2009-11-18

Meeting Information

Date:	November 18, 2009
Time:	8 PST/11 EST/16 GMT

Attending: Rosalyn Scott and Tim Willet, co-chairs; Mary Pat Aust, Theresa Barrett, Maria Esquela, Simon Grant

Agenda Items

1 Review minutes of last call

On the October call the group discussed competencies and their use in aviation. The group then had an in depth review of the competency specification. The competency framework specification that was circulated contained competency objects and relationships among objects. The competency object definition was based on IEEE RCD with additional elements reflecting healthcare educator needs. The group discussed the extent to which we should reflect the RCD specification and the confusion related to the RCD specification. The call ended with a plan to speak to the MedBiquitous Technical Steering Committee and investigate copyright issues.

The minutes were accepted.

2 Review Technical Steering Committee discussion (http://groups.medbiq.org/medbiq//x/MAJx**)**

Valerie summarized the key points of the discussion with the technical steering committee.

- RCD allows metadata to be associated with an individual competency definition. That is beneficial if you are using definitions from an outside framework.
- A statement can contain anything that describes a competency, so Xtensible info is not necessary.
- Having competency definitions outside of the framework, included by reference, would enable more flexible use of competencies and the development of frameworks that draw from multiple other frameworks.

Tim elaborated that in subsequent e-mails among group members, they had discussed that what makes a framework a framework is not the details of specific competencies but the choice of competencies included and the way they are organized. The description of each individual competency would occur outside of the framework, with the framework referencing the competency via URI. This would enable flexible referencing. For example, if University of Ottawa wants to include some CanMeds competencies, some women's health competencies, and some competencies that they have created, the specification would allow them to do that.

Another point that group members discussed was the competency objects could follow a MedBiquitous specification or another standard, such as RCD.

Rosalyn clarified that there in fact two different tasks involved: developing a standard for the competencies themselves in developing a standard for associating competencies with one another.

Simon commented that he thought it was a good idea.

Rosalyn commented that there's been a lot of discussion regarding how items relate to competencies and where that Association should exist. Assessment and learning materials are outside of the competency definition. How everything gets linked together is what makes a framework cohesive.

Simon agreed that the questions of linking competency objects in a framework and linking things to that competency object were separate questions. He offered that the group should decide whether RCD as it stands is good enough for defining the competency object or whether MedBiquitous wants to define something different. The requirements that he had heard indicated something different than RCD. He added that some people may have already defined RCD competencies and that is something we should consider.

Tim asked if it was reasonable to release a MedBiquitous competency standard and allow implementers to use that or RCD. Simon replied that it was very plausible and pragmatic approach. Valerie commented that it could be a point of confusion. Simon countered that we could recommend using the MedBiquitous competency standard for clarity.

Rosalyn asked if others were using different competency standards to publish the competencies and if not, should we start fresh.

Tim commented that he has not seen any healthcare organizations publishing competencies. In that respect it is a blank slate. There could be organizations that have published in the RCD format. But from what we've seen, the healthcare community would be adequately supported by something simpler than RCD.

Valerie commented that where it could get tricky was with tools supporting the standard. If we indicate that both competency definitions are supported, tool developers wishing to conform to our standards would be required to support two types of competency definitions.

Simon commented that he cannot point organizations that have published competencies according to a specification. Some competencies are in paper or PDF, others are embedded in a portfolio tools. The MedBiquitous competency object structure is reflecting the needs of the medical community. The world of medicine is not a closed world. There may be competencies not specific to medical education such as communication skills. He thought it was worth keeping an open mind.

Rosalyn asked what the implications were for associating competencies with learning materials and assessment.

Tim commented that you need a mechanism to point to a specific competency that you want to associate with. The competency must be uniquely identified. The easiest mechanism for that is URI.

The group then discussed ways of making that association. Tim commented that if he has a learning object that meets a can minutes competency he should be able to indicate that by putting the URI in the metadata. Valerie commented that the classification tool does support referring to competencies. Simon commented the classification differs from uniquely referencing a competency object.

Valerie added that there are intellectual-property issues to consider as well. The RCD spec must be purchased from IEEE, and the license does not allow for derivative works. In addition, RCD is based on an IMS specification called RDCEO. That complicates the licensing further. IMS requires that standards implementers register and agree to a license.

Tim recommended taking existing competencies such as Scottish Dr. and implementing them in RCD and the MedBiquitous format to see the differences and potential advantages. Valerie offered to share competencies from MedBiquitous past research as well. This would show how text fields get plugged into RDCEO

Rosalyn commented that within the VA she is seeking funds to accelerate the standards development process. She's writing a grant to develop a joint DOD VA competency framework for women's health and including some funding for MedBiquitous. The framework should have accompanying XML standard. She was optimistic that it would bring active development on the standard.

Simon commented that he had looked at skills for health in the UK and found it difficult to put the definitions into an RDCEO framework. That could be confusing for implementation. He added that he is impressed by other frameworks available including canmeds.

3 Discuss plan for moving forward

Valerie and Tim offered to clarify what we are calling a competency object for the comparison exercise.

Tim asked the group for feedback. Maria commented that ID, statement, description, metadata, category, references, and extensible info would cover the competency she deals with. Tim questioned whether an alias was necessary. Simon offered that that may go in the map. Tim commented that he wasn't sure if there was the need for synonyms within the competency framework. But that could be pointed out in the competency map.

The next call is January 6.

Decisions

Competency objects will be defined separately from the framework.

Action Items

- Valerie and Tim will offer some competencies in MedBiquitous in RCD formats and put together a table that shows the differences.
- Valerie will create competency objects for purposes of this test
- Valerie will report back to the group on IEEE and derivative works.