

RECOMMENDATIONS OF THE MEC COMPETENCY SUBCOMMITTEE

May 4, 2018

Charge

1. How should the MEC/Geisel evaluate whether the competencies are being achieved by our students over their 4 years of medical education? Sub-question: should such evaluations be embedded in individual course reviews or be accomplished separately?
2. How should MEC/Geisel ensure the competencies represent what we would like them to achieve over their 4 years of medical education?

Members

Present: Leah Montalbano, Brian Reid, Jim Saunders, Brooks Robey, Chris Rees, Tim Lahey (chair).

Absent: Greg Ogrinc, John Dick, Adam Weinstein.

Priorities discussed in meeting

1. We agreed that there is a need to know whether students actually achieve expected competencies by graduation;
2. We asked whether the existing evaluative processes are sufficient, are in need of a tweak, or whether major change is required;
3. We confirmed the need for routine cross-curricular evaluation that goes beyond the limited viewpoint afforded by the current course review process;
4. We want a process that is responsive to both the faculty and student's impressions of the curriculum; and,
5. We want to avoid suggesting responses that create unnecessary or undue administrative burdens.

Recommendations

1. Incorporate into the course review process routine determinations of how course objectives are assessed and include whether individual courses have primary or shared responsibility for addressing any specific program objective in a given competency domain.
2. Regular (yearly?) holistic cross curricular assessments that consider expected competencies in the context of the educational gestalt in both a vertically and longitudinally integrated manner. We did not decide whether these regular reviews should encompass all competencies or a selected subset on a rotating basis.
3. Planned curricular reform presents a great opportunity for curriculum-wide assessment of both how well we assess competencies and whether competencies represent our educational goals effectively. Before the new curriculum starts, curricular redesign leadership should develop, in collaboration with individual design teams, specific metrics to assess whether program objectives are being adequately addressed. These metrics can be used in subsequent course reviews and in overall curriculum assessments.
4. MEC should solicit regular (yearly?) input from both students and faculty about any suggested changes to program objectives and how the curriculum addresses them.
5. In response to any improvement needs identified in #2, #3, or #4 above, the MEC can develop vertical and or longitudinal integration groups or other processes as needed.

Background

In our curriculum, session objectives are mapped to course objectives which in turn are mapped to program objectives categorized in competencies. Our curriculum inventory currently maps where we teach the program objectives, by course and session.

Assessments - which are the way we know students have achieved competencies - are not reliably mapped to our learning objectives. Course directors are asked to match them, likely with variable success. We expect the LCME will require us to show that we ensure students are competent by addressing institutional competencies via thoughtful multi-modality assessments i.e. MCQ's, essays, OSCE's, portfolios, etc.

There are two groups of people who currently address competencies in their routine work: course directors and those who oversee longitudinal curricular arcs, like Nutrition and Health and Values. .

Course directors take responsibility for addressing course objectives which in turn are mapped to competencies. They should (but may not always) know if and how other courses address those competencies. They may not know if they are primarily responsible for addressing a given competency or if another course or clerkship is.

One exception to this pattern is that each clerkship was assigned a particular clinical skill the performance of which they emphasize. Tying a suture in surgery, for instance, or counseling on nutrition and diet in family med are examples. The analogous assignment of responsibility for a given program objective has not occurred in courses.

Group review prior to meeting

1. We reviewed our curriculum competencies:
<https://geiselmed.dartmouth.edu/faculty/pdf/competencies.pdf>
2. In Geisel's OASIS database we reviewed where the curriculum addresses terms such as "leadership," "resilience," "ethics" and others of personal interest.
3. We considered which course(s) address particular competencies, for instance "Develop the habits of mindfulness and reflection...." or "Identify the role of the physician in addressing the medical consequences of common social and public health factors ... that contribute to the burden of disease..." (Or others of personal interest.)