



From Knowing to Doing: Using Competency-Based Education to Bridge Learning and Clinical Practice



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**“I believe that everyone participating in
our session today is intelligent,
capable, cares about doing their best
and wants to improve.”**

The Basic Assumption, adapted from the Center for Medical Simulation

Goals for our session

- Work together
- Learn by participating
- Be present
- Experience the strategies
- Leave with something useful





What Counts as Competence?

A student earns 92% on an examination covering clinical deterioration but does not recognize a meaningful change in a patient's condition during simulation.

Has the student demonstrated competence?

- Yes
 - No
 - Not enough information
-

Session outcomes

1. Align competencies, progression indicators, outcomes, assessments, and learning activities using backward design.
2. Distinguish active participation from meaningful evidence of competence.
3. Select appropriate active-learning strategies to support application and transfer of knowledge.
4. Redesign one learning activity to strengthen learner preparation for practice.

Competency-Based Education (CBE)

What it is

- Focused on what learners can demonstrate
- Built around clear, observable expectations
- Developed through planned, repeated practice
- Assessed over time, across contexts, and through multiple methods
- Supported by feedback, reflection, and opportunities to improve
- Designed backward from what graduates must do in practice

What it is NOT

- A checklist of isolated tasks
- A one-time demonstration
- Simply mapping existing assignments to competencies
- Demonstrated solely through an objective exam
- Limited to simulation or clinical courses
- Active learning without evidence of individual learning

Assessment In CBE

Formative: Feedback for Growth

- Occurs during competency development
- Identifies current strengths and performance gaps
- Provides specific, actionable feedback
- Guides additional practice and improvement
- Encourages reflection and self-assessment
- Informs the learner's next steps

Summative: Evidence of Achievement

- Occurs at a defined point in the learning progression
- Evaluates performance against established criteria
- Determines whether the expected competency level has been achieved
- Contributes to decisions about course or program progression
- Documents demonstrated performance
- Identifies competencies that may require continued development



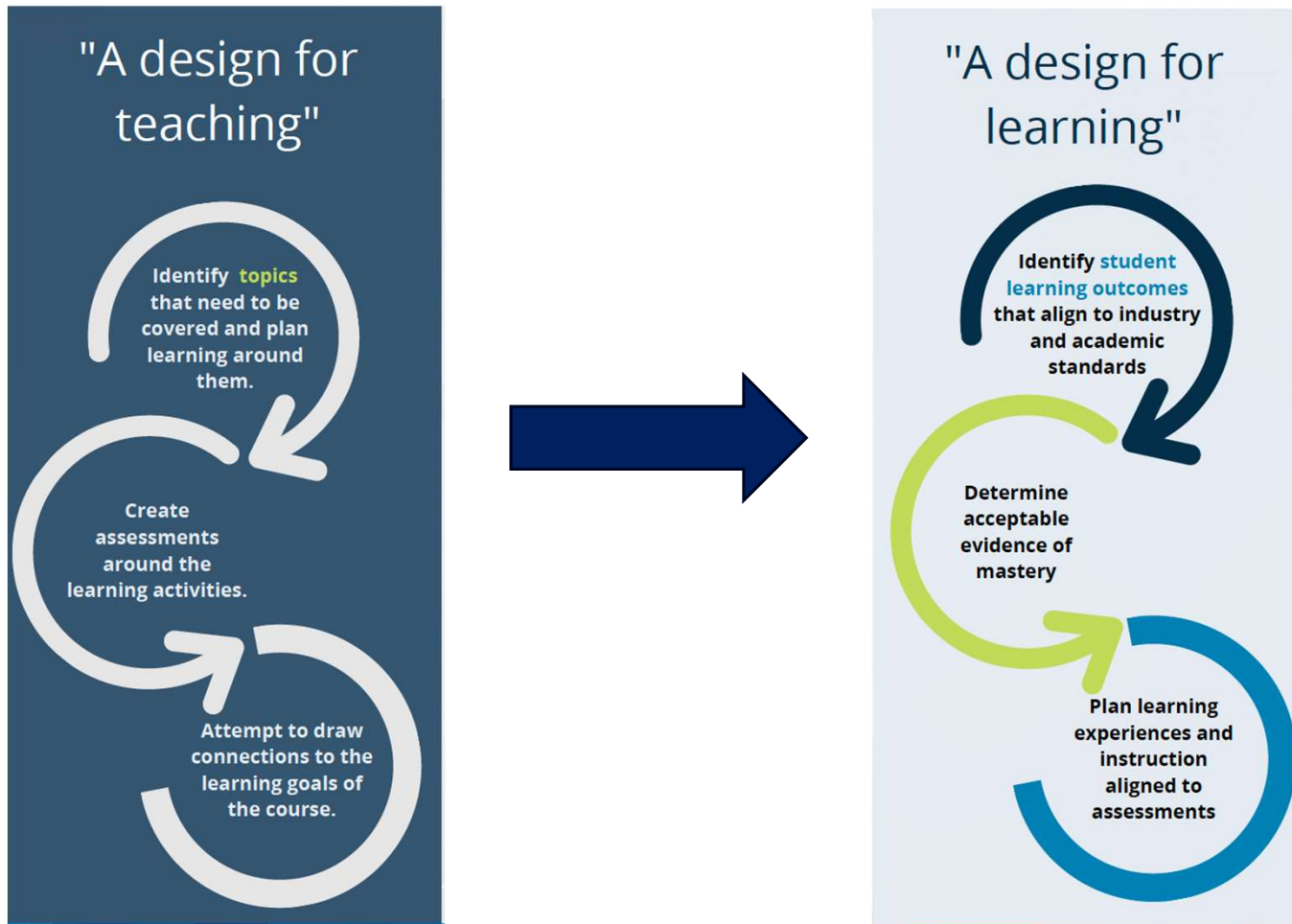
1. Align competencies, progression indicators, outcomes, assessments, and learning activities using backward design.

Chat Waterfall

- Type in the chat, but **DON'T SUBMIT IT**
 - actually do type something because I'll prompt you when to submit it 😊

Where do you see the greatest gap between what students know and what they can consistently do in practice?

Backward Design



Backward Design In Action

1.3 Demonstrate clinical judgment founded on a broad knowledge base.		
1.3a Demonstrate clinical reasoning.	Identify key patient problems and articulate the nursing knowledge and logical steps for clinical decisions. Recognize gaps in knowledge that affect clinical decisions and use appropriate resources to support sound clinical judgments during clinical rotations or simulations.	Re-prioritize patient problems based on changes in the patient's condition and severity, initiating appropriate interventions promptly to prevent complications and improve outcomes during clinical practice. Develop and revise a comprehensive patient plan of care, incorporating a critical analysis of changes in the patient's condition, integrating new clinical information, and adjusting interventions to optimize patient outcomes.

Backward Design in Action: Identify Student Learning Outcomes



Nursing program outcome: Demonstrate clinical reasoning by analyzing and prioritizing patient problems, integrating relevant nursing knowledge and clinical information, initiating appropriate interventions, and revising plans of care in response to changes in patient condition.



Course outcome: Students will apply clinical reasoning to analyze patient data, identify and reprioritize health problems, justify evidence-informed nursing decisions, and develop and revise plans of care for adults experiencing acute and chronic health conditions.



Module outcome: Prioritize the patient's health problems based on evolving assessment data and evidence-informed nursing knowledge.

Backward
Design in Action:
Determine
Acceptable
Evidence of
Mastery

What will our learners need to do to demonstrate they can **prioritize the patient's health problems based on evolving assessment data and evidence-informed nursing knowledge?**

Backward Design in Action: Determine Acceptable Evidence of Mastery



Identify the most urgent patient problem.



Recognize significant changes in the assessment data.



Distinguish relevant cues from less important information.



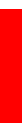
Rank the patient's problems by priority.



Explain the rationale for the selected priority.



Revise the priority as new information becomes available.



Backward
Design in Action:
Determine
Acceptable
Evidence of
Mastery

What **assessments** can we use
to determine if a learner has
achieved the outcome using the
evidence we established?



2. Distinguish active participation from meaningful evidence of competence.

Classification Activity



Learners discuss an unfolding case study in small groups.



Working with a case study, each learner chooses a priority, submits an initial rationale, discusses with peers, then revises.



Learners watch a patient education demonstration and submit a reflection.

- Activity?
- OR
- Evidence?

Distinguishing Factors

Active Participation

- Participate in a discussion
- Watch a demonstration
- Work through a case
- Collaborate with peers
- Respond to questions

Meaningful Evidence of Competence

- Make a decision
- Explain their reasoning
- Prioritize patient problems
- Apply knowledge to a new situation
- Perform an observable behavior
- Revise a response based on new information or feedback

5 Check-Points for Meaningful Evidence



IS THE
INTENDED
BEHAVIOR
OBSERVABLE?



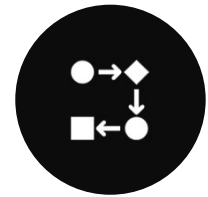
DOES EACH
LEARNER
PRODUCE
EVIDENCE?



DOES THE TASK
MATCH THE
EXPECTED
LEVEL?



ARE SUCCESS
CRITERIA
CLEAR?



CAN FEEDBACK
LEAD TO
IMPROVEMENT?



5 Minute Brain Break

While on break, write down one active learning strategy you are currently using.



3. Select appropriate active-learning strategies to support application and transfer of knowledge.

Brain Science for Learning

Retrieval -> practice bringing relevant knowledge forward

Desirable difficulty -> challenges that require productive effort and strengthen long-term learning

Application -> use knowledge in meaningful situations

Variation -> encounter different contexts rather than one predictable example; use multiple learning styles

Think out loud -> exposure to how nurses think

Feedback -> receive information about current and expected performance

Reflection -> examine their reasoning and identify needed improvement

Repeated practice -> revisit the competency with increasing complexity



Think. Vote. Defend.

Prioritize the patient's health problems based on evolving assessment data and evidence-informed nursing knowledge.

1. Select the best meaningful evidence activity.
 2. Provide rationale for why it is the best.
- Clinical setting with one learner
 - Graduate learners in an online course
 - Learner is meeting with you after a failed exam

Meaningful Evidence Activity

- **Unfolding case.** Release assessment data in stages and require learners to reprioritize after each update.
- **Think. Vote. Defend.** Learners independently select the priority problem, vote, and defend the decision using patient data and nursing knowledge.
- **Priority ranking** Learners rank several patient problems from most to least urgent and provide a rationale for the top priority.
- **What changes if...?** Change one feature of the case, such as oxygen saturation, mental status, vital signs, or laboratory results, and ask whether the priority changes.
- **Compare and defend.** Learners compare two possible priority problems and defend which should be addressed first.
- **Cue sorting.** Learners sort assessment findings into categories such as urgent, relevant but nonurgent, and additional information needed.
- **Error analysis.** Present an incorrect prioritization decision and ask learners to identify and correct the reasoning error.
- **Pause and predict.** Stop an unfolding case before revealing the next development and ask learners to predict what may happen and what should be prioritized.
- **Decision audit.** After the case, learners identify which data most influenced the decision, what information was missing, and why the priority changed.

Other Meaningful Evidence Activities



Concept mapping



Simulation or role-play



Peer teaching or teach-back



Reflection on progress toward competency achievement



Revision following feedback



4. Redesign one learning activity to strengthen learner preparation for practice.



Your Activity Redesign

Using your selected activity, answer the questions.

1. What module outcome is it achieving?
2. Can you map it through module to course to program outcomes?
3. What progression indicator, sub competency, competency, and domain does it align with?
4. How will the content be assessed?
5. Does it help students practice for the summative assessment?
6. What behavior are learners demonstrating?
7. What feedback will your learner get from it?
8. What distinguishing factors of meaningful evidence does it include?

Putting the Pieces Together Across the Curriculum

01

Align learning experiences and assessments across the curriculum

02

Develop competencies at increasing levels of complexity

03

Gather evidence of learning at multiple points

04

Track student progression toward competence

05

Integrate each course's contribution into the practice-ready graduate

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References

- American Association of Colleges of Nursing. (2026). *What is Competency- Based Education?* Retrieved from <https://www.aacnnursing.org/essentials/tool-kit/competency-based-education>
- Center for Medical Simulation. (2024). *The Basic Assumption*. Retrieved from <https://harvardmedsim.org/resources/the-basic-assumption/>
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Questions + Conversation



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