Moving Toward A Competency-Based Education Model

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VAACN Annual meeting

Objectives

- Understand concepts related to competency based nursing education (and time variable nursing education).

- Apply concepts of competency based (and time variable education) to Nursing education

Consumption *vs.* Mastery

"Institutions must move from a model of 'time served' to a model of 'stuff learned.' Because increasingly the world does not care what you know. Everything is on Google. **The world only cares, and will only pay for, what you can do with what you know.**

… We're moving to a more competency-based world where there will be **less interest in how you acquired the competency**—in an online course, at a four-year-college or in a company-administered class—and **more demand to prove that you mastered the competency.** We have to get beyond the current system of information and delivery."

-- Thomas Friedman, *The New York Times,* March 2013

## 100% CBE Programs in WGU's College of Health Professions: All but Prelicensure Nursing are time-variable.

Topics of the Day

- Competency-Based Education – What it is and How to begin

- Time variable education

- WGU innovations we have used to implement CBE

Traditional Forms of Educational Discourse

- Knowledge Discourse
- Performance Discourse
- Psychometric Discourse
- Reflection Discourse
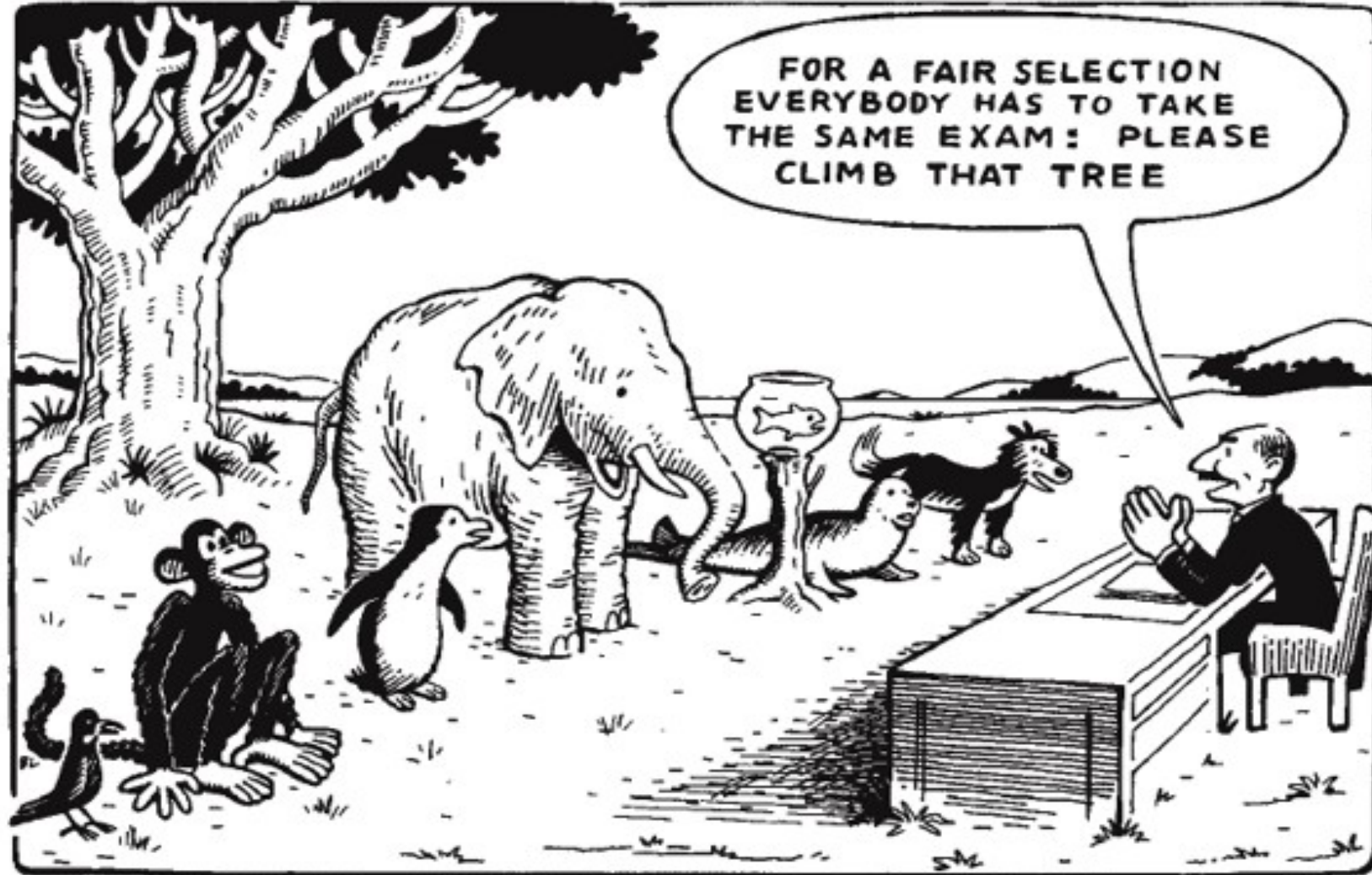- Production Discourse
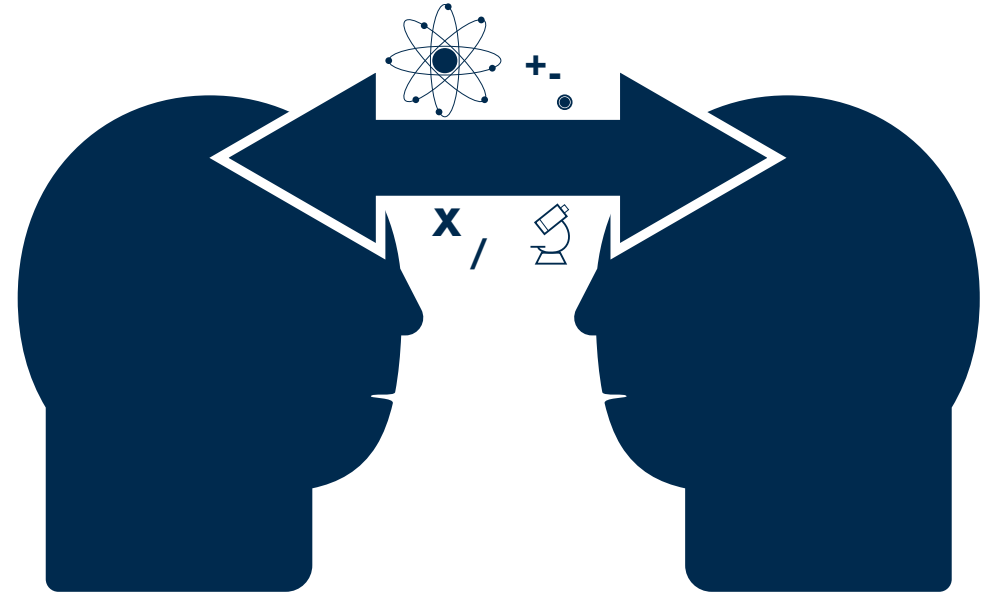
Knowledge Discourse

- Recall, memorization of facts
- Lowest Blooms level

Performance Discourse

- Requires an Observer
- Inter rater reliability
- There is a learning triad- student- observer-patient

Psychometric Discourse

Reflection Discourse

- Learning may be solitary
- The intent is to reflect on interactions and pull out insights

Production Discourse

- Relationships are not central
- Commodification of education

CBE: New Ways of Thinking

- CBE starts with the end in mind: The curriculum is the competencies and assessments. Assessments are directly aligned to competencies. All competencies are assessed using consistent tools, methods and rubrics. Assessments do not vary by instructor, section or even course delivery mode (e.g. online vs. F2F)

- Criterion referenced measurement AKA Mastery Learning: Differentiated from Norm referenced measurement
- Mastery learning is 100% of competencies achieved rather than grading (A=93% or C=70%)

- Shift in thinking that these elements are the curriculum, these critical elements are education assets and learning enablers
  - Course Instruction
  - Learning resources
  - Simulations
  - Clinical experiences
  - Peer engagement

#GPAIsFakeNews

- The continuum of learning challenges the traditional thinking about courses and asks that we think about the learning continuum in a more comprehensive and continuous way just as we are challenged to rethink the continuum of care differently.

WGU

Competency-Based Education (Learning)

- Students advance by demonstrating what they know and can do rather by accumulating credit hours

- Measures learning not time

- Mastery is confirmed by standardized assessments

- Students study independently with support of faculty

- Students can use knowledge gained from prior, academic, or life experience to accelerate through courses with material they already know

- The curriculum is made up of real-world competencies

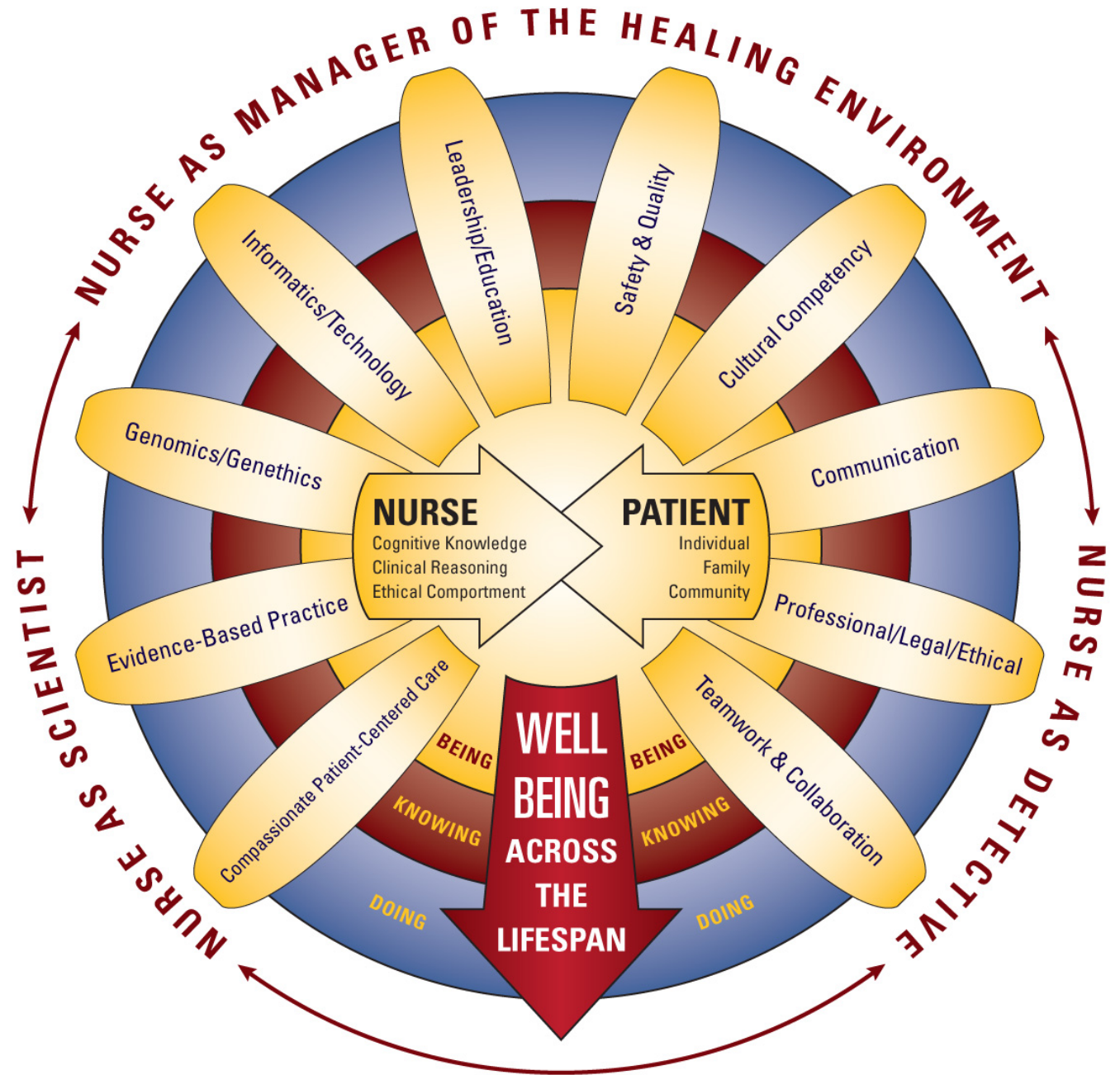- Learning takes place when the student engages, independent of time or place.

Competencies are an integrated whole of knowledge, skills and abilities that can be used to make adequate, effective decisions and/or take adequate, effective action in a specific setting or situation.

CTUS Model
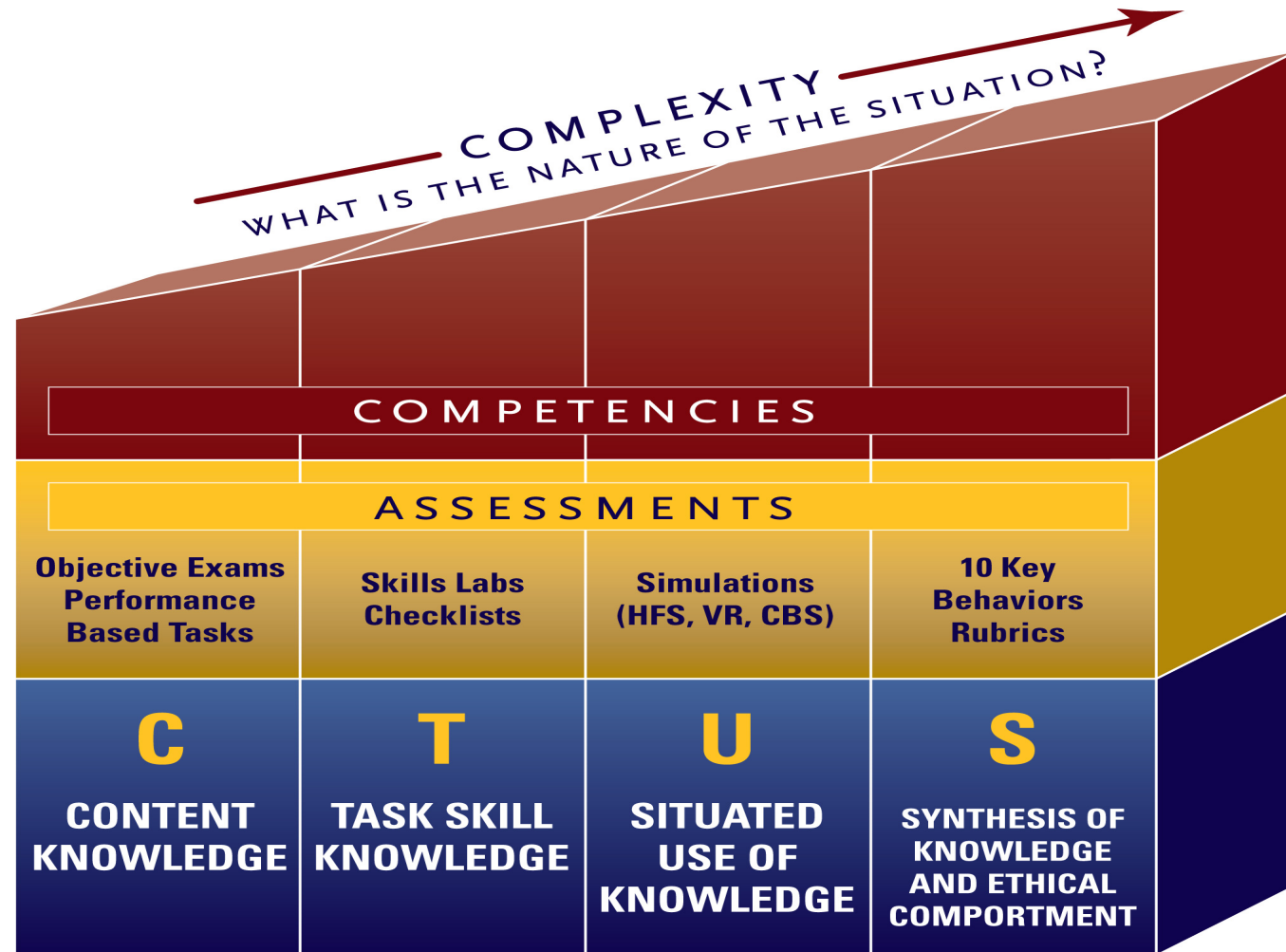
WGU Nursing Conceptual Framework

Beyond Generic Guidelines…

- Competencies are measurable, occupationally-relevant, and behaviorally-based characteristics or capabilities of people.

- Well-written competency statements promote a shared understanding of an entity's expectations of what individuals must know and be able to do. Competency statements should:
  - Embody a single, readily identifiable, observable, and measurable action or behavior;
  - Be clear, concise, and precise in describing the action or behavior; and
  - Characterize mutually-exclusive, non-overlapping actions or behaviors, when making up a set.

- Well-written competency statements describe an intended outcome, *not* the learning process. It depicts the student's performance, not instructor activities, learning plans, or instructional strategies.

Why competency-based?

Competency – based education sets an academic bar but doesn't insist that everyone progress at the same time or even at the same rate.

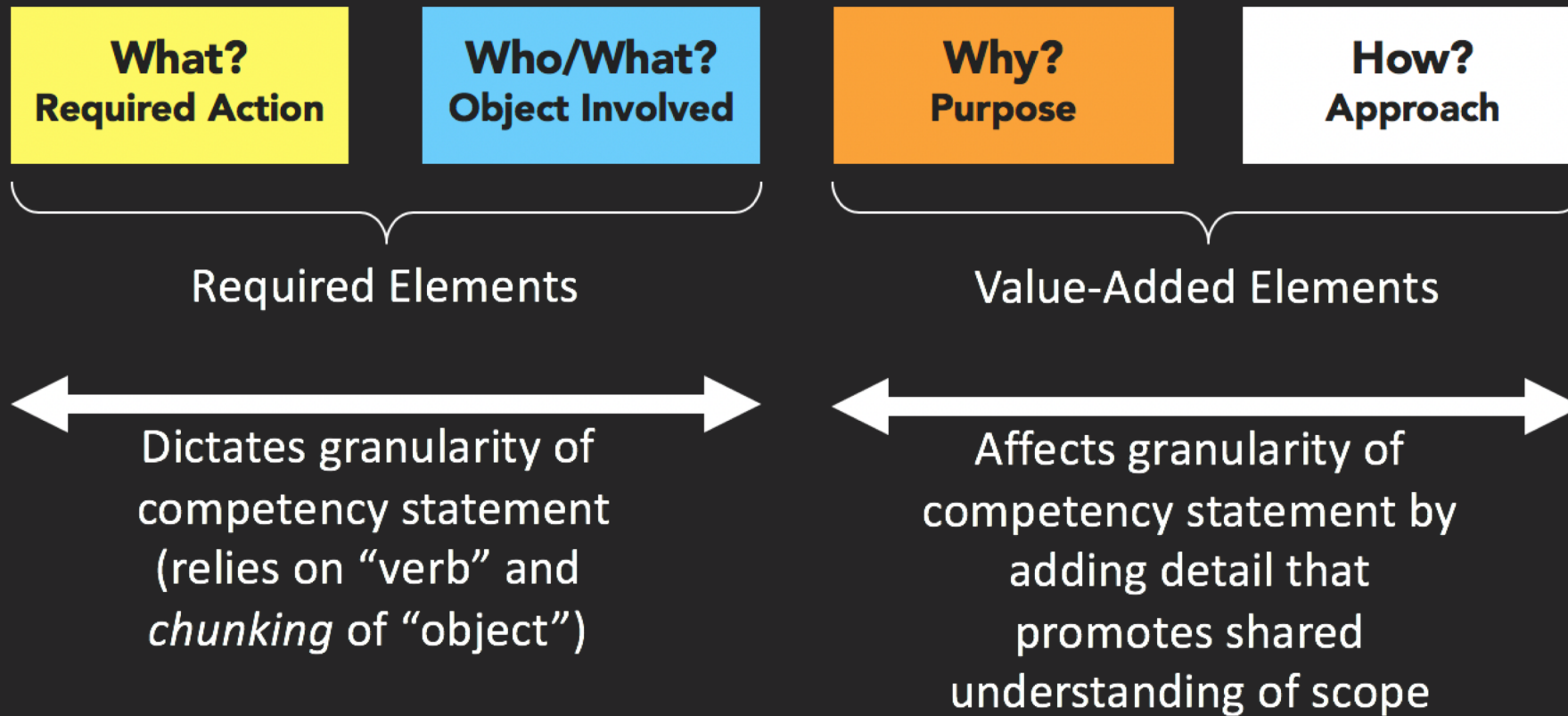**WGU®**

Focus on 1st Set of Critical Considerations

A	

	A	The competency statement specifies:

| | | **What?** Required Action | **Who/What?** Object Involved | **Why?** Purpose | **How?** Approach |

B	

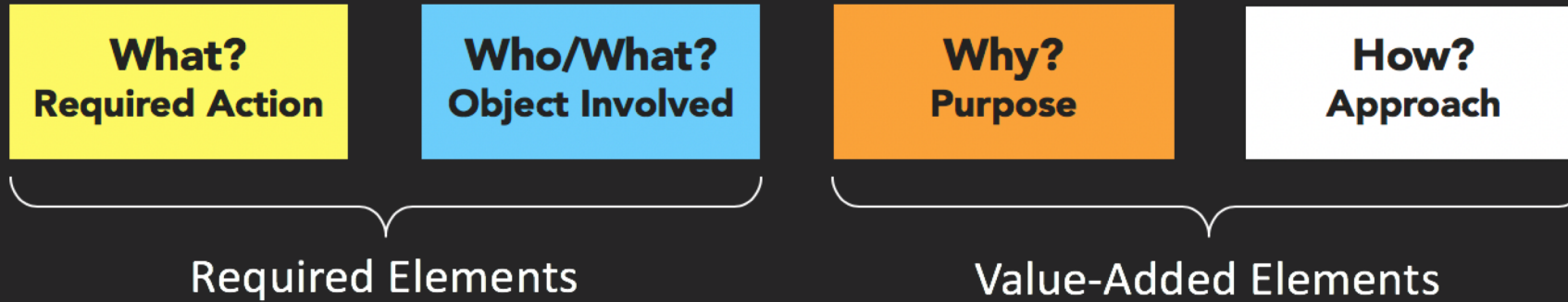|	B	The verb used to describe the "required action" clearly communicates the intended level of proficiency (i.e., remembering, understanding, applying, analyzing, evaluating, creating) and promotes a shared understanding of the required action.

- Documentation of the competency statement specifies intended level of proficiency of the verb (i.e., remembering, understanding, applying, analyzing, evaluating, creating).
- Documentation of the competency statement promotes a shared understanding of the required action.
  - Understanding (Characterize "objects;" Explain observations)
  - Application (Acquire/Prepare "objects;" Certify "objects;" Use learned materials; Enact process/procedure)
  - Analysis (Process data/information; Analyze elements, organization, relationships; Conduct inquiries)
  - Evaluation (Evaluate "objects;" Deliberate evaluative results)
  - Create (Format data, information, materials; Combine ideas, materials, observations; Forms of "making;" Rethink or Reconstruct)

Elements of a Competency Statement

What? Required Action	Who/What? Object Involved	Why? Purpose	How? Approach

Required Elements

Value-Added Elements

Dictates granularity of competency statement (relies on "verb" and *chunking* of "object")

Affects granularity of competency statement by adding detail that promotes shared understanding of scope

Elements of a Competency Statement cont'd.

What?
Required Action

Who/What?
Object Involved

Why?
Purpose

How?
Approach

Required Elements

Value-Added Elements

The graduate **is knowledgeable** about managing innovation.

The graduate **applies** foundational elements of effective communication.

The graduate **explains** network topologies, including protocols, ports, addressing schemes, routing, and wireless communication.

The graduate **analyzes** benefits, challenges, and functionalities of classroom technology **to ensure their proper use.**

Reasoned Use of Bloom's Taxonomy: Beware!

(1) REMEMBERING	(2) UNDERSTANDING	(3) APPLYING	(4) ANALYZING	(5) EVALUATING	(6) CREATING
• **Choose** • **Define** • **Find** • **Identify** • **Label** • **List** • **Match** • **Name** • **Recall** • **Recognize**	• Articulate • Categorize • Clarify • Compare • Contrast • Discuss • Elaborate • Explain • Extrapolate • **Extend** • Illustrate • **Infer** • Interpret • Outline • **Relate** • Summarize • Translate • **Understand**	• **Able to** • **Achieve capacity to** • Apply • Carry-Out • Conduct • **Demonstrate** • Employ • Implement • Perform • **Possess** • Use	• Analyze • **Attribute** • Classify • Deconstruct • Differentiate • Distinguish • Discriminate • Formulate • Integrate • Map • Organize • Parse • Prioritize • Rank • **Relate** • Select • Structure	• Audit • Appraise • Assess • **Criticize** • Check • **Defend** • Detect • Estimate • Evaluate • Examine • Judge • Justify • Measure • **Monitor** • **Review** • Rule on • Test	• Adapt • Assemble • Build • Collate • Compile • Compose • Construct • Create • Design • **Develop** • Formulate • **Generate** • Modify • Plan • **Prepare** • Produce • **Propose**

Reasoned Use of Bloom's Taxonomy: Use of Operational Verbs

(2) UNDERSTANDING	(3) APPLYING	(4) ANALYZING	(5) EVALUATING	(6) CREATING
(A) Characterize "objects" • Categorize, Classify, Define, Describe, Frame, Identify, Prioritize, Specify **(B) Explain observations** • Articulate, Clarify, Explain, Illustrate, Interpret, Outline, Translate, Elaborate	**(A) Acquire/Prepare "objects"** • Access, Acquire, Extract, Gather, Locate, Obtain **(B) Certify "objects"** • Cite, Document, Record, Reference, Source **(C) Use learned materials** • Apply, Carry Out, Conduct, Employ, Implement, Perform, Use **(D) Enact process/procedure** • Operate, Administer, Control, Coordinate, Lead, Maintain, Optimize	**(A) Process data/information** • Calculate, Estimate, Manipulate, Measure, Solve **(B) Analyze elements, organization, relationships** • Analyze, Compare, Contrast, Differentiate, Distinguish, Formulate, Map, Match, Equate **(C) Conduct inquiries** • Examine, Experiment, Explore, Investigate, Research, Test	**(A) Evaluate "objects"** • Audit, Appraise, Assess, Evaluate, Judge, Rank **(B) Deliberate evaluative results** • Argue, Defend, Justify, Resolve, Advocate	**(A) Format data, information, materials** • Arrange, Assemble, Collate, Organize, Sort **(B) Combine Ideas, Materials, Observations** • Assimilate, Consolidate, Integrate, Link, Synthesize, Summarize **(C) Forms of "Making"** • Build, Compose, Construct, Create, Design, Develop, Model, Shape, Simulate **(D) Rethink or Reconstruct** • Adapt, Adjust, Improve, Modify, Refine

Explains network topologies, including protocols, ports, addressing schemes, routing, and wireless communication.

Analyzes benefits, challenges, and functionalities of classroom technology to ensure its proper use.

Reasoned Use of Bloom's Taxonomy: Leveraging its Full Power

The Knowledge Dimension – Major Types and Sub-Types

(1) FACTUAL	(2) CONCEPTUAL	(3) PROCEDURAL	(4) METACOGNITIVE
(A) Knowledge of terminology (B) Knowledge of specific details and elements	(A) Knowledge of classifications and categories (B) Knowledge of principles and generalizations (C) Knowledge of theories, models, and structures	(A) Knowledge of subject-specific skills and algorithms (B) Knowledge of subject-specific techniques and methods (C) Knowledge of criteria for determining when to use appropriate procedures	(A) Self-knowledge (B) Contextual and conditional knowledge

Competency Development Process

- National Standards and references (BSN Essentials, ANA Scopes and Standards, ANA Code of Ethics, IOM, QSEN, etc.)

- Conceptual Framework and cross-cutting themes

- Clinical Framework (our version of Entrustable Professional Activities EPAs)

- Industry experts and employers

- Subject matter experts

- Centralized process allows for mapping of standards for accreditation

Key Clinical Behaviors

- **Person-Centric Care and Coordination** - Provide holistic care that recognizes needs, preferences, and values while respecting persons as full partners in health across the lifespan.

- **Therapeutic Presence & Communication** – Be present in ways that foster engagement, mutual respect, and shared decision making

- **Safety and Quality** - Use clinical reasoning and best practices to create safe environments where quality is a priority and risks to patients, families and providers are minimized.

- **Evidence-Based Practice** – Identify, evaluate and integrate the best current evidence inclusive of patients' preferences and values to deliver appropriate care.

- **Teamwork and Collaborative Practice** - Engage effectively with all disciplines to foster open communication, mutual respect and collaborative decision making to achieve safe care and optimal outcomes.

- **Informatics and Technology** - Leverage information and technology to support decision making for early intervention, to mitigate error and optimize workflow.

- **Ownership of a reflective Practice** – Incorporate professional nursing standards, values and accountability into ones' practice.

- **Clinical Reasoning**- Analyze changing conditions, concerns and vulnerabilities of patients, families and communities to form clinical decisions, act and achieve desired outcomes.

- **Systems & Leadership** - Use knowledge of self and others to positively influence people, promote essential improvements, take appropriate risks and foster just cultures.

Key Clinical Behaviors Evidence Statement Examples

Key Competency	CASAL I Behaviors	CASAL II Behaviors	CACI Behaviors	Critical Care Behaviors
	Uses procedures & protocols to determine needed clinical actions.	Actively searches for and organizes information from credible sources.	Evaluates procedures based on information research.	Implements procedure according to hospital protocols & info. research.
	Compares patient situation to matching textbook examples or general patient population.	Identifies possible patient problems & collects additional patient info. to build an understanding.	Initiates patient care plan based on clinical judgement and evaluation.	Initiates patient care plan for the critically ill based on clinical judgement and evaluation.
Clinical Reasoning				
	Carefully collects assessment data over time relevant to patient diagnosis and response.	Makes careful evaluations of the patient over time to make appropriate clinical decisions.	Recognizes poor patient outcomes and uses that evidence to identify alternative care measures.	Responds appropriately to undesired patient outcomes, & uses evidence to identify alternative care measures.
	Consults with health team about the meaning of data, signs and symptoms, and appropriate course of action.	Reflects on misinterpretations and devises appropriate courses of action	Considers the whole illness experience for the patient and family and plans care accordingly.	Considers the whole illness experience for the critically ill and their family and plans care accordingly.

Measurement

- Measured by structured assessments

- Assessments can be objective exams or performance tasks
  - Standardized exams (including adaptive)
  - Performance tasks (papers, presentations, projects)
  - Skills labs
  - High Fidelity Simulation
  - Video Reflection with peer and faculty review
  - Computer simulations

- Assessments must be free of bias, psychometrically sound, reliable and valid as measurement tools

- Grading is separate from the process of facilitating learning and separate faculty are involved

Josiah Macy Foundation

"The 2017 Macy Conference was perhaps the most ambitious of our conferences in the past decade because it addressed fundamental issues in the structure and pedagogy of all health professions education across the full continuum from beginning learners to experienced practitioners."

Achieving Competency-Based, Time-Variable Health Professions Education

Proceedings of a conference chaired by
Catherine R. Lucey, MD

June 2017 | Atlanta, Georgia

February 2018

Time Variable Education

"Many in education fear the term "time variability", believing that it would result in every student charting a totally independent course through their formal education causing chaos within our institutions. But in competency-based education, time becomes a resource rather than a constraint. Time variability recognizes that competency acquisition is individual; it is a rare learner who simultaneously masters every competency needed to transition to the next stage of their career."

Western Governors University

- Nonprofit, founded in 1997 by 19 governors

- Regionally accredited

- 114,567+ students and 135,265 graduates in all 50 states

- College of Health Professions has enrollment of 30,654, and a total of 36,000 grads
    - CCNE accredited
    - BON approved national PL program in 5 states
- Competency-based, all online, 6-month terms

Created to increase access and improve quality of higher education opportunities for busy adults

100% CBE Programs in WGU's College of Health Professions: All but Prelicensure Nursing are time-variable.

Nursing Programs

- Prelicensure BSN – IN, FL, UT, CA, TX (NCLEX = 93%)

- All other programs offered nationally:

- RN to BSN

- RN to MSN and BSN to MSN with 3 specializations
  - Nursing Education
  - Nursing Leadership & Management
  - Nursing Informatics

Health Professions Programs

- Master of Health Leadership

- B.S. Health Information Management

- B.S. Health Services Coordination

The WGU Model

Differentiated and disaggregated faculty roles:

- Curriculum design & development (Master curriculum)

- Program Mentors –
  - Advanced guidance and non-cognitive coaching
  - Personalized learning plans
  - Progression support
  - Weekly calls

- Course Instructors
  - Live Cohort sessions (recorded for asynchronous use)
  - Individual instruction (competency development support

- Evaluators
  - Calibrated grading against rubrics
  - Meaningful, relevant student feedback
  - Consistency, controls for bias

Commercial Messages

Mission

Foster collaboration to ensure that nurses have access to higher levels of education and achievement.

Special Interest Groups

- Associate Degree pathways
- Incumbent nurses
- Equity, achievement & thriving
- Innovations clinical education
- Professional Growth & Advancement

Unite academic and practice leaders to shape leadership science and education in nursing.