

## FREE\* Newsletter

\*(Faculty Resources for Educational Excellence)

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### Quote of the Month

"The most important characteristic of competency-based education is that it measures learning rather than time. Students progress by demonstrating their competence, which means they prove that they have mastered the knowledge and skills (called competencies) required for a particular course, regardless of how long it takes" (Mendenhall, 2012)



*"Education for Competency:  
What's the Difference?"*

### Competency-Based Education & Assessment

Last month's newsletter introduced competency-based education, or CBE, & talked about how this approach appears to now be firmly established particularly in the realm of clinical medical education. Recall that the definition of CBE is "the habitual & judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values & reflection in daily practice for the benefit of the individual & community being served"<sup>1</sup>. How does this educational approach impact assessment practices? **DRAMATICALLY!**

The fundamental idea underlying CBE is that educators must explicitly define in behavioral terms what it means to be "competent" at a given task & then expect students to demonstrate those skills/abilities satisfactorily. Suppose that a learner is expected to be "competent" at the task of "placing a central line in a patient". What are the specific skills needed for this task, & in what order must they be done? Once the skill set is well-defined in behavioral terms, then assessment of that skill becomes a matter of ensuring that a learner can demonstrate 1) knowledge of what skills are required to complete the task & 2) how to perform them correctly.

Most competencies are assessed on a criterion level (as opposed to a normative level). A criterion-based assessment demands that a learner demonstrate satisfactory performance (or mastery) of a task regardless of how his/her performance compares with others, & no matter how long it takes. The "normal distribution of grades" is mostly irrelevant here; learners are not compared with others, but rather with an absolute performance standard that is agreed upon by faculty teachers. Checklists which contain all skills/abilities needed for successful completion of the task are normally used to assess learner competence; checklists are completed by faculty or others who are themselves competent on the given task being assessed.

Many learners are enthused about CBE, as it allows them to make progress at their own pace. However, CBE is not without critics who tend to view it as somewhat "rote" or "mechanized" in nature. Others state that it is nigh impossible to agree on what the "gold standard" of performance might be for every competency; that we do not have the luxury of allowing learners to progress at an individualized rate of performance; & that CBE-based assessments are too elaborate & costly. These objections notwithstanding, however, with the advent of "milestones" & "entrustable professional activities", it appears that CBE is here to stay!<sup>2</sup>

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1. Epstein R, Hundert E. Defining & Assessing Professional Competence. JAMA 2002; 287 (2): 226-35.
2. Holomboe, E. <http://www.slideshare.net/MedCouncilCan/cbme-memorial-holmboe2012>