

# Cleveland Clinic Lerner College of Medicine

- ✦ 32 students per year; track within Case
- ✦ Five year curriculum designed to train physician investigators
- ✦ Research focus integrated with basic science and clinical experiences
- ✦ Competency-based assessment system

Elaine F. Dannefer, Ph.D. ([dannefe@ccf.org](mailto:dannefe@ccf.org))  
Director, Medical Education Research and Assessment  
June 16, 2009

# 9 Competencies

- ✦ Research
- ✦ *Medical Knowledge*\*\*\*
- ✦ *Communication*\*\*\*
- ✦ *Professionalism*\*\*\*
- ✦ Personal Development
- ✦ Clinical Skills } *Patient Care*\*\*\*
- ✦ Clinical Reasoning }
- ✦ Health Care Systems (*Systems-based Practice*)\*\*\*
- ✦ Reflective Practice (*Practice-based Learning*)\*\*\*

\*\*\*ACGME 6 Core Competencies

# Example: Clinical Skills Competency Standards

Year 1	Year 2	Year 5
<p>✦ Can perform individual components of standard history and physical exam.</p>	<p>✦ Can perform individual components of standard history and physical and integrate these components into a comprehensive evaluation.</p>	<p>✦ Demonstrates ability to perform a complete history and physical examination and distinguish between normal and abnormal physical findings.</p> <p>✦ Demonstrates ability to adapt the history and physical based on clinical setting and patient presentation.</p>

# Designing the Assessment System

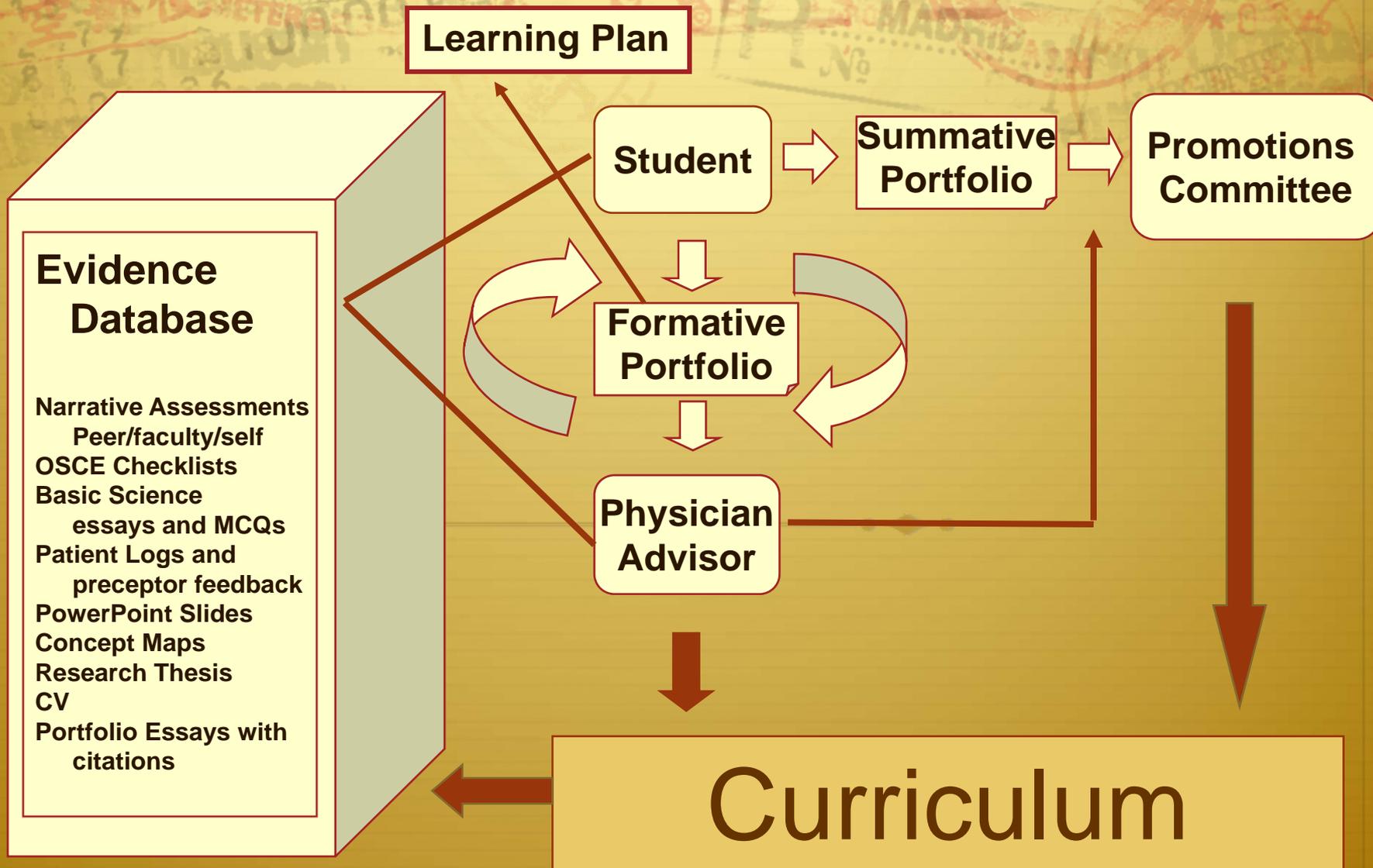
- ✦ Why should medical students wait until their first year of residency to take responsibility for their own learning?
- ✦ Goal: Train reflective practitioners
- ✦ How do you give students responsibility?
  - ✦ Create learner-centered vs. faculty-centered approach
  - ✦ Develop explicit standards/expectations
  - ✦ Provide robust formative assessment evidence
  - ✦ Require judgments about performance comparing evidence to standards
  - ✦ Provide robust advising – reality check on self-assessments

# Why a Portfolio Approach?

Used as a tool, a portfolio can be designed to:

- ✦ Capture a rich array of what students know and can do in a broad range of competencies
- ✦ Promote reflective practice (learning from experience)
- ✦ Give students more responsibility
- ✦ Provide an autobiography of student growth
- ✦ Support both formative and summative assessment

# System



# Sample Assessment Form

Competency	Targeted Areas for Improvement (TAFIS)	Areas of Strength
<b>Research</b>		
<ul style="list-style-type: none"><li>▪ Generates hypotheses based on facts</li><li>▪ Develops answerable questions for independent study</li></ul>		
<b>Medical Knowledge</b>		
<ul style="list-style-type: none"><li>▪ Demonstrates grasp of key concepts related to project</li><li>▪ Shows progressive growth in knowledge base</li></ul>		
<b>Communication</b>		
<ul style="list-style-type: none"><li>▪ Articulates ideas clearly</li><li>▪ Uses open-ended questions</li></ul>		
<b>Professionalism</b>		
<ul style="list-style-type: none"><li>▪ Interpersonal Skills</li><li>▪ Work Habits</li></ul>		

# Integration of Competencies

- ✦ CCLCM assessment form: physician tasks always require multiple competencies
  - ✦ Competency report: links to complete form (assessor and context)
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- ✦ Overlap in standards: annoying yet “real life”

# The Challenge

- ✦ Competency-based assessment is a culture shift
  - ✦ From focus on the easily measured to hard to measure
  - ✦ From focus on identifying failing students to helping all student succeed
- ✦ From making the grade to reaching the competency standards
- ✦ Building a culture takes time and interaction to develop shared values and beliefs

# CCLCM Approach

- ✦ **Faculty** are responsible for providing the learning experiences and providing feedback
  - ✦ **Faculty** are not responsible for identifying high fliers or failing students
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- ✦ Student failure does not equal faculty failure

# CCLCM Approach

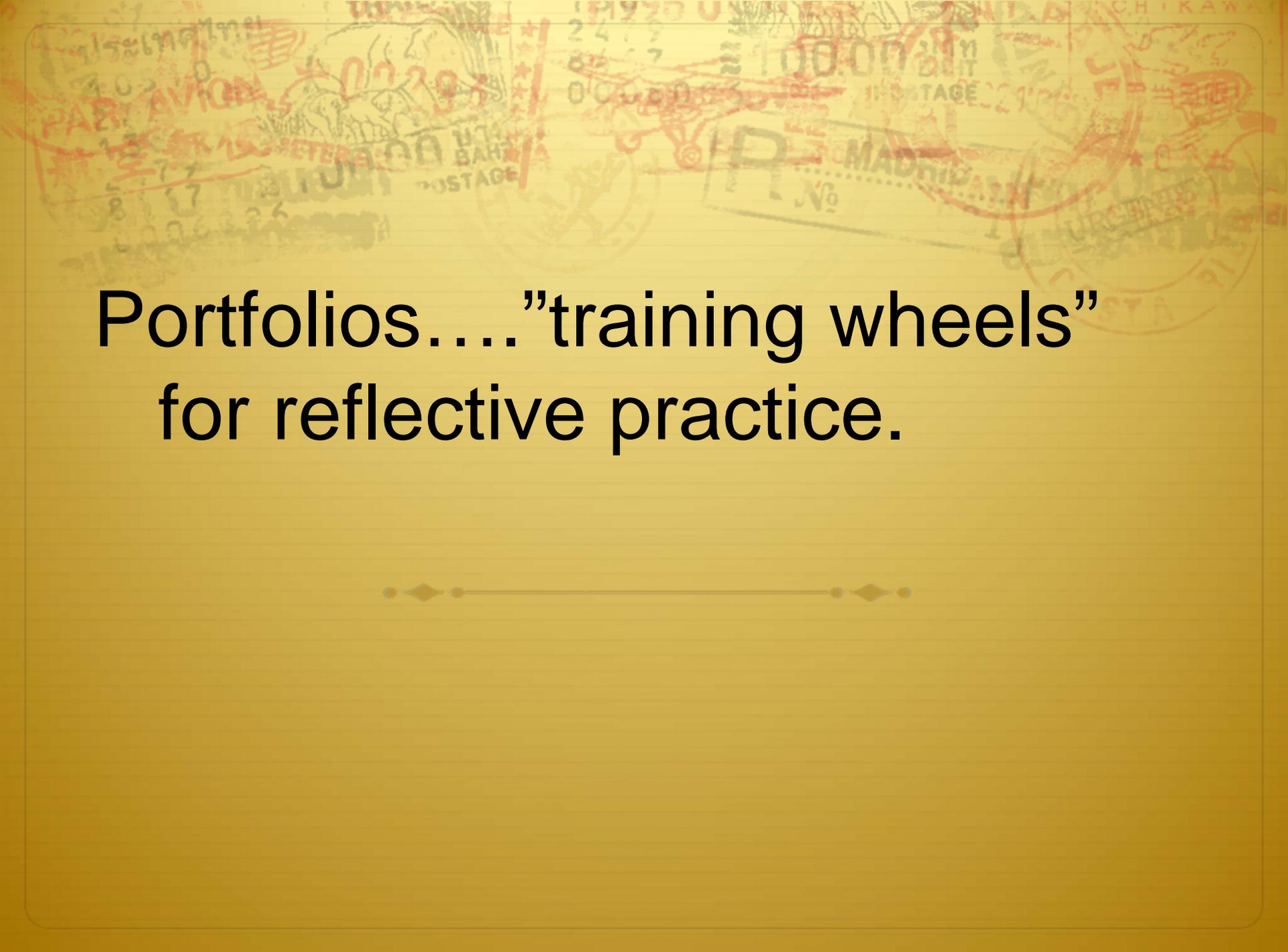
- ✦ **Students** review the evidence, analyze their progress and evaluate where they are in relation to faculty standards for achievement of competencies
- ✦ **Students** write essays describing their progress in meeting competency standards
- ✦ **Students** select evidence they present to document their judgment of their progress

# CCLCM Approach

- ✦ **Physician Advisors** review the essay and evidence cited to determine if it presents a balanced, representative picture of the student's progress
- ✦ **MSPRC (faculty promotions committee)** reviews each student's judgments and evidence to determine if the student has demonstrated that he/she meets promotions standards

# Transition to Responsibility

- ✦ Traditional approach lingers
  - ✦ Feedback as “grades”
  - ✦ Shock at getting TAFIs (Targeted Areas for Improvement)
  - ✦ External motivation to change—get rid of the TAFIs
- ✦ Student sense of responsibility increases—portfolio process drives self-assessment and reflection
  - ✦ TAFIs viewed as useful
  - ✦ Internalization of motivation to improve
  - ✦ Reaching balance—appreciating and building on strengths
  - ✦ Learning plans become meaningful
- ✦ Reflective Practitioner—habits of self-reflection for purposes of improving performance



Portfolios....”training wheels”  
for reflective practice.



# ePortfolio Lessons Learned

- ✦ Purpose should drive design
  - ✦ Paper first so design matches philosophy
  - ✦ Flexibility and ongoing upgrades
- ✦ Useful tool 
  - ✦ Managing multiple types of assessments
  - ✦ Giving timely access to multiple people
  - ✦ Monitoring and documenting professional development

# Lessons Learned

- ✦ Purpose must be clear to all stakeholders
- ✦ Need useful and sufficient feedback and learning experiences related to competency standards
- ✦ Mentoring is crucial to the development of self-assessment ability
- ✦ Learning Plans—structures reflection towards action and documentation of progress
- ✦ Oversight by representative stakeholders—focused on system not the “E”