

AVTE ANNUAL CONFERENCE

Building the Bridge

How Competency-Based Education Creates a Shared Path
from Classroom to Clinic

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Clinical Learning & Development | Ethos Veterinary Health



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Where We're Headed

A 55-minute path from the readiness gap to a portable competency portfolio — following one student, Maya, along the way

1 The Readiness Gap
Why practice-ready isn't the same as competent

2 Task-Based vs. Competency-Based
Two ways to define what a technician can do

3 The ASCEND Framework
Domains, competencies — and the research behind them

4 EPAs & Curriculum Mapping
Translating trust into curriculum design

5 Portfolios & Digital Badges
Portable, verifiable proof students carry forward

6 Your Implementation Roadmap
Practical first steps — no overhaul required

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The Readiness Gap

Programs graduate competent students.

Yet clinics still report new hires need extensive onboarding before they're truly "practice-ready."

This isn't a competence problem.

It's a shared-language problem — education and practice describe capability differently.

"How many of you have heard a clinical partner say a new grad wasn't practice-ready?"

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Meet Maya

A second-year student, technically sharp.

Maya passed every skills check in lab — restraint, venipuncture, patient handling.

Then her first week of work happened.

Her mentor kept saying she wasn't "practice-ready" — even though her checklist was done.

By the end of this session, you'll see exactly why that gap opened up — and how to close it for your own students.

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Why This Gap Matters

The readiness gap isn't just an inconvenience — it's a documented driver of workforce strain across the profession.

Inefficiency

Underutilized technicians can't practice at the top of their skill set, slowing hospital workflows

Burnout

Role ambiguity and unclear scope-of-practice expectations are linked to burnout and attrition

Inconsistency

Without shared competency language, employers can't reliably compare graduates across programs

This isn't anecdotal: workforce literature ties technician underutilization directly to inefficiency, burnout, and attrition — the same problems a shared competency language is built to solve.

What You'll Walk Away With



Differentiate task-based vs. competency-based frameworks

Explain how ASCEND creates a shared language between programs and clinical practice settings.



Apply ASCEND to your own curriculum

Map at least one course or clinical rotation to competency progressions and EPAs.



Develop a competency portfolio implementation plan

Give students evidence-based portfolios to advocate for their capabilities to employers.



Task-Based vs. Competency-Based

Learning Objective 1

TASK-BASED

"Performed a dental cleaning"

- Checklist of discrete procedures
- Tied to a specific species, setting, or equipment
- Doesn't travel well between practice types

VS

COMPETENCY-BASED

"Demonstrates safe patient restraint"

- Broad, observable, transferable ability
- Integrates knowledge, skill & professional behavior
- Travels across species and practice settings

ASCEND is the shared language built on the competency-based side of this line.

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A Shared Language, Not a New Checklist

Advancing Skills, Competencies, and Education in Veterinary Nursing Development (ASCEND) is the universal framework that travels with students from classroom to clinic — transforming how we document capability and how employers recognize readiness.

A familiar anchor point:

The AVMA Committee on Veterinary Technician Education and Activities' **Essential and Recommended Skills List** already describes what technicians should be able to do.

ASCEND organizes those abilities into a structured, transferable framework — domains, competencies, subcompetencies, and EPAs — so they can be taught, assessed, and trusted consistently.

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How a Competency Framework Is Built

1

Domains

Broad professional themes (e.g., nursing care, communication)

2

Competencies

Observable, transferable abilities within a domain

3

Subcompetencies / Milestones

Setting-specific detail showing how a competency is applied

4

EPAs

The trust decision: is this person entrusted to perform this activity?

Workforce-validated, not theoretical:

A 2026 JAVMA study built a 94-competency framework across 18 domains through focus groups, a national survey of 302 veterinary professionals, and curriculum mapping with two accredited programs — with no curriculum gaps identified.

Noyes J, Pate P, Carlson E, Katz J, Welch P. JAVMA. 2026. doi:10.2460/javma.25.11.0728

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Inside the 18 Domains

A Closer Look

TECHNICAL DOMAINS

9 domains · 40 competencies

- Hands-on clinical skill sets
- e.g., Nursing Care & Patient Management
- Directly observable clinical procedures

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PROFESSIONAL DOMAINS

9 domains · 54 competencies

- Behavioral & interpersonal abilities
- e.g., Communication
- Cut across every clinical setting

Technical and professional domains aren't ranked — they're equally weighted in what makes a technician practice-ready.

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How ASCEND Was Built

A validated framework, not an internal invention — three phases, eight months, three independent sources of evidence.

Focus Group

6 experts, 3 Delphi rounds — generated the draft competency list

National Survey

302 veterinary professionals rated and refined the list

Curriculum Mapping

2 accredited programs verified nothing was missing

Same modified-Delphi approach used to build competency frameworks in medicine and nursing — applied here for credentialed veterinary technicians and published in JAVMA in 2026.

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Phase 1: Focus Group

8 Weeks • 3 Delphi Rounds

Six subject-matter experts met over three iterative Delphi rounds to generate and refine a draft competency list.

Round 1: Brainstorm

124 draft competency statements generated through open discussion

Round 2: Refine

23 unclear or redundant statements identified and reworked

Round 3: Organize

101 competencies reached 80% consensus, sorted into 18 draft domains

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Phase 2: National Validation

The workforce weighs in

RESPONDENTS

302 across practice types

PASSED

85 competencies retained outright

REEVALUATED

16 sent back to the focus group — 9 removed, 7 reinstated

FINAL COUNT

94 competencies advanced to curriculum mapping

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Phase 3: Curriculum Mapping

Two accredited veterinary technician programs mapped their course and rotation learning outcomes against all 94 competencies to check for gaps.

The finding that matters:

Every course, every rotation in both programs contained at least one learning outcome aligned with an ASCEND competency — no courses were found lacking alignment.

Zero missing competencies. No new competencies had to be added after mapping — confirming the framework already reflects what's being taught in accredited classrooms today.

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The #1 Implementation Pitfall

Conflating competencies with tasks.

The most common error educators and clinicians make is treating context-specific procedures as if they were the underlying competency itself.

Looks like a competency, isn't it?

"Restrains an avian patient"

"Performs dental radiographs"

The actual competency underneath

"Demonstrates appropriate and safe restraint techniques"

"Performs imaging diagnostics"

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From Task Objective to Competency Objective

Maya's surgery rotation, reframed

BEFORE — Task-Based

"Maya will perform 10 surgical pack preparations."



AFTER — Competency-Based

"Maya demonstrates sterile technique maintenance and surgical asepsis across varied case types, entrusted to prepare for procedures with indirect supervision."

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Entrustable Professional Activities

Learning Objective 2

EPAs are the bridge between *“the student has this competency”* and *“I trust this person to do this task, at this level of supervision.”*

Supervision levels build progressively:

1

Observation only

2

Direct supervision

3

Indirect supervision

4

Full entrustment

EPAs translate broad competencies into setting-specific, measurable clinical performance.

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Putting It Together: IV Catheters

One familiar skill, mapped end-to-end

DOMAIN

4: Nursing Care

COMPETENCY

4.01 Obtains and maintains vascular access for patients

MILESTONE EXAMPLE

Emerging intravenous catheterization (defined as 75% accuracy for placement of peripheral IV catheters in most patients/conditions)

EPA EXAMPLE

Place a peripheral IV catheter in a stable canine or feline patient, unsupervised, with documented success in $\geq 75\%$ of attempts across a minimum of 10 observed placements.

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Putting It Together: IV Catheters continued

One familiar skill, mapped end-to-end

How We Measure the Entrusted Professional Activity

5 consecutive successful peripheral IV catheter placements directly observed by a credentialed mentor, **zero critical safety errors** (e.g., failed aseptic technique, repeated unsuccessful sticks beyond hospital protocol, mislabeled or unsecured catheter) logged over a 30-day window, and a **supervisor entrustment rating** of 3 or 4 (indirect supervision or full entrustment) recorded in the student's portfolio.

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Putting It Together: A Conversation

The professional-domain side of Maya's same rotation

DOMAIN

Communication

COMPETENCY

11.03 — Counsels clients about husbandry, housing, and animal welfare needs

MILESTONE

Possesses strong knowledge of behavior or skill, opportunities for continued application and consistency

EPA EXAMPLE

Entrusted to independently counsel clients on husbandry, housing, and welfare recommendations without a supervisor present

How Maya Earned This One

3 observed client counseling conversations with positive client-satisfaction feedback, **zero welfare-guidance corrections** logged over a 60-day window, and a **supervisor entrustment rating** of 3 or 4 recorded in Maya's portfolio — the same rating scale as her technical EPAs.

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Try It: Map One Rotation

Guided exercise — grab your worksheet

1

Pick one course or clinical rotation from your program.

2

Name the underlying competency it's teaching — not the task.

3

Identify the domain that competency belongs to.

4

Draft one EPA statement: what would you entrust a student to do, and at what supervision level?



Domain & Competency Examples

A reference sheet to practice mapping with

DOMAIN	EXAMPLE COMPETENCY
Nursing Care & Patient Management	Demonstrates safe patient restraint and handling techniques
Diagnostic Imaging	Performs and positions patients for standard imaging studies
Pharmacy & Medication Management	Administers medications accurately under appropriate supervision
Anesthesia & Analgesia	Monitors anesthetic depth and vital signs throughout a procedure
Communication	Demonstrates clear, empathetic communication with clients and care teams
Emergency & Critical Care	Recognizes and responds appropriately to patient emergencies

Want the full list? All 94 competencies across 18 domains are in the JAVMA supplementary materials — scan the code to access the full table.





Welcome Back

However far you got, that's the point.

Every domain we just covered maps to something you already teach.

Let's hear a few examples.

Who found a competency hiding inside a task they already teach?

We'll circle back to portfolios and badges next — hang onto what you just mapped.



From Mapping to Portfolios

You just found the competency hiding in a task.

Next: what a student actually carries out the door to prove it.

Let's talk portfolios.

Section 5: portable, verifiable proof of what you just mapped.

Up next: EPA sign-offs, case logs, and badges — the file Maya carried into her job search.



Competency Portfolios

Learning Objective 3

The artifact a student carries with them into the clinic — solving the “how does an employer recognize readiness” problem.

EPA Sign-Offs

Documented entrustment decisions from supervising clinicians

Supervised Case Logs

Real cases showing applied competency across settings

Badge / Credential Evidence

Verified milestones tied to specific competencies

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Digital Badges: Portable Proof

Digital badges make competency achievement portable and verifiable — evidence an employer can trust without re-testing the student on day one.

Verifiable

Tied to a specific, defined competency — not a generic certificate

Portable

Travels with the student across programs and employers

Practical to start

Begin with one rotation before adopting a full platform

Common barrier: technology access. Start with a simple shared spreadsheet or LMS badge before investing in dedicated software.

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Maya's Portfolio in Action

What Actually Went in Her File

Two rotations, two domains, one growing body of evidence — here's what Maya's supervisor actually signed off on.

EPA Sign-Offs

IV catheter placement (Level 3) and client communication (Level 3), both dated and countersigned

Supervised Case Logs

14 vascular access cases and 6 documented client conversations across her rotation

Badge / Credential Evidence

Two verified milestone badges added to her school's LMS portfolio, ready to show an employer

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The Portfolio-to-Practice-Ready Pipeline

A competency framework only closes the classroom-to-clinic gap if students can carry it out the door with them. This is the last mile: turning validated competencies into language an employer recognizes.



Evidence Collection

EPA sign-offs, entrustment levels, case logs, mentor feedback



Domain Mapping

Sort evidence into the 18 competency domains — skill categories, not a task list



Language Translation

[Action verb] + [task] + [scope/context] + [evidence of entrustment or outcome]



Instructor Coaching

Students default to task language; the instructor surfaces the competency underneath



This is exactly how Maya's Level 3 entrustment in patient restraint and handling became a resume line an employer could trust.

Competency-based education isn't complete until the student can advocate for it themselves.

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Portfolio to Practice-Ready Instructor Guide

Portfolio to Practice-Ready
A Coaching Guide for Translating Competencies into Resume Language

Why This Matters
Validated competencies don't help a student in a job search unless they can be translated into language a hiring manager recognizes. A hospital can trust an entrustment level, an employer reading a resume can't see it unless the student names it. This is a teachable skill — students don't pick it up on their own, and most default to describing tasks rather than the competencies underneath them.

The Four-Step Pipeline
1. Evidence Collection — Students gather what already exists in their portfolio: EPA sign-offs, entrustment levels reached, case logs, mentor feedback, and procedure counts. Nothing new needs to be created here; it's already being tracked during rotations.
2. Domain Mapping — Sort that evidence into competency domain categories (e.g., patient care and nursing skills, diagnostics, client communication, professionalism). This gives the resume a skill-category structure instead of a flat, undifferentiated list of tasks.
3. Language Translation — Convert competency language (broad, passive, academic) into resume language (active, specific, quantified) using the formula below.
4. Instructor Coaching — Students default to task language because that's how they experienced the work day to day. Your job is coaching them to surface the competency and evidence underneath — that's what signals transferability to an employer who won't in the room.

The Translation Formula

FORMULA
[Action verb] + [procedure or task] + [scope or context] + [evidence of entrustment or outcome]

Three Worked Examples
Use these to show students the formula applied across different competency domains — not just procedural skills.

Patient Care & Nursing Skills

PORTFOLIO EVIDENCE
Achieved Level 3 entrustment, safe restraint and handling, general practice rotation — consistently demonstrated safe, low-stress restraint technique across canine and feline patients for routine exams, vaccinations, and diagnostic sample collection.

RESUME LANGUAGE
Independently performed safe, low-stress restraint and handling of canine and feline patients across routine exams, vaccinations, and diagnostic procedures in a general practice setting.

on, under direct supervision — accurately collect for 20+ discharges, mentor noted

dules to clients for 20+ patient discharges.

rocessing — independently prepared and ran ro repeat-run errors across rotation.

es (fecal, blood, urine) with consistent accuracy

nguage ("helped with," "assisted in") instead of procedure volume are left out, so the claim reads less how independently the task was actually to a hiring manager outside that program.

y, not just what you did?
Outcome?
is bullet without explanation?

enveloped. Sourced from Ethos Veterinary Health. Building the Bridge How Competency-Based Education is Small Practice Readiness@ethosvet.com

This one's for you

Guide to help students translate competencies for their resumes

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Your Implementation Roadmap

Start small — no full curriculum overhaul required

1

Pilot One Rotation

Choose a single course or clinical rotation to reframe first

2

Map to 3–5 Competencies

Connect it to a small set of competencies and draft EPAs

3

Build One Portfolio Artifact

Create a simple sign-off sheet or badge — nothing elaborate

4

Recruit One Clinical Partner

Get a hospital to co-validate the pilot with you

Common barriers: faculty training time, resource constraints, and getting clinical sites to value the framework — all solvable by starting with one pilot.

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Roadmap in Practice

What the four-step roadmap looks like on a calendar

1

Select & Name

Weeks 1–2: identify one rotation and name the underlying competency

2

Map & Draft

Month 1: connect it to 3–5 competencies and draft EPA statements

3

Pilot the Artifact

Month 2: trial a simple sign-off sheet or badge with one cohort

4

Bring In a Partner

Month 3: share results with one hospital and co-validate together

This mirrors the pacing of the ASCEND research itself — one focus group, then one workforce check, then one curriculum check — before anything scaled.

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AVMA Essential Skill List Mapped to ASCEND Framework

This one's for you

Mapping the Essential Skill list to the ASCEND framework

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Competency Crosswalk
AVMA Essential & Recommended Skills List (Appendix G) →
ASCEND Framework

Purpose. This document maps each skill area of the AVMA Committee on Veterinary Technician Education and Activities (CVTEA) Essential and Recommended Skills List (Appendix G, January 2020) to the corresponding competencies of the ASCEND framework. ASCEND – Advancing Skills, Competencies, and Education in Veterinary Nursing Development – is the competency-based veterinary technician education (CBVTE) framework developed and validated by Ethos and published in JAVMA. The crosswalk shows how the entry-level educational skills that accredited programs teach connect to the broad, transferable competencies ASCEND assesses in practice.

How to read it. The left column lists AVMA skills, grouped by the nine Appendix G sections and their subareas. The right column lists every ASCEND competency that skill contributes to, by ID and title. Because AVMA skills are often species- or task-specific and ASCEND competencies are intentionally species-agnostic and transferable, a single AVMA skill frequently maps to more than one ASCEND competency, and many AVMA skills roll up into the same competency. Where a skill has no direct ASCEND competency, that is noted as an intentional scope difference rather than a gap.

At a glance: 111 AVMA skill areas mapped 130 map to one or more ASCEND competencies 1 reflect intentional scope differences (foundational/direct knowledge assumed as prerequisite)

A note on species and context.

AVMA Appendix G enumerates skills across specific species (canine, feline, equine, ruminant, avian, exotic, laboratory animal). ASCEND was deliberately designed as species-agnostic and practice-setting neutral, so competencies such as 2.04 Appropriately restrain patient across the full range of species-specific restraint tasks that Appendix G lists separately. This is a design feature of the framework, not an omission — programs and hospitals contextualize each ASCEND competency locally through sub-competencies and Entrustable Professional Activities.

1. Office & Hospital Procedures, Client Relations & Communication

AVMA Appendix G Skill / Task	Mapped ASCEND Competencies
Management	
Schedule appointments, admit, discharge, and triage per client/patient/facility needs	2.01 Triage patient and determine severity level 11.01 Discharge patient and demonstrate self-care 14.02 Communicate efficiently across platforms
Recognize and respond to veterinary medical emergencies	7.01 Perform/assist with emergency procedures (non-CR) 10.01 Recognizes emergent issues by severity index during triage 10.07 Recognizes emergent issues, starts emergency procedures
Create and maintain client records, certificates, and forms; use practice management software & online services	4.08 Maintain accurate and thorough patient care record 14.02 Communicate efficiently across platforms

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Maya, One Year Later

Hired by the same hospital that once said she wasn't ready.

Her resume didn't list tasks. It listed entrusted responsibilities — the same language her employer already used to evaluate new hires.

The gap didn't close because Maya got better.

It closed because her competencies finally spoke the same language her clinic did.

That's the whole premise of this session — and it's yours to build for your own students starting Monday.

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Key Takeaways

ASCEND gives education and practice a shared language for capability — solving the readiness gap at its root.

EPAs turn broad competencies into setting-specific trust decisions you can teach and assess.

Portfolios and badges give students portable, verifiable proof they carry into the job search.

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Resources & Further Reading

Everything on this slide travels home with you.



Read the Research

Noyes J, Pate P, Carlson E, Katz J, Welch P. "A workforce-informed competency framework defines 94 core abilities of credentialed veterinary technicians." *JAVMA*. 2026.

Supplementary Table S5 contains the full domain and competency list — a useful post-session reference.

Taylor, D, et al. "Chapter 8 Entrustable Professional Activities and EPA Frameworks Defined." *Entrustable Professional Activities and Entrustment Decision-Making in Health Professions Education*. 2024.



Take This With You



Curriculum Mapping Worksheet

Fillable PDF — map one rotation against the worked example



Portfolio to Practice-Ready: Instructor Coaching Guide

Translating competency evidence into resume language



AVMA Essential Skill List Mapped to ASCEND Framework

Essential Skills mapped to the framework

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Build the bridge — one path at a time.

Thank you.

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