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MEDICAL EDUCATION

HOW MEDICAL SCHOOLS OPERATIONALIZE LCME ACCREDITATION
January 9, 2014

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Frequency of Noncompliance Citation
Full Survey Visits (n = 53)
October 2010 to June 2013

- During this timeframe, 8 schools (15%) were found to be noncompliant with ED-5-A
- This makes ED-5-A one of the 15 most frequently cited standards in the past 3 years

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ED-5-A. A medical education program must include instructional opportunities for active learning and independent study to foster the skills necessary for lifelong learning.

It is expected that the methods of instruction and assessment used in courses and clerkships (or, in Canada, clerkship rotations) will provide medical students with opportunities to develop lifelong learning skills. These skills include self-assessment on learning needs; the independent identification, analysis, and synthesis of relevant information; and the appraisal of the credibility of information sources. Medical students should receive explicit experiences in using these skills, and they should be assessed and receive feedback on their performance.

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ED-5-A
active learning and independent study

- evidence of learning activities during the first two years (phases) of the curriculum that include all of the following:
  - identify, analyze, and synthesize information relevant to their learning needs
  - assess the credibility of information sources
  - share the information with their peers and supervisors and receive feedback
  - receive feedback on their information-seeking skills

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ED-5-A
active learning and independent study

- independent study:
  - need blocks of time for study
  - evidence that the free time is blocked and that the school adheres to it
  - review the amount of time available for students to engage in self-directed learning and independent study in the first two years (phases) of the curriculum
  - how big is a small group? 12-15 students max

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Data Collection Instrument (DCI) Questions

1. Provide sample weekly schedules in the Appendix that illustrate the amount of time in the first and second years (phases) of the curriculum that students spend in scheduled activities.
2. Provide a list of the types of instructional formats that the medical school characterizes as active learning.
3. Describe the time available for students to prepare for active learning.

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Data Collection Instrument (DCI) Questions

4. In the context of the annotation to this standard and the definition of active learning (above), provide examples that illustrate the opportunities that exist in the curriculum for students to do each of the following:
   - Assess their learning needs, individually and in groups
   - Identify, analyze, and synthesize information relevant to their learning needs
   - Assess the credibility of information sources
   - Share the information with their peers and supervisors

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Data Collection Instrument (DCI) Questions

5. Describe where and how in the curriculum there is assessment of students' progress in developing the skills needed for lifelong learning, including the ability to learn through self-directed, independent study. In the Appendix, provide examples of any instruments used for such assessment

6. Is demonstration of these skills considered as a criterion for grading in any course or clerkship rotation?

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SELF-STUDY QUESTION

Evaluate the adequacy of required opportunities and time available for students to engage in active learning and independent study. Assess the effectiveness of the program's efforts to prepare students to engage in self-assessment of their learning needs and to develop other skills to support habits of lifelong learning. Note whether student acquisition of the skills related to lifelong learning are being assessed.

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SURVEY REPORT GUIDE

Describe the opportunities that are in place for students to engage in active learning and independent study, including opportunities for students to assess their own learning needs; identify, analyze, and synthesize information relevant to these learning needs; and assess the credibility of information sources. Are students assessed on and do students receive feedback on the development of these skills? In the report narrative, provide several examples of active learning that meets the requirements of the standard (ED-5-A).

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ACADEMIC YEAR 2015-2016
STANDARD ED-5-A WILL BECOME ELEMENT 6.3

6.3 SELF-DIRECTED AND LIFE-LONG LEARNING. The faculty of an institution that sponsors a medical education program ensures that the program's curriculum includes self-directed learning experiences and time for independent study to allow students to develop the skills of lifelong learning. Self-directed learning involves students' self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; and appraisal of the credibility of information sources.

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Standard: ED-5A or 6.3
Life Long and Active Learning

- Deconstruct the standard

- Discuss alignment with EPAs and General Competencies

- Present brief curriculum design examples from three institutions FIU, CWR, and VTC Colleges of Medicine that address the LLL competency

- Open discussions:
  - Amy Wilson-Delfosse – CWR
  - Rick Vari – VTC
  - George Dambach – FIU HWCOM.

Deconstructing the Standard
The new LCME Standard 6 is characterized as "Competencies, Curricular Objectives and Curricular Design"

6.3

Two Components

- "Active and Life Long Learning"

  - *Life Long Learning (LLL)*: A General Competency, also one of the new, proposed Entrustable Professional Activities (#7).

  - *Active Learning* - Teaching/learning formats: facilitating skill development, opportunities for formative feedback and assessments of the skills and competency (Essential for LLL?)

- Time: formal allocation of time blocks in the curriculum design for skill development

Life Long Learning

A general approach may be found from the Association of American Colleges and Universities website: "Foundations and Skills for Life Long Learning Value Rubric": value@aauc.org

- Definition

  - "purposeful learning activity undertaken on an ongoing basis with the aim of improving knowledge, skill and competence"

- Elements within the competency:
  - Curiosity,
  - Initiative,
  - Independence,
  - Transfer and
  - Reflection

- Evaluation 'anchors' in the Rubric:
  - Benchmark,
  - Milestones and
  - Capstone

Alignment

LCME Standard ED-5A and/or 6.3 alignment with proposed EPAs and General Competencies (ACGME)

Entrustable Professional Activity #7
'Form clinical questions and retrieve evidence to advance patient care'

From AAMC "Core Entrustable Professional Activities for Entering Residency" draft 2013. Aschenbrener and Englander

Suggestion: develop curriculum components in the context of EPA #7 as the model for the LLL curriculum.

EPA #7

The framework for EPA #7 "critical functions" provides a useful 'deconstruction' for reflections on a curriculum regarding the LCME standard 6.3 (LLL Competency):

- Awareness and appraisal of sources and content of medical information
- Develop a well formed, focused, pertinent clinical question based on clinical scenarios
- Identify and use information technology
- Assess applicability and generalizability of evidence
- Demonstrate curiosity, objectivity and scientific reasoning in acquisition and application of knowledge
- Apply findings to patient care
- Communicate findings to health care team and patients
- Reflect on outcomes

From AAMC "Core Entrustable Professional Activities for Entering Residency" draft 2013. Aschenbrener and Englander

An Alternative –
Elements of Life Long Learning Competency are imbedded in several of the General Competencies

- Patient Care
- Knowledge for Practice
- Practice Based Learning and Improvement
- Interpersonal and Communication Skills
- Personal and Professional Development

Suggest reviewing the recent publication -
Englander et al, "Toward a Common Taxonomy of Competency Domains for the Health Professions and Competencies for Physicians": Academic Medicine 88, No 8 August 2013,

Development and Assessment of the competency of LLL is a fundamental component of clerkships and 4th year rotations

Daily Routine
- Forming clinical questions
- Independent study/research
- Communication
- Analysis
- Application

Implementation and adaption of EPA #7 suggest that formal assessment and validation of the competency of LLL may be a new challenge.

Preparation and LLL Skill Development in the Preclerkship Curriculum

Three examples:
Case Western Reserve
Virginia Tech Carilion
Florida International

CWR: Amy Wilson-Delfosse
Case Inquiry "IQ"

email: axw41@case.edu

- 2 Cases/week: (2 years > 150 sessions)
  - Development of learning objectives for both cases on Day 1
  - Discussion of learning objectives for the first case on Day 2
  - Discussion of the second case on Day 3
- Small group: faculty facilitated
- Feedback by students and facilitators
- Essay Format, formative and summative assessments

CWRU
Pedagogy: Case Inquiry (aka "IQ") Teams

- Student-centered small groups with a faculty facilitator
- Case-based
- Self-directed learning
- Teamwork
- Utilization of resources

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CWRU
Feedback: Daily Debriefing Checkout

Developmental Approach to Small Group Debriefing Checkout

- Peer Feedback
- Self Assessment
- Team Process

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CWRU
Assessment: Essay Exams

- Importance of aligning goals/objectives and methods with assessment
- Drive deep concept understanding
- Promote integration of concepts
- Reveals necessary curricular improvements to faculty

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1/8/2014

VTC: Richard Vari
email: RCVari@carilionclinic.org

- PBL - CBL
- 3X/week, 7 hours each week (2,2,3) over first 2 years of curriculum
- Small group/faculty facilitated
- Progressive
  - Case development
  - Question formation, self directed study, communication, analysis
- Session based feedback
  - Formative – mid block by students and facilitators
  - Summative at end of blocks

FIU
Osler Fridays – Carla Lupi
Year 3 Curriculum

e-mail: clupi@fiu.edu

- Designed specifically to address LLL competency development (supplement to clerkships)
- Full day, case based learning
- Small group/faculty facilitated
- Progressive, complex cases
- Scheduled time in sessions for self directed study, (question formation, research and analysis) communication
- Feedback, each session
- Oral exams – summative assessments

FIU

Osler Fridays were initially planned and implemented for clerkship year (weekly sessions on Fridays, full day)

Migrated the format "upstream" into second and first year curriculum for skill development –
- Use case based (simple), small group, facilitated format throughout years 1 and 2 as regular and routine components of courses.

Summary

- LLL – develop a curriculum for the competency (EPA #7 suggested as model)

- Case based, active /self directed learning in small facilitated groups are a common (and preferred) educational format for the development and assessment of LLL competency

- Develop and cultivate learning objectives intimately aligned with the elements of the general competency (LLL) using EPA #7 or ACGME-GC's.

- Develop formative feedback and summative assessment processes for LLL compentency.