

Connecting the Dots: Creation of a Longitudinal, Competency-Based, Composite Assessment Program for the Clerkship Year



John Dick MD, Leah Matthew MD, Amanda Albright MS, Julie Taylor MD, MSc, Sneha Iyer, MBA, M.Ed, Courtney Vengrin, PhD, MS.
Dartmouth College, Hanover, New Hampshire, USA

Objectives

1. Development and implementation of a longitudinal assessment system that routinely monitors medical-student performance on AAMC-defined core competencies throughout the entire clerkship year.
2. Generate a year-end, competency-based composite scorecard that synthesizes data from all six required clerkships (42 weeks total), visualizing strengths, gaps, and developmental trajectories.
3. Assess the feasibility and generalizability of the longitudinal, competency-based framework through surveys of students, clerkship directors, and academic advisors, with the goal of scaling the model to pre-clerkship and post-clerkship phases.

Background

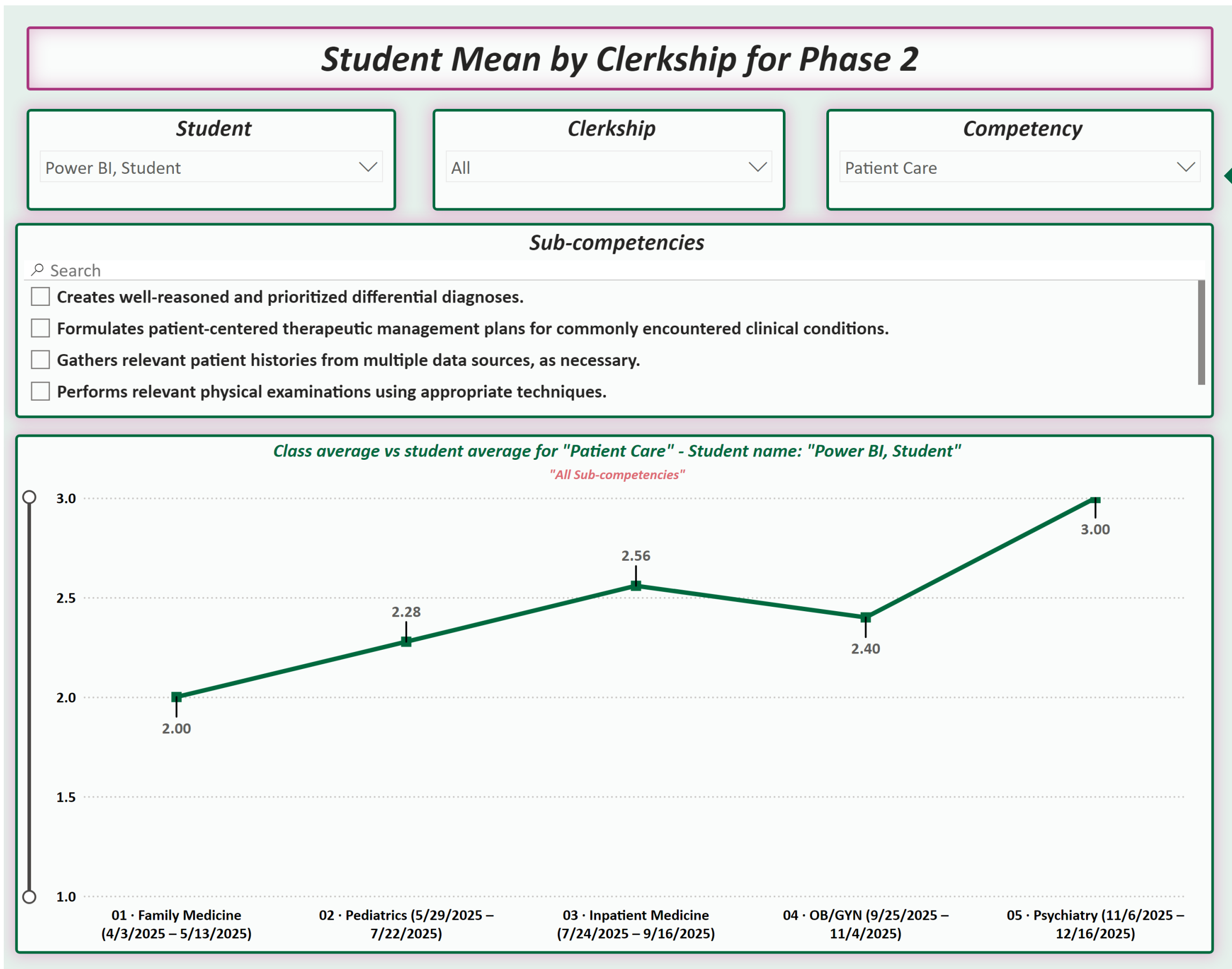
- In the typical clerkship year, medical students rotate for discrete blocks of time, ranging from 6 to 8 weeks, in individual specialties.
- Six specialties: Surg, IM, Peds, OB/GYN, Psych, Family Medicine
- This fragmented approach often results in learners who become focused on specialty-specific, short-term goals, rather than universal, long-term goals.
- This approach is not ideal for facilitating competency-based clinical skills growth across the year.

Design

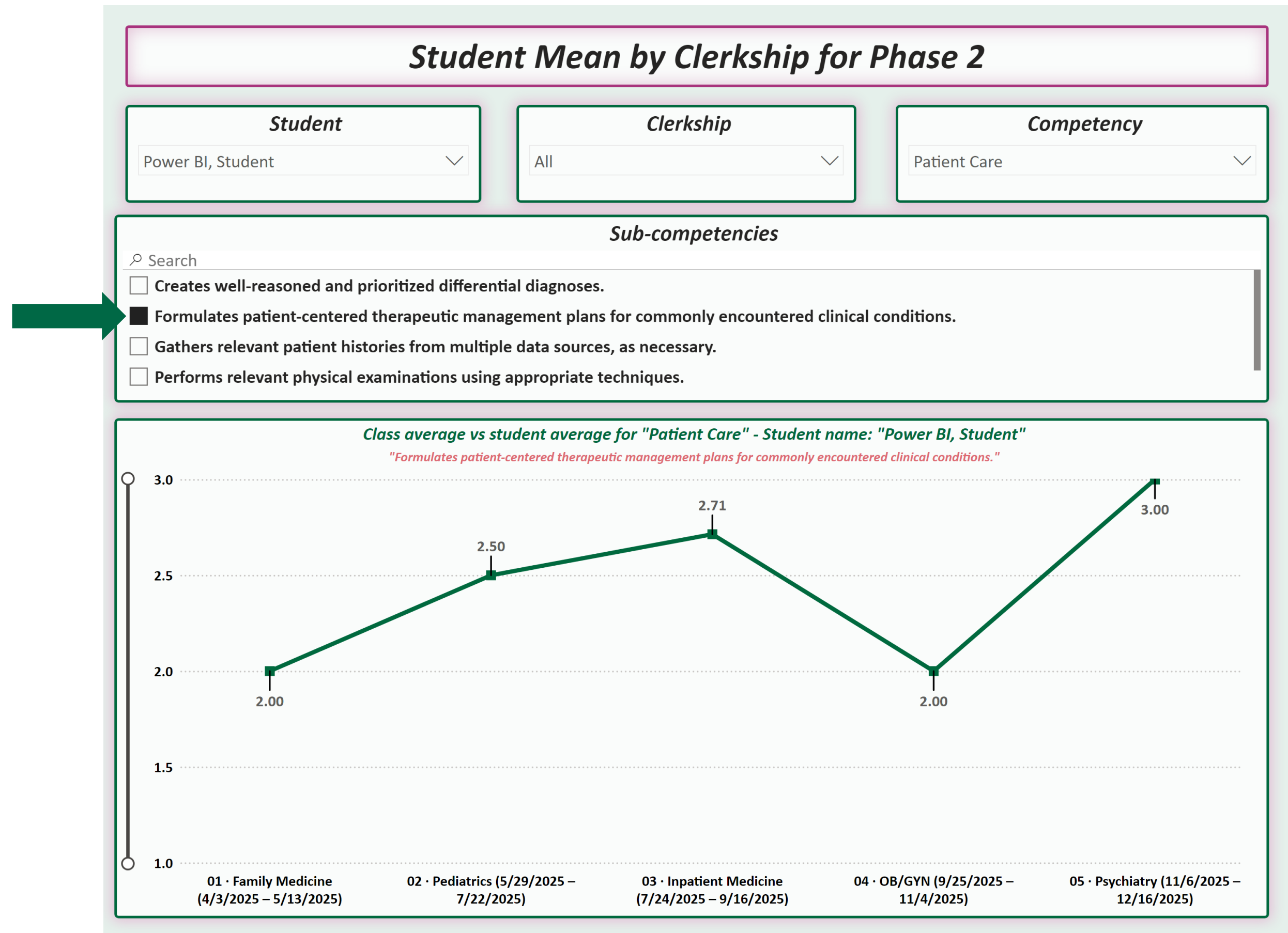
- Task force review and selection of relevant AAMC foundational subcompetencies for UME
- Development and implementation of a standardized, competency-based student performance evaluation tool across the 6 clerkships
- Development of composite report system utilizing Power BI
- Pilot of assessment program in academic year 25-26
- Review of additional clerkship assessments and categorization into competencies

Outcomes

- Alignment among clerkship directors in selecting relevant AAMC sub-competencies for assessment using a standardized workplace-based assessment tool.
- All clerkship directors successfully mapped their existing assessments into the AAMC competency domains.
- Difficulty achieving a parsimonious numerical scoring system; weighting of assessments varied across clerkships, limiting consistency in derived competency scores



Note: Data is simulated for confidentiality purposes



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Discussion

- Early findings support feasibility of both the assessment program and the transition from a siloed clerkship-specific assessment strategy to a longitudinal, competency-based approach
- Additional assessments needed identified for certain competencies.
- Initially this information will be used for formative feedback, optimally as reviewed with an academic advisor.

Next Steps

- Evaluate the utility of this pilot program through student and academic advisor surveys
- Refinement of tool and visuals
- Develop new competency-specific assessment tools
- Extension of model to pre-clerkship and post-clerkship curricular phases

References

- Foundational Competencies for Undergraduate Medical Education; 2025. Accessed April 25, 2025. <https://engage.aamc.org/UME-Competencies-AAMC-ACGME-AACOM>
- Holmboe E, Ginsburg S, Bernabeo E. The rotational approach to medical education: time to confront our assumptions? Med Educ. 2011;45(1):69–80. doi:10.1111/j.1365-2923.2010.03847.x
- Englander, R., Frank, J. R., Carraccio, C., Sherbino, J., Ross, S., & Snell, L.; ICBME Collaborators. (2017). Toward a shared language for competency-based medical education. Med Teach, 39(6), 582-587. <https://doi.org/10.1080/0142159X.2017.1315066>

