

2009-01-21

Meeting Information

Date:	December 21, 2009
Time:	4 PM GMT/11 AM EST/8 AM PST

Agenda Items

*1. Review of [minutes](#)

Tim motioned to accept the minutes, seconded by Susan. The minutes were approved as written.

*2. Review of [competency framework at Tufts](#)

Susan began with a brief overview of the layout of the Tufts Competency Framework, which includes competencies linked to learning outcomes, which contain assessment recommendations, and which are linked to individual assessment events and students, as well as students' performance in the assessment. Tim asked what methods could be used to measure success? Susan mentioned the osce event is linked to a learning event. A discussion followed on how MedBiquitous standards can best be utilized within this framework for learning outcomes linking to competencies and outcomes assessment. Tim provided a brief update on the evolving MedBiq model, determining whether metadata point to a specific assessment or a more general model. Tim agreed it was appropriate to include a list of recommended assessments demonstrating achievement within a competency object, while also providing a way to link together specific competency objects with specific assessment events.

Peter suggested finding a case where group A needs to send something to Group B, to determine where information can be exchanged. Susan noted they had not had a case where data needed to be transferred and they are trying to figure out how to store data, track it, and proving that to accrediting bodies. Peter suggested possibly developing an information model to demonstrate which standards we are trying to achieve. Tim commented we are a little beyond that - that some sharing of competency data is currently desired by potential users.

Peter mentioned the eFolio project with various organizations (AAMC, NBME, ACGME) could utilize MedBiquitous Standards in data exchange. He suggested opening communication with that group as linking eFolio entries to competencies seems like it will be a core aspect of eFolio function.

Mary Pat noted standards need to focus on the most basic elements with broad commonality and build from that. She mentioned using the Learn.com Learning Management System. HealthStream has the ability to do competency within their LMS. A discussion followed on the basic elements and how they will be measured. Mary Pat said that for nursing the most important elements are the competency object, type, appropriate assessment methods and linking to other objects.

Tim suggested defining competency objects such that they can be linked to a specific person so you can track whether the competency has been met by that person. Mary Pat provided the example of needing to know what staff member on the floor is competent in a specific procedure needed by a patient. Susan asked where that information is stored and Mary Pat said currently competency information is found on the unit, either in a book or database. Peter asked if the current working competency model on the wiki is the best place to discuss these issues and Tim answered yes, but there is a page missing in the framework section. Tim mentioned there is a foreseeable risk in allowing E-portfolio entries to be linked to a competency framework by anyone, particularly the e-portfolio owner; links should only be made when somebody in authority validates the link. The Joint Commissions states this is mandatory for nurses. Susan agreed and shared that whoever delivers the course could be the validator.

Tim summarized that linking a competency object to a person is much more complicated than linking to a learning object/event or assessment event: attached to the link, one must track the assessment event that tested competency, the person's success, and who validated the link. Peter asked if this was out of scope. Tim responded that the basic data model should be consolidated first, then we could expand into this area since it is intimately linked to the use of competencies.

Peter suggested that next steps include completion of the conceptual model and promotion of the group's work to larger audiences.

Decisions

- linking competency objects to people is within the scope of the group's work, but will be a later consideration
- The MedBiq model, as it is evolving, complements the vision of Tuft's system

Action Items

- Tim to update the data model on the wiki
- Group to use the listserv to discuss any unresolved details
- The next group call is to focus on finishing and endorsing the conceptual model