Competency-Based, Time Variable Education

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http://www.ucsfcmce.com/MedEd21c/

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A third year medical student just completed an advanced clerkship, and evaluations contain comments such as “Excellent performance, functions at the level of an intern”; “Will make a great physician, ready to move on to residency training”.

The student asks: Why can’t I start residency sooner?
I feel I am ready....
Advantages of Competency-Based, Time Variable Education Education

- Better for patients
- Learners and teachers partner to co-produce learning
- Individualized education
- Maximizes the value of assessment data
- We already do this
Better for patients

• Prepares all physicians to provide safe, high quality patient care
• Allows for determining physician competence across domains
• Enables targeted identification and improvement of knowledge, skills
• Avoids arbitrary time to advancement
Learners and teachers partner

- Maximizes assessment for learning
  - Formative feedback
  - Coaching, dialogue
  - Shared accountability for learning

- Builds lifelong learning skills
Individualized education

• Appreciates the diversity of learners
• Acknowledges varied training contexts
• Combines individual experience with achievement of standards

Teunissen Acad Med 2018
Maximizes the value of assessment data

- Problem oriented versus developmental approach
- Real-time review and response to assessment information
- Digital platforms to display performance data (dashboard, portfolio)
We already do this

• Some learners require extra support, remediation
• Causes and interventions are diverse, complex
  • Academic
  • Personal
  • Systems related

Kalet & Chou, Remediation in Medical Education, 2014
Challenges of Competency-Based, Time-Variable Education

- Assessment
- Equity
- Accreditation
- Scalability
- Finance
- Cohorting
• Still have an imperfect assessment system
• Particularly weak in continuity, direct observation, multisource input
• Greatest challenge may be faculty development
Equity

• Time variability will exacerbate pedagogical equity
• Learners with less preparation, fewer resources may achieve more slowly and feel inferior (and need to pay more fees)
• Well-intentioned remediation may feel punitive
Accreditation

• 28 RRCs each with own requirements
• NRMP
• Need we say more?
Scalability

• Success in pilot programs will be hard to scale
• Program directors need rotation schedules and block diagrams
• Most clinical setting need learners as part of day to day patient care
• Learners need adequate amounts of required clinical experiences/procedures
GME Finance

• Funding remains setting-based and time-based
• Will GME learners need to pay tuition?
Cohort Effect

• Beginning together when most vulnerable builds lifelong bonds
Table discussion

- Two topics on the sheet on your table, take 15 minutes to discuss (okay if you only get to one topic)
- What would it take/what strategies can be employed to overcome the challenge?

No constraints: Think **blue skies or greener pastures**
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