACN's Vision for Academic Nursing* as an important direction for the preparation of nurse generalists for entry into professional nursing practice (AACN, 2019). Attributes that underlie these categories include how the population uses healthcare services; the diversity of the patient population across the age, race, gender, and socioeconomic spectrum; representation across the wellness-illness continuum; and interprofessional practice to effectively deliver care.

Defining the spheres

The Merriam-Webster Dictionary defines *sphere* as "an area or range over or within which someone or something acts, exists, or has influence or significance" (Merriam-Webster Dictionary, 2022). Thus, in the context of *spheres of care*, each sphere represents an area or interest within healthcare practice. In the 2021 *Essentials*, the phrase "spheres of care" is used to describe the care and services required to address healthcare needs of individuals, families, and populations and promote desired health outcomes (AACN, 2021). The categories described by Lipstein et al. (2016) provided the foundation for the four spheres as identified in the 2021 *Essentials*. Collectively, the spheres of care (shown in Fig. 1) represent the wellness and illness continuum of the general population.

Wellness and disease prevention

The wellness and disease prevention sphere represents the healthcare needs for individuals who are generally healthy. Most people access healthcare services within the wellness sphere for the majority of their lives. Even those with chronic conditions seek wellness services. Healthcare access for this population segment generally falls into measures that promote health and wellness, including the intermittent need for care due to a minor, uncomplicated illness or injury. Also included in this segment are those who seek care for maternity and prenatal services, those who seek vaccinations, and those seeking screening examinations or procedures. The goals for this sphere are centered around keeping people healthy. Nurses provide care within this sphere through the implementation of health promotion interventions, assessment, prenatal care, patient education, care for minor injuries and illness, care coordination, and addressing social determinants of health.

Chronic disease care

The chronic disease care sphere represents the healthcare needs of individuals who have one or more chronic health conditions that require ongoing chronic disease management. Over half of non-institutionalized adults in the US have at least one of the following ten common chronic conditions – arthritis, cancer, hypertension, stroke, heart disease, chronic obstructive pulmonary disease, asthma, diabetes, hepatitis, kidney disease – and half of these individuals have multiple chronic conditions (Boersma, Black, & Ward, 2020). The sheer volume of individuals with a chronic illness has significant implications for healthcare delivery. Nurses play a key role in chronic disease management in a variety of settings because the care required is often complex. Multiple studies have shown that patients with chronic conditions require increased direct nursing care (Hellin Gil et al., 2022; Swiger, Vance, & Patrician, 2016; Valles, Valdavida, Mendez, & Natal, 2018). Goals for this sphere of care include optimal chronic disease management and the prevention of negative sequalae to maximize the quality of life and life expectancy. Optimal outcomes are achieved through highly integrated and effective interprofessional team-based care with an emphasis on patient-centered care. Central to such teams are nurses who develop sustained relationships with the patients and families and support disease self-management through well-honed skills, including patient education, care coordination, communication, technology, informatics, and addressing social determinants of health.

Regenerative or restorative care

Regenerative or restorative care represents the healthcare needs of individuals who experience an unexpected serious heath event, major episode of an illness, or a serious injury that requires a higher level of

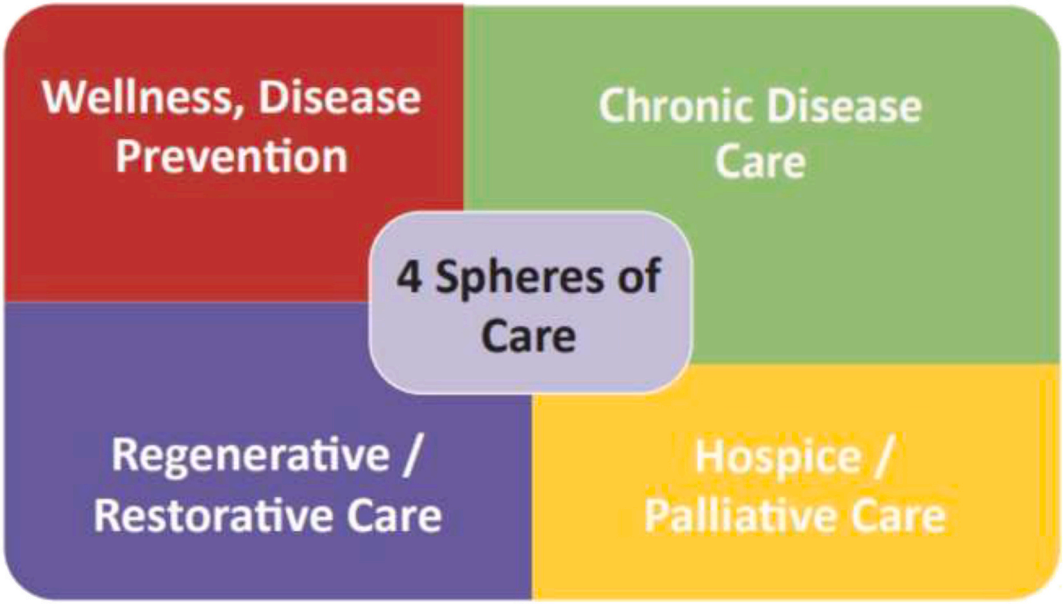

Fig. 1. The scope of this concept is represented by four categories (spheres) of care. From: AACN. (2021). *The Essentials: Core competencies for professional nursing education*. Washington DC: Author.

care than minor illness and injury. The scope of this sphere includes the acute phase (initial treatment) of an illness or injury through the restorative phase (rehabilitation), which is needed as part of the recovery trajectory. Examples of conditions or situations requiring acute care include (but not limited to) traumatic injury, acute heart failure, sepsis, complex surgical procedures, mental health crisis, and premature birth. This sphere also represents those who have an acute exacerbation of a chronic condition requiring acute, emergent care – such as an exacerbation of chronic respiratory disease triggering acute respiratory failure. Individuals who recover from an acute illness or injury often require a period of restorative care. Common examples include cardiac rehabilitation after a myocardial infarction and physical rehabilitation following a stroke or traumatic injury. The goals within this sphere include acute/emergent treatment and the recovery of individuals who suffer from serious illness or injuries. Because patients within this sphere often require highly technical and complex care in the acute phase, experienced nurses working within this sphere must have skills within specialty areas. For example, the skills needed in a neuro-trauma intensive care unit are different than skills needed in a neonatal intensive care unit, or perioperative unit, or a rehabilitation setting. Although specialized skills do not translate to the broad population in the same way that are needed for health promotion, the competencies of a nurse generalist (such as assessment, communication, technology, and informatics, among others) are applied within this sphere.

Hospice/palliative care

Hospice and palliative care represent the healthcare needs of individuals as they approach the end of their natural lives. It has been estimated that 75 % of people approaching the end-of-life could benefit from palliative care (Etkind, Bone, Gomes, Lovell, & Evans, 2017), which is considered a human right for those suffering from serious illness (Rosa, Ferrell, & Mason, 2021). Palliative care can be quite complex because many individuals not only have multiple chronic conditions, but may also be challenged with physical disabilities, cognitive decline, and/or fragility (Lipstein et al., 2016). Because the current and future demand for palliative care exceeds the capacity for specialist-level care, nurses should be prepared for generalist palliative care (Ferrell et al., 2022). The intentional spotlight on hospice and palliative care will increase the number of future nurses who have base competence in this area.

Although hospice and palliative care are needed by individuals across the lifespan and across the illness trajectory, older adults represent the largest population requiring such services. In the future, with the aging of a large segment of the population who have complex chronic conditions, more people will require such care. The goals of hospice and palliative care are to improve the quality of life and reduce symptom burden for the patient and family (Center to Advance Palliative Care). Specifically, the focus of this care is to meet physical, psychological, emotional, social, cultural, and spiritual needs. Optimal outcomes are achieved through highly integrated and effective interprofessional team-based care with an emphasis on patient-centered care. Developing a trusting relationship with the patient and family is at the heart of this care. Nurses who practice in this area employ multiple skills including counseling and education, communication, care coordination, symptom management technology, informatics, advocacy, and addressing social determinants of health.

Spheres of care from a systems perspective

The previous section offered a basic description of each sphere of care. However, a deeper and more comprehensive understanding of the spheres is needed to adequately translate and apply this concept into nursing curricula. This section examines the spheres of care collectively from a health systems perspective in three areas: healthcare utilization by population need; resource utilization/healthcare economics; and interprofessional practice.

Healthcare utilization by population need

The spheres represent healthcare needs across the population spectrum; however, this does not mean the utilization of services in each sphere is equally distributed. The two spheres requiring the largest share of healthcare services utilization include wellness and disease prevention (keeping people healthy) and chronic disease care (optimizing the health of those with a chronic conditions). The other two spheres (regenerative or restorative care and hospice/palliative care) are needed by small segments of the general population at any point in time because these serve a situation-based need for health care, whereas wellness/disease prevention services and chronic disease care address long-term and ongoing healthcare needs. Unequal distribution becomes a concern when disparities underly a lack of access, lack of education, lack of trust in the services offered, or doubt about need. Many individuals desire and need wellness and health promotion services but are unable to access care; those reporting the greatest challenge accessing care are the underserved (Ortaliza, McGough, Wagner, Claxton, & Amin, 2021).

Resource utilization and healthcare economics

There are significant differences in healthcare utilization and spending within the spheres with the lowest attributed to the healthiest segment of population and the highest attributed to a very small percentage of the population requiring significant care services. Healthcare expenditures in 2019 revealed the healthiest 50 % of the population accounted for only 3 % of overall spending whereas an estimated 5 % of the population accounted for nearly 50 % of all healthcare expenditures, and those in the top 1 % of spending consumed 21 % of total healthcare spending (Ortaliza et al., 2021). Healthcare costs can be reduced by keeping larger numbers of people healthier for longer periods of time, focusing on early identification and treatment of disease, and reducing the number of people with complex, multimorbid chronic conditions. As one example, Fragala, Shiffman, and Birse (2019) reported that annual screening identified 1185 cases of prediabetes, 287 cases of diabetes, 73 cases of chronic kidney disease, and 669 positive colorectal screens per 10,000 people. Billions of dollars are saved through early identification, lifestyle changes, and early treatment.

Wellness and disease prevention is the most resource efficient sphere because such services are relatively inexpensive, and a fewer number of healthcare professionals can meet the needs of large numbers of people. Furthermore, recommended examinations and screening tests are usually covered by insurance plans and represent a fraction of the cost for treating someone with an ongoing chronic condition.

In contrast, regenerative or restorative care requires the greatest resources. This is due in part to the large number of healthcare providers (including nurses) with specialty skills and expertise needed to deliver care to the acutely ill and injured as well as the significant use of technology and other medical care devices associated with that care. Expanding palliative care supports resource efficiency by reducing inpatient admissions and emergency department visits (Cassel, Garrido, May, Fabbro, & Noreika, 2018; Khandelwal et al., 2015; May et al., 2018).

Interprofessional practice

Interprofessional practice is a familiar concept to nurse educators as an expectation of professional nursing practice (ANA, 2021) and has been fundamental to health professions education for the past two decades. The landmark publication *Crossing the Quality Chasm: A New Health System for the 21st Century* (Institute of Medicine, 2001), brought attention to the need for interprofessional education and practice, which led to the development of other specific interprofessional competencies for healthcare education (Interprofessional Education Collaborative,

2016; Quality and Safety Education for Nurses). Interprofessional practice continues to be recognized as a key element of quality health care, thus it should be no surprise that this concept applies broadly within each of the spheres of care and links to one of the 10 domains (Interprofessional Practice) found in the *Essentials* (AACN, 2021) (described in the next section). An interprofessional team committed to collaboration is needed for the effective delivery of health care in each sphere. No single discipline can effectively address all needs within a specific segment and for all populations; furthermore, registered nurses are integral as interprofessional team leaders and team members within each sphere. Nursing students must have intentional interprofessional education experiences across the spheres to optimize preparation for team-based care.

Curricular integration of the spheres of care

The background information presented in the previous sections regarding the spheres of care has many implications for curriculum development in nursing education. A strong foundational understanding of the 2021 *Essentials* framework, competency-based education, and assessment will facilitate this work. Core competencies are organized within 10 domains and are intentionally broad in scope to reflect all areas of practice. Two levels of sub-competencies accompany each core competency to reflect the outcomes expected for entry-level and advanced-level learners. Eight featured concepts are integrated within and across the domains, and thus are also represented within the competencies. The domains and concepts are presented in Table 1.

All entry-level students should have a conceptual understanding of the four spheres of care and intentional learning experiences with an opportunity to demonstrate competencies within all four spheres. Specifically, students should have clinical experiences that interface with all four spheres of care, and among individuals across the life span (AACN, 2021) so that nursing program graduates have generalist knowledge and skills in each area. Capstone experiences prior to graduation, certificate programs, attainment of a digital badge through continuing education, and graduate education represent opportunities for additional experiences and competence in one or more of the spheres.

The following sections provide tips and recommendations for successful curriculum integration of the spheres of care for entry-level nursing programs. These include 1) engagement of practice partners; 2) incorporating the spheres of care into the curriculum design; 3) critically evaluate clinical placements; 4) intentionally design competency-based learning experiences nested within the spheres of care; 5) plan competency assessment across the spheres of care; 6) invest in faculty development efforts; and 7) maintain an awareness of workforce needs.

Table 1
2021 *Essentials* domains and concepts.

Domains	Concepts
Domain 1: Knowledge for Nursing Practice **Domain 2:** Person-Centered Care **Domain 3:** Population Health **Domain 4:** Scholarship for Nursing Practice **Domain 5:** Quality and Safety **Domain 6:** Interprofessional Partnerships **Domain 7:** Systems-Based Practice **Domain 8:** Informatics and Healthcare Technologies **Domain 9:** Professionalism **Domain 10:** Personal, Professional, and Leadership Development	• Clinical Judgment • Communication • Compassionate Care • Diversity, Equity, and Inclusion • Ethics • Evidence-based Practice • Health Policy • Social Determinants of Health

From: American Association of Colleges of Nursing. (2021). *The essentials: Core competencies for professional nursing education.* Accessible online at https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf.

Engage practice partners with curriculum planning and implementation

Although nursing leaders in clinical practice may not be familiar with the term "spheres of care," they absolutely understand the concept and embrace the intentional education of students in each of these areas. The 2021 *Essentials* presents an opportunity to reimagine the current paradigm of prelicensure clinical education within each of the spheres. Practice partners work with evolving care models requiring the most up-to-date clinical care; thus, they can provide insights into current and future learning needs of nursing students. Demonstration of competencies is an expectation in clinical practice, and practice leaders can provide helpful input regarding the application of competencies and assessments within practice settings. Practice-based leaders may be particularly interested in bridging Level 1 sub-competencies to new graduate orientation; such connections may be especially robust for organizations offering an accredited residency program.

Effective collaboration with practice leaders requires an ongoing investment in relationships and a shared commitment as described in the Guiding Principles for Academic-Practice Partnerships (AACN, 2012). Most schools work with multiple healthcare organizations, and most healthcare organizations have multiple nursing schools sending students for clinical education. Thus, communicating the concept of spheres of care (along with other changes represented by the 2021 *Essentials*) will require a well-planned process. Schools should not only work directly with practice partner organizations, but also consider collaborating with one another, perhaps by holding local or regional meetings involving academic and practice leaders from multiple organizations to discuss these changes.

Incorporate spheres of care into curriculum design

The four spheres of care play a prominent role in the preparation for nurses entering generalist practice and should be incorporated in didactic, laboratory, and clinical learning experiences with a lifespan and diverse population perspective (AACN, 2021). For this reason, the spheres of care should be a central consideration for curriculum design. The incorporation of the spheres of care can occur as a component of didactic and clinical learning, or more formally as part of the curriculum design. In a "traditional" population-focused curricular structure (e.g., adult health, pediatrics, childbearing, mental health, older adults), discussion of care within each of the four spheres should be integrated within courses. However, the four spheres can also serve as an organizational structure for courses (i.e., health promotion/wellness, chronic care, acute care, and hospice/palliative care) with age/population groups integrated within such courses. Concept-based curricula offered by many schools are similarly organized with the integration of age and population groups around conceptual themes (Giddens, 2024).

Critically evaluate clinical placements

Securing sufficient clinical placements for students is an ongoing challenge for most nursing programs, with community-based placements particularly challenging. In fact, insufficient availability of clinical sites is consistently reported as a top reason nursing schools turn away qualified applicants (AACN, 2022). Some may wonder if the requirement for clinical experiences in all four spheres will increase these challenges. An important point to make is that the spheres represent a *focus on care delivered*, not a specific type of healthcare setting. In many clinical settings, care is linked to more than one sphere. For this reason, each clinical placement should be evaluated for the spheres of care represented. As an example, a nurse working in a primary care practice will provide care focused on chronic disease management, services related to wellness and disease prevention, and potentially hospice/palliative care. As another example, a nurse working in an acute care setting may provide restorative care, chronic disease care, or hospice/palliative care. The wellness/disease prevention sphere includes

management of minor acute health conditions; thus, in addition to traditional "community sites," clinical placements for this sphere can also include urgent care settings and outpatient surgical centers. Faculty can anticipate most clinical sites currently being used will continue to serve that school well, regardless of the size or location of a school.

Also, faculty should be aware that "where" care is delivered is changing. For example, most individuals who need acute and restorative care are hospitalized in acute care settings or visit inpatient settings for restorative, rehabilitative treatment. However, many acute care services have expanded beyond the traditional hospital setting – such as pre-hospital care and acute level care in the home (Lipstein et al., 2016). The delivery of acute care outside of the traditional hospital will likely expand in the future – largely driven by cost savings. As an example, it has been estimated that as much as $265 billion in care services for Medicare beneficiaries could shift from traditional facilities to the home by 2025 (Bestsennyy et al., 2022). Home health as a clinical placement, could potentially provide a student with experiences in all four spheres; care associated with the hospice/palliative care sphere has also largely shifted to home-based care models. Telehealth has become more prominent, largely fueled by the pandemic, and is an effective method for wellness/disease prevention care, chronic disease care, and even palliative and hospice care. The continued development of a variety of other technologies has made it possible for increasingly sophisticated virtual care, such as diagnostics and remote patient monitoring (Bestsennyy et al., 2022). All nurses need to become skilled in telehealth care delivery.

Intentionally design learning experiences nested within spheres of care

Nurse educators should design competency-based learning activities and assignments within the didactic and clinical environment to ensure the application of curriculum content and competencies within each of the spheres. Learning experiences should be intentionally planned with the development of learning outcomes, targeted competencies, and assessments nested within one or more spheres of care. Clinical learning activities should provide flexibility for the variety of actual specific experiences, depending on the site and patients seen. Clinical learning activities can be designed within each sphere and can involve direct and indirect patient care in clinical sites, simulated experiences, telehealth experiences, and observational experiences. Noted previously, a student could have more than one sphere of care offered within a specific clinical setting; thus, all faculty, preceptors, and students should be fully aware of the purpose and desired outcomes for each clinical learning activity. Furthermore, opportunities for students to be placed in clinical areas with strong interprofessional practice is preferable to augment interprofessional education and experience with team-based care.

Plan competency assessment across spheres of care

As a component of competency-based learning, faculty must also plan for the competency assessment within each of the spheres and among diverse populations across the lifespan. A comprehensive plan is needed for competency assessment (including the development and use of reliable assessment tools) and a mechanism to document student progress over time (Lockyer, Carraccio, Chan, et al., 2017).

Although comprehensive discussion regarding competency assessment in multiple settings and spheres is beyond the scope of this article, a brief example is offered, featuring Domain 2: Person Centered Care, Competency 2.3, *Integrate Assessment Skills in Practice* (AACN, 2021). Students will initially begin to develop assessment skills in a clinical laboratory setting by learning the elements of health assessment (2.3b, 2.3c), learning to perform point of care screenings (2.3d), and learning how to document findings in an electronic health record (2.3 g). Faculty will use a standardized competency assessment tool to provide feedback to students regarding their performance in the context of a skills laboratory. In an introductory clinical setting, students will not only build on what was learned in the skills laboratory by conducting an assessment on a patient, they will also begin to gain experience interacting with the patient as they conduct the assessment (2.3a), consider findings from an expected or abnormal context based on their previous learning from the skills lab (2.3e), communicate findings to other nurses and document those findings in an electronic health record (2.3g). These same competencies are performed in other settings, across spheres and population groups with faculty providing feedback to students. For example, students will learn how health assessment conducted in the context of wellness and disease prevention sphere involving a child and parent differs from the health assessment conducted in the context of the hospice/palliative care sphere involving an older adult at the end of life. Over time, and with multiple opportunities to practice the competencies with faculty feedback, students will perform these competencies with greater skill and confidence, and with the ability to appropriately adapt their assessment to the clinical situation.

Invest in faculty development

The 2021 *Essentials* represents many significant changes in the preparation of professional nurses, which underscores a clear need for faculty and preceptor development. All faculty and preceptors involved in entry-level nursing education must learn about the spheres of care and how these are incorporated into the curriculum, particularly in clinical education. The need for faculty development also applies more broadly to the successful implementation of competency-based education and assessment. Thus, a significant investment in faculty development is needed. Insufficient faculty development represents a known barrier to successful implementation (Holmboe, Ward, Reznick, et al., 2011; Sirianni, Takahashi, & Meyers, 2020). Academic leaders and faculty can access many resources through the AACN *Essentials* webpage (aacnnursing.org/Essentials). Additionally, many webinars and conference presentations are offered by AACN and others to help address the demand. Practice leaders can help academic leaders formulate a plan for nurses within their organizations (many of whom may also serve as adjunct faculty and/or preceptors) to become familiar with competency-based education, the spheres of care, and the changing dynamics of clinical evaluation and competency assessment within nursing education.

Maintain awareness of workforce need

From a workforce standpoint, nurses are needed for practice within all four spheres of care now and into the future. Given the many calls for nursing education to prepare a workforce beyond the hospital (AACN, 2019; AACN, 2021; Bodenheimer & Mason, 2017; National Academies of Medicine, 2021), the intentional focus on four spheres of care within the 2021 *Essentials* fully addresses this identified need. Significant nursing shortages, due to retirements, an aging nursing workforce, and the effects from the "great resignation," have created serious concerns about maintaining a sufficient number of nurses prepared to work in all areas, particularly in the delivery of acute and restorative care (Lipstein et al., 2016). This may seem counter-intuitive because acute and restorative care represents the smallest segment of population seeking healthcare services at any one time. However, it takes a large workforce of nurses and other healthcare professionals to deliver such care because of the complexity of specialty care and the advanced training required to serve this patient population. Providing nursing students with multiple clinical experiences in these areas will help address this need.

Summary

As nurse educators endeavor to implement the 2021 *Essentials*, there are many opportunities and approaches to consider. The new standards represent academic nursing's commitment to prepare the future nursing workforce in alignment with current and future trajectory of healthcare delivery. Top of mind for many faculty and administrators are strategies

to adopt competency-based education, assessment, and tracking of competency attainment over time. Clearly this represents a significant change to how students are taught and how they are evaluated. The incorporation of the four spheres of care into entry-level nursing education has not garnered the same level of attention, and therefore has not been as widely discussed or well understood. For many, the spheres of care are conceptualized as a type of clinical site, as opposed to the focus of care delivered within a site. For this reason, intentional dialogue and planning among faculty and healthcare leaders will be needed to optimize curricular changes for clinical education (including competency assessment) within the context of the spheres of care. Academic nursing is not alone and should leverage their practice partners, including leaders, managers, and front-line nurses to support the evolution to competency-based education. Practice partners possess a wealth of patient scenarios that could be incorporated within case studies and help prepare more practice-ready nurses able to meet patient needs across the four spheres of care.

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