2007-10-17

Meeting Information

Date:	October 17, 2007
Time:	11 AM EDT

Attending: Cynthia Abbott, Peter Greene, Rosalyn Scott, Valerie Smothers, Tim Willett, University of Michigan - David Stern, Tamara Skye, Ted Hanns

Agenda Items

1 Review and approve minutes
Rosalyn first introduced Cynthia Abbott of CanMeds and asked the rest of the group to introduce themselves. Rosalyn asked for corrections to the minutes. None were cited; the minutes were approved.

2. IEEE Update
Rosalyn then asked to Valerie to provide the group with an update on IEEE activities. Valerie commented that the IEEE had approved the reusable competency definitions standard, and that that was in the process of being published. On a sad note, Claude Ostyn, the lead developer of that specification, died recently. The IEEE study group on competencies is reorganizing as a result, but the group is expected to move forward.

3 Review of CanMEDS
Rosalyn noted that CanMeds has been a success and has had a broad international impact. It's worthwhile to get a review. Cynthia is the acting manager of CanMeds. CanMeds is the educational competency framework developed by the Royal College of Physicians and Surgeons of Canada. The CANMeds competency framework was created by physicians in the 1990s. It is intended to show what the ideal physician looks like. The framework is oriented to societal needs. It's applied to all specialties recognized by the Royal College. Other health professions and countries have used it as well.

They began by identifying competencies patients were looking for, validated those competencies, and further developed them. In 1996 the competencies were formally adopted. There are 7 CanMeds roles: medical expert, professional, communicator, collaborator, manager, health advocate, scholar, and professional. Since 1997 they've incorporated CanMeds into accreditation and other standards. They are now focusing on faculty development, facilitating resident teaching and assessment. Under each role are a number of key competencies, two to 7. Under those there are enabling competencies, referring to sub abilities (knowledge, skills and attitudes). Specialties have their own competencies, too.

Rosalyn asked how this was incorporated into recertification of specialties. Every program has to show that its teaching to roles, but it's not a requirement for recertification. CanMeds is not well incorporated into CME. Rosalyn added that in the US there is a move to maintenance of certification; is CanMEDS being used in that way? Cynthia has not worked with the MoC office much; they do have a program; there's no requirement for x amount of credits towards any role. Rosalyn asked if nursing and allied health were using anything similar to CanMEDS. Elements have been incorporated into nursing and dentistry. Cynthia commented that family medicine is not a part of the Royal College but a different college; they have four principles of medicine that are very similar. Rosalyn asked if ACGME competencies have been compared. Cynthia commented that health advocate role is one important difference.

Rosalyn asked if any work had been to develop technology standards. Cynthia commented that they have not incorporated anything web based, xml. Each program has to demonstrate its use of the competencies. Tim commented it exists only on paper, not in a database. Cynthia added that some universities have developed a way of tracking resident experience for the week and indicating whether that experience included something related to a particular competency. This assertion is then validated by the director. The resulting tracking system is useful for accreditation purposes. She added that universities are ripe for this type of application. Tim added that he worked with CanMeds a fair bit at U of Ottawa. CanMeds is a hierarchy, the competencies are at a broader level than learning objectives for a specific educational event. To demonstrate achievement of competence is not a single event, but a collection of evidence from a number of events. Some of them might be reflective portfolio entries, others professional audit results. It is the need to collect together the evidence and summarize it.

Rosalyn asked how CanMeds compared with Scottish Doctors or Tomorrow's doctors. Tim commented it's a parallel process. What we design could work with all three.

Valerie reviewed the data structure of CanMeds with Cynthia:

- Roles
- Key competencies
- Enabling competencies (includes a description of principles)
- Specialty specific objectives (They don't appear on canmeds framework, but they would be under enabling competencies.)

Tim asked how do you deal with competencies that overlap, that don't fit cleanly into a single role or competency. Cynthia replied that they've done their best to separate them out. No enabling competency appears under two different roles.

4 Discuss components of a competency framework and alignment with models discussed

Valerie provided an overview of the competency framework document. In examining CanMeds and the other various competency models, she'd come up with the following core elements of a competency framework.

1. Competency Definition/Itemized Competencies
2. Competency Structure (assembled competencies or relationships among competencies within a single structure)
3. Competency Cross-walk (expresses relationships across different competency structures)
4. Associations to content and other items

Valerie added that it's important to vet these ideas and compare them to existing models such as CanMeds and the model that Vladmir discussed on the last call.

Tim commented that Vladmir had modeled different perspectives and the competencies that they possess and those that they would aim to achieve so that a gap could be defined. He had a competency structure embedded in a person. Instead of embedding this structure within a person description, you could have it exist independently and reference it. His topic would be interesting to discuss with Vladmir.

Rosalyn commented that given the shift in work, to start off with identifying the person may not have longevity. A person's role may change, but the competency doesn't change. Tim agreed. A single competency may be related to multiple individuals. He would envision a future model where a person aims to achieve a competency, a learning object helps to meet the competency, assessment helps to validate the competency, etc.

Peter added it makes sense to have a join between learning object and competency - you need to describe the relationship between those. There is a quality to the relationship. Peter asked if a controlled list of verbs was a requirement. Tim commented we should focus on how to define relationship between competencies and associate competencies to other things. Peter replied that association gets you into semantic web and rdf (resource description framework), which can start to get complex. Valerie asked for clarification. Peter replied that this assessment tests this competency - if describing the assessment with lom, the relationship that it "tests" that competency is important. Tim commented that rdf would need to be expanded. Peter added that Vlad's model is much bigger than what we are handling in this group. We need to capture relationship and association.

Valerie attempted to reframe the issue as a requirement: We need to be able to express relationship between an item and a competency (ie does it asses, teach, etc). The group agreed that that was the requirement.

Tim and Rosalyn asked if it would be useful for the group to put forward their requirements and the types of data items that they would meet in the competency framework. Valerie replied it would be. Rosalyn suggested including leaders outside of this group, including some of those relevant presenters from AMEE. Peter commented that Rachel's OPAL presentation may be a good starting place. Valerie offered to draft a survey for the next call.

5 Open discussion

Decisions

Action Items

- Valerie will add a link to IEEE RCD from the wiki and circulate the announcement
- Valerie will email Cynthia asking for a link to cardiac surgery specialty competencies
- Valerie will draft a survey & put out before the next call.
- Valerie and Rosalyn will discuss who to send the survey to.
- The group members will reply to the survey to provide their requirements and priorities.