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Reframing Nursing Education: Competency-Based, Concept- Based, or Both?

Gerry Altmiller, EdD, APRN, ACNS-BC, ANEF, FAAN

Conflict of Interest and Disclosures:

Neither the planners or presenter indicated that they have any real or perceived vested interest that relate to this presentation

Future of Nursing 2020-2030



- **Supports shared agenda of the Tri-Council**
 - AACN, ANA, AONL, NCSBN, NLN
- **Calls for strengthening of Nursing Education**
 - Accreditors must ensure nurses can address SDOH
 - Must engage in virtual learning/distance learning to increase access to education
 - Students must work with underserved and diverse populations
- **Specifically calls accreditors to incorporate standards and competencies for KSAs of SDOH, population health, trauma informed care, and health equity.**
 - Calls for requiring curricular assessments for these by 2022-2023

National Standards

- **NLN**
 - **QSEN Competencies/IOM Competencies**
 - **Competency-based Education**
- **AACN**
 - **Essentials Domains, Competencies, Sub-competencies, Spheres, Concepts**
 - **Competency-based Education**

Why Competency-Based?



I teach an online class on clinical data management, during which students do practice exercises using Excel - basics like sorting data, using formulas, as well as using the more advanced statistical functions. They have step by step instructions, the evaluation rubric, and a week to work on it and ask questions (during the week of related content). Then they submit the Excel worksheet that demonstrates that they've used all the skills we want them to practice.

A couple weeks ago I had a student who didn't put the formulas in for the assignment, so she lost a decent amount of points. She then emailed and said she knew how to but couldn't get it to work for some reason, and because it was almost due she didn't have time to ask questions. I had this sudden epiphany that the assignment was designed to evaluate **competency** and not knowledge - and that's why the fact that "knew how" didn't matter if she couldn't actually execute it.

Why Competency-Based?

- Student learns medication administration principles
 - 5 rights of med administration
 - 3 checks of the MAR
 - 2 patient identifiers
- Student learns pharmacology principles and medications
- Student answers test questions about all of these concepts
- Student assigned to administer meds in med-surg clinical.

Patient VS: BP 102/60, P 61, RR 20, T 97.6

Meds ordered: Lasix 20 mg PO, Lopressor 12.5 mg PO

Student goes to bedside with Lasix 20 mg tab & Lopressor 25 mg tab
and is stopped by instructor prior to administration

Approach Comparison



Concept Based

- Reflects disciplinary knowledge of nursing
 - Structural organization of knowledge to be learned
 - Information is linked to past learning to deepen understanding
 - Learning can then be applied in different contexts

Giddens, J. (2020). Demystifying Concept-Based and Competency-Based Approaches. *JNE* 59(3) 123-124.

Competency Based

- Outcome driven
- Expression of expectations related to concepts in the context of practice
- Demonstration of abilities
 - Structure and process for performance and assessment
 - Knowledge and skill expected to carry out a function
 - Observable and measurable abilities that integrate knowledge, skill, and attitudes

**INTERSECTION OF KNOWLEDGE
AND ACTION**

Comparison

Construct	Traditional Approach	Competency-based Approach
Structure	Didactic concentration	Personalized plan with supports
Instruction	Teacher centered: Lecture delivery	Student centered: Application activities
Assessment & Evaluation	Summative evaluation May be only one opportunity to meet requirement Emphasis on knowledge	Frequent formative assessments with feedback Emphasis on performance
Grading	Norm referenced; comparison to others in class	Criterion reference; independent of any other learner
Progression	Based on meeting minimum standard of course	Based on safe performance for professional context

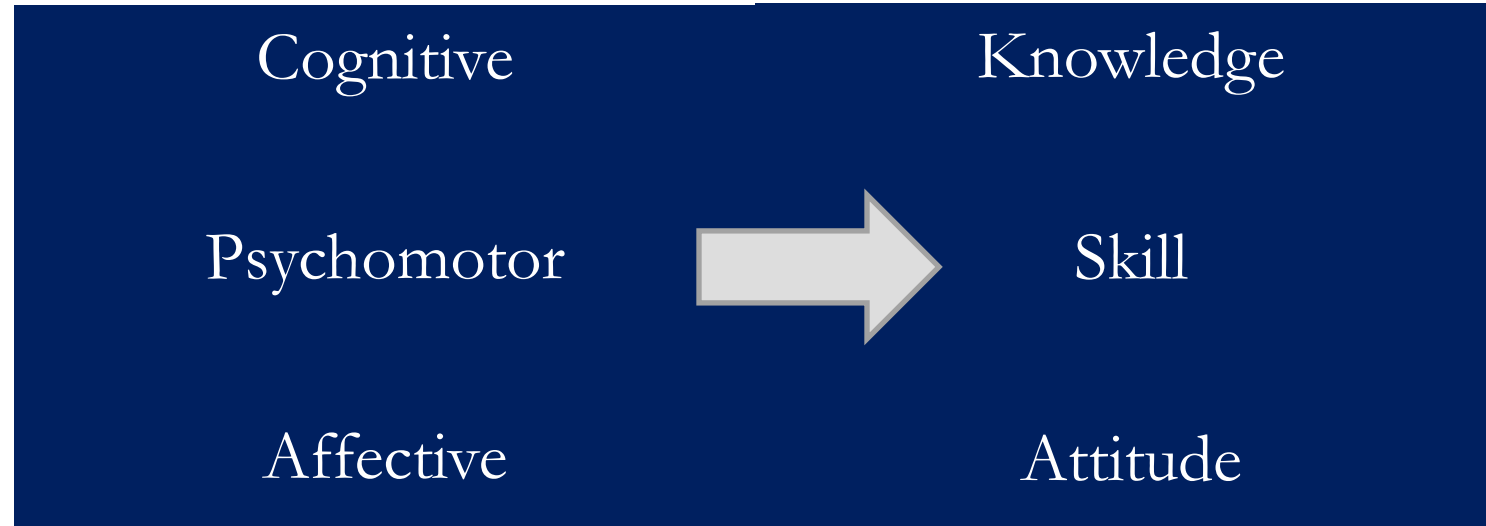
Altmiller, G. (2025). Competency-Based Education in Nursing Education, 4th edition. In. J. C. De Gagne & M. H. Oermann (eds) *Teaching in Nursing and the Role of the Educator*. Springer

Evaluation

Adapted from Miller's Pyramid of Competence



CBE Learning Domains



Competency: Elevate concerns for deteriorating patient

Requirements: nursing knowledge, assessment skills, situational awareness, communication skills, professionalism, clinical reasoning...

Assessment: Based on entire intervention because assessing any requirement individually does not assess competency.

What is a competency-based assessment?



Any tool that is used to measure the observable behaviors that successful performers demonstrate while working in any given job.

No one objective reliable tool for this because competency is context driven

What is not a competency-based assessment?

- Skills checklists without context-no longer relevant with CBE
- One-and-done assessments/demonstrations
- Activity isolated in one context
- Solely demonstrated by exams and quizzes (these are constituents of competency)

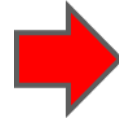
Moving from Skill Assessment to Competency Assessment

Problem Focused



Urinary Retention

Incorporate
decision-making



What should I assess?
What actions should I take
based on assessment?

Opportunities
for skills



Physical Assessment
Bladder scanning
Urinary catheter insertion
VS straight cath

Basic Principles of CBE

Shifts the primary focus of education to the desired outcomes for learners rather than on the structure and process of the educational system

- Set of expectations that when taken collectively, demonstrate what learners can do with what they know
- Demonstrated in multiple contexts
- The result of (planned and repeated) practice
- Visibly demonstrated and assessed over time by multiple methods and multiple assessors

AACN 2023

Simulations approximate “real work”

Component Complexity

- Conduct a focused assessment of a patient with asthma and prescribe treatment

Like a check-in to see student is learning

Coordination Complexity

- Conduct an assessment, identify the patient’s health problems, and develop a plan of care with the patient

More holistic

Constituents of Competency

Increasing Competency

*Rubrics identify “anchors” (what the expectation is) for
Learners & Assessors*

As complexity increases, expectations must be clearly defined

Rubrics

- **Describe specific observation “Anchors”**
 - Anchors should target judgment and the underlying subject matter
- **Should be clear enough that subjectivity is decreased between observers**
 - For increased reliability-have more than one observer
- **Should be developed with stage of learner**
 - Consider acquired skills so far
- **Learners and observers should clearly understand the components of the rubric**

Oubaid, et al., 2012

Traditional Approach



Competency-based Approach



Begin with End-of-Program Outcomes

Example

Participate in the advancement of the profession to improve health care for the betterment of the global society.	Participate in the advancement of the profession to improve health care and equitable population health outcomes, spanning from prevention to management of disease through collaboration in both traditional and nontraditional partnerships with affected communities, industry, local government entities, and others for the betterment of an increasingly diverse and global society.	"Domain 3: Population Health; Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes."
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Program Planning

End of Program Outcomes Aligned with National Standards



Course Student Learning Outcomes Aligned with End of Program Outcomes

Start at the end goal and work backward:

Once outcomes are identified, plan the evaluation (program & course)

- Needs to be level appropriate
- Needs to show progression
- What professional activities demonstrate that outcome?
- What do you need to see to know it's mastered?

Curriculum Mapping

- **Answers 4 overarching questions about curricular content:**
 - What is taught
 - How it is taught
 - When it is taught
 - How it is evaluated
- **Draws 4 key conclusions about curricular content:**
 - It is complete
 - Strengthening is needed
 - There are gaps
 - Material is redundant

Harden, 2001

Linton, et al, 2019

Demonstrates key elements are apparent in the teaching and learning process

Mapping the Curriculum for Competency-Based Education



- Needs to specifically state what learners “do”
- Be specific about patient groups
 - Need multiple contexts and multiple assessors over time
- Exams and Quizzes are constituents of competency-not measures of competency
- Mapping is a living document
 - 1st iteration doesn't have to be perfect
 - Revised iterations every 18 months
- Serves as evidence of CBE across the curriculum

Curriculum Mapping

Faculty immersion in identifying outputs of education



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		HOW COMPETENCY IS MET	SPHERE	CONCEPT
ESSENTIAL:		indicate SPECIFIC activity that demonstrates competency. providing information in lecture is not evidence of meeting a competency. If tested on competency note the level of the type of question on exam: from N200: apply physiologic understanding of normal system function and apply through answering exam questions about the impact of pharmacologic agents on various body systems	prevention of disease; chronic illness management; regenerative/restorative care and palliative care	KEY: A. clinical judgement; B. communication; C. compassion care; D. DEI; E. ethics; F. EBP; G. Health Policy; H. SDOH-ok to just list topic
Domain 1: Knowledge for Nursing Practice; Integration, translation, and application of established and evolving disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences.				
1.1: Demonstrate an understanding of the discipline of nursing's distinct perspective and where shared perspectives exist with other disciplines		1. Completes head-to-toe physical assessment weekly on patient in clinical setting. 1.1a, 1.1b 2. Cares for patients at clinical site weekly, completing correlational guideline afterward that compares the care rendered to the care suggested in the textbook, identifying where actual care aligns with or deviates from standard. 1.1a, 1.1b, 1.1d 3. Conduct weekly medication reconciliation at clinical site with assigned patient. 1.1a	chronic illness management regenerative/restorative care	clinical judgement compassionate care EBP
1.2 Apply theory and research-based knowledge from nursing, the arts, humanities, and other sciences.		1. Cares for patients at clinical site weekly, completing correlational guideline afterward that compares the care rendered to the care suggested in the textbook, identifying where actual care aligns with or deviates from standard. 1.2a, 1.2d, 1.2e 2. Conduct weekly medication reconciliation at clinical site with assigned patient. 1.2a	chronic illness management regenerative/restorative care	clinical judgement compassionate care EBP

Mapping the Curriculum: Strategy-Process



Creation: Faculty map courses they teach

Verification: In teams, faculty review the course mappings-make adjustments if not competency-based or aligned well with the national standards/competencies the school follows

Master Map: All course mappings placed into one master document to demonstrate layering

Analysis: Master Map is reviewed by implementation team for presence and intensity of each competency

Report: Findings of Analysis shared with full faculty

Altmiller, G. (2023). Curriculum mapping for competency-based education: Collecting objective data. *Nurse Educator*, 48(5), 287. doi: 10.1097/NNE.0000000000001462. [Link](#)

Create a Timeline for mapping and analyzing

Time period	Task to be completed
	Create Excel file with one page for each course
1 month	Course faculty map their individual courses on the specific course page-LIST WHAT LEARNERS "DO"
2 weeks	Mappings verified by colleague
3 weeks	All mapping combined into one master file page to demonstrate layering of competency
1 month	Essentials team analyzes master file for breadth & depth of each sub-competency; identifies redundancies; deficits
2 weeks	Written analysis report completed
Full Faculty Meeting	Analysis report provided to faculty-all documents and files shared for transparency
Full Faculty Meeting	Discuss potential curriculum changes; course changes; deficits; adjustments across courses

Seek Feedback from Practice Partners



- Set meeting with Directors of Nurse Residency Program-undergrad
- Set meeting with Directors of NP clinics-graduate

1. What practice gaps do you see in the abilities of the nurse residents?

2. What strengths would you like to see in the nurse residents that you are not seeing?

Prompts:

- Specific to patient care
- Specific to working in teams/with colleagues
- Specific to delegation of work
- Specific to prioritization of care
- Specific to clinical judgement
- Specific to EBP competency

Revising Undergraduate Course Outcomes



Knowledge-based Student Learning Outcome

Discuss the steps of a physical assessment for an adult client.



Competency-based Outcome

Demonstrate a comprehensive physical assessment on an adult client.

Describe treatment options for an adolescent diagnosed with depression.



Develop an evidence-based plan of care for an adolescent diagnosed with depression.

Identify best practices for infection prevention in hospitalized patients.



Implement bundles (CLABSI, CAUTI, SSI...) in the plan of care for hospitalized patients.

Revising Graduate Course Outcomes

Knowledge-based Student Learning Outcome

Identify appropriate antibiotics for treating *Streptococcus Pneumoniae*.



Competency-based Outcome

Develop a treatment plan for an adult client presenting with *Streptococcus Pneumoniae*.

List appropriate diagnostic studies for a patient presenting with symptoms of Meniere's Disease.



Prescribe appropriate diagnostic testing for differential diagnosis related to c/o tinnitus.

Discuss symptoms, diagnostic testing and treatment options for STD.



Conduct an appropriate assessment for an 18-year-old male concerned about STD exposure.

Curricular Steps to Integrate Competency-Based Education



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Develop End of Program outcomes



Map Curriculum to identify what learners “Do”

Analyze the findings and make decision about strengths and deficits

Meet with Practice Partners to seek feedback



Develop course outcomes as competency statements for what learners will be able to do in each course



Continuously evolve curriculum to be competency focused teaching and competency-based assessment

Intentional Competency-focused

In-class Activity Prelicensure



A patient receiving hydrochlorothiazide 25 mg/daily for hypertension has an IV infusing for 8 hours at KVO rate-10mL/hr and drinks 1 cup of coffee with breakfast, has 1 cup of milk and has 120 mL Jello at lunch.

During the 7-3 shift the patient voided 440 mLs 9am, 420 mLs 12pm, and 360 mLs 2:30pm.

What is the patient's fluid balance for the 7-3 shift?

Is the diuretic regimen effective?

What else would you need to assess?

Intentional Competency-based In-class Activity Prelicensure & Graduate



1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?



<http://www.ihl.org/resources/Pages/Tools/Ask-Me-3-Good-Questions-for-Your-Good-Health.aspx>

Intentional Competency-focused Clinical Activity: Reflection



Purposeful writing prompts for weekly reflections

- What did you learn from positive role models this week? How will you use this in your practice?
- What did you learn from negative role models this week that you do NOT want to do as a practicing RN? How will you avoid this?
- When today were you unsure of what to do? How did you feel? What steps did you take to be able to make an informed decision?
- What was a notable experience from your time at the bedside today? Why do you think it was important? What did you learn and how will it impact your future practice?

Armstrong, G.E. & Sherwood, G. (2023). Chapter 9: Reflective Learning: Recalibrating Collaboration and Evaluation for Safety and Quality Competencies. In Sherwood, G. & S. Horton-Deutsch (Eds.), Reflective Practice: Reimagining Ourselves, Reimagining Nursing. Indianapolis, IN: Sigma Theta Tau Publishing.

Intentional Assignment to Target NP Practice: OSCE for Grad Level



Telemedicine Simulation: Students assigned a time for simulated telemedicine patient visit via zoom. One SOAP note submitted in Canvas. Students required to call a pharmacist with a prescription as part of the telemedicine visit.

Three part graded assignment for:

- 1) patient simulation interaction
- 2) SOAP note
- 3) pharmacy call/prescription.

Pharmacy Simulation: Student calls a prescription into a pharmacist as part of the simulated telemedicine patient visit plan.

Rubric for Expected Actions

Communication is clear and includes patient name, DOB, allergies. Caller identifies self, NPI #, and leaves a callback number if needed.	20 points
Prescription is appropriate for case scenario.	20 points
Prescription includes dose, route, sig, amount to be dispensed, and instructions for exactly how patient should take medication and for how long.	20 points
Precautions provider requests on label such as "take with food" or "do not drive/operate machinery" as appropriate	20 points
Documentation for prescription is clearly noted. Documentation exactly reflects the call.	20 points

Dugan & Altmiller. (2023) *Journal of Professional Nursing*, (46),59-64. [LINK](#)

What makes a learner competent at applying knowledge of systems to work effectively across the continuum of care?

Continuum of Competence

Beginning

- Analyze the Mission, Vision, and Philosophy of the school

Middle

- Write a paper based on a presented case study to describe all the different hospital systems that impact that patient's care.

End

- Participate in an in-class simulation to analyze and address a sentinel event; students represent different mesosystems across the hospital.
- Develop a POC for a pt being transferred to long-term care

Advanced

- Conduct a project to develop, lead, and evaluate a system-wide practice change to improve care or improve workflows.

What does competency look like?

Beginning performance indicators	Activities/Assignment

Middle performance indicators	Activities/Assignment

End performance indicators	Activities/Assignment

Graduate Level performance indicators	Activities/Assignment

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Strategy to
Address Areas
Needing
Strengthening

Rethinking How We Teach

Intentional In-class Activity to Target a Specific Competency



Advance preparedness to protect population health during disasters and public health emergencies.

Effectively use personal safety measures, including PPE.

1. Learners in teams of 6-8, select appropriate PPE based on clinical situation (5 different scenarios).
2. Select from gloves, masks, gowns, surgical hats, shoe covers, and eye protection
3. One learner dons the chosen PPE with guidance from other team members
4. Finally, each team presents their clinical situation to class and shares rationale for PPE choices, providing an opportunity for feedback and questions.

Luna, Patrick MSN, RN; Crownover, Joann DNP, RN; Nino, Theresa MSN, RN; Spencer, Tammy DNP, RN; Armstrong, Gail PhD, DNP. To Donn or Not to Donn, That is the Question. *Nurse Educator* 50(1):p E46, January/February 2025. | DOI: 10.1097/NNE.0000000000001709

Table Work



At your table, decide what competency looks like for beginning, middle, end, and graduate level learners for the following competency:

Apply quality improvement principles in care delivery.

(What do you want learners to be able to do and what would indicate they can do it?)

- Consider activities/assessments you can create to develop and measure competency

OR

- Consider a signature assignment and how that can be adapted to support competency development across the curriculum

Apply Quality Improvement Principles in Care Delivery



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Entry-Level Professional Nursing Education	Advanced-Level Nursing Education
5.1 Apply quality improvement principles in care delivery.	
5.1a Recognize nursing's essential role in improving healthcare quality and safety.	5.1i Establish and incorporate data driven benchmarks to monitor system performance.
5.1b Identify sources and applications of national safety and quality standards to guide nursing practice.	5.1j Use national safety resources to lead team-based change initiatives.
5.1c Implement standardized, evidence-based processes for care delivery.	5.1k Integrate outcome metrics to inform change and policy recommendations.
5.1d Interpret benchmark and unit outcome data to inform individual and microsystem practice.	5.1l Collaborate in analyzing organizational process improvement initiatives.
5.1e Compare quality improvement methods in the delivery of patient care.	5.1m Lead the development of a business plan for quality improvement initiatives.
5.1f Identify strategies to improve outcomes of patient care in practice.	5.1n Advocate for change related to financial policies that impact the relationship between economics and quality care delivery.
5.1g Participate in the implementation of a practice change.	5.1o Advance quality improvement practices through dissemination of outcomes.
5.1h Develop a plan for monitoring quality improvement change.	

Course Level

Competency-Based Education: Start with the Outcome



Step
1

Educator decides desired results of the course-student learning outcomes. Align w/competencies & program outcomes
(what should learner be able to do)

Step
2

Educator determines what evidence would validate that learning occurred-assessments that demonstrate competence.
(observations, papers, projects, tests, clinical performance)

Step
3

Educator plans learning experiences and instruction to align with course outcomes and assessments.

Scaffolding knowledge and Skill with CBE

- Identify those at risk for infection
 - Bundles and protocols
 - <http://www.ihl.org/sites/search/pages/results.aspx?k=how-to+guides>



- **Activity**

- Group work to make posters that highlight an assigned bundle:
 - CAUTI
 - CLABSI
 - VAP
 - SSI
 - MRSA

Nurse Educator 2019 Article

What does this address?



- 1.1a Identifying concepts that distinguish nursing practice
- 1.2a Employ knowledge from nursing science as well as natural, physical and social science to build an understanding of the human experience and nursing practice
- 4.1b Demonstrate application of different levels of evidence
- 4.2c Use the best evidence in practice
- 5.1b Use applications of national safety and quality standards to guide practice
- 5.1f Identify strategies to improve outcomes of care in practice
- 5.2b Articulate the nurse's role within the team to promote safety and prevent errors and near misses
- 5.2c Examine basic safety design principles to reduce risk of harm
- 5.2f Use national patient safety resources and initiatives at the point of care
- 9.3a Engage in advocacy that promotes the best interest of the individual

Competency-Based Progressions



Quality and Safety

Apply quality improvement principles in care delivery.

- 5.1a Recognize nursing's essential role in improving healthcare quality and safety.
- 5.1b Identify sources and applications of national safety and quality standards to guide nursing practice.
- 5.1c Implement standardized, evidence-based processes for care delivery
- 5.1d Interpret benchmark and unit outcome data to inform individual and microsystem practice.

Intro course-group work to learn care bundles. (5.1a, 5.1b) [Link](#)

Mid-program- Apply care bundles in clinical care. (5.1a, 5.1b, 5.1c)

Senior year- Supervise and monitor underclassmen in applying bundles.
(5.1a, 5.1b, 5.1c, 5.1d)

Graduate Program: Evaluate the economic impact of care bundles.
(5.1k, 5.1i, 5.1m, 5.1n-additional 7.2-cost-effectiveness of care)

Using AI Active Learning Strategies to Incorporate Cost-Effective Care



Strategies

Role playing scenarios where students must consider cost implications of care options

Case studies analyzing the cost-benefit tradeoffs of different interventions

Student debates arguing for or against costly new treatments based on evidence

Games or simulations requiring students to allocate limited resources

Reflective writing assignments about providing quality care on a budget

Intentional Assignment to Address a Practice Requirement- Prelicensure



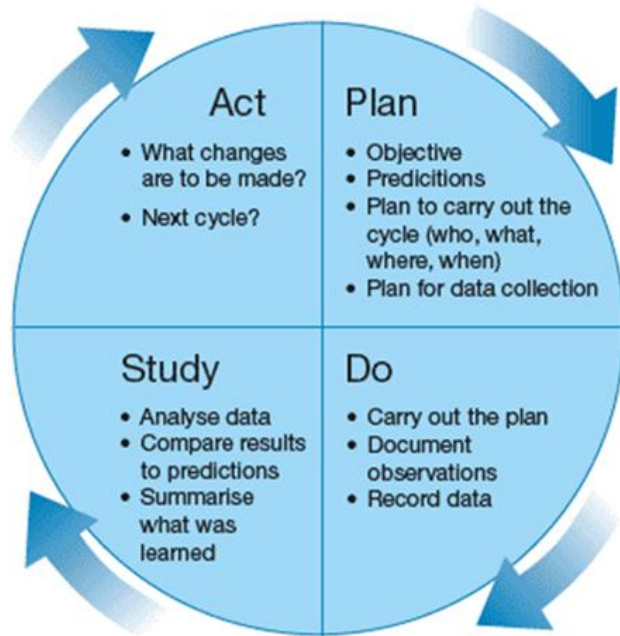
Quality Improvement Project for Prelicensure Nursing Students: A 15-slide presentation teaches students in introductory nursing courses how to implement and evaluate a quality improvement project using the Model for Improvement. The corresponding assignment spans a total of 4 weeks with students choosing something to improve about themselves and applying the model. Students implement 3 PLAN, DO, STUDY, ACT (PDSA) cycles, one cycle per week over the next 3 weeks, recording data to measure the change. On the fourth week, students submit a 1-page essay meeting the criteria of the grading rubric and attach a graph to demonstrate the data points. Through this assignment, students learn how to 1) develop an aim statement, 2) implement change using the model for improvement (PDSA cycles), 3) collect data to measure change/improvement, and 4) report data using charts or graphs. The presentation includes all the information the student needs to be successful, including the Institute for Healthcare Improvement tool kit for reporting data. Available at: <https://qsicenter.tcnj.edu/quality-improvement-project-learning-the-model-for-improvement/>

Publications for this activity include:

1. Altmiller, G. (2020). Teaching quality improvement in prelicensure education. *Nurse Educator*, 45(1), 9-10. doi: 10.1097/NNE.0000000000000772. Available free at: https://journals.lww.com/nurseeducatoronline/Fulltext/2020/01000/Teaching_Quality_Improvement_in_Prelicensure.6.aspx
2. Vottero, B., Altmiller, G., Deal, B., Nurse, N., Rosales, M., & Walker, D. (2024). A multi-site study of a quality improvement teaching strategy to build competency. *Journal of Nursing Education* 63(1), 38-42. doi:10.3928/01484834-20231112-07

<https://qsicenter.tcnj.edu/quality-improvement-project-learning-the-model-for-improvement/>

Quality Improvement (QI)



- Student Assignment using Model for Improvement
 - Improve something about themselves, their school.....
- Presentation of data:
 - Describe Aim
 - PDSA (Plan, make the change, test it, study it, adjust actions)
 - Use of Tools (flow charts, check sheets, run charts, bar graphs)
 - IHI Toolkit for Reporting Data

Resources

<https://qsicenter.tcnj.edu/quality-improvement-project-learning-the-model-for-improvement/>

Nurse Educator 2020 publication [LINK](#)

Vottero, B., Altmiller, G., Deal, B., Nurse, N., Rosales, M., & Walker, D. (2024). A multi-site study of a quality improvement teaching strategy to build competency. *Journal of Nursing Education* 63(1), 38-42.

Grading Rubric



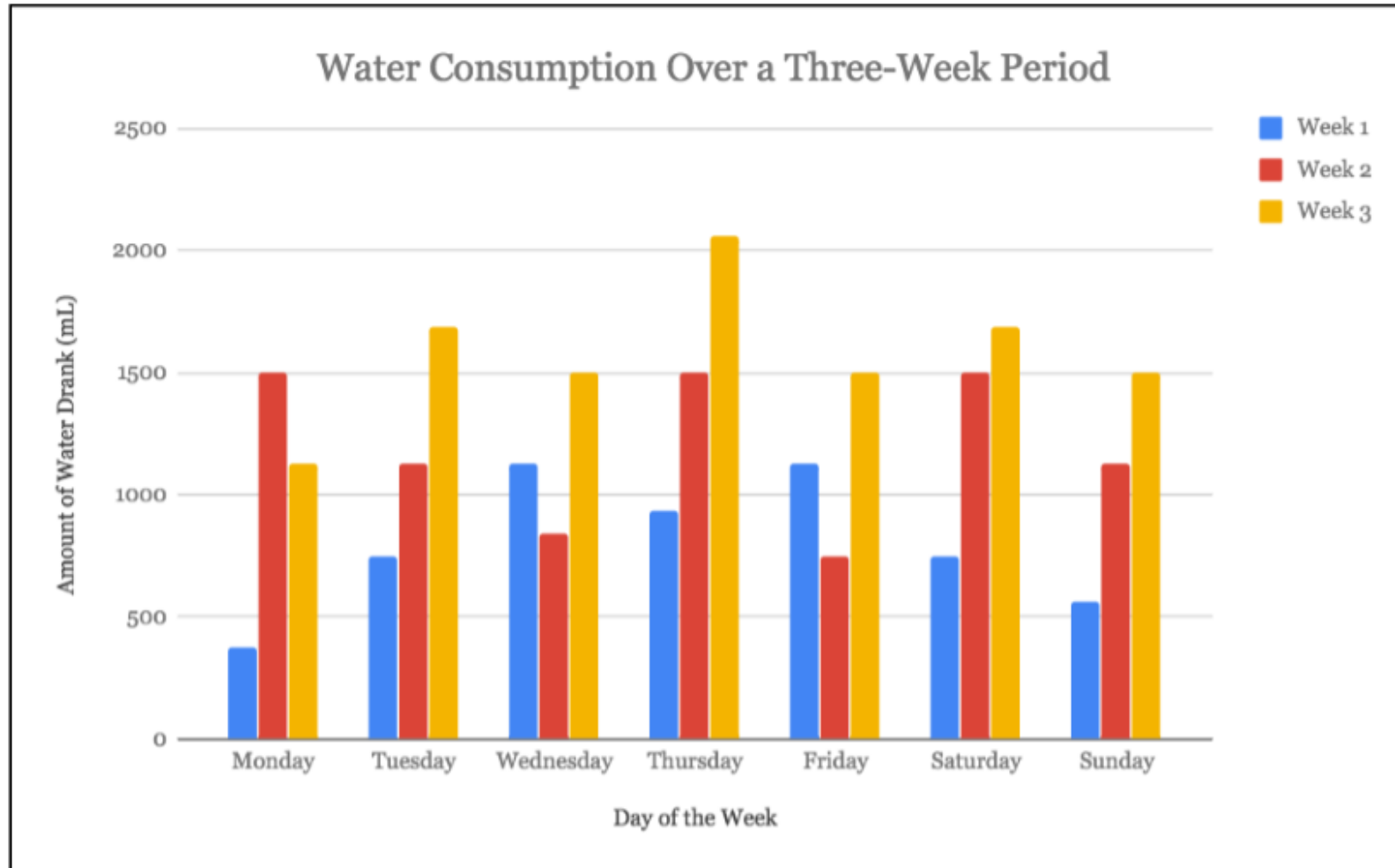
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	Criteria	Possible Points
1.	Aim Statement: clearly identifies what the student is trying to accomplish.	10%
2.	The measure is identified so that student will know if the change is an improvement.	10%
3.	The process is described succinctly identifying actions taken to adjust the plan based on data after week 1 and week 2.	20%
4.	Graphic clearly demonstrates data collected over the 3-week period of the project. A minimum of 3 PDSA cycle data should be reflected in the graphic but data can reflect daily measurements if student chooses.	40%
5.	Length. This assignment requires discipline in writing; you will have to write clearly and concisely to address the required criteria. Submission length may not exceed the (1) title page in APA format, (2) 1-page essay and (3) 1-page graphic for a total of 3 pages maximum.	10%
6.	Grammar, and spelling. Papers must be free of grammar and spelling errors and follow APA format.	10%

Intro to Nursing Student's Results



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Intentional Activity to Target Accepting Feedback- BSN or RN-BSN

Giving and Receiving Constructive feedback: This evidence-based teaching strategy is an 18-minute narrated presentation that speaks directly to students about constructive feedback's role in quality improvement and patient safety, teaching them to view constructive feedback as an opportunity for improvement rather than a review of deficiencies. This teaching strategy has been validated in a multi-site study with over 500 students from 9 schools of nursing across the country. Available at: <https://qsicenter.tcnj.edu/giving-and-receiving-constructive-feedback-activity/>

Publications for this activity include:

Constructive feedback teaching strategy: A multi-site study of its effectiveness. (2018). Altmiller, G., Deal, B., Ebersole, N., Flexner, R., Jordan, J., Jowell, V., Norris, T., Risetter, M., Schuler, M., Szymanski, K., Vottero, B., Walker, D. *Nursing Education Perspectives* Special Summit 2018 Issue on Educational Research Collaborations, 39(5), 291-6. doi: 10.1097/01.NEP.0000000000000385

Assignment: What are the 2 most important ideas you learned and how will you use them in your future practice?

<https://qsicenter.tcnj.edu/giving-and-receiving-constructive-feedback-activity/>

Learning Activities to Build competency: Unfolding Cases

In-class simulation: SBAR, Report, Decision-making



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Perioperative Nursing: An unfolding Case study in Patient Safety

by
Gerry Altmiller, EdD, APRN, ACNS-BC, FAAN



The Case:

- ✓ John Egan, 53.
- ✓ Hx of Type 1 diabetes mellitus, cigarette smoking 40 pack years, CAD, and PVD.
- ✓ Six weeks ago, he developed a wound of his left heel which measured 4cm by 2cm when he discovered it. Despite IV antibiotics and chemical debridement, the wound developed a gangrene infection. He is scheduled for a BKA of the left lower extremity tomorrow at 10:00am.
- ✓ His meds include daily insulin, aspirin 325mg/day, Pletal 100mg BID.
- ✓ He has an advanced directive and NKDA.



<https://qsicenter.tcnj.edu/teaching-strategies/>

Competency-Based Clinical Evaluations Framed in QSEN



- **Prelicensure**
 - NOT a checklist or one-time assessment
 - Describes competency as pulling cognitive and psychomotor domains together to complete a function-observable
 - Measures outputs
 - Student Centered
 - Allows student to identify strengths and weaknesses
 - Need to demonstrate progression as student moves through program

<https://qsicenter.tcnj.edu/resources/>

Teamwork and Collaboration

- 9. Coordinate and delegate elements of care to the inter-professional healthcare team within the scope of practice (5,7,10)
- 10. Recognize changing patient condition and communicate changes in patient status to the inter-professional team in a timely manner using SBAR framework (2,4,5,7) **
- 11. Conduct patient care reports (hand-off communication) efficiently and effectively (7)
- 12. Engage patient and family in a collaborative relationship by asking for and respecting patient input and providing relevant information, resources, access, and support (3,6,7)
- 13. Accurately Interpret physician and inter-professional orders and communicate accordingly (2,4,5)
- 14. Initiate requests for assistance when appropriate to situation (2,4,7)
- 15. Provide assistance to colleagues to complete work efficiently when appropriate (2,7,10)
- 16. Complete electronic charting in the electronic health record when available in a timely manner (7)

Quality Improvement

- 20. Recognize and communicate variance reporting on nurse sensitive indicators: pressure injury prevention; CAUTI, CLABSI; etc (2,4,5,11)
- 21. Critique approaches for changing processes of care, ie: Identifying areas for improvement, PDSA cycles (2,4,9)
- 22. Critique the effect of nursing interventions on patient outcomes (2,3)
- 23. Demonstrate ongoing self-assessment and commitment to excellence in practice (2,12)

Measuring Clinical Performance

Clinical Evaluation Rating Scale

Rating	Grade	Independent Professional Practice	Knowledge, Skills & Attitudes	Overall Grade Computation
4	A	Rarely requires • Direction • Guidance • Monitoring • Instructor assistance Continuously Exceeds Expectation	Consistently Exhibits • A patient and family centered focus • Accuracy, safety, & skillfulness • Assertiveness and initiative • Efficiency and organization • An eagerness to learn	Computation Process: Each of the 43 specific competencies listed is of equal value. To compute the final NURS 424 clinical evaluation grade, add all the scores for the specific competencies and divide the sum by 43 . For items that were not observed, a NO (non-observed) should be entered in the blank and should not be counted when computing the final score. The overall grade award is based on a 4-point scale: A 4.00 – 3.68 A- 3.67 – 3.34 B+ 3.33 – 3.01 B 3.00 – 2.68 B- 2.67 – 2.34 C+ 2.33 – 2.01 C 2.00 – 1.68 C- 1.67 – 1.34 D+ 1.33 – 1.01 D 1.00
3	B	Intermittently requires • Direction • Guidance • Monitoring • Instructor assistance Occasionally Exceeds Expectation	Often Exhibits • A patient and family centered focus • Accuracy, safety, & skillfulness • Assertiveness and initiative • Efficiency and organization • An eagerness to learn	
2	C	Regularly requires • Direction • Guidance • Monitoring • Instructor assistance Consistently Meets Expectation	Commonly Exhibits • A patient and family centered focus • Accuracy, safety, & skillfulness • Assertiveness and initiative • Efficiency and organization • An eagerness to learn	
1	D	Consistently requires • Direction • Guidance • Monitoring • Instructor assistance	Rarely Exhibits • A patient and family centered focus • Accuracy, safety, & skillfulness • Assertiveness and initiative • Efficiency and organization • An eagerness to learn	

Competency-Based Clinical Evaluations framed in QSEN



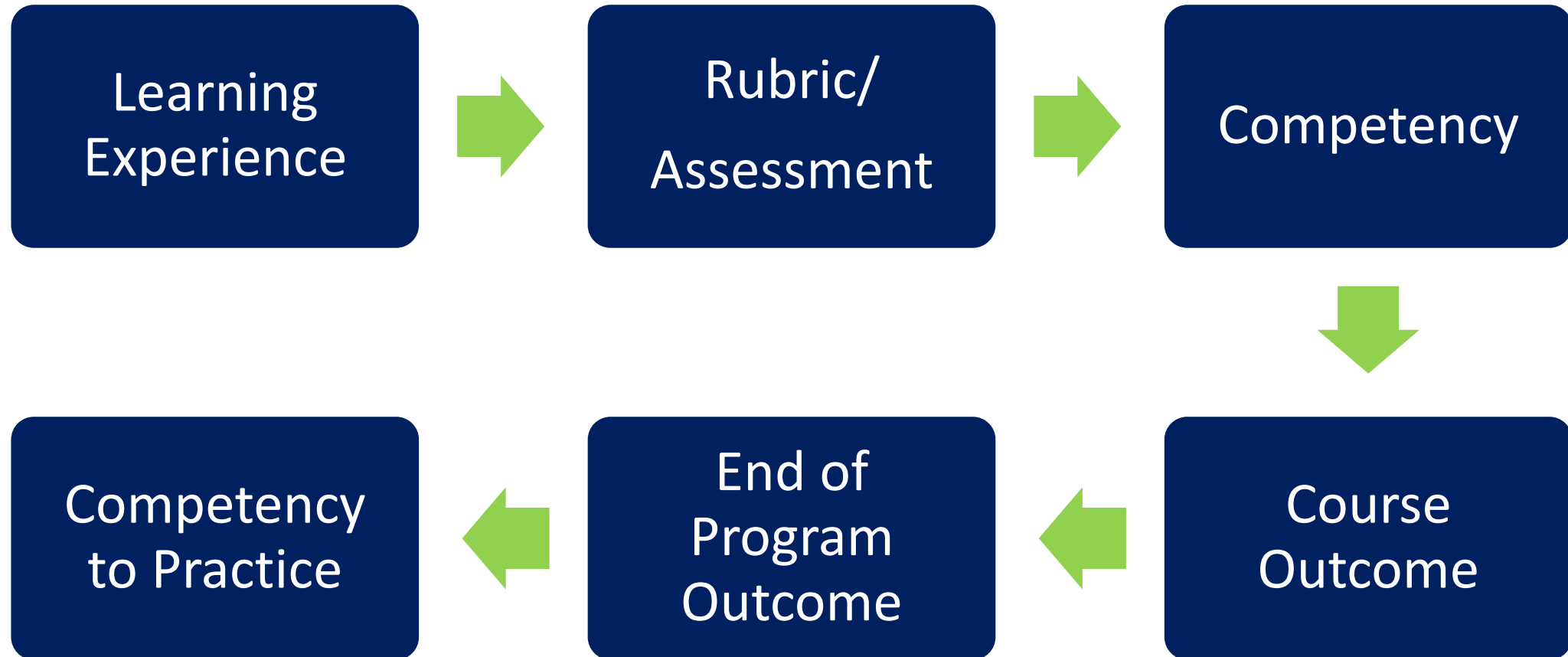
- **Graduate NP Level**

- NOT a checklist or one-time assessment
- Describes competency as pulling cognitive and psychomotor domains together to complete a function-observable
- Allows student to identify strengths and weaknesses
- Needs to demonstrate scope of advanced practice
- Aligned with NONPF Core Competencies

<https://qsicenter.tcnj.edu/resources/>

Teamwork & Collaboration
9. Functions competently to the fullest scope of the advanced practice role as a member of the health care team. ()
10. Consults and solicits guidance with diagnostic reasoning from appropriate individuals/sources. ()
11. Uses appropriate communication with patients, families, and healthcare team members by analyzing and improving own communication skills. ()
12. Engages patient and family in a collaborative relationship by asking for and respecting their input, and providing relevant information, resources, access, and support with attention to health care literacy. ()
13. Collaborates with others (ie: specialists, pharmacists, social workers) to empower patient/family to achieve goals. ()

Defining Expectations for Learners



Types of Assessments

Test & Quizzes
(Constituents of
competency)

Case studies

Debates

Portfolios

Papers

Simulations

Presentations

Projects

Observations

Top Down or Swell up?

- Need a knowledgeable team
- Need some authority
- Need consensus building skills
- Vision needs to be a shared vision-not a singular vision-to add value for individuals

Faculty Leader

- Focus has to be consensus building
- Listener
 - All team members valued for input
- Organized
- Willing to learn/develop

Create the Leadership Team

- Varied experience/degrees is a plus
- Scaling the work-getting multiple programs on board requires representation from each.
- Formulate a flexible timeline. Make small incremental steps so people engage without being overwhelmed.

Dates	Tasks to be completed
March-May 2025	Develop Program Outcomes
Sept 2025	Completion of Curriculum Mapping-expanding to what learners “do”
Nov 2025	Analysis of curriculum mapping and report generated; share with full faculty
Dec 2025	Full faculty meeting to determine curriculum revisions; course changes; deficits; adjustments across courses; Use course grid to propose adjustments
Spring 2026	Develop new course outcomes as competency statements for all fall 2026 courses; have approved through curriculum committees and ready for implementation fall 2026
Fall 2026	Develop new course outcomes as competency statements for all spring 2027 courses; have approved through curriculum committees and ready for implementation spring 2027
Ongoing Work: Transform teaching and assessments to competency-based education in incremental and continuous steps over time.	



Example Timeline for Continued Work

Create an Environment for Innovation



- ✓ Clearly know regulatory requirements- not as a boundary to innovation but as a frame for innovation
- ✓ Be willing to question organizational practices
 - questioning is not disrespectful
- ✓ Challenge traditions
- ✓ Work to eliminate deterrents and discouragement
 - that cannot be done; we can't do that here; we cannot; will not let me... *Dzurec, 2022*
- ✓ Seize change as an opportunity for innovation, example: with COVID-what did we do better? What did we learn?

Leadership Role

1. Need administrator engagement for de-implementation of previous practices
2. Provide opportunities for faculty learning
3. Mentoring
4. Create the infrastructure for the change
 - Intentional, supportive, tactical
5. It's not enough to be an ally; it is essential to provide accompaniment

Faculty Role



1. Need Faculty leader
2. Research Translation
3. Implement evidence-based teaching
4. Do not let program success impede innovation
5. Opportunity for creative and innovative teaching to set the trajectory for career development, P & T

Adaptive Challenge



1. Path is not clear
2. Destination requires a change in identity for education
3. Journey requires new competencies and experimentation from educators & clinical faculty
4. Process generates disequilibrium and sense of loss
5. Takes longer than resolving a technical issue

Englander, et al, 2017

What will it take from all of us?

Willingness to:

1. Compromise
2. Be open to becoming fully informed
3. Respect diversity of thought
4. Accept new ways of viewing reality
5. Give up some of what we may personally value

Managing resistance Through Reframing

- Recognize resistance to change has more to do with what an individual stands to gain or lose from the change.
- All individuals value security and balance.

What's in it for me?

- Opportunities
 - To take an in-depth look at our curricula
 - To learn as faculty how to enhance our teaching
 - To consider how we might have a greater impact on the nurses we prepare for practice
 - Create a trajectory for your career and work

If not us, who?

Altmillg@tcnj.edu

Quality and Safety Innovation Center at TCNJ
<https://qsicenter.tcnj.edu/>

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Boldest Idea for changing the Curriculum



1. Considering the new CBE framework and some of the things you learned today, think about a bold and new idea/change to bring to the curriculum. Write it on your card.
2. Everyone stand up and mingle with the group exchanging cards as you mingle. When prompted, stop, read the idea on the card in your hand, and on the back of the card, rate the idea using a scale of 1-5 (1 is lowest rating-5 is highest rating). The rating should be based on the feasibility of the idea as well as focus on “doing” rather than “knowing” and ideally be over time or as a curricular thread.
3. Repeat as directed X 5.
4. After 5 rounds, total up the 5 scores on the back of the card.