

Decision making in competency-based medical education: What information is needed for competency committees to make defensible decisions?

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Abstract

Background

A crucial component of assessment in health professions education is making summative (high-stakes) decisions about how well a learner is progressing within their training program, and/or the learner's level of competence. Much work has been accomplished across the health professions in defining the competencies that should be assessed during training in a variety of health professions education programs. However, there is still work to be done in two crucial areas: first, determining what kinds of assessment information need to be collected about a learner's progression towards competence; and second, establishing effective ways for training programs to make sense of the assessment information collected. For many programs, the second area is of particular concern, as they struggle to determine appropriate processes for competence committees to combine various pieces of assessment data in order to arrive at defensible and accountable summative decisions.

We will discuss key concepts of defensible summative decision making, framed in the context of published evidence, theory, and best practices. These include: programmatic assessment, matching tools to purpose, rater cognition, and sensibly combining a variety of assessment tools to come to a progress decision about a learner.

Why is the topic important for research and / or practice?

Establishing good assessment processes is essential for health professions education programs to ensure learner competence in a fair, equitable, and defensible way. This includes identifying learning gaps, enhancing learning outcomes, and incorporating continuous quality improvement. Competence Committees use data from multiple sources to assess knowledge, skills, and attitudes of health professions learners, forming the basis of competency-based medical education (CBME). As more health professions education programs move towards CBME, ensuring that both assessment and decision-making processes are well-designed provides a basis for defensible summative decisions, and gives reassurance to the public and to licensing and regulatory authorities of the rigor of these processes. This allows stakeholders to have faith in decisions about the competence of healthcare providers.

Workshop format

This highly interactive workshop mixes didactic delivery of information with deliberate practice. Initial concepts will be presented, followed by role playing as assessors and decision makers. Participants will watch videos of learners to practice using assessment tools. In the last hour of the workshop, participants will be assigned to competency committees for a simulated experience of using collections of assessment evidence about learners to make assessment decisions. Small group debriefing will follow the exercise, and key learnings will be shared back to the larger group through a final discussion and wrap up.

Who should participate?

Anyone involved in planning or participating in decision-making about learner competence.

Level of workshop

Intermediate

Workshop outcomes

By the end of this workshop, participants will be able to:

1. Describe the role of a competency committee, and the assessment information needed for the committee to fulfil that role.
2. Demonstrate the use of assessment tools for collecting assessment information learner competence in health professions education programs.
3. Evaluate the challenges faced by competency committees in making defensible summative assessment decisions.

Maximum number of participants

30

References (maximum three)

Benjamin Kinnear, Eric J. Warm & Karen E. Hauer (2018) Twelve tips to maximize the value of a clinical competency committee in postgraduate medical education, *Medical Teacher*, 40:11, 1110-1115

Saad Chahine, Sayra Cristancho, Jessica Padgett, and Lorelei Lingard (2017) How do small groups make decisions? A theoretical framework to inform the implementation and study of clinical competency committees, *Perspect Med Educ* 6:192-198

Teresa Chan, Jonathan Sherbino, and Mathew Mercuri (2017) Nuance and Noise: Lessons learned from longitudinal aggregated assessment data, *Journal of Graduate Medical Education*, 9:6; 724-729