

Introduction

This book was conceived in response to a need to present graduate core curriculum content based on the American Association of Colleges of Nursing's *The Essentials of Master's Education for Advanced Practice Nursing* (1996) in a comprehensive, introductory format in a graduate nursing program. The faculty searched for a book that comprehensively addressed all the core curriculum content requirements of the *Essentials* since each of the content areas cannot be covered in separate courses due to credit limitations. In addition, a book that addressed an audience of nurses in a variety of advanced practice nurse roles, not just those providing direct clinical care, was needed. No such book existed. Thus, the editor, Anne M. Barker, and publisher, Jones and Bartlett, embarked on producing a book that would compile select chapters from already existing books in the Jones and Bartlett collection. The strength of this approach is that experts in each of the content areas author each chapter in the book.

The goal of the book is to provide core knowledge that nurses in advanced practice roles require regardless of their specialty or functional focus. This knowledge can then be built upon as graduate students proceed into their specialty. The content for the book was selected by first using the *Master's Essentials*. The content was then cross-referenced with *The Essentials of Doctoral Education for Advanced Nursing Practice* (American Association of Colleges of Nursing, 2006). The task force that developed the *Doctoral Essentials* built their work on the *Master's Essentials*. Table I–1 displays the essential core curriculum content for both the master's and doctoral programs. In the last column, the chapters in this book that address this content are listed.

In preparing the book, we compared the *Master's Essentials* and *Doctoral Essentials*, not only by the difference in the depth of the content, but also across time. The two documents were written 11 years apart, and the *Doctoral Essentials* reflects changes in health care and nursing since 1996. Specifically, new content and focus are evidence-based practice, quality improvement and patient outcomes, and information and technology. This content is essential to both levels of graduate preparation and are therefore included in this book.

Table I-1 COMPARISON OF MASTER'S AND DOCTORAL ESSENTIALS AND BOOK CONTENT

<i>Master's Essentials</i>	<i>Doctoral Essentials</i>	<i>Book</i>
I. Research	III. Clinical scholarship and analytical methods for evidence-based practice	Chapters 23–24
II. Policy, organization, and financing of health care	II. Organizational systems leadership for quality improvement and systems thinking V. Healthcare policy for advocacy in health care	Chapters 6–14
III. Ethics		Chapters 27–28
IV. Professional role development	VI. Interprofessional collaboration for improving patient and population health outcomes VIII. Advanced nursing practice	Chapters 1–5
V. Theoretical foundations of nursing practice	I. Scientific underpinnings for practice	Chapters 18–24
Human diversity and social issues		Chapters 25–26
Health promotion and disease prevention	VII. Clinical prevention and population health for improving the nation's health IV. Information systems/technology and patient care technology for the improvement and transformation of health care	Chapters 6, 7, 12 Chapters 15–17

Unsurprisingly, the *Doctoral Essentials* has more depth and sophisticated application in each of the content areas than the *Master's Essentials*. However, the book can be used in both master's and postbaccalaureate doctoral programs in the beginning core courses to lay a foundation for advanced nursing practice. As with any textbook, additional scholarly readings, especially research- and evidence-based articles, will enhance the content.

There is confusion about the terminology *advanced nursing practice* and *advanced practice nursing*. Over time, the terms *advanced practice nursing/nurses* have commonly been used to indicate master's-prepared nurses who provide direct clinical care and include the roles of clinical nurse specialist, nurse practitioner, certified nurse–midwife, and certified registered nurse anesthetist, the last three roles requiring a license beyond the basic RN license to practice. This book has adopted a broader, more inclusive definition (AACN, 2004), which reflects the current thinking about advanced practice. Advanced practice nursing is:

Any form of nursing intervention that influences health care outcomes for individuals or populations, including direct care of individual patients, management of care for individuals and populations, administration of nursing and health care organizations, and the development and implementation of health policy. (p. 2)

Thus for this book, nurses in advanced practice will be defined as any nurse who holds a master's degree or higher in nursing and whose role is consistent with this definition. *Advanced practice nursing/nurses* and *advanced nursing practice* are used interchangeably throughout the book.

Currently, there are two major professional forces that are influencing graduate education in nursing and will have dramatic impact on nursing education presently and into at least the next decade. These include:

1. The introduction of a new role in nursing, the clinical nurse leader (CNL). This role was designed to address many of the problems currently evident in health care including the nursing shortage, patient safety and medical errors, and fragmentation of the healthcare system. The AACN (2007) provides this definition of the CNL:

The CNL functions within a microsystem and assumes accountability for healthcare outcomes for a specific group of clients within a unit or setting through the assimilation and application of research-based information to design, implement, and evaluate client plans of care. The CNL is a provider and a manager of care at the point of care to individuals and cohorts. The CNL designs, implements, and evaluates client care by coordinating, delegating and supervising the care provided by the health care team, including licensed nurses, technicians, and other health professionals. (p. 6)

CNLs are considered generalists and will be prepared at the master's level and require the same core curriculum knowledge as do other master's-prepared nurses.

2. The mandate to have the clinical doctorate, designated as a doctor of nursing practice (DNP), as the entry to advanced nursing practice (see the Introduction to Part I for more details).

In both the *Master's Essentials* and *Doctoral Essentials* documents, the AACN lays out the foundation for core knowledge needed by all graduate nursing students. This book provides in one manuscript a foundation for this core knowledge. It does not address any of the specific content needed by the specialties. Further, this is foundational content that should be further integrated and applied throughout the rest of the curriculum.

References

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