Developing flexible, competency-based pathways

Medical education at all levels—undergraduate, graduate and continuing—is shifting away from emphasizing time spent in lectures and in classrooms and toward establishing that the necessary knowledge and skills have been acquired for transition to residency and patient care.

Medical schools are incorporating milestones and entrustable professional activities (EPAs) into the curriculum to determine the best path for students to follow in order to move to the next level of training.

These flexible, competency-based pathways create physicians who continually assess and update their abilities and address any deficiencies throughout their careers.

"The competencies that our students need to have when they graduate from our medical schools are going to really be quite dramatically different than they were 50 or 100 years ago when medical school was structured."

Marc Triola, MD, principal investigator/associate dean, ed. informatics, NYU School of Med

The critical role of infrastructure and organizational culture in implementing competency-based education and individualized pathways in undergraduate medical education

This paper outlines how member schools of the Accelerating Change in Medical Education Consortium developed and implemented competency-based medical education, including common challenges and successes. Critical supporting factors include adoption of the master adaptive learner construct, longitudinal views of learner development, coaching and a supportive learning environment.

Generalizing competency assessment scores across and within clerkships

This paper determines how many clerkship competency assessment scores are necessary to achieve
an acceptable threshold of reliability. Clerkship student assessment data were collected as part of the medical school assessment program at the University of Michigan Medical School, a member school of the Accelerating Change in Medical Education Consortium. Minimal reliability was found in competency assessment scores for half of clerkships. The variability in reliability estimates across clerkships may be attributable to differences in scoring processes and assessor training. Other medical schools face similar variation in assessments of clerkship students. The authors hope this study will serve as a model for other institutions that wish to examine the reliability of their clerkship assessment scores.

Finding a path to entrustment in undergraduate medical education

This paper explores how to operationalize the entrustment process at 10 schools participating in an Association of American Medical Colleges pilot evaluating the feasibility of explicitly teaching and assessing 13 Core Entrustable Professional Activities for Entering Residency (CEPAER). Guiding principles developed by the group recommend that formal, summative entrustment decisions in undergraduate medical education be made by a trained group, be based on longitudinal performance assessments from multiple assessors and incorporate day-to-day entrustment judgments by workplace supervisors.

Constructing a shared mental model for faculty development in CEPAER

This paper describes a conceptual framework for entrustment to better prepare all educators involved in entrustment decision making in undergraduate medical education (UME). This framework applies to faculty with limited or longitudinal contact with medical students and to those who contribute to entrustment development or render summative entrustment decisions. The authors also differentiate between the UME learning environment and the graduate medical education learning environment to highlight distinct challenges and opportunities for faculty development in UME settings.

Explore additional solutions and outcomes

| The association between assigned independent learning schedule and medical student performance on examinations |


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Competency milestones for medical students: Design, implementation, and analysis at one medical school
Ways to write a milestone: Approaches to operationalizing the development of competence in graduate medical education