

Competency-Based Nurse Practitioner Education: An Overview for the Preceptor

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ABSTRACT

Many health care disciplines, including advanced practice nursing, are moving to competency-based curriculum designs for preparing their future professions. Moving from content-based to competency-based infers a shift from a focus on teaching and imparting faculty or preceptor knowledge to a focus on students and outcomes of their learning. Preceptors are key to the success of student learning in competency-based frameworks. This article orients the preceptor to the drivers of a competency-based curriculum and provides tips for preceptor success as a partner in educating NP students within programs that have adopted a competency-based approach.

Keywords: competency, competency-based curriculum NP student, nurse practitioner education, preceptor

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Competency-based education frameworks are becoming a standard for most health care disciplines, including, but not limited to, medicine, physical therapy, speech therapy, dentistry, and pharmacy. The shift from *content-focused* curriculum to *competency-based* curriculum is also gaining greater attention in nurse practitioner (NP) programs as definition of competencies plays a key role in the conceptualization and development of a professional practice and how it is viewed, legislated, and operationalized.¹ The need for “competence” among health professionals began in the 1970s in order to address public health safety and needs to assure and *prove* a health care workforce that is equipped to handle population needs in the context of practice settings.² Out of the need for defined competence evolved program accreditation refinements, national certification requirements, and institutional skills verification for health care professions.

The current curricular standards and certifying organizations for NP educational programs rely on a required number of clinical hours in combination with satisfactory completion of specific coursework to verify eligibility to sit for the national certification examinations required for licensure to practice.³ There is national discussion in nursing, regarding the usefulness of relying predominantly on satisfying a set

number of clinical hours to meet graduation and certification requirements, as compared with a more intentional focus on student accomplishment of practice competencies. A *competency* is an explicitly designed statement that encompasses a single or set of measurable or observable performances. For example, in an advanced health assessment course, a competency to be achieved may include, “the student will be able to perform and document a thorough, efficient, and technically correct client history, systems review, and physical exam.” Unlike with a set number of clinical hours and comprehensiveness of course content in a curriculum, a competency-based education framework is an outcomes-based approach to the design, implementation, assessment, and evaluation of an education program using an organizing framework of competencies. Building blocks of levels of *competencies* make up a competency-based curriculum rather than a schema designed around course and program content.

NP preceptors play a key role in outcomes-based learning and are responsible during daily clinical activities to observe NP students, provide feedback, and document performance regarding specific encounters or events.⁴ It is important for preceptors to be aware of the trend toward competency-based educational

designs as well as the specific competency frameworks used by students' programs. Awareness of program design can assist preceptors to successfully facilitate student learning and hone student skills in current education frameworks. In this article we seek to orient NP preceptors to the factors driving a competency-based curriculum and share strategies for preceptors to be successful educational team members facilitating NP student learning in a competency-based curricular design. This work follows a preceding article outlining the facets of a competency-based curriculum and specific approaches for curriculum development.⁵

PARADIGM SHIFT TO COMPETENCY-BASED DESIGN

Quite possibly the most simple explanation for the paradigm shift from content to competencies is the shift in focus from *teaching* to *learning* and having a way to measure learning. In other words, the paradigm has shifted to promote more learner-centeredness, not unlike the health care system's push for patient-centeredness. Modern educational theory is moving from the role of faculty transferring their own knowledge to students, to a focus on educational design of face-to-face and virtual environments that cultivate student discovery and knowledge construction with self-identified learning needs and targets.⁶ Not unlike health care agencies, universities and learning institutions are evaluated and accredited based on outcomes, or measures of student learning. Competency-based curricular design lends well to this requirement leading to the adoption of competency-based frameworks across professions worldwide.⁷

Current health care factors are also driving the paradigm shift from a traditional content-based curriculum to a more competency-based approach. The National Academies of Medicine (formerly known as the Institute of Medicine) is perhaps the single largest catalyst for the competency-based education movement. The 2010 report, "Future of Nursing: Focus on Education," informed the nation of the inadequacy of 20th century nursing education strategies in caring for 21st century health care realities and population needs.⁸ The report offered recommendations to address these inadequacies, which included one suggestion to intentionally

partner with health care organizations (and therefore preceptors) to develop and prioritize professional competencies to ensure nursing graduates can meet the current and future needs of populations. Implementation of these important recommendations cannot effectively move forward without preceptor understanding and buy-in to competency-based language and learning. Preceptors are central to the implementation and success of processes that have been designed to embrace these national recommendations of the "Future of Nursing" report. More recently, the American Association of Colleges of Nursing's 2016 report, "Advancing Health Care Transformation: A New Era for Academic Nursing," called for improved partnership between academic nursing and nursing practice to maximize nursing's contribution to health care reform.⁹ Preceptors can take an active role in this charge through embracing the development and implementation of competency-based education in partnership with NP programs.

National nursing professional organizations and program-accrediting bodies have also identified and encouraged adoption of education competencies for curriculum development and student assessment.¹⁰ Specifically, in relation to NP programs, these include but are not limited to the National Organization of Nurse Practitioner Faculty's "Nurse Practitioner Core Competencies," and the American Association of College of Nursing's "The Essentials of Master's Education in Nursing" and "The Essentials of Doctoral Education for Advanced Nursing Practice."¹¹⁻¹³ Organizations that accredit NP programs, including the Commission on Collegiate Nursing Education and the Accreditation Commission for Education in Nursing, include the expectation of identifying and applying nationally recognized competencies and standards for program accreditation. National organizations that are specific to advanced practice nursing populations, such as the Gerontological Advanced Practice Nurse Association and the National Association of Pediatric Nurse Practitioners, have also recommended specific competency-based curricula with inclusion of clearly identified competency language and related evaluation methods. Although many preceptors may themselves have been educated before the national

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