

## Transformation to Competency Based Education by Implementing the New Essentials: Creating a Structure, Process, and Defined Outcomes to make it happen!

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## Objectives

- Characterize the use of Organizational structure, process, and outcomes to accomplish curricular revisions that reflect AACNs New Essentials to integrate competency-based education, across a School of Nursing.
- Associate the AACN New Essentials in the context of curricular mapping and gapping and define next steps to curricular revisions.
- Convey approaches to faculty development and stakeholder involvement as pivotal to curricular revision work success.
- Incorporate and apply individual schools of nursing to structure, process, and outcomes related to curricular revisions during interactive portion of session.

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**DOMAINS (10)**  
With Competencies under each Domain and "sub-competencies" under each Competency (Level 1 = Entry to Professional Nursing, Level 2: Advanced Level Nursing)

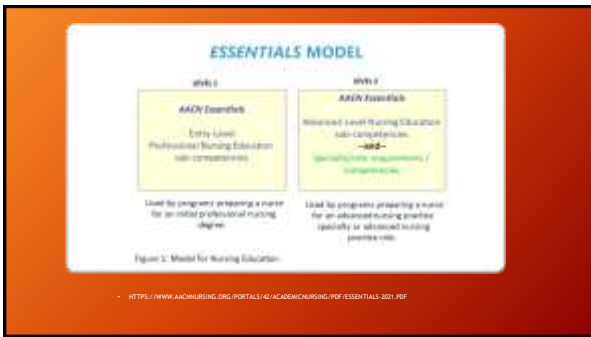
Domain	Description
Domain 1: Knowledge for Nursing Practice	Encompasses the integration, translation, and application of disciplinary nursing knowledge and areas of nursing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences.
Domain 2: Person-Centered Care	Focuses on the individual and/or individual-situated contexts, including family and/or treatment plans, person-centered care is holistic, individualized, and respectful, comprehensive, coordinated, evidence-based, and developmentally appropriate.
Domain 3: Population Health	Focuses on the population and/or populations that present to diverse environments of populations and includes epidemiologic activities and efforts to improve public health, infection, infectious, health care, food governance, safety, and systems for the improvement of equitable population health outcomes.
Domain 4: Scholarship for Nursing Practice	Focuses on the integration, translation, and application of disciplinary nursing knowledge and areas of nursing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences.
Domain 5: Quality and Safety	Focuses on the individual and/or individual-situated contexts, including family and/or treatment plans, person-centered care is holistic, individualized, and respectful, comprehensive, coordinated, evidence-based, and developmentally appropriate.
Domain 6: Interprofessional Preparation	Focuses on the integration, translation, and application of disciplinary nursing knowledge and areas of nursing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences.
Domain 7: Systems-Based Practice	Focuses on the integration, translation, and application of disciplinary nursing knowledge and areas of nursing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences.
Domain 8: Informatics and Healthcare Technologies	Focuses on the integration, translation, and application of disciplinary nursing knowledge and areas of nursing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences.
Domain 9: Professionalism	Focuses on the integration, translation, and application of disciplinary nursing knowledge and areas of nursing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences.
Domain 10: Personal, Professional, and Leadership Development	Focuses on the integration, translation, and application of disciplinary nursing knowledge and areas of nursing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences.

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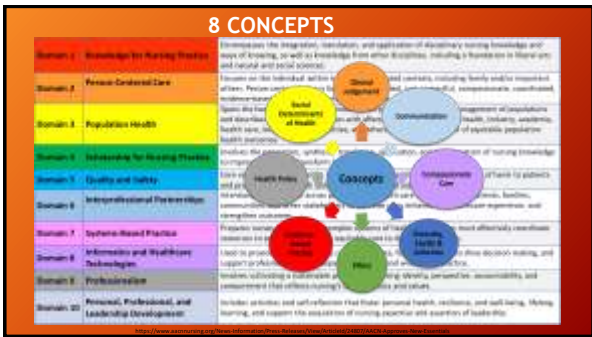
## AACN Domains, Competencies & Concepts

Domains	Competencies	Concepts
• 10	• 45	• 8
	Subcompetencies	
	Level 1 Entry to Professional Practice	Level 2 Advanced Practice

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### 4 Spheres of Care

Entry-level nursing education programs will include direct and indirect clinical experiences within four distinct practice areas

<b>Disease Prevention, Promotion of Health &amp; Well-Being</b> Promotion of physical and mental health in all patients as well as management of minor acute and intermittent care needs of generally healthy patients.	<b>Chronic Disease Care</b> Promotion of physical and mental health in all patients as well as management of minor acute and intermittent care needs of generally healthy patients.
<b>Regenerative &amp; Restorative Care</b> Critical/trauma care, complex acute care, acute exacerbations of chronic conditions, and treatment of physiologically unstable patients that generally requires care in a mega-acute care institution.	<b>Hospice, Palliative &amp; Supportive Care</b> End-of-life care as well as palliative and supportive care for individuals requiring extended care, those with complex chronic disease states, or those requiring rehabilitative care.

<http://www.aacnursing.org/Portals/422/academic/curriculum/entry-level/2021.pdf>

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### Practicum/Clinical HOURS

**Entry to Practice/ Level 1**

- Level 1 sub competencies
- Hours necessary to meet competencies
  - No prescribed hours
- At UMSON BSN determined 810 hours and MSN plan for 835

**Advanced Level Nursing/ Level 2**

- Level 2 sub competencies
- 500 hours to meet "core" Level 2 subcompetencies
- In addition, must meet SPECIALTY/ ROLE REQUIREMENTS
- Specialty Role (Nurse Practitioner, Clinical Specialist, Anesthesia, Midwifery)
  - Based upon NTF, increased to 750 hours (approved April 2022)
- Advanced Specialties (Public Health, Leadership/ Informatics/ Policy)
  - Less clinical hour requirement
- However, must meet specialty competencies
- May share some hours between the Level 2 and specialty/ role hours

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“...Students are the center of the learning experience, and performance expectations are clearly delineated along all pathways of education and practice. [C]urriculum, course work, and practice experiences are designed to promote responsible learning and assure the development of competencies that are *reliably demonstrated and transferable across settings.*”

— AACN Essentials, 2021, p. 4

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### CBE

“Competency-based education is inherently anchored to the outputs of an educational experience versus the inputs of the educational environment and system.”

“This learning approach is linked to explicitly defined performance expectations, based on observable behavior, and requires frequent assessment using diverse methodologies and formats.”

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## CBE

- Desired Outcome
  - What does practice ready look like?
  - Design curricula to achieve these outcomes (*backward thinking approach*)
- Shifts emphasis to learner's ability to demonstrate application of knowledge, skills, attitudes
- Faculty acts as guide for learners ownership and control of their education
- Experiential education/practice:
  - M<sup>3</sup>: multiple assessments, contexts, assessors
- Combination of formative and summative assessments
  - Be intentional on more formative
- Set clear student expectations
- Offer guided reflection

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### What can schools/programs begin doing now to begin this transition to implement the new *Essentials*?

AACN's FAQ's  
[http://www.aacnursing.org/Portals/42/Downloads/Essentials\\_Essentials\\_Nurses\\_Frequently\\_Asked\\_Questions.pdf](http://www.aacnursing.org/Portals/42/Downloads/Essentials_Essentials_Nurses_Frequently_Asked_Questions.pdf)

- "The transition to competency-based education and this new model for nursing education will be a gradual process, possibly taking three years or longer to fully implement".
- MAP and GAP curriculum
- Look for ways to incorporate CBE

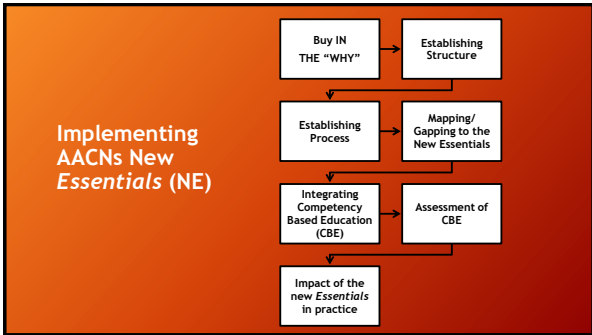
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The way to get started is to quit talking and begin doing.

The most important practical lesson that can be given to nurses is to teach them what to observe.

— Florence Nightingale

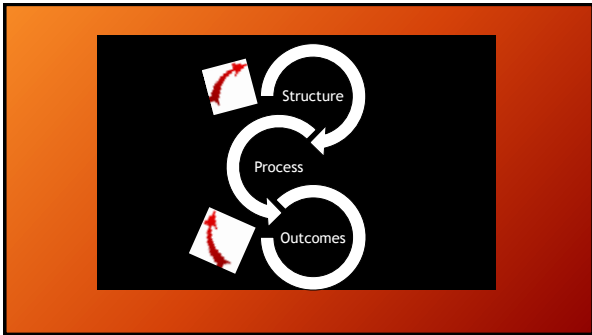
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## The WHY

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"A driving context for the Essentials Task Force was differentiating between "change" and "transformation," which are often used interchangeably. Change fixes the past; it modifies behaviors. Transformation creates the future; it modifies values, core beliefs, and desires. The re-envisioned Essentials using a competency-based education model represents transformation, a bridge to the future of academic nursing".

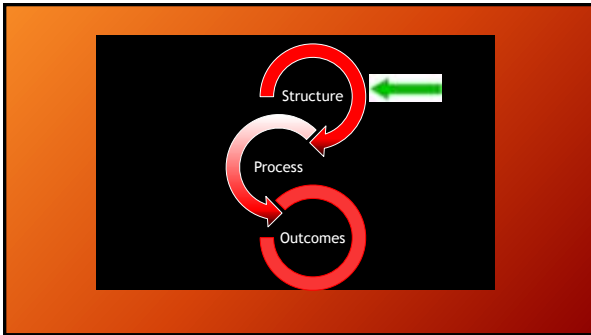
Understanding the Re-envisioned Essentials: A Roadmap for the Transformation of Nursing Education  
<https://www.umcnursing.org/portal/02/AcademicNursing/pdf/Roadmap%20to%20New%20Essentials.pdf>

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## Implementing the New Essentials

- ✓ Appointment and support from leadership
  - Faculty Led/ Leadership supported
- ✓ Create an organizational structure
  - To reflect entire Faculty and all units of the SON
    - Curricular
    - Curricular Influencing

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## Implementing the New Essentials; Create a Structure

### Curricular Based Subgroups

- Entry to Professional Practice (BSN)
- Entry to Professional Practice (MSN)
- Advanced practice:
  - Specialty (MSN: CPH, HSLM, NI)
  - Role (DNP: NP, CNS, NA)
  - CORE level 2 TEAMS/ PM DNP

### Curricular Influencing Subgroups

- Communication/ Marketing, Faculty Development, Resource, Simulation, Student Services
- Ad Hoc (Accreditation, Curriculum Committee Chairs/ members, DEI, Evaluation, Global Health, IT/LT, PhD, Stakeholders: partner/ Student leaders)

UMSON structure 2022

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### UMSON New Essentials Curricular Revisions Taskforce (NE CRT) Curricular Based Subgroups:

Chair:

Entry to Professional Practice BSN

Entry to Professional Practice MSN

#### Advanced Practice

**ROLE** (Nurse Practitioner, Clinical Specialist, Anesthesia, Midwifery)  
 Lead:

**SPECIALTY** (Public Health, Leadership/ Informatics/ Policy)  
 Lead:

**Level 2 CORE Lead:**  
 > Leading & Managing People and Systems CORE (Lead.)  
 > Leading & Managing Evidence and Information CORE (Lead.)  
 > Leading & Managing Projects CORE (Lead.)  
 > PMDNP Practicum (Lead.)

All Course Directors involved in curricular mapping/ gapping/ revisions

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### UMSON New Essentials Curricular Revisions Taskforce (NE CRT) Curricular Influencing subgroups

Chair:

Communication/ Marketing

Faculty Development

Resource

Simulation

Student Services

Ad Hoc

Accreditation

Curriculum Committee Chairs/ members

DEI

Evaluation

Global Health

IT/LT

PhD

Stakeholders: partner/ Student leaders

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## Establish Timelines

- ✓SON sets priorities
  - Based upon internal and external factors, to transform BSN, MSN, and/or DNP curriculum.
- ✓AACN's New Essentials offers a blueprint for the curricular revisions.

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## Timeline

Subgroup leads: New Essentials (NE)

Curricular Gap Analysis/SWOTAs

Curricular Gap Closure

- Revise Courses/Change Courses
- Content and Instructional Strategies
- Competency Evaluation Methods

Evaluation of new curricula: Ongoing with Implementation

Implementation Plan for new curricula: New Plans of Study and Program outcomes to CC

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Structure

Process

Outcomes

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## PROCESS

Curricular Mapping: A main priority

To identify curricular GAPS to AACN New Essentials

Curricular revisions to meet CBE

Have existing curriculum: Map- What IS

Faculty Development early and often

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## FACULTY DEVELOPMENT

- Develop Faculty development Plan!
  - Examples; Teach in 10 (min) series [UMSON]
    - AACN Essentials (toolkits and more!)
  - Upcoming & ongoing
    - Alignment in Course Syllabi
    - Competency Based Education (CBE)
  - Diversity, Equity and Inclusion
  - Social Determinants of Health
- AACN New Essentials Implementation Webinar Series:
  - <https://www.aacn.org/press-information/news/press-releases/2020/new-essentials-implementation-series>
  - <https://www.aacn.org/aacn-essentials/upcoming-training-program/webinar-series>

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## Process ongoing and next steps

- Develop mechanism to complete the work
  - Microsoft TEAMS page within subgroup specific channels
- Monthly meetings with the curricular revision's taskforce
- Curricular subgroups meeting monthly or more to fulfill the charge

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**Process ongoing and next steps  
ENGAGE in Communications/ Marketing**

- Magazine publications
- Quarterly newsletter in State Nursing Publication
- AACN NewsWatch weekly: “Essentials Implementation Spotlight”
- Consider TAGLINE/graphic

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**ENGAGE in Communications/ Marketing/  
STAKEHOLDERS**

**Stakeholders**

AACN had extensive stakeholder & practice partner involvement in development of the New Essentials

- *Connect with your constituents*
  - Academic Practice Partner
  - Other partnering institutions
- Each Specialty/ Role has own Advisory Boards
  - alumni, employers, regional leaders
- Student involvement (ad hoc and GTA liaison)
  - Members of your SON

SON Stakeholder Correspondence Distribution to all Stakeholders

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**Process: Curricular Mapping**

Curricular Work across ALL programs (Level 1 and 2)

All SDs and Course Directors mapping courses in **Excel on UMSON Mapping Template**

Building architecture with curricular mapping software for loading onto their platform

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**Celebrate Mapping Success**

**10** Domains

**45** Competencies

**230** Level 1 Subcompetencies

**204** Level 2 Subcompetencies

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**After the Mapping?**

Created formulas/ functions in Excel Mapping templates to capture the mapping data (course objectives/ content mapped to the subcompetencies, and evaluation/ assessments mapped to the subcompetencies)

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## Decide on a MAPPING ANALYSIS PROCESS

UMSON: ANSWER 4 QUESTIONS:

1. Was the Domain Addressed?
  - ❖ Yes / No
2. Was the Competency Addressed and Degree?
  - ❖ Percentage
  - ❖ Qualitative attribute: All (100%), Substantially (50% or greater), Partially (less than 50%), Not at all (0%)
3. To what degree were the Subcompetencies addressed?
  - ❖ Percentage of subcompetencies mapped to the course objectives/ content
4. What story does the data tell us?

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## SWOTA

<b>Strengths:</b> <small>Data point:</small>	<b>Weaknesses:</b> <small>Data point:</small>
<b>Opportunities:</b> <small>Data point:</small>	<b>Take Action:</b> <small>Data point:</small>

S: Strengths, W: Weaknesses, O: Opportunities, TA: Take Action (Replaced Threats as identified common operating threats for all involved to include faculty development, resources) and move to 'actionable' approach

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## Mapping Reflections

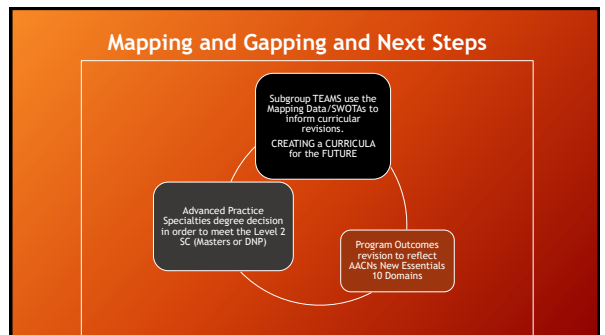
<b>Lack of Benchmarking or Minimal Standards</b>	<b>NO magic NUMBER or %!</b> • What it takes to meet the competency/ subcompetency	<b>Evaluate the success of your programs</b> (student success, our reputation, certification exam pass rates)
<b>Consider this a Self Study, a period of Discovery</b>	<b>Data may serve as "your" SON benchmarks</b> Move to CBE	<b>Individual courses will meet concentrated Domains</b> • Research course versus Policy Course versus Informatics
<b>The STORY is told with the entire plan of study gapping and evaluation by the Program leads &amp; their teams.</b>		<b>Mapping and Gapping is part of the process to move to CBE</b>

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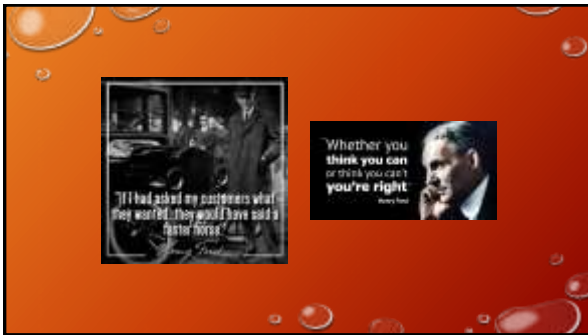
## Got it covered... or not

**Mapping analysis cautionary Tale**  
 Mapping to SC with objectives and assessments  
 NOT adequate to state meeting competencies by 'knowledge' assessments alone  
 Requisite but not sufficient  
 • Must move to observable competencies measured *over time* and in *varying contexts* with *multiple assessors!*

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### Approaches to Integrate CBE

Rethinking educational approaches with backward design principles (Wiggins & McTighe, 1998)

- Identify desired results
- Determine acceptable evidence
- Plan the assignment/ guidelines/ scaffolding/ prompts/ scenarios
- Signature assignments should clearly align to the student learning outcomes in the course that address the specific sub-competency(ies).
- May devise common and agreed upon criteria to assess student performance.

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### Approaches to integrate CBE: Outcome first

??R SBA vs. SBAR (Situation-Background-Assessment-Recommendation)

- S = Situation (a concise statement of the problem)
- B = Background (pertinent and brief information related to the situation)
- A = Assessment (analysis and considerations of options – what you found/think)
- R = Recommendation (action requested/recommended – what you want)

- Simulation world- PREVIEW notion
- Clinical World- “One liner”
- Military- BLUF (Call 911, We need to move)

CLARITY for what the Learner is expected to demonstrate

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### After the Mapping and Gapping: Move to CBE

- “Capturing” our work to reflect CBE
- Small Teaching and best evidence on teaching/ learning methodologies
- Signature Assignments
- Rubrics EXAM SOFT
- SIMULATION Standardized patients, High fidelity simulation labs, Technology/AI
- Community Experiences
- Learning Activities

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### After the Mapping and Gapping: move to CBE

- Signature Assignments
  - Show Stoppers
  - CAPTURE the essence of many domains/ subcompetencies
  - Verbiage and assessment that reflect the various *concepts*
  - Would be showcased for programs
  - Serve as basis to scaffold up throughout a program

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### After the Mapping and Gapping: move to CBE

- Begin with areas of current assessment within your courses/ programs that are stellar
- Broaden the assignment/ assessment to encompass multiple Domains/ Competencies/ SC
- Add Concepts

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## After the Mapping and Gapping: move to CBE

- Ensure fidelity to the assessment procedures
- Multiple<sup>3</sup>: multiple raters observing the comp/sc over time and in multiple contexts with multiple assessments.
- Capture the competency/ies with multiple avenues to include reflective writing

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## SIMULATION

- Well aligned with 'CBE'
- Expand use
  - High/ Low fidelity, Standardized patients, classroom-based
- Both formative and summative
  - Be intentional about more formative assessments!

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## Opportunities with Curricular Revisions: WE *not* THEM/ US

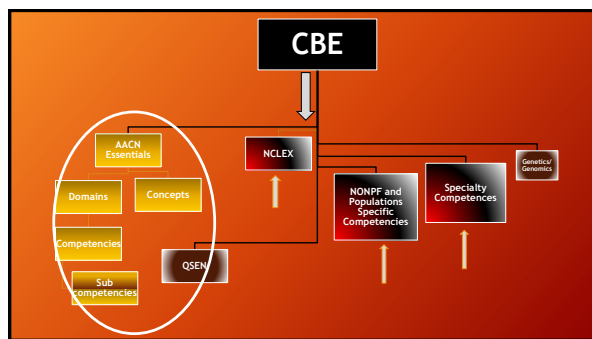
- How do our practice partners view 'practice ready'?
- Mapping data offer key areas of opportunities
  - Systems Thinking/ financial piece.
- If unable to consider the 'system' = *ill prepared graduate*.
- Layer onto high rates of burnout and stress = *ill prepared graduate set up for failure*.

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## Opportunities with Curricular Revisions: WE *not* THEM/ US

- Envision ways to link arms between academia and practice.
- How might practice partners influence CBE with the curricular revisions?
- Identifying key leads within the practice setting to sit on NE taskforce work within SON
  - Course work influenced by practice partners
  - Real life scenarios from leadership to clinical care to policy to informatics...
- Envision ways to link arms within simulation opportunities.

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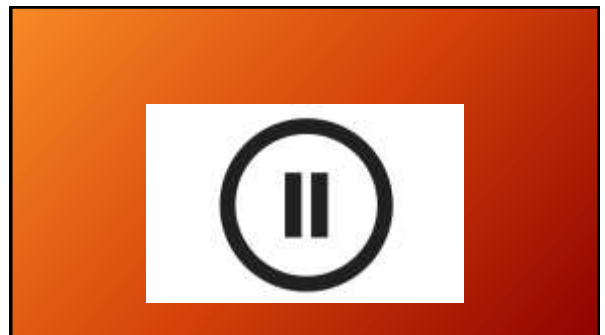
## AACN Essentials Resources

- Tool Kit - online searchable database for teaching resources (by Domain)
- Submit teaching resources for peer review to share with other faculty through the database.
- Ongoing webinar series
- Faculty Development Conference

<https://www.aacnursing.org/essentials>

- Essentials Champion Program** (1 Champion from each school nominated by their dean)
- Mentor/ Consulting Program** Nov 2022
- Past Essentials webinars and conference sessions all free on the website
- Essentials Discussion Corner - AACN Connect
- Conference sessions focused on the Essentials: Academic, Nursing Leadership, Conference, Transition, Doctoral Conference
- School Spotlights - Submit your school's work with implementation!
- Watch for bi-weekly communication through email from AACN for additional updates on the Essentials

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## Summary

- The implementation of the New *Essentials* is critical to meet the needs of the public, and to improve the human condition
- Transforming academic nursing education to competency-based approach is essential to ensure the practice ready graduate
- Use of a standard structure and process with defined outcomes can facilitate this transition
- CBE is an intentional approach to the learner centered arena, creating opportunities for the students to demonstrate competencies.

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## What are your next steps?

- Know your WHY
- Build your structure
- Develop your Process & Outcomes
- Integrate CBE!
- CQI

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## Facilitated Group Break Out Session

**Goal:** to share successes, inspire ideas, and propose opportunities when implementing the new *Essentials* and integrating competency-based education (CBE)

Participants will choose to work on the 2-3 of the following questions in their groups:

- How do practice partners and academia view 'practice ready'? Discuss similarities and differences to the various perspectives.
- Discuss formalized partnerships and/or opportunities between academia and practice partners to create a more 'practice ready graduate'.
- How might practice partners influence CBE with the new Essentials curricular revisions?
- How do you envision meeting the level 2 subcompetencies for advanced nursing practice at the master's vs. doctoral level?
- Propose ways to collaborate between specialties, roles, programs within a nursing program and with partnering institutions.
- Discuss a current assessment you have (for example a paper, simulation, or other) within your course/ programs that are stellar and propose ways to enhance them to meet CBE (a signature assignment).

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## Report Out Prompts

Each group should be prepared to report out on the following for 10-15 minutes.

- What is one great idea shared in terms of stellar assessments and move to CBE with, for example, a signature assignment?
- What is one next step you will engage in after this meeting time within your programs, teams, institutions?

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### The Future of Nursing Education

**What is the future of nursing education?**

The American Association of Colleges of Nursing (AACN) released in April 2011 the new **The Essentials: Core Competencies for Professional Nursing Education**, a blueprint of the necessary qualifications and required core competencies of graduates of all academic levels in baccalaureate nursing programs.

**What is the future of nursing education?**

UNICON faculty share how the school is implementing the new Essentials.

**What is different about the new AACN Essentials as those issued in 2011?** (Alvord, St, 2011, we revised the additional practice experiences course as a program to the Doctor of Nursing Practice (DNP) level. The new Essentials require all nursing programs, including the Bachelor of Science in Nursing (BSN), Master of Science in Nursing, and the DNP.)

**Alvord Daily:** The new Essentials lay the foundation for nursing education to meet the needs of a more competency-based approach. They outline the important domains that ensure the "disruptive" meaning.

**How will UNICON implement the new AACN Essentials, and who is involved?** (Alvord, UNICON established a Task Force: Curriculum Revision Task Force, chaired by Debra Hinkle. Debra and myself work with program leadership and other faculty, staff and external stakeholders to evaluate, review and implement the new curriculum.)

**Alvord Daily:** All across UNICON are involved in making this a meaningful and transparent process. We'll also meet with UNICON partners at the University of Maryland, Medical Center and other related partners to gather

input and support. Students and faculty will review UNICON faculty and staff to identify equity and inclusion, one of the pillars of the curriculum revision.

**Alvord:** We're working closely with AACN, the University of Maryland, Baltimore School of Health and Higher Education Commission and the Maryland Board of Nursing. We will have part of conversations about the faculty with external entities, including the Big Ten Academic Alliance.

**What is the timeline for curriculum revision changes to be revised?**

**Alvord:** The planning work has commenced, and several of our programs have undergone a review and update to ensure the foundation and curriculum revision. This timeline also fits the release of the new curricula in 2022 for the programs and fall 2024 for all other programs.

**How and the new faculty shared the future of nursing education?**

**Alvord:** The change provides a more standardized approach and a more predictable experience of the level of care and competency our graduates are able to demonstrate upon graduation. This will provide opportunities to better support our graduates and address their requirements in the marketplace.

**Alvord Daily:** We had a lot of conversations about that, and we're excited to see the impact of our new curriculum and competencies. UNICON has always been a leader in, and we're proud to see our graduates and staff who are leading the way in the industry.

and address the future of nursing education. The timeline of the curriculum revision and implementation of the new Essentials will be completed by the end of 2022 for the programs and fall 2024 for all other programs. The timeline also fits the release of the new curricula in 2022 for the programs and fall 2024 for all other programs.

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