

Designing Nursing Curricula for Competency-Based Education: Clarifying Expectations and Advancing Competency Through Progression Indicators

The shift to competency-based education (CBE) will foster more practice-ready graduates by transforming how we design curricula, teach and support learning, and evaluate readiness for professional practice. CBE focuses on the importance of moving beyond what our learners *know* to what they can *do* by using observable behaviors to support learning and competency development.

In re-envisioning curriculum, it's all about backward design. Begin at the program level by developing program outcomes that align with the 10 Domains of the AACN *Essentials*. The curriculum is then mapped to the sub-competencies, which are defined at two levels: entry to practice (Level 1) and advanced nursing practice (Level 2). If you're using course objectives/learner outcomes from an existing curriculum, each one should be mapped to the appropriate sub-competencies and revised as appropriate. If you're developing new course objectives/learner outcomes, the sub-competencies can guide their creation. In both cases, sub-competencies offer a consistent behavioral framework for demonstrating competency, ensuring alignment with program outcomes and supporting backward curriculum design.

With program outcomes, course objectives/learner outcomes, and sub-competencies aligned, formative and summative assessments can be developed. These assessments should be intentional and align with the sub-competencies—which are what learners are expected to do.

In assessing our learners for competency, the behaviors must be observable and clear. Because not all sub-competencies were clearly defined, Progression Indicators (PIs) were developed. PIs provide descriptive, observable behaviors that faculty and preceptors can look for and that learners know are expected of them. This creates a shared roadmap for learning and helps ensure that graduates across programs are prepared for practice with comparable levels of readiness. You can use the PIs developed by AACN, which were nationally vetted by faculty and practice partners, or adapt any current observable behaviors your faculty and practice partners have developed to integrate with the AACN progression indicators. The PIs clarify expected behaviors for faculty, preceptors, and learners, ensuring consistent assessment across courses and promoting graduate readiness for professional practice.

Progression toward competency is supported with frequent formative assessment and coaching. PIs guide assessment design by aligning evaluation with observable behaviors. For example, if learners must “perform a comprehensive exam,” faculty should assess them in contexts that allow observation of behaviors such as in simulation or within clinical settings, not through test questions. This ensures consistent, objective evaluation across courses and reinforces that competency is demonstrated through action, not knowledge.

Based on the CBE framework, progression indicators have two levels: **developing**, used earlier in the curriculum to show progress, and **developed**, which learners should consistently demonstrate to indicate full competency attainment by graduation. Faculty will determine where in the curriculum to place them. For instance, when evaluating the sub-competency *demonstrates empathy* (2.1a), the PIs delineate suggested observable behaviors appropriate for different points in the curriculum. At an early stage, learners may be observed listening attentively to patient concerns, employing simple and accessible language, and posing open-ended questions. At a more advanced stage, learners may be expected to anticipate patient needs, strategically apply communication skills to elicit complex information, and articulate the

patient's perspective within interdisciplinary discussions. In this way, PIs contribute to the standardization of assessment practices while supporting transparency for learners, who benefit from clear, developmentally sequenced and scaffolded expectations. By making competence visible through observable behaviors, PIs provide faculty with an evidence-informed tool to guide curriculum design, assessment, and coaching. They make expectations explicit, support tracking of progress (e.g. meeting developing PIs and on target for attainment of developed PIs), guide feedback, and support observation of growth. They can be used for developing the rubrics needed for formative and summative assessments.

It is also important to remember that nursing practice touches every *Essentials* Domain and involves multiple competencies and sub-competencies simultaneously, meaning that competency-based assessment must focus on integrated practice, not isolated skills. This is why developing experiential learning opportunities (aka formative assessments) that cluster competencies and sub-competencies is critical for experiential learning.

The shift to competency-based education is made more effective by using Progression Indicators. These indicators create a clear roadmap for faculty, preceptors, and learners by outlining the specific behaviors required to advance from a developing to a developed competency level. This clarity ensures that learners graduate with the competencies needed to be more practice ready.