

# 2009-08-14

## Meeting Information

<b>Date:</b>	August 14, 2009
<b>Time:</b>	9 CDT/10 EDT/15 BST/16 CEST

Attending: Kim Hoffman, Chair; Michael Barbouche, Carol Clothier, Elaine Dannefer, Dennis Donahue, Jeroen Donkers, Bob Galbraith, Linda Lewin, Amber Montañano, Claire Tochel, Valerie Smothers, Paula Wales.

Neil Mehta, Carol Carraccio and Simon Grant are unavailable today.

## Agenda Items

### 1 Introductions

Kimberly thanked the group for joining. The purpose of this call is mainly to get organized and provide background information. The heavy lifting will begin on next call. Bob Galbraith commented that we are trying to build greater interoperability between existing efolios. If information doesn't move across institutions and across continuum, we are missing an important opportunity. We don't want silos of information. That's the purpose of trying to build a specification.

Kim added the mission of the Educational Trajectory Working Group is to develop an XML standard and accompanying guidelines to support the tracking, planning, and audit of learners' educational trajectory across medical schools and data custodians.

### 2 Invitation process (\*participants invited)\*

Everyone has received a list of invited participants. There are a number of individuals from the US. Many are from a larger group called eFolio Interoperability Initiative, or EII. The final list of participants is still being finalized.

### 3 Background and relationship with eFolio Interoperability Initiative (EII)

EII is a collaborative of several medical schools in the US. EII develops standards and specs to promote interoperability among medical schools and other data custodians. The group started as a result a portfolio colloquium convened by Association of American Medical Colleges (AAMC). In October 2007, a larger conference was hosted by National Board of Medical Examiners (NBME), AAMC, and Federation of State Medical Boards (FSMB). This conference examines the challenges in transporting data across medical education. A [monograph of the proceedings](#) is available. In November 2008, a second conference was held that included those actively using portfolios for medical education. The charge resulting from this conference was to consider ways for information to be shared and pilot projects for interoperability. That has been the focus of the EII. The realization that standards and specifications would be needed lead to involvement with MedBiquitous. The group selected the educational trajectory as a standards project because it captures and documents things not routinely collected including enrichment activities, informal professional development, etc. Currently there is little agreement on the data set to be supported, but all agree that it is an achievable goal.

### 4 MedBiquitous process and group communications

Valerie explained the mechanisms that the group would use for communications, including teleconferences, a listserv, and a wiki. Links and explanations were provided and an accompanying presentation. Everyone should have received login information for the wiki as well as e-mails from the listserv. To put the group's work in perspective, Valerie described the overall standards development process within MedBiquitous. The executive committee of MedBiquitous approves new standards development projects. The educational trajectory project has already been approved. Following that approval, a working group is convened to develop the draft specification. This is the group undertaking that work. Once that is complete, the specification will be sent to the MedBiquitous standards committee for review and ballot. There will also be a public review of the specification to provide an opportunity for anyone to make comments on the specification. The MedBiquitous ANSI-accredited process requires that all materially affected parties have an opportunity to participate in the standards development process. Once the ballot has passed, MedBiquitous sends the specification to ANSI for final approval.

Valerie then explained that this particular project was unique in that it was undergoing an accelerated standards development process. That involves more frequent teleconferences. Most working groups have teleconferences once every six weeks; this working group will have teleconferences twice a month. In addition, and implementation project is scheduled for January. This accelerated standards development process has been funded by the AAMC, NBME and FSMB.

Jeroen asked if residency program trajectories would be included in the scope of this working group. Kim replied that we are including residency in our thinking. Linda and Carol have invested work in residency portfolio development as well. For the implementation pilot, they are focusing on medical schools with an eye towards collecting information useful to residency programs. Residency programs may be the next iteration of the specification. We are hoping to create a base specification that could be built upon.

Jeroen commented that in Europe they have a six year program, so the data would look different. Kim added that there is diversity in US medical schools as well. In order to fully develop technical standards for educational trajectories, we need European input. Elaine commented that she had concern about confidentiality due to the small class size at her institution. Students could easily be recognized by their educational trajectory. Bob commented that at least one of the schools has some students getting through in under four years while others are getting through in eight. Taking that into account alone the standard will need to be fairly flexible. It should not be that difficult to include the European model.

### 5 Review Educational Trajectory Working Group Charter

Valerie reviewed the charter document going over the mission, goals, the illustrations of student trajectory, and the work plan.

### 6 Open discussion

Kim commented that we have educational experts and "local context experts;" we also have an opportunity for participants to test the specifications in their own institutions. Other participants may be champions to the larger education community. She asked others in the group to share the work being done outside of US.

Jeroen provided some information about Maastricht's experience. His colleague Erik Driessen is on holiday right now. The Netherlands is using a portfolio system. Different universities have their own experiments. At Maastricht they have a reflection portfolio for the 1<sup>st</sup> year, another portfolio for yr 6. There is nothing from start to finish. They are working on full curriculum portfolio for another medical school. They are developing that portfolio based on the Manchester portfolio for residency. Erik can tell us more about their experiences on next call.

Kim asked if residency programs are organized around core competencies. He responded yes. They use CanMeds competency. Kim asked Valerie to post CanMeds as a link on the wiki.

Claire commented that their portfolios are for postgraduates, MDs, specialty doctors, dentists, dental care teams, and nurses. Each have their own content, but they are based on the same approach. She has analyzed data from medical trainees. She had not considered research as a benefit of interoperability. She has a lot of work on the portfolio design. She added that it is good to have residency in mind from the outset. Her colleagues Karen Begg and Tim Brown have more experience on the technical side of interoperability and may contribute to this group as well. They have tried linking up systems. The technology is not the difficulty, rather the political issues around sharing data are difficult.

Valerie asked Claire if the systems for different for each profession. Claire commented that they use the same system, but each group wants their own functionality. Even within schools of dentistry, there are differences as to what functionality each school wants.

Kim commented that in the US we have focused on the type of data included in portfolios. She asked if Claire and Jeroen could share types of data routinely collected in portfolios and send to Valerie for distribution to the group? We can begin to develop a master inventory and examine the gaps. Some questions to consider: is the data quantitative or qualitative, to rerecord contact hours or competencies, months or another unit of measure. What does the trajectory look like. Kim and Valerie will work on specific questions to pose.

Kim asked Dennis to speak on the perspective of ECFMG. They are involved in the certification of physicians trained outside of Canada and the US. Dennis commented that they would be interested in the eportfolio process and adding characteristics regarding what they do to certify physicians.

Elaine commented she would be happy to describe their efolio but added that she would prefer to discuss that when Neil Mehta can participate in the call.

## **Decisions**

## **Action Items**