AOTA INSPIRE
2024 Annual Conference & Expo

# Competency Based Education Task Force of the Representative Assembly

**Academic Leadership Councils**
**Combined Meeting**
**March 19, 2024**

# The charge…

In spring 2023 the Representative Assembly (RA) accepted a report and recommendations from the Commission on Education (COE):

**“It is recommended that the RA ….explore a competency-based educational approach…..The occupational therapy (OT/OTA) profession may benefit, for example, from identifying core competencies to decrease the need for excessive individual standards.”**

# The task force…

Kenyatha (Kay) Richardson, MBA, OTA/L (Chair)
COE

Antuanet Durand, PhD, MSOT, OTRL, CKTF
OTA PD

Valerie Demler, COTA/L
MHSIS

Erika Kemp, OTD, OTR/L, BCP
DCC-ALC

Lisa Mahaffey, PhD, OTR/L, FAOTA
RA- Foresight

Sarah Nielsen, PhD, OTR/L, FAOTA
ACOTE

Dawn Nilsen, EdD, OTR/L, FAOTA
OT- PD

Marla R. Robinson, MSc., OTR/L, BCPR, BT-C, FAOTA
AOTA Fellowship

Kathryn Sorensen, OTD, OTR/L, ADAC
AFWC

Neil Harvison, PhD, OTR, FNAP, FAOTA
Staff

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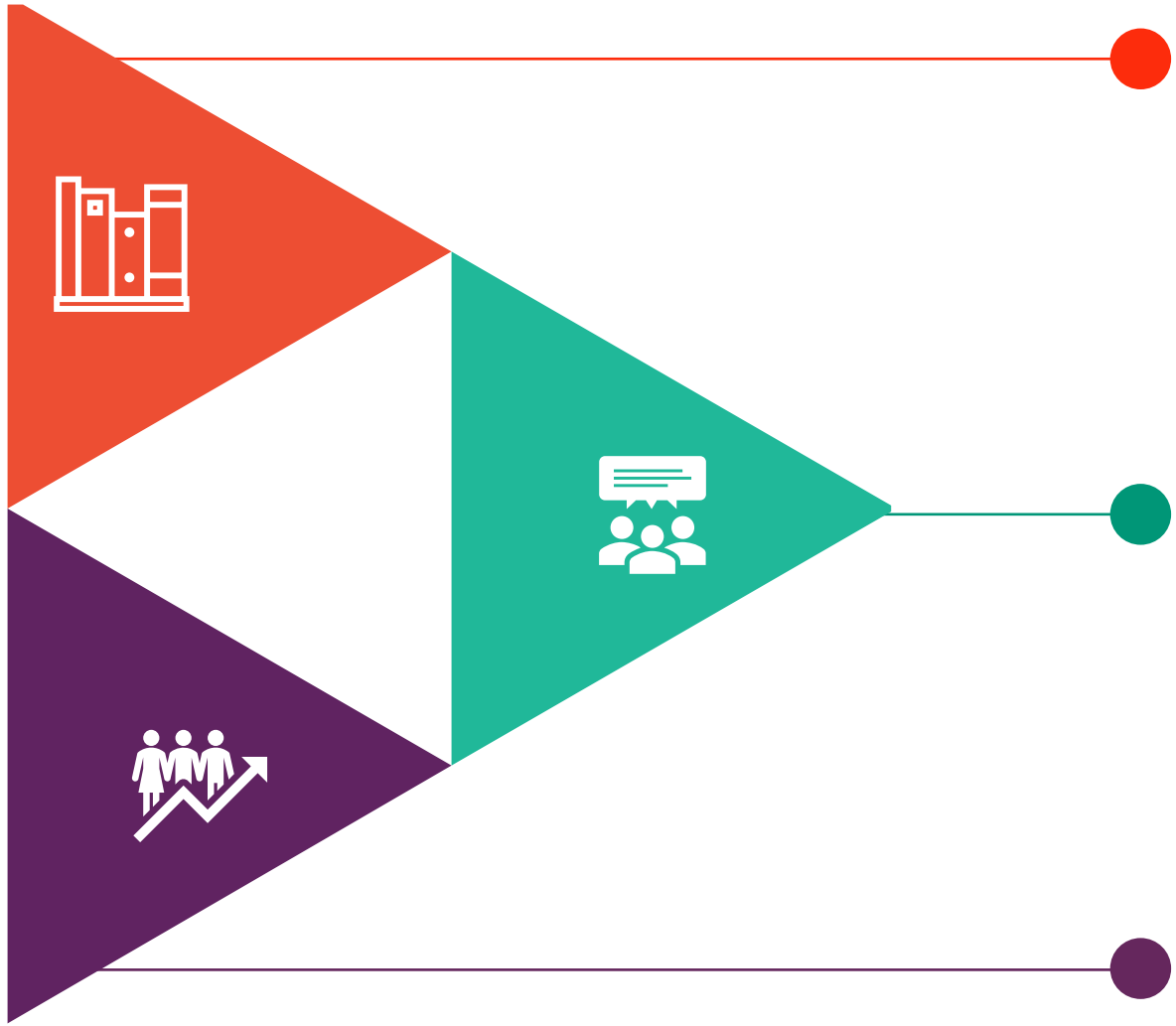
# The process…



Review of the literature.

Focused interviews with selected subject matter experts.

Review of CBE related models .

# Key definitions…

## Competence

array of abilities (knowledge, skills, and attitudes) across multiple domains aspects of performance in a certain context; competence is multi-dimensional and dynamic (Frank, Snell, ten Cate, et al., 2010)”

## Competency

specific components of overall competence; a characteristic or feature of an individual; the ability of a person to do something successfully or efficiently; they constitute the integration of knowledge, skills and attitudes (ten Cate, 2017; ten Cate & Schumacher, 2022)

## Competency-based Education

a learner-centric, outcome-oriented approach to educational design where learner progression occurs only once competence is demonstrated (Hamed et al., 2023; ten Cate, 2017).

**Competency framework:** An organized and structured representation of a set of interrelated and purposeful competencies (Englander et al., 2013, p. 1089).

Entrustable professional activity(s) (EPA): units of professional practice that constitute what clinicians do as daily work. They can be conceived of as the responsibilities or tasks that must be done in patient care (ten Cate, 2018).

# Key findings…

# What makes CBE different?

**Outcomes driven**: Assessment strategies, curricular design, and teaching and learning activities are all based on a framework of observable and assessable outcomes that are determined from the healthcare needs of society.

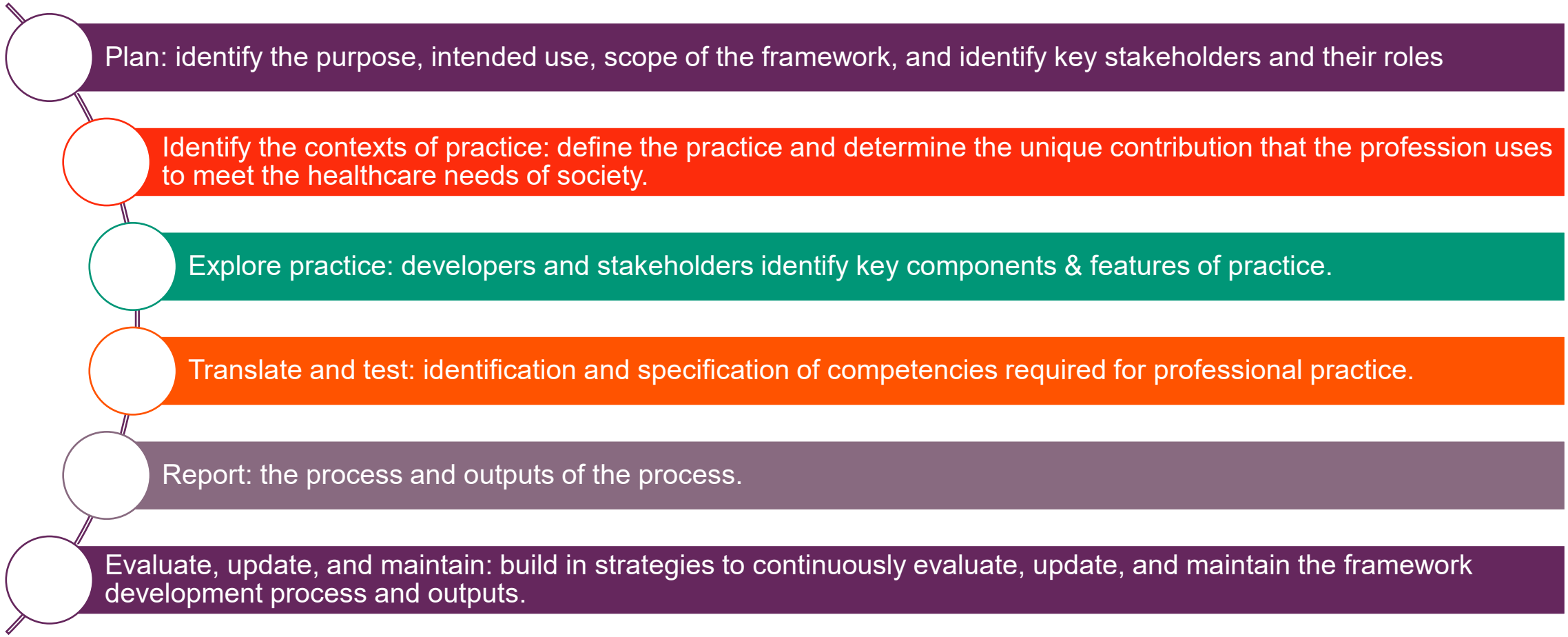
**Time** is used as an educational resource rather than a proxy for competence; educators and learners form a partnership and time is used as needed to progress the learner to competence. This implies that learners may progress through a curriculum at different rates and competence is assessed rather than assumed.

# A move to a CBE model necessitates the development of a competency framework.

According to Thibault (2020), each health profession is responsible for determining the knowledge, skills, and attitudes (KSAs) that are required of a competent healthcare practitioner, and the development of educational programs to produce competent practitioners.

In a CBE model, the integration of KSAs is often described as competencies organized under domains of competence. When grouped together, the domains of competence capture the essence of the profession (Hamed et al., 2023; ten Cate, 2017).

# A six-step model for developing competency frameworks ( Batt et al, 2021)



# Examples of health professions in the US that have established or are in the process of establishing competency frameworks

- Medicine (GME established, UME in progress)
- Nursing (entry-level through advanced nursing education established)
- Physical Therapy (residency & fellowship education established, entry-level in progress)
- Social Work (established)

# Examples of countries outside of the USA with entry-level OT competencies

- Australia
- Canada
- United Kingdom
- Singapore

Note: most of the countries developed competency frameworks for regulatory related purposes.

# Establishing Competencies

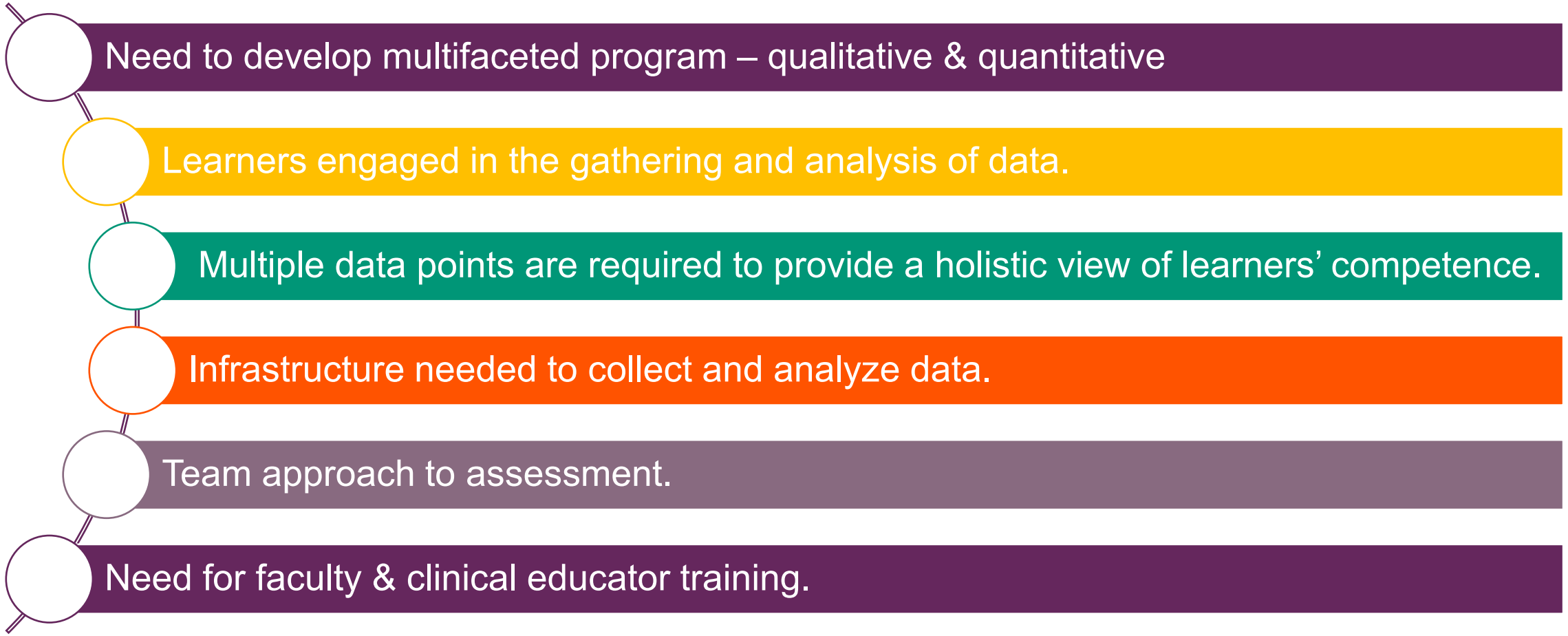
Establish a common/shared language.

Broad input and a structured approach to build consensus:
professional organizations, educators, clinicians, consumers, etc.

Time consuming:
taking several years for most professions.

Resource heavy.

# Assessment of Competencies



# Assessment of Competencies Examples.

## Self- Assessment

"Informed self-assessment" (learner reflects on data from credible external sources and internal sources to guide their learning) and the use of portfolio (Lockyer et al., 2017).

## Examinations

Written exams of knowledge.

## Work-place based assessment (WBA's)

work-place based assessments (WBAs) which assess learners performing actual clinical tasks in real-world settings/situations (Holmboe 2010, Lockyer 2017).

# CBE Curricular Model

Professions Unique Contribution

Health Care Needs of Society

**Determine Outcomes**

- KSAs (Do, Be, Know)
- Consensus: broad stakeholder/community input
  - Professional Organizations
  - Educators
  - Clinicians
  - Consumers
- Time consuming and resource intensive

Core Outcomes: critical as they drive the rest of the process

Examples: Competencies EPAs

**Outcomes Drive Curricular Development**

- Flexibility: standardized outcomes but many ways to get there
- Learner-centric: student progression may vary & teaching/learning activities meet unique needs of the learner
- Requires faculty & CI training; resource intensive
- Impact on tuition/funds flow models

Curriculum

Examples: Milestones; WBA (ESS); Portfolios

Assessment


**Outcomes Drive Assessment**

- Assessment for learning (formative) & of learning (summative)
- Multifaceted: quantitative & qualitative data
- Multiple data points to provide holistic view
- Infrastructure for data collection/team approach
- Faculty & CI Training; resource intensive

# Implementation of CBE

- OT in Canada , Australia & UK have established competencies that the accreditors require be mapped to content and/or assessment of outcomes. NO other changes in program format or delivery.
- Graduate Medical Education have established competencies for assessment but still time based.
- Undergraduate Medical Competencies near development. Some medical schools have independently moved to CBE delivery models with their own competencies.
- Nursing degree association has developed competencies included in accreditation. Recently developed an assessment framework. No move move to full CBE delivery.
- Physical Therapy; several years into development of competencies and EPA's. Some PT schools have independently moved to CBE delivery models with their own competencies.
- Social Work: Developed competency-based accreditation standards. No change in program format or delivery.

No profession is mandating a learner-centric, outcome-oriented approach to educational design where learner progression occurs only once competence is demonstrated in the entry-level academic programs.

In some professions, such as medicine, physical therapy and dentistry, individual schools have moved independently to the CBE model.

In each case the schools have developed their own set of competencies.

No health profession in the USA has moved to mandating CBE nor are they likely to in the foreseeable future.

# Why no mandates…

## Logistical barriers

- Tuition funds & credit load
- Faculty and FW educator training
- Role of regulators
- Role of accreditors
- Major change

# The biggest question…

# Does it make a difference?

Most of the existing literature focuses on assessment of student satisfaction and the perception of student learning outcomes. There is very limited qualitative and/or quantitative data indicating that CBE is having positive impacts on patients, trainees, and healthcare system. (Rivers & Sebesta, 2017; van Griethuijsen et.al., 2020; Yoon, Myung & Park , 2019).

# Recommendations to the Representative Assembly:

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1. The task group recommends that the Representative Assembly **support the development and adoption of entry-level competencies for occupational therapy and occupational therapy assistant practitioners**.

1. **Rationale**: There is growing evidence from occupational therapy colleagues outside of the United States and other professions within the  United States on the benefits of establishing common language and entry-level competencies for the profession.

Best practice in establishing competencies includes using a systematic multi-step approach involving representatives from multiple communities of interest.

**This comprehensive process has typically taken years to complete**.

2. **Once competencies are established**, the task group recommends the Representative Assembly explore next steps in potentially shifting to CBE. Next steps would include the development of EPA's and a multifaceted program of assessment.

2. **Rationale**: Best practice in establishing EPA's and assessment includes using a systematic multi-step approach involving representatives from multiple communities of interest (clients, students, graduates, employers, faculty, accreditors, regulators etc.).

3. **Once the profession has established and validated the competencies, assessment strategies etc.** it is recommended that the Representative Assembly explore the implications of shifting to a full CBE model **based on the evidence available at that time.**

3. **Rationale**: There is limited evidence currently on the impact of shifting to a CBE model that includes a learner-centric, outcome-oriented approach to educational design where learner progression occurs only once the learner demonstrates competence. While the model shows potential, it is still years away from full integration in the professions leading this initiative. When the profession of occupational therapy completes the first steps, more evidence will be available on the model's impact.

# American Occupational Therapy Association

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