Competency-based education (CBE) refers to educational programs designed to ensure that students achieve competence in a given field or training activity (Institute of Medicine, 2003). CBE is considered an approach to learning that includes educational goals that contain measurable objectives, that focuses on attainment of knowledge, attitudes, values, skills, and behaviors through an active learning environment (Grant et al., 1979). A CBE program includes an emphasis on outcomes and multiple assessment measures of student learning across the curriculum (Hall & Jones, 1976). CBE is not a new concept, as its history can be traced back to the early 1920s. It is widely agreed that CBE roots are in teacher education and CBE is linked to ideas of educational reform (Tuxworth, 1989). CBE has begun to gain more prominence as US higher education has shifted to a focus on student learning outcomes rather than what is being taught in the curriculum. This past decade has witnessed an increasing emphasis on the assessment of educational outcomes in higher education as the public and policymakers call for increased transparency and accountability (US Department of Education, 2006). The shift to a competency-centered, outcomes-based approach to accreditation and the emphasis for accreditors to focus their standards on assessing the degree to which institutions and programs are creating a skilled, competent, and globally competitive workforce have also contributed to this trend (CoArc, 2012). This shift is also noted in the regional organizations that accredit American institutions of higher education as well as in the specialized and professional accrediting organizations such as those that accredit educational programs in nursing, medicine, or law. In the context of accreditation, competencies can be used to articulate what students are expected to know and do upon graduation rather than what they are expected to learn about (CoArc, 2012; Holloway, 2013).

The six regional accrediting organizations in the US that accredit institutions as a whole, along with specialized and professional accreditors that focus on disciplines, have traditionally focused on the inputs and processes (e.g. governance structure, admissions, faculty credentials, libraries) rather than on student learning outcomes. When accreditors addressed student learning, they would focus on such issues as what courses students are taking and grading procedures and not on what a student is actually learning. For accreditors, this situation changed...
dramatically in 1998 when then US Secretary of Education William Bennett issued an executive order requiring that higher education accrediting agencies recognized by the Department of Education (DOE) collect information about student learning as part of the accreditation process. Following this order, amendments to the Higher Education Act made it law that accrediting agencies must evaluate an institution or program on how well they assess the quality of education provided (Higher Education Amendments, 1998). The Council for Higher Education Accreditation (CHEA), the non-governmental higher education organization in the US which recognizes institutional and programmatic accrediting organizations, published a set of statements to emphasize high expectations for student achievement (CHEA, 2003). The Association of Specialized and Professional Accreditors (ASPA) also asked professional accreditors to focus on student development of knowledge and competence (Banta, 2001).

This focus on student learning outcomes led to a shift in what accreditors and other stakeholders look for in judging the effectiveness of educational programs (Gruppen, Mangrulkar, & Colars, 2010). Accreditors, particularly those in health-related disciplines, started to use a competency-based approach to emphasize outcomes. Competency-based education further evolved in the US as the Pew Commission and Institute of Medicine (IOM) were focusing on how health professions programs could “realign training and education to be more consistent with the changing needs of the care delivery system” in the early 1990s. In the US, the Institute of Medicine (IOM) is a division of the National Academies of Sciences, Engineering, and Medicine, which represent private, nonprofit institutions that provide independent, objective analysis and advice to the nation to solve complex problems and inform public policy decisions related to science, technology, and medicine (Institute of Medicine, 2015). The Pew Charitable Trusts is also an independent nonprofit organization that funded the Pew Commission on the Health Professions to develop competencies needed across the health professions. The work of both of these private organizations focused on the changing health care delivery system contributed to the development of competency-based approaches in education (CoArc, 2012).

In response to the recommendations and guidelines from the Pew Commission, IOM, CHEA, and DOE, many accreditors, particularly in the health professions, enacted significant changes to their accreditation standards and review processes to increase the emphasis on student learning outcomes (Ewell, 2001). The past five years have seen acceleration in the development of competencies and review processes for health disciplines such as dentistry, health care management, medicine, nursing, pharmacy, physician assistant, athletic training, health information management, occupational therapy, physical therapy, dietetics, acupuncture and oriental medicine, nuclear medicine technology, and public health. All of these professions currently require that core and/or specific competencies be achieved as stated in their respective accreditation documents, or alternately require individual programs to develop, implement, and document their own individualized competencies. In these disciplines, the development of competencies for the profession were often guided by the professional association or accrediting body. Once competencies were defined by each profession and performance on these competencies evaluated, CBE requires clearly specified performance criteria on these assessments that enable faculty and other stakeholders to judge that the student has reached the minimal level of performance that qualifies as “competent” (CoArc, 2012).

The determination of academic quality by these health discipline accreditors is an assessment of how an institution or program demonstrates competency of their graduates. Many professions have defined competence for their profession. The term “competence” is used interchangeably with expected learning outcomes (Banta, 2001). The National Postsecondary Education Cooperative (NPEC) Competency-Based Initiatives Working Group developed criteria to ensure a student has attained competence: a description of the competency, a way to measure the
Understanding and assessing competence

Competency, and a standard by which the student is judged as competent (US Department of Education, 2002). The Institute of Medicine (2003) defines a competency as “the identified knowledge, ability, or expertise in a specific subject area or skill set that is shared across the health professions” (Institute of Medicine, 2003: 24). The term “competency” has also been associated outside the classroom as skills considered necessary to perform a specific job or service (Kelly-Thomas, 1998). The Council for Higher Education Accreditation defines student learning outcomes “in terms of the knowledge, skills, and abilities that a student has attained at the end (or as a result) of his or her engagement in a particular set of higher education experiences” (CHEA, 2006: 1). Regardless of how competency is defined, accreditors focus on how programs are expected to evaluate the extent to which the competencies or expected learning outcomes have been met through the curriculum developed.

Statements of intended learning outcomes or competencies provide the foundation for assessment in higher education institutions and programs. These statements identify what is important for learning and guide decisions about instruction. They also provide statements to the public about the competencies expected of program graduates by employers, and they inform students about the aims of higher education, what is important and expected of them and what skills are needed for employment (Diamond, 1998; Huba & Freed, 2000).

What the evidence says about assessing competency

The competency-based literature has identified a number of studies in disciplines that focus on how to assess competence in higher education. Palomba & Banta (2001) detail some of the pioneering work on the practice of assessment within eight professionally oriented disciplines. The CoArc Report on Competency-Based Education (2012) provides a summary of the approaches to competency-based education in 15 health professions and details the competencies and standards by each profession and their respective accrediting agencies. However, it does not discuss how these professions assess competency.

Although each discipline is unique, there does appear to be some similarities across disciplines in assessing competency. These disciplines include explicit statements of competencies, multiple approaches to assessment measures, and involvement of faculty and other stakeholders. The explicit statements of competency include skills at both the generalist and specialist level and competencies expected by employers such as communication and critical thinking. Competencies are also focused on lifelong learning skills that include appropriate attitudes and values that allow students to build their skills over time. Performance assessment is also used extensively to evaluate competence, particularly in professional fields. Faculty use direct measures that demonstrate learning along with indirect measures that focus on reflections about learning. Opportunities for active learning experiences and field experiences can be utilized to assess competence. All of the accrediting bodies for each of these disciplines expect their institutions and programs to assess particular competencies at both the general education level and discipline-specific skills and implicitly encourage them to respond to the needs of their employers. All of the disciplines reviewed emphasize the role that assessment plays in improving student learning and the accreditation process focus on continuous improvement (Palomba, 2001).

The implications of a competency-based approach for assessment are quite profound. This approach allows flexibility in how programs shape their curricula and assess competence. This stands in sharp contrast to the historic approach which mandated specified content and assessment procedures. This approach also shifts responsibility for curriculum design from the dictates of the accreditation standards and allows for less prescription. The old system was directed by accreditation standards that prescribed what to teach and assess. Now, in contrast, the only
requirement in competency-based education is demonstrating student mastery of a set of competencies (Holloway, Black, Hoffman, & Pierce, 2008).

Competency-based education has increasingly become the preferred mode of curriculum design and assessment for other professions, but it did not constitute a particularly compelling reason for social work to make a shift. However, given that the competency-based model enhanced the transparency of other professions and elevated its accountability for expected outcomes, social work began to consider CBE. The development of a set of competencies in other professions clearly informed the public about what a professional in that discipline would be expected to know how to do. These elements of transparency and accountability played a role in the shift to competency-based education for social work, and the process for adopting this model for social work education is detailed next.

### Rationale for adopting the competency-based approach in social work

The Council on Social Work Education (CSWE) Commission on Accreditation is the sole accreditor for social work education in the US and its territories. CSWE’s Commission on Educational Policy is the formal structure that is charged with preparing a statement of social work educational policy that informs social work education. Specifically, the CSWE bylaws state:

> The Commission on Educational Policy shall prepare, at periodic intervals not to exceed 7 years, a statement of social work educational policy to encourage excellence and innovation in the preparation of social work practitioners in educational programs. The educational policy shall be used by the Commission on Accreditation in formulating and revising accreditation standards. In performing this function, the Commission shall identify and analyze developments in social work curricula; research about field education and practice methods and specializations; and information about educational innovations within social work education.

*(CSWE, 2015a)*

From its earliest iterations and similar to other professions, this statement of educational policy has considered curriculum design from a content perspective. The educational policy specified the academic content required for the preparation of professional social workers, while the associated accreditation standards provided the expectations for the delivery of that content, as well as the structure of educational programs. As knowledge within the profession grew, existing content areas were revised and new content areas were added in attempts to reflect the knowledge, values, and skills considered essential for professional social work practice. Yet by the beginning of the twenty-first century, there was growing awareness within social work education that there was little basis on which these required content areas were determined, and no certainty that these required content areas were reflective of the actual content necessary for competent and ethical social work practice. Further, as specification of required content areas grew and accreditation standards regarding the delivery of this content expanded, programs were left with little room for innovation and few possibilities for designing a curriculum that was responsive to current and emerging issues within their context. These concerns, as well as growing focus on outcomes in higher education, led to new considerations in the development of the 2008 Educational Policy and Accreditation Standards and the resulting shift to a competency-based approach to social work education (Holloway et al., 2008).
The competency-based approach in the 2008 educational policy and accreditation standards

Following the release of the 2001 Educational Policy and Accreditation Standards, which continued the content-based approach, the Commission on Educational Policy (COEP) was charged with gathering data on the contemporary circumstances of the profession and developing a revitalized and future-oriented educational policy that would promote dynamic and innovative curricula for competent and ethical social work practice. To implement this, COEP conducted a number of activities, including an environmental scan of current and emerging issues facing the profession, a survey of Deans and Directors of accredited social work programs, a review of the accreditation approaches of 65 other professions and disciplines, and a review of the educational policies and standards of social work accreditors in other countries. The data collected from these activities resulted in a number of themes that guided the development of the 2008 Educational Policy, including:

1. **The need to specify the practice domain of the profession:** Social work has historically been challenged in defining the essential elements and parameters of social work practice and distinguishing how these differ from other professions. Defining a specific set of practice competencies in which the public can expect social workers to be proficient was deemed essential for sustainability of the profession.

2. **The need to enhance program flexibility:** The content-based approach used in prior educational policies allowed little room for flexibility in curriculum development. The emphasis on specification of the practice domain of social work was viewed as a mechanism to shift the focus from required content to practice competencies, thus allowing programs more flexibility in developing curricula to prepare students for professional practice.

3. **Accountability through assessment:** With increased flexibility in curriculum design, there was a resulting need to ensure a measure of comparability across programs. This comparability would be achieved through specification of the practice competencies and standards for assessment in the measurement of these competencies.

The resulting Educational Policy adopted by CSWE in 2008 represented a fundamentally new approach to the design of social work curricula through the adoption of a competency-based approach to social work education (CSWE, 2008). As in related health and human service professions, the policy moved from a model of curriculum design focused on content (what students should be taught) and structure (the format and organization of educational components) to one focused on student learning outcomes. Thus, the competency-based approach focuses on identifying and assessing what students demonstrate in practice. Rather than mandating the academic content that social work programs must provide, the policy specified ten competencies of professional social work practice that include a set of measurable practice behaviors. The competency-based approach involves assessing students’ ability to demonstrate these competencies and practice behaviors in practice situations.

This represented a shift from an “input” orientation to curriculum design to an “outcomes” orientation. Through this orientation, programs begin the process of curriculum design with the outcomes, expressed as the competencies and practice behaviors, and then develop the substantive content, pedagogical approach, and educational activities that provide the learning opportunities necessary to develop competence.

As in other professional disciplines, the competency-based approach was deemed particularly appropriate for social work since, rather than breadth of knowledge as the indicator of
preparation as is the case in certain academic disciplines, competence is the necessary indicator of effective preparation for social work practice. Although the Educational Policy did not define “competence,” Holloway et al. (2008) later defined competence in social work as a “threshold concept,” stating that “in demonstrating competence one crosses the threshold separating the novice from the competent practitioner” (p. 2). They further clarify that competence does not demonstrate expertise but rather represents attainment of the knowledge and skills necessary for entry-level practice and the beginning of a career of lifelong learning.

Although the policy did not define the notion of competence, the competencies specified in the policy were defined as “measurable practice behaviors that are comprised of knowledge, values, and skills” (EP 2.1). These practice behaviors were intended to operationalize the competency as well as to inform curriculum development and assessment. However, the policy provided flexibility in the use of the practice behaviors as specified in the competencies, stating, “The ten core competencies are listed below, followed by a description of characteristic knowledge, values, skills and the resulting practice behaviors that may be used to operationalize the curriculum and assessment methods” (EP 2.1). Thus, programs had flexibility in modifying the practice behaviors to reflect their program’s focus or context, although it was later clarified that these modifications must “retain the essential meanings” (Holloway, 2013: 4) of the practice behaviors specified in the policy. Regarding these modifications, Holloway et al. (2008) state, “Clearly those developing the new EPAS were reluctant to assert that they had identified the definitive set of contributing practice behaviors for each competency and therefore introduced the options of adaptation and elaboration” (p. 3).

In addition to allowing modifications to the practice behaviors, the policy did not require that practice behaviors be used for assessment purposes. However, the accompanying Accreditation Standards did specify this by stating, “The plan [for assessment] specifies procedures, multiple measures of each practice behavior, and benchmarks employed to assess the attainment of each of the program’s competencies” (AS 4.0). Thus, programs were required to measure each practice behavior as indicators of competence. However, as also indicated in AS 4.0, programs were directed to identify benchmarks to assess attainment of each of the program’s competencies, not attainment of the practice behaviors themselves. It was later clarified that although measurement took place at the level of the practice behavior, determination of whether or not the assessment benchmark is met occurs at the level of the competency. In other words, programs were to use data from measurement of the practice behaviors and aggregate this data to the level of the competency to determine if the benchmark was achieved. Yet although this was clarified, the requirement of measuring discrete practice behaviors in EPAS 2008 led to unintended consequences that informed the development of the Educational Policy for 2015.

The competency-based approach in 2015 and the shift to holistic competence

Following the release of the 2008 EPAS, which introduced the competency-based approach to social work education, the COEP, in collaboration with the Commission on Accreditation, was charged with gathering data regarding the experience of programs in implementing EPAS 2008 and identifying issues in need of attention to inform the development of EPAS 2015. Specific questions that were identified to guide this process included: 1) Does the 2008 EPAS allow programs to respond to the current educational, social, economic, and political environment? 2) Are social work students being prepared to work effectively with individuals, families, groups, organizations, and communities? 3) What assessment issues and challenges have emerged for
social work programs? and 4) What are the emerging areas of practice in social work, and how can we prepare students to address them?

To answer these questions, a number of activities were conducted, including:

a) Environmental scanning of political and economic factors that influence social work education domestically and globally.

b) Focus group interviews with faculty and administrators at national conferences to gather formative information on their experiences with EP 2008.

c) National survey of programs to identify the strengths and limitations associated with implementation of EP 2008.

d) Review of data from program self-studies submitted to the Commission on Accreditation.

e) Annual sessions at the CSWE Annual Program Meeting to seek formative input from constituents regarding their experiences with implementation of EP 2008 and recommendations for EP 2015.

f) Meetings with CSWE Councils and Commissions to gather input regarding specific concerns or areas for improvement related the EP.

g) Review and analysis of literature and standards from other professional disciplines to identify trends and issues in Competency-Based Education.

h) Review and analysis of the 2008 competencies and their component practice behaviors to identify areas of redundancy and needs for improvement to ensure they are clear and measurable.

Using the data collected in this process, a number of changes were made to address the identified challenges and facilitate implementation. Changes were also made to the competencies and practice behaviors to reflect emerging areas in social work practice. However, a lingering issue remained regarding the emphasis on practice behaviors that required several draft iterations of the policy and feedback from programs to address. Early in this process, it became clear that although programs largely endorsed the use of the competency-based approach, the emphasis on measurement of practice behaviors made implementation of this approach challenging. Specifically, constituents reported that there were too many practice behaviors, many of them were difficult to measure, and the overall assessment and measurement requirements had become overly burdensome. In initial attempts to address this, efforts focused on reducing the number of practice behaviors and ensuring they were measureable. Initial drafts of the EP also proposed mandating the specific practice behaviors identified in the competencies rather than allowing modifications in an attempt to ensure a “minimum threshold” for competence. However, this raised additional concerns, as it was believed this would add to what was already viewed as an overly burdensome assessment process.

Yet the discussions raised during this process brought to the surface a larger issue regarding the focus on practice behaviors that needed to be addressed. Specifically, it became clear that the emphasis on measurement of practice behaviors as a means of assessing competence was losing the richness of what the competency descriptions were intended to provide. Although the competencies were intended to be inclusive of the knowledge, values, and skills required for professional practice, the emphasis on practice behaviors had reduced assessment to a singular focus on behavior without an understanding of the content and processes that informed behavior. The risk of this occurring was referenced in early writings about the implications of EPAS 2008, with Holloway et al. (2008) stating,

When we shift our focus from the competency to aspects of its component practice behaviors we run the risk of losing some of that meaning. Yet our only means of
measuring the achievement of the competency is to break it into its component parts. Should we become overly preoccupied with one or some of these composite parts, we will in the process lose the essence of the competency. It is precisely because of the necessity to focus on component parts of the competency for purposes of curriculum design and measurement on the one hand and the potential that focus holds for distortion on the other that the competency concept holds implicit pitfalls.

Yet now that this had indeed occurred, the challenge was identifying a strategy to address this while maintaining the original vision of the competency-based approach. Although the competency-based approach is intended to shift the focus to behavior, can the demonstration of student learning outcomes in a competency-based approach include more?

To address this, the Educational Policy for 2015 introduced the concept of holistic competence. In defining this, the policy states,

Social work competence is the ability to integrate and apply social work knowledge, values, and skills to practice situations in a purposeful, intentional, and professional manner to promote human and community well-being. EPAS recognizes a holistic view of competence; that is, the demonstration of competence is informed by knowledge, values, skills, and cognitive and affective processes that include the social worker's critical thinking, affective reactions, and exercise of judgment in regard to unique practice situations. Overall professional competence is multi-dimensional and composed of interrelated competencies. An individual social worker's competence is seen as developmental and dynamic, changing over time in relation to continuous learning.

(EPAS, 2015b: 2)

Through this definition, the policy makes clear that competence involves more than discrete behaviors, but rather is a complex quality that is informed by multiple and interrelated dimensions of learning. This concept is further addressed in the policy on assessment of student learning outcomes, stating,

Competence is perceived as holistic, involving both performance and the knowledge, values, critical thinking, affective reactions, and exercise of judgment that inform performance. Assessment therefore must be multi-dimensional and integrated to capture the demonstration of the competencies and the quality of internal processing informing the performance of the competencies.

(EP 4.0)

Here the policy specifically references the multidimensional nature of assessment that results from a view of holistic competence, indicating that assessment must involve more than measurement of behavior. This is further referenced in the following policy statement:

Programs assess students’ demonstration of the Social Work Competencies through the use of multi-dimensional assessment methods. Assessment methods are developed to gather data that serve as evidence of student learning outcomes and the demonstration of competence. Understanding social work practice is complex and multi-dimensional, the assessment methods used and the data collected may vary by context.

(EP 4.0)
Understanding and assessing competence

In addition to further clarifying the use of multidimensional assessment methods, this policy statement also represents a fundamental shift away from the emphasis on measurement of practice behaviors as required in EPAS 2008. Through this statement, the policy shifts the focus of assessment to the level of the competency rather than the level of the practice behaviors, allowing programs the flexibility to determine the outcomes they will measure to demonstrate competence, rather than requiring the measurement of specific behaviors. Thus, assessment of competence focuses on students’ demonstration of competence in a holistic manner rather than just on the demonstration of performance through discrete behaviors. By focusing on assessment of holistic competence, the intent is for programs to elevate their assessment to include assessments of the underlying processes that inform behaviors, including knowledge, values, and cognitive and affective processes, in addition to measures of behavior.

Challenges for the social work education profession associated with competency-based education

Shifting social work education from a traditional model of curriculum inputs to a competency-based model had its challenges. However, the challenges mirrored many issues that other professions faced. Lack of familiarity with CBE learning and assessment methods appeared to be the primary constraint to successful implementation (Calhoun, Wrobel, & Finnegan, 2011). For most social work faculty and administrators, the CBE model presented a new paradigm shift, with major challenges to restructuring course curricula and assessment methods. Competing priorities and overall resistance to change impeded implementation for some programs. While social work programs, administrators, and faculty found that discussions about expected learning outcomes and how to achieve competence with their students were the most valuable part of the assessment process, these conversations were difficult. Since statements of competence provided the foundation for assessment, these statements also guided decisions about what is important in instruction. Another challenge to the establishment of a successful CBE model were deficiencies or absence of assessment methods to determine when competencies have been achieved (Gruppen, Mangrulkar, & Colar, 2010). Although the revised educational policy and standards emphasized assessment of student learning, very little guidance was provided on how to do this kind of assessment practice. Bogo (2010) identifies evaluation as a core concern. In her book, she states, “The challenge for evaluation of student competence is to develop processes and methods that effectively capture these various dimensions of competence” (Bogo, 2010: 75). Key to the assessment of holistic competence is the examination of what constitutes competence in the areas of performance, judgment, and behavior or conduct. As with other professions, social work needs to develop best practice in assessing social work competence. Developing an inventory of successful assessment practices is an important focus as social work moves forward with the implementation of the 2015 EPAS.

While the social work education profession was able to define a minimum set of competencies which constitute the domain of social work practice, many in the profession felt that the competencies identified were inadequately defined or too broad. Some felt the educational standards were mediocre or consisted of overbearing ideology that thwarted academic rigor and scholarship. Although every effort was made by CSWE to make the revision process transparent and inclusive, many question the social and political process of developing competencies and standards based on negotiation, consensus, and authority, as it leads to a watered-down document that does not reflect forward thinking (Robbins, 2014).

Despite the challenges presented above, the majority of accredited social work programs in the US have reported that the competency-based model has led them to focus more on student
learning outcomes and they have found the accreditation process to be helpful in accomplishing this. Feedback during the 2015 EPAS revision process indicated continued support for the competency-based model for social work education. With the implementation of CBE in social work education now established since 2008, the definitions of CBE, competence, and assessment will continue to influence our attempt to implement and refine CBE for social work education (Robbins, 2014). Although more work needs to be done, the use of the competency-based model for social work education indicates that social work programs, faculty, and administrators have taken up the challenge to improve the assessment of student competence to prepare students for professional social work practice and improve the quality of social work education in the US.

References


