



## DR. RICHARD LEVIN DELIVERS BEDNASH LECTURE AT DEANS ANNUAL MEETING

At the Deans Annual Meeting held in Washington, DC, March 25-27, the Geraldine “Polly” Bednash Lectureship Award was presented by Board Chair Cynthia McCurren (left) and President and CEO Deborah Trautman to Gold Foundation President and CEO Dr. Richard Levin, who addressed attendees immediately after.

The Bednash Lectureship Award honors AACN’s previous chief executive officer, who led the association for 28 years.

## NEW GUIDING PRINCIPLES RELEASED TO FACILITATE ESSENTIALS IMPLEMENTATION

AACN has released the [Guiding Principles for Competency-Based Education and Assessment](#) to assist nurse faculty engaged in transitioning their programs to competency-based curricula based on the 2021 *Essentials*.

Developed by the [Essentials Assessment Expert Working Group](#), this document outlines the key components of competency-based education (CBE), which include identifying outcome competencies; designing curriculum that facilitates sequenced progression; tailoring teaching and learning experiences to the competency and the student; engaging in competency-focused instruction; and conducting programmatic assessment. This resource also delineates the Core Principles for Assessment of Learners in Competency-Based Education in nine areas of CBE assessment, considers implications for implementation, and provides examples on how to approach learner assessment. The faculty’s role in engaging in CBE and assessment is addressed, including the need to be intentional about minimizing bias.



## VISIT THE ESSENTIALS RESOURCE CENTER ON AACN’S WEBSITE

[AACN’s Essentials Resource Center](#) is the go-to place for all your *Essentials* needs, including links to guides, webinars, a teaching resource database, a discussion corner, and much more.

## APPLY NOW FOR THE DIVERSITY LEADERSHIP INSTITUTE

[AACN’s Diversity Leadership Institute](#) provides an overview of the current state of diversity, equity, and inclusion (DEI) in academic nursing and the role of Diversity Officers in nursing education and practice. Program facilitators frame DEI within the context of higher education and academic nursing while presenting high-involvement strategies and practices that can be deployed at schools of nursing.

Attendees gain new knowledge and experiences designed to stimulate strategic thinking and elevate impact. Program content was designed to increase self-awareness while building skills and capacity to lead change and launch successful DEI-focused initiatives. This program offers the opportunity for participants to develop a diversity plan designed to drive excellence and meet local needs. Upon completion, participants will present their projects describing how they will apply their plan within their respective organizations. At the conclusion of this program, a certificate will be awarded.

**The application deadline is June 30, 2023.**

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Author **Lee Woodruff** spoke on how respect and kindness by healthcare professionals are reminders that the human side of health care is just as important to the patient and their families as the medical treatments they receive. Her candor, warmth, and humor provided attendees with a revived sense of motivation and renewal for the extraordinary work they do.



**Dr. Rana Awdish**, a best-selling author and physician, shared her compelling firsthand account of a harrowing patient care experience and how nurses taught her to approach the practice of medicine in a different way.



Throughout the conference, **attendees** had numerous opportunities for networking and discussion of the important topics presented.



**Dr. Jacquelyn McMillian-Bohler**, assistant clinical professor at Duke University (shown here) along with **Dr. Shelley Johnson**,

dean and professor at Florida Agricultural and Mechanical University, and **Dr. Julie Zerwic**, dean and professor at the University of Iowa, presented a program session on the what, why, and how of competency-based education implementation.



**Dr. Elizabeth Fowler**, deputy administrator and director at the Center for Medicare and Medicaid Innovation, offered a stimulating discussion on national efforts to advance value-based care at the federal level and achieve equitable health outcomes through high quality, affordable, and person-centered care.

# Q&A with Robert Englander



## **DR. ROBERT ENGLANDER, MD, MPH** **Associate Dean for Undergraduate Education,** **University of Minnesota Medical School**

Dr. Robert Englander is an associate dean for Undergraduate Education at the University of Minnesota Medical School. He is a member of AACN's Assessment Expert Working Group, which is helping to identify the role

AACN should take in addressing competency assessment as well as possible strategies for competency assessment. Dr. Englander spent 9 years at the University of Maryland School of Medicine as an assistant professor of pediatrics in the Divisions of Critical Care Medicine and Education. In 2002, he relocated to Hartford, Connecticut to assume the roles of medical director of Inpatient Services, director of the Division of Hospital Medicine, and associate director of the Pediatric Residency Training Program overseeing competency-based education. From 2005-2011, he assumed the role of senior vice president for Quality and Patient Safety for the Children's Hospital, while remaining actively engaged in both clinical care and undergraduate and graduate medical education. Dr. Englander is a member of the Association of Pediatric Program Directors and served on its board of directors from 2002-2005.

### **How do you define competency-based education (CBE)?**

The simplest and best definition comes from an article by Frank et al. in 2010,<sup>1</sup> a sentinel article in *Medical Teacher* for anyone wanting to understand CBE. "Competency-based medical education is an outcomes-based approach to the design, implementation, assessment, and evaluation of medical education programs, using an organizing framework of competencies." This represents a major shift from the structure/process education of the 20<sup>th</sup> century. In structure/process, the timing of the education is fixed (such as a 2-year or 4-year pre-licensure program), and the curricular content is the focus and determines the learner's outcomes. In CBE, the outcomes, driven by the needs of the public, are the focus and they determine the curriculum and assessment. Learners then get to the expected levels of competence in a time-variable fashion.

### **How is competency-based education being implemented across the health professions?**

CBE is being implemented to varying degrees across most health professions. I can perhaps speak best to physician education and training, where the Accreditation Council for Graduate Medical Education was the driving force to change the paradigm. As a result, graduate medical education is 20 years into implementation with varied success. We certainly are much closer to the delineation of the requisite competencies of an early 21<sup>st</sup> century physician and the levels of performance or milestones for those competencies. The assessment challenges have been formidable, but I think we are making progress there as well. Undergraduate medical education was slower to the table but is moving more consistently to CBE. In nursing, the publication of the *Essentials* is a requisite and great first step. Now the delineation of their performance levels and the

curricular and assessment tools that are required for implementation will be the next exciting phase for the community of nurse educators to tackle together. Other health professions, such as veterinary medicine and physical therapy, are working as communities towards defining the requisite competencies for their graduates and the essential activities in day-to-day activities (or Entrustable Professional Activities) that require the integration of those competencies.

### **What are Entrustable Professional Activities (EPAs)?**

In an article we wrote in *Medical Teacher* that focused on a shared language for CBE, we proposed this definition of an EPA: "An essential task of a discipline (profession, specialty, or subspecialty) that a learner can be trusted to perform without direct supervision and an individual entering practice can perform unsupervised in a given health care context, once sufficient competence has been demonstrated."<sup>2</sup> So... they are essential day-to-day tasks across a specialty or profession that can be observed in the clinical work environment, and require the integration of multiple competencies from those delineated by the profession.

### **What is the relationship between competencies and EPAs?**

As just noted, while competencies are abilities of individuals, EPAs are essential tasks that those individuals must perform and that require the integration of competencies to successfully complete. EPAs thus serve as a framework for curriculum and assessment in a program where the outcomes are competencies.

### **What are some of the biggest challenges associated with competency assessment?**

There have been four major conundrums in competency assessment.

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# Q&A with Robert Englander

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The first is that competencies are context-independent. They do not require actual patient care to assess, and this decontextualization can allow some with less ability than ideal to get through. The second is related to the granularity of competencies. Arriving at a way to measure the competency often requires its deconstruction to the point that the actual ability being assessed is meaningless in isolation and without context. The third conundrum is simply logistics. Some of the tenets of competency-based assessment include emphasis on formative assessment, multiple assessors, and multiple assessments. If, as in the *Essentials*, you have 45 competencies (and multiple sub-competencies), and each one requires multiple observations or other non-observational assessments, let's say 10, the number of assessments can be daunting. Forty-five competencies with 10 assessments over the course of training, with 100 students per year is 45,000 assessments per year for a 4-year program. This also has faculty development implications. Fourth, CBE is criterion referenced, and we in education have lived in a norm-referenced world for over a century. It is hard to move from the notion of a bell-shaped curve to the notion of a threshold that all learners can achieve, given the resource of time. But it is essential, especially if we want to address bias in assessment. It's time to set clear outcomes and then move to pass/fail, or as noted professor Carol Dweck says, "pass/not yet" for all of our learners.

## How can schools of nursing accelerate CBE implementation efforts?

The two lowest hanging pieces of fruit are to align the curriculum and assessments with the *Essentials*. To start, schools can look at all their course learning objectives and "map" them to the *Essentials* competencies and subcompetencies. If some objectives do not match, the school can decide either to save the objective and

include outcomes outside the *Essentials*, or to eliminate the objective. Then, the assessments for each course should also be aligned to the competencies that the curriculum represents. In the meantime, national efforts can continue to try to better delineate the performance levels for the *Essentials* competencies and help with assessment development that may be used across programs.

## What is the biggest misconception about CBE?

The biggest misconception about CBE is that the shift requires a change to time-variable education and training. It is true that CBE should allow one to demonstrate threshold competence in a time-variable manner, but that does not necessarily mean we have to change the time frames of education. For example, we can provide additional responsibilities and advanced training to learners who arrive more quickly at the requisite competencies. More importantly, going back to the "why" of CBE, we need to ensure that 100% of graduates are competent, even if that means keeping individuals beyond the initial required timeframe. This might also mean novel approaches to funding health professions education!

## How important are AACN's *Essentials* to shaping the future of nursing education?

If the nursing profession is going to make the shift to CBE, then the *Essentials* are essential (pun intended). The first step to CBE is to delineate the requisite domains and their competencies through a consensus process across the profession. You cannot proceed without it!

## How critical are academic-practice partnerships in the transition to CBE?

No matter how you decide to approach competency assessment, it represents a true change from the past regarding the place of the direct clinical supervisor in providing feedback and assessment. Because the

primary mode of assessment stems from direct observation in the clinical (or simulation) space, you need to have your clinicians on board with the process. This seems impossible absent a strong academic-practice partnership. This also means more faculty and staff development and resource support from the academic home.

## What impact will moving to CBE have on the nursing profession and healthcare delivery?

I don't know that I can speak to the impact it will have, but more to the impact it aspires to have. First, the "why?" behind the paradigm shift. In health professions education, there is near uniformity in agreement that the 20<sup>th</sup> century educational paradigm was inadequate in that it did not address the breadth of competencies or the guarantee of graduate competence across almost every health profession because of its structure. CBE holds the promise of doing both—addressing the complex array of competencies and ensuring through rigorous programs of assessment that every graduate has demonstrated those competencies.

## References

1. Frank JR, Snell LS, Cate OT, Holmboe ES, Carraccio C, Swing SR, Harris P, Glasgow NJ, Campbell C, Dath D, Harden RM, Iobst W, Long DM, Mungroo R, Richardson DL, Sherbino J, Silver I, Taber S, Talbot M, Harris KA. Competency-based medical education: theory to practice. *Medical Teacher*, 2010; 32(8):638-45. doi: 10.3109/0142159X.2010.501190.
2. Englander R, Frank JR, Carraccio C, Sherbino J, Ross S, Snell L; ICBME Collaborators. Toward a shared language for competency-based medical education. *Medical Teacher*, 2017; 39(6):582-587. doi: 10.1080/0142159X.2017.1315066.



## AACN CONFERENCES

There is still time to register for AACN's remaining conferences in the 2022-2023 academic year. Join us to explore innovative content unique to your role and responsibilities.

### [Graduate Nursing Admissions Professionals Conference](#)

April 10-12, 2023  
Nashville, TN

### [Business Officers of Nursing Schools Annual Meeting](#)

April 26-28, 2023  
Cape Coral, FL

## DISCOVER AACN'S NEW CULTURE AND CLIMATE SURVEY FOR SCHOOLS OF NURSING

AACN's Leading Across Multidimensional Perspectives (LAMP©) Culture and Climate Survey was developed to assess the experiences of diverse students, faculty, and staff at nursing schools and identify practices that facilitate student success and a sense of belonging. The LAMP survey instrument provides action reports that assess the unique culture and programmatic characteristics of individual schools of nursing. LAMP gives academic administrators a better understanding of how their learning environment influences student experiences and achievement, which can help drive institution-level decision-making and meaningful change.

Nursing schools interested in learning more about the LAMP survey, including expectations for participating schools, are encouraged to complete [the LAMP inquiry form](#). For more information, [click here](#).



## AACN AWARD DEADLINES

If you know someone who has made significant contributions to academic nursing, take note: AACN offers a number of awards, and we want you to recognize your fellow colleagues and peers. Many awards have deadlines approaching, so don't delay!

### [Diversity, Inclusion, and Sustainability in Nursing Education Lectureship Award](#)

Deadline: May 15, 2023

### [Excellence and Innovation in Teaching Award](#)

Deadline: May 15, 2023

### [Exemplary Academic-Practice Partnership Award](#)

Deadline: May 15, 2023

### [GNSA Award for PhD-DNP Collaboration Excellence](#)

Deadline: June 2, 2023

### [Innovations in Professional Nursing Education Awards](#)

Deadline: May 15, 2023

### [New Era for Academic Nursing Award](#)

Deadline: May 15, 2023

### [Novice Faculty Teaching Awards](#)

Deadline: May 15, 2023

### [Outstanding Dissertation and DNP Project Awards](#)

Deadline: June 2, 2023

### [Scholarship of Teaching and Learning Excellence Award](#)

Deadline: May 15, 2023

## ABOUT SYLLABUS

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