Competency-Based, Time Variable Education

Karen Hauer, MD PhD
Associate Dean for Competency Assessment and Professional Standards

Robert B. Baron, MD MS
Associate Dean for Graduate and Continuing Medical Education

http://www.ucsfcme.com/MedEd21c/

#UCSFMedEd21

A CASE

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….

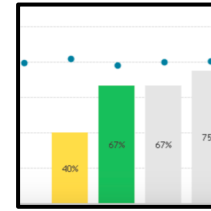# Advantages of Competency-Based, Time Variable Education

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

Khan Academy

Learners and teachers partner

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

- Builds lifelong learning skills

van der Vleuten Med Teach 2012

Individualized education

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

Teunissen Acad Med 2018
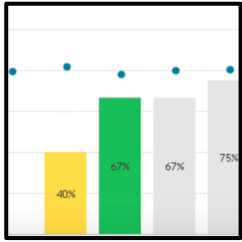
Maximizes the value of assessment data

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

Gruppen Acad Med 2018
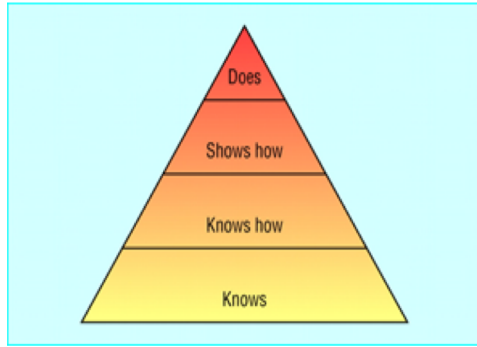Hauer Acad Med 2015

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

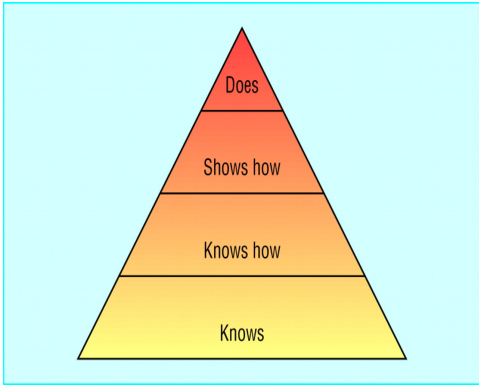**Accreditation**

Scalability

Finance

Cohorting

Assessment

- 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 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
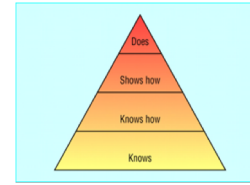- Will GME learners need to pay tuition?

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?

Assessment

Equity

Accreditation

Scalability

Finance

Cohorting

No constraints: Think blue skies or greener pastures

Creative Commons License

Attribution-NonCommercial-Share Alike 3.0 Unported