

Competency-Based Education

Summary of Dr. Jean Bartels' Presentation at 2019 AACN Baccalaureate Conference

The educational perspective:

- Educators in every discipline and profession hope, somehow, to prepare graduates who can recognize the profound complexity of questions facing their practice, who can appreciate the moral, ethical, and practical impact of the judgments they must make and who can thoughtfully and sensitively act with honesty, courage, and flexibility.

Current Cultural norms:

- The normal curve can and should govern student performance.
- Grades are a good motivator of student effort and success.
- Standardized tests are quality indicators for educational programs.
- Learning occurs best in the standard lecture mode.

Traditional educational planning:

- Time frame-semester hours of course
- Place of course in overall curriculum
- Course content
- Schedule of readings
- Lecture and discussion topics
- Student assignments, reports, exams
- Current state of higher education:
 - o Today, there is a compelling public stake in higher education. The public, our graduates' employers, and our learners demand identifiable outcomes for their investments. We have a responsibility to these publics who support and depend on us to provide clear evidence about the ways in which our programs meet expectations AND lead to competence in our graduates.

Learner-focused educational planning asks:

- What competencies must my learner develop?
- How will my learner demonstrate these competencies?
- What assignments will contribute to the development of the competencies?
- What kind of feedback will I give to the learner?
- What types of assessments will best capture the competencies?

The move to competency-based education:

- Defined as: Competency-based education refers to a system of instruction, assessment, feedback, self-reflection and academic reporting that is based on students demonstrating that they have learned the knowledge, attitudes, motivations, self-perceptions and skills expected of them as they progress through their education.
- In competency-based health professions education, learners progress by demonstrating the competencies they need to perform optimally as health professionals across the span of their careers.

- The desired competencies for optimal performance are based on what is needed to deliver health care of the highest quality and value to patients and their communities

History of competency-based education:

- Origins of Competency Based Education (CBE) trace to educational reform in the 1920's but gained impetus in the 1960's with the demand for greater accountability in education, increased emphasis on the economy, and a move towards more community involvement in decision making in education
- Paradigm shifts in higher education and curriculum development in the 1970's caused fragmentation of curricula and de-emphasis on basic skills which led to the expectation for minimum standards and performance expectations at all educational levels
- Competencies in health professions education began in the 1980's, particularly in the expectations of licensing boards
- Medicine adopted an initial set of common competencies for graduate medical education in 1999
 - o Since then additional health professions have defined core competencies and initiated competency-based educational efforts: Pharmacy, Dietetics, Physical Therapy, Dentistry, Occupational Therapy, Psychiatry, Public Health, etc.
- Regional and specialty accrediting bodies now require the demonstration of measurable outcomes indicating the effectiveness of educational programs/curricula and the competence of graduates

Competency-based education and nursing education:

- Nurse educators have been pioneers in the use of behavioral competencies/outcomes as a framework for curricular development, teaching and assessment in nursing education programs
- Nursing literature has long addressed the need for defined competencies to adequately assess nurse performance
- Nursing and specialty accrediting bodies require the demonstration of measurable outcomes indicating the effectiveness of educational programs/curricula and the competence of graduates
- We have no widely accepted definitions of what common competencies our graduates should possess, what constitutes individual competence, nor what common framework for competency-based education we should use
- The move to interdisciplinary education and practice increases the need for common language to describe expectations across health professions
- We need a shared language and understanding of what competencies should be expected at every level of education
 - o What competencies are foundational to practice at every level
 - o How do nursing competencies relate to those in other health professions
- Nurses educated at all levels need to possess sophisticated skills and competencies which prepare them to act and impact with informed intelligence, disciplined imagination, and visionary leadership

- Nurse educators, practitioners, and scholars will continue to be held to high levels of accountability for demonstrating effective outcomes in education, practice, and research
- Nursing's publics will increasingly demand responsible, coherent, and cohesive educational environments which focus on individual's learning and her/his development of competencies necessary for effective professional citizenship

The need for a shared language:

- "Shared language is important in leading adaptive change. When people begin to use the same words with the same meaning, they communicate more effectively, minimize misunderstandings, and gain the sense of being on the same page, even while grappling with significant differences on the issues." - Heifz, Linsky, Grashow (2009)

Core definitions: (IP definitions adopted for work on APRN Common Doctoral Level Competences as well as for re-envisioning Essentials TF work.)

- Competence
 - o "The array of abilities [knowledge, skills, and attitudes—or KSA] across multiple domains or aspects of performance in a certain context"
 - o "Statements about competence require descriptive qualifiers to define the relevant abilities, context, and stage of training"
 - o "Competence is multi-dimensional and dynamic. It changes with time, experience, and setting." - Frank, Snell, Cate, et al (2010)
- Competency
 - o "An observable ability of a health professional integrating multiple components such as knowledge, skills, values, and attitudes."
 - o "Since competencies are observable, they can be measured and assessed to ensure their acquisition." - Frank JR, Snell, LS, Cate, OT, et al (2010)
- Competent
 - o "Learner gains perspective from planning own actions based on conscious, abstract, and analytical thinking to achieve greater efficiency and organization." - Frank JR, Snell, LS, Cate, OT, et al (2010)

Common understandings:

- Competencies are learned dispositions to perform in ways that reflect specialized knowledge, attitudes, skills, motivations, and self-perceptions. Developing competence requires that the learner can habitually use that competence effectively in a variety of contexts, consistently attentive and adaptive to the nuances each context presents.
- Competency domains are sets of statements that describe the competencies that a learner will be able to demonstrate at the end of a set of learning experiences. Taken collectively, the competencies should paint a comprehensive picture of what the graduate is able to do with the learning he/she has experienced and acquired.

Competencies are not:

- A checklist of tasks



- A once and done experience or demonstration
- Isolated in one sphere of care or context
- Demonstrated solely on an objective test

Competencies are:

- A set of expectations which, when taken collectively, demonstrate what learners can do with what they know.
- Demonstrated across all spheres of care and in multiple contexts.
- Clear expectations made explicit to learners, faculty, employers, and public.
- A result of determined (planned and repeated) practice.
- Visibly demonstrated and assessed over time.

How competencies are used within curricula:

- Provide guidance for how/what we teach.
- Provide direction for what we expect of students.
- Provide a framework for performance assessment across all spheres of care and professional practice.

Assumptions underpinning CBE:

- Educational assumptions - Mentkowski & Associates (2000)
 - o Learning goes beyond knowing to being able to effectively do something with what one knows.
 - o Educators are responsible for making learning more available by articulating competency expectations (and the related criteria for successful performance) and for making these expectations public.
 - o In order to do that, competencies must be carefully identified and compared to what contemporary and future professional practice requires
 - o Competencies are generic expectations which combine knowledge, skills, and attitudes—not specific tasks to perform
 - o Competencies can be developed
 - o Competencies can be assessed
 - o To develop competencies that are effective, transferable, and sustained, learning must be active.
 - o Active learning involves making an action out of knowledge—using knowledge to think, judge, decide, discover, interact, and create
 - o Active learning involves:
 - Clarification of information and expectations
 - Determined (intentionally planned and replicated) practice in demonstrating the competency
 - Assessment of progress toward competence
 - Feedback on successes and areas to develop so that they can be turned into successes
 - o These assumptions require focused experiences beyond a single course, classroom, or practicum experience.

- If learning is to be effective, producing a reflective, socially engaged and competent graduate, it needs to be housed in the context of integrated experiences developed over time.

Creating the bridge to learning: 6 rules

- You CANNOT simply write an outcome statement and declare competency victory
- You MUST implement teaching/learning experiences in courses and across the curriculum that will assure students have “determined practice” in achieving competencies
- You MUST assess competencies in multiple contexts and across developmental levels
- Students CANNOT be the last ones to know your outcome intentions and competency expectations
- Students MUST have ongoing feedback on their successes and on areas where they need to improve
- Students MUST learn how to assess their own performances in order to develop the skill of self-reflection in their own practice

Benefits of CBE:

- Makes the student the center of learning—AND—responsible for his/her own learning
- Helps the student relate specific courses and learning experiences to the development of overall competencies
- Clarifies faculty expectations regarding student development/performance and allows the faculty to hold students accountable for prior learning
- Relates curriculum and course work to life and professional expectations
- Establishes in an objective way the rigor of the curriculum
- Promotes faculty development with regard to teaching effectiveness
- Creates a community of faculty with common goals and expectations for student development
- Provides an overall cohesive framework for course and program design and development
- Improving the quality of nursing education in order to meet the demands, challenges and opportunities of the future will require internal motivation, a collaborative culture, and the continuous cycle of using assessment data and our collective wisdom to improve teaching and learning and to assure the competence of our graduates.