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Nurse Practitioner Program Curriculum Development: A Competency-based Approach

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ABSTRACT

Competency-based education and assessment is commonplace in many health care disciplines, and is receiving increased attention in nurse practitioner programs. Competency-based education is an outcomes-based approach to the design, implementation, assessment, and evaluation of an education program using an organizing framework of competencies. In this article we describe the factors driving the paradigm shift to competency-based curricular design. We offer a general overview of the basics of a curricular matrix and one process and approach to developing a competency-based curriculum.

Keywords: competency-based curriculum, curriculum, nurse practitioner education

INTRODUCTION

Competency-based education and assessment is gaining increased attention in nurse practitioner (NP) programs. Competency-based education is an outcomes-based approach to the design, implementation, assessment, and evaluation of an education program, using an organizing framework of competencies. NP faculty, like their peers in other health professions, increasingly support the need to move away from traditional teaching and learning strategies and work toward curriculum designs that reduce student dependence, seat time, and credit hours.[1] There is a growing emphasis on improving metrics of student achievement that identify observable and measurable competencies, but many teams seek clarification about the steps and process for curriculum and course development to achieve these modern goals.

It is important for NP faculty to understand various national factors driving the paradigm shift from traditional curriculum designs to a more competency-based approach. The National Academies of Medicine (formerly known as the Institute of Medicine) may be the single largest catalyst for the competency-based education movement. A 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.[2] One major new lens on health professions education that came from this report included intentional emphasis on interprofessional (IP) practice and education. Many NPs conceptually believe that nursing should be leading the charge in IP education efforts. These sentiments are logically grounded in historic and empiric care coordination roles. However, lack of established standardized curricular competencies and competency-based clinical assessments related to IP practice and education as seen in other disciplines, such as medicine and physical therapy, slows nursing's development in this important charge. In fact, the Interprofessional Education Collaborative developed core competences for all health care professionals for IP collaborative practice in 2011.[3] Of note, nursing was part of this national group of health care disciplines and their IP competency development, yet nursing programs have been slow to embrace and incorporate these competencies because they do not easily fit into their current curricular matrix. If nursing accepted clear competency-based design for curricula, then existing and future national competencies and outcome evaluation tools could be incorporated with ease. In addition, other national recommendations and competencies for health care practitioners would likely

be positively impacted, including patient-centeredness, efficient use of technology, and quality and safety improvements.

Various nursing professional organizations and program accrediting bodies identify education competencies for curriculum development and student assessment. Specifically, in relation to NP programs, these include, but are not limited to, the National Organization of Nurse Practitioners Core Competencies for Nurse Practitioner Practice, the American Association of College of Nursing (AACN) Essentials of Masters Education in Nursing, and the Essentials of Doctoral Education for Advanced Nursing Practice.[4-6] NP accrediting organizations, such as 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. Even 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, are increasingly recommending specific competency-based curricula with inclusion of clearly identified competency language and related evaluation methods. NP programs that are not moving to competency-based design strategies and language may have difficulty in aligning with the national recommendations and paradigm shift.

In this article we describe one approach for designing a competency-based NP curriculum that may be helpful to teams aiming to embrace curriculum development or revision. We highlight possible driving entities and sources for identifying competency concepts in addition to offering specifics in competency language, course design, and concepts of evaluation.

CLARIFYING THE TERMS

To help understanding and "buy-in" to the paradigm shift, we must all speak the same language. Much as we learned medical terminology, faculty must arrive at a consensus for use and definition of terms regarding competency. The AACN proposes standardized language nomenclature from the IP literature for the term *competency* and suggests building a

framework of consistent vocabulary.[1,7] The Table depicts suggested language for competency-based curricular important terms. When considering the language for competency-based curricular development, it is important to first understand the meaning of "competent professional," which is the ultimate product goal of the competency-based curricula of advanced practice registered nurse programs. A competent professional for NP programs infers *an individual who has met standards and eligibility for national certification requirements and is capable to perform general NP duties or specific NP tasks with skill of an acceptable quality*. Embedded curricular competencies are the building blocks facilitating progressive development from student to competent professional.

Additional terms to clarify in the competency-based curriculum building process include *competency* and *outcome*. Although these terms may have been used interchangeably in the past, their use now needs to be more distinctively defined and standardized. We believe that competencies are *general statements* and more complex than outcomes. One competency generally requires a multitude of applied skills and knowledge, whereas outcomes are *specific and*

Table. Important Terms

COMPETENCY: A *general* statement that describes the desired knowledge, skills, and behaviors of a student graduating from a program (or completing a course).

OUTCOME: A very specific statement that describes exactly what a student will be able to do in some *measurable* way.

MAJOR COMPETENCY: A program level statement (or construct) that drives program outcomes statement.

PROGRAM OUTCOME: A program level broad but measurable statement describing general performance characteristics expected of graduates in relationship to a specific major competency.

MINOR COURSE LEVEL COMPETENCY (COURSE OBJECTIVE): A course level statement describing the knowledge, skills, and behaviors of a student expected in a specific course.

COURSE-RELATED STUDENT OUTCOME: A very specific and measurable statement describing explicit skills and tasks expected of a student in a course related to a specific minor course competency.