

THE COMPETENCY OR OUTCOMES BASED CURRICULUM MODEL

Recipe for Success

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Overview

Over the past year, the Center to Champion Nursing in America through the Education Learning Collaborative has identified both the key components of models that support nursing education transformation and the four models that have emerged across the country as the most promising approaches for seamless academic progression (<http://championnursing.org/education>). Through a series of webinars and face to face meetings over the past year, CCNA has refined the components and strategies to implement each of these four models and now seeks to share specific information on both the process and outcomes associated with each model.

The Competency or Outcomes Based Curriculum Model

The Education Learning Collaborative has defined this approach as the process in which education partners, who generally represent different educational approaches and backgrounds, develop a shared understanding and a common goal and framework. The scope of the curriculum reaches beyond core competencies and focuses on knowledge, attitudes and skills that encompass professional nursing practice. The curriculum is not standardized, but the model aims to reach standardized outcomes. The common components of competency based models include:

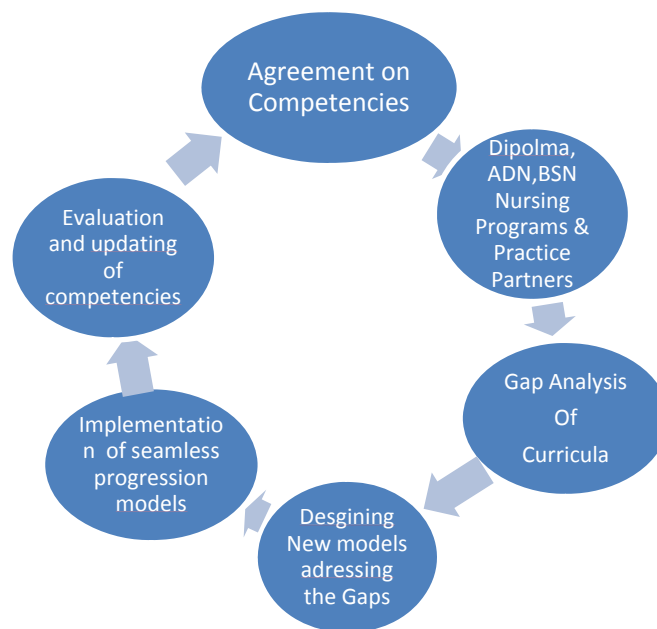
- Partnerships of community colleges and four year programs are at the heart of each model
- Partnerships of nursing programs can reach beyond states or local regions
- Involving practice partners provides for increased linkage between education and practice
- Partners universally agree on the outcomes or competencies
- A substantial number of student in a state, region or partnership can be served with the development of this model
- Successful models provide seamless streamlined programs
- The competency based model can serve as the foundation for moving to a shared curriculum mode

Implementation of a Competency Based Model

The implementation of a competency based curriculum is a six stage progressive process that begins with agreement on the competencies and ends with implementation

and evaluation of the outcomes. The process is cyclical as competencies need to be evaluated and updated in response to the continued evolution within the health care environment. There are a variety of competency models used by states across the country while the design and implementation process is pretty much consistent across all models. The six stage process is illustrated below. Each stage is built on a strong base of evidence and specific action steps

Six Step Implementation Process



Stage One: Agreement on Competencies

The 2003 Institute of Medicine (IOM) report on Health Professions Education described a new vision for education of all health professions that urged “all health professionals be educated to deliver **patient centered care** as members of **an interdisciplinary team**, emphasizing **evidenced based practice, quality improvement** approaches and **informatics**”. The report then proposed that both academic and practice settings work to incorporate a set of five core competencies into the education of all clinicians regardless of discipline to meet the needs for the 21st century health system. Competencies were defined as the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily

practice (Hundert, Hafferty & Christakis, 1996). These five competencies serve as the foundation for the development of both nursing and medical competency models

Building on the IOM report (2003), the Accreditation Council for Graduate Medical Education developed a similar set of competencies to be incorporated into medical education curricula. In 2005, a team of nursing leaders, with support from the Robert Wood Johnson Foundation, developed the Quality and Safety Education for Nurses (QSEN) collaborative. The focus of this collaborative was to enhance nursing curricula and foster faculty development and student achievement of six nursing competencies on quality and safety (Cronenwett, Sherwood, Barsteiner, Disch, Johnson, Mitchell, Sullivan & Warren, 2007). As a collaborative partner with QSEN, the Massachusetts Department of Higher Education in partnership with nursing practice and education organizations in the state expanded on the QSEN competencies to develop the Massachusetts Nurse of the Future Core Nursing Competencies© (NOF) and updated these competencies in 2010 (Sroczyński, Gravlin, SeymourRoute, Hoffart & Creelman, 2011). Both the QSEN and the Nurse of the Future Competencies are congruent with the IOM core competencies for all health care. Each includes knowledge, attitudes and skills (KAS) approach to serve as a basis for consistent performance expectations across academic and practice settings.

Other states, similar to the New York (CUNY) model, have adapted the IOM, QSEN and the Massachusetts (NOF) competencies to develop their own evidenced based competencies (See competency comparisons below). All of these competency models are aligned with the IOM competencies and the competencies included within the Essentials of Baccalaureate Education for Professional Nursing Practice (American Association of Colleges of Nursing (AACN), 2008). These competency models can serve as program outcomes to match the broader AACN competencies. All of these competency models are also aligned with the Commission on Collegiate Nursing Education Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs.

Competency Model Comparisons

IOM	ACGME	QSEN	NOF	New York (CUNY)
Apply Quality Improvement	Practice based Learning & Improvement Systems-based Practice	Quality Improvement Safety	Quality Improvement Safety Systems based practice	Quality and Safety Clinical Judgment

Provide Patient Centered Care	Patient Care Interpersonal & Communication Skills	Patient Centered Care	Patient Centered Care Communication Leadership	People Centered Care Communication Management of Care
Work in Interdisciplinary Teams	Professionalism	Teamwork and Collaboration	Teamwork and Collaboration Professionalism	Professionalism Collaboration
Employ Evidence-Based Practice	Medical Knowledge	Evidence-Based Practice	Evidence based practice	Evidence-based Practice
Utilize Informatics		Informatics	Informatics	Informatics

In the process of selecting and agreeing on competencies, it is important to share plans and engage school administrators early in the planning process. The support of academic administrators is a key element as the competency model may evolve to extend outside of nursing program components.

Stage Two: Development of Partnerships

The partnerships for the competency model can include diploma, ADN and BSN nursing programs within a system, a local region or a larger statewide group. Partnerships could also extend across states and regions. It is essential to also engage practice partners from across the continuum of care as they bring current knowledge of the healthcare environment and new opportunities for clinical learning. The dialogue that occurs when practice partners and nurse educators from all segments of nursing education discuss competencies provides a collective wisdom and shared learning that is foundational to this model. It may not be possible to bring all programs and practice partners into the initial process, so many states have begun with a “coalition of the willing” or the early adopters who can begin the move the initial process and provide the roadmap for those who will follow.

Stage Three: The Gap Analysis Process

This stage involves a process to determine the steps to be taken to move curricula from the current state to the desired future state. The process first begins with an assessment of the current nursing program for the presence of the agreed upon competencies. Both the QSEN project and the Nurse of the Future competency model

have formalized this process and the tool used for the Nurse of the Future Competency model is attached. Other states, as New York, have a less formalized process but still include an assessment of the current status of the curriculum related to the agreed upon competencies. A key factor in this process is the demonstration of evidence of the competencies in either the academic or clinical practice components of the curriculum. Each separate competency is reviewed to assess the opportunities for students to be exposed to the competency and is then validated by content looking at lectures, objectives, clinical experiences or other assignments.

Following this process, the next step is the identification by both the nursing program and the practice partners of what outcomes in relation to the competency should be included in the curriculum. A comparison of the current state to the desired state highlights the gaps that exist in the curriculum. This process frequently illuminates the duplication that may be occurring across the curriculum or the discrepancies between inclusion of content and activities without supporting objectives.

Gap Analysis Process

Competencies	
1. Assessment of current status	How many opportunities are currently available for your students to learn the K/A/S by graduation?
2. Validation of current status	Where are these learning opportunities in your curriculum and how are they taught? Can include course objectives, lecture content , clinical objectives, clinical experiences, written assignments , case studies or other documented evidence and how evaluated
3. Desired outcomes Nursing Program	How many opportunities do you (the faculty) believe should be available for your students to learn the K/A/S by graduation
4. Desired outcomes Practice Partner(s)	How many opportunities does your practice partner believe should be available for your students to learn the K/A/S by graduation?
5. GAP between desired outcomes and current status	
6. GAP between Practice Partners desired outcomes and Nursing Program desired outcomes	

Each program examines their own curriculum in collaboration with their practice partners and then shares the results with all involved in the partnership. In some states, the practice partners have also examined their orientation programs for presence of the

competencies. This approach provides the opportunity to link the practice partners more fully into the curriculum as you move to design the future curriculum model. The dialogue that occurs among the education programs and the practice partners as part of this process is the impetus and foundation of the new curriculum models. The connection, collaboration and more common understanding that emerges from this process are at the heart of the education transformation models that are then designed. Lessons learned to date from program who have conducted the gap analysis process include:

- Diploma, ADN and BSN programs all have gaps
- There is a need for a common language between education and practice
- Practice need to be involved early in the education process to more fully engage with faculty and students

Stage Four: The Design Process

The design phase may involve a full undergraduate program model or the development of a seamless model for RN to BSN education. Once the nursing curriculum are linked in this process, the model may then advance to include dual or co-admission, an alignment of prerequisites and general education requirements, The new model may also involve a change in the credit transfer process to ensure seamless progression, no repetition of courses and a more efficient, effective and quality completion of BSN education. This design phase highlights the need to involve school administration as the new model may extend beyond the nursing curriculum requirements. This phase of the model is where the competency model may begin to emerge as a linked or shared curriculum model.

Stage Five: The Implementation Process

Integration of the competencies into the curriculum can be the final step of the process or the first step in moving to a shared curriculum model. A number of states have begun with a cohort approach as the first step in implementation and then moved to expand the competency model within a system or across a state or region. Many states have found that integration of the competencies within each of their programs then provides for the easy transition to a shared or common curriculum model. Some of these models include one plus two plus one models where diploma or associate degree programs are linked with BSN programs to form one seamless curriculum model.

The speed at which these models can be implemented is often related to the commitment of those involved, support from school administration to work on the project and funding. The Gap Analysis process is a time intensive process which moves slowly at the start but progresses more rapidly after the first competency is fully reviewed.

Stage Six: Evaluation and Updating of the Competencies

A process to evaluate the achievement of the competencies is one of the final components of the competency model process. The evaluation methodology can be achieved through evaluation of the students' achievement of course objectives and/or their performance within the clinical setting. Engagement of the practice partners over the course of competency model development facilitates this evaluation process. With the ongoing advances in the healthcare environment, the agreed upon competencies will need to be revised and updated on a regular basis. As most of the competency models have emerged over the past seven years, this updating process is just beginning.

Successful state models

Examples of state models where the competency based model has been successfully implemented include:

- **Massachusetts**

Information can be found on the Department of Higher Education website at www.mass.edu/nursing. A number of programs have integrated the Nurse of the Future Core Nursing Core Nursing competencies into their curriculum and one program at Springfield Technical Community College and the University of Massachusetts, Amherst has developed a seamless progression model from ADN to BSN. The curriculum is a one plus two plus one model. *The curriculum model and contact information is attached.*

- **New Hampshire**

As part the three states Robert Wood Johnson Foundation (RWJF) Partners Investing in Nursing's Future Grant: Creativity and Connections: Building a Regional Nursing Education Framework, three partnerships of ADN and BSN programs integrated the Massachusetts Nurse of the Future Core Nursing Competencies into their curricula. Two partnerships have fully implemented seamless progression models. St. Anslem College, Nashua Community College and Southern New Hampshire Medical Center partnered in the development of an RN to BSN curriculum model based on the Nurse of the Future Core Nursing competencies. Franklin Pierce College, Manchester Community College and Eliot Medical Center partnered to create a seamless ADN to BSN curriculum model using the one plus two plus on approach. *The curriculum models and contact information for these models is attached.*

- **New York:**

A number of schools within the City University of New York system have developed a set of competencies and have completed the gap analysis process. They have identified the gaps, written objectives, activities and ways to evaluate for the imbedded competencies. The new curriculum models are still in development. The contact person for this model is Maureen Wallace at ccna.maureenwallace@gmail.com

- **Rhode Island**

As partners in the tri state RWJF Partners Investing in Nursing's Future grant with New Hampshire and Massachusetts, all five of the nursing programs in the state have implemented a competency model based on the Massachusetts Nurse of the Future Core Nursing Competencies. Each program completed the Gap Analysis process and has integrated the competencies into their curricula. They then developed a common bridge course as the entry course for the BSN that is now taught in all the programs including one diploma, one ADN and three BSN programs. *The bridge course curriculum is attached.*

Other examples of states that are in the process of implementing the competency based curriculum model include Maine where they adapted the Massachusetts Nurse of the Future Core Nursing Competencies by adding an additional competency on geriatrics to reflect their state population needs. Mississippi and New Jersey are also working with a variety of nursing programs to move through the Gap Analysis process for the Massachusetts Nurse of the Future Core Nursing Competencies. Each of these states is progressing at its own pace but all are on the same track to develop seamless progression models that work for their state.

Cost Impact

The development of the competency based model is an intensive and time consuming process. The cost saving result from the development of new curriculum models that include sharing of resources, elimination of duplication and linkage of ADN and BSN curricula. The curriculum models that are attached indicate the cost savings that were found in the implementation of these models.

Impact on rural access and diversity

The linkage of ADN and BSN programs around the competency model can be implemented in a variety of settings including rural settings. Partnerships between programs can be achieved through online collaborations and other technology. The development of seamless progression models using the competency model provides

the opportunity for the more diverse populations found in ADN and diploma programs to advance their education in a more efficient manner.

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