Listed below are resources shared during the chat:

- What Is Competency-Based Medical Education?
  https://knowledgeplus.nejm.org/blog/what-is-competency-based-medical-education/
- The role of assessment in competency-based medical education
- Asking for Less and Getting More: The Impact of Broadening a Rater’s Focus in Formative Assessment
  https://journals.lww.com/academicmedicine/Citation/2018/10000/Asking_for_Less_and_Getting_More___The_Impact_of.44.aspx

MedEd Chat @MedEdChat 8 hours ago
Welcome to the #mededchat (US) I am your moderator for the next hour, @alliance4clined #meded

MedEd Chat @MedEdChat 8 hours ago
The #mededchat topic & questions will be announced in a moment…for now, please introduce yourselves #meded

Gary Beck Dallaghan @GLBDallaghan 8 hours ago
@MedEdChat Gary here in Asheville, NC tonight #mededchat #meded

MedEd Chat @MedEdChat 8 hours ago
If you are tuning in to the #mededchat, remember to use the #meded AND #mededchat hashtag and try to answer with the Topic numbers (T1, T2, T3)

MedEd Chat @MedEdChat 8 hours ago
We will assume that all of your tweets are your own during this hour unless otherwise stated #meded #mededchat

MedEd Chat @MedEdChat 8 hours ago
@mmteacherdoc @MedicalCollege @MCW_Kern Welcome! Please remember to use our new hashtag #mededchat

MedEd Chat @MedEdChat 8 hours ago
T1 about to come up in a few moments #meded #mededchat

Jake Prunuske @iprunuske 8 hours ago
Hello from @MCWMedSchool #mededchat
Topic 1: Competency-based #meded is very trendy right now. What barriers exist to implementing this framework? #mededchat

@jprunuske @MCWMedSchool Welcome to the #mededchat

@MedEdChat T1 Time is an issue to truly implement #mededchat

T1: What barriers in #meded exist to fully implementing #CBME #mededchat

Jennifer from San Diego, multitasking on home call #mededchat

All I've read about this framework requires a lot of evaluations of #medstudents but no free time for clinicians to do the work #mededchat #MedEd

T1- Grades, class ranking, and understandable residency director desire to differentiate among medical students in the @TheNRMP Match are obvious ones. #mededchat

A1: Time. True #CBME would have no time limits. For most #MedEd disciplines we don’t have the luxury of endless timelines. In PA education it’s usually a finite length of 2-2.5 years. #mededchat

RT @mmteacherdoc: T1- Grades, class ranking, and understandable residency director desire to differentiate among medical students in the @T…

T1: Training educators how to assess competencies, even if you only observe the student in a few encounters or over a short period of time (which I think is more common than following them longitudinally) #mededchat
@Alliance4ClinEd 8 hours ago
@mmteacherdoc @TheNRMP T1 Do you think if evaluation frameworks were honestly given program directors would be able to differentiate? #mededchat #meded

@MedEdChat 8 hours ago
T1 Good point @myheroistrane Please be sure to use our new #mededchat for replies. Thanks

@KamalFAAP Kamal from Michigan #mededchat

@Alliance4ClinEd 8 hours ago
T1 This article addresses how great #CBME is for residency training. Is that where it should reside and not in #medschool? https://t.co/EqIn8Kx91e #mededchat #MedEd

@jpruske8 8 hours ago
Competency is competency - would be more valuable than grades. Problem is inertia of comparing students, not assessing competencies #mededchat

@mmteacherdoc 8 hours ago
@GLBDallaghan @Alliance4ClinEd We’re already doing a lot of student assessments. Would take retraining and a thoughtful program of assessment to make comparable amount of work. But very doable IMO.

@jpruske8 8 hours ago
#mededchat

@GLBDallaghan 8 hours ago
If it is do-able, then what is the sticking point of not doing it? #mededchat #meded

@StephRStarr 8 hours ago
T1: Yes #CBME poses challenges, but variation across learners is same in both UME and GME - so no reason to conceptualize it for UME alone #mededchat

@jpruske8 8 hours ago
T1: ideally we capture the micro assessments that are already being done by preceptors and reduce or streamline large end of block summative evaluations #mededchat
Gary Beck Dallaghan @GLBDallaghan 8 hours ago
@jprunuske I saw a post by @jcolbertgetz the other day about eliminating grades altogether and evaluating on competencies. How do you think that would fly with #medstudents or program directors? #medchat #meded

Jake Prunuske @jprunuske 8 hours ago
t1: Also critical to maintain or improve narrative evaluations in CBME #medchat

Marty Muntz @mmteacherdoc 8 hours ago
@Alliance4ClinEd @TheNRMP T1- it would probably take a common framework across med schools. The current issue with grades is that grade inflation/inconsistency across schools is such that the reliance on USMLE scores is already way too high. CBME done poorly risks worsening this. #medchat

Stephanie Starr, MD @StephRStarr 8 hours ago
@GLBDallaghan @mmteacherdoc @Alliance4ClinEd Providing multiple high-yield options for learners proceeding at different paces, potentially in different tracks? We haven't yet optimized UME systems, and this adds more complexity #medchat

Jennifer K. Chen, MD @DrJenChen4kids 8 hours ago
@Alliance4ClinEd There are many specialty-specific competencies that may not translate well to med school when students switch rotations so often, but some universal things (eg communication skills) should apply. It might be necessary to tweak the milestones for student level #medchat

Jake Prunuske @jprunuske 8 hours ago
Institutions still under a lot of pressure to give grades, rank students, show the 'best of the best'. True #CBME would be a big win, but make resident selection much different! #MedEdChat

Alliance4ClinEd @Alliance4ClinEd 8 hours ago
@StephRStarr @GLBDallaghan @mmteacherdoc Is that impacting their chances for particular residency programs? Do we know? #medchat#meded

Paul Haidet @myheroistraned 8 hours ago
@GLBDallaghan @jprunuske @jcolbertgetz They would freak! #medchat

Jake Prunuske @jprunuske 8 hours ago
We have 14 students from our regional campus entering the Match this year with evaluations in domains of competency, rather than grades. #CBME#medchat
Here is another article addressing assessments in CBME https://t.co/n0hc0CC0SP #mededchat #meded

@jprunuske Are you planning to publish anything about the outcomes? #mededchat #meded

Don't think med students would mind too much, might reduce competition among the “gunners” for AOA. However, might be harder for program directors to differentiate residency candidates at first glance #MedEdChat

Absolutely! #mededchat

Topic 2: How can medical schools get #medstudents to see beyond the exam to focus on becoming a good doctor? #mededchat #meded

Intuitively it impacts the “more competitive” specialties more. Dermatology, surgical specialties, radiation oncology, etc. #mededchat

Our students worry some about this, but we have students applying for competitive specialties. 60% of our class graduating in 3 years and not eligible for our school's AOA #mededchat

RT @MedEdChat: Join us this Thursday at 9pm NYC for the #MedEdChat as we discuss Beyond the Boards: Focusing Student Assessment on KSA of F...

T2: How are assessments in #meded facilitating or hampering #medstudent focus on becoming a good physician? #mededchat

Hello from CBus #mededchat https://t.co/dBwDwRXzVl
Jake Prunuske @jprunuske 8 hours ago
@MedEdChat Make USMLE Step 1 pass/fail #mededchat

Pratiksha Y @pyalakki8 hours ago
RT @MedEdChat: Topic 2: How can medical schools get #medstudents to see beyond the exam to focus on becoming a good doctor? #mededchat#meded

Gary Beck Dallaghan @GLBDallaghan 8 hours ago
@mmteacherdoc @Alliance4ClinEd @StephRStarr So then should there be a different mechanism for selecting residents under a #CBME framework so the competitive specialties aren't overwhelmed? #mededchat #meded

Tirath Patel @TirathPatelMD 8 hours ago
@MedEdChat A2: Medical schools cannot. As long as residency programs’ accreditation rides on passing specialty boards, PDs will emphasize standardized tests because they are the best indicator of future test success. The top of the pyramid must change before bottom. #MedEdChat

MedEd Chat @MedEdChat 8 hours ago
RT @jprunuske: @MedEdChat Make USMLE Step 1 pass/fail #mededchat

Jake Prunuske @jprunuske 8 hours ago
@mmteacherdoc @Alliance4ClinEd @StephRStarr @GLBDallaghan This could be a good thing... #mededchat

Paul Haidet @myheroistrane 8 hours ago
T1 it’s time for our hospitals to ante up and give the residencies the resources they need (like a position for assessment and evaluation, like the medical schools), and the resources to assess candidates on the things that really matter, instead of test scores #mededchat

Marty Muntz @mmteacherdoc 8 hours ago
@GLBDallaghan @jprunuske @jcolbertgetz I think most would double-down on USMLE scores as THE metric unfortunately. Pair it with #makeusmlepassfail though... #mededchat

Larry Hurtubise @hur2buzy 8 hours ago
T1 it seems like technology and evidence are changing rapidly and changing the nature of the competencies #mededchat

Pratiksha Y @pyalakki 8 hours ago
@MedEdChat potentially incorporating more attitude-related pedagogy into curriculum? #mededchat #meded
Alliance4ClinEd @Alliance4ClinEd 8 hours ago
@TirathPatelMD @MedEdChat A2 So then how can we get @acgme to change their metrics of grading residency programs? #mededchat #meded

Paul Haidet @myheroistrane 8 hours ago
#MakeUSMLEPassFail #mededchat

James @AshWallenberg 8 hours ago
RT @jprunuske: @MedEdChat Make USMLE Step 1 pass/fail #mededchat

MedEd Chat @MedEdChat 8 hours ago
RT @myheroistrane: T1 it’s time for our hospitals to ante up and give the residencies the resources they need (like a position for assessme...

Jake Prunuske @jprunuske 8 hours ago
RT @myheroistrane: T1 it’s time for our hospitals to ante up and give the residencies the resources they need (like a position for assessme...

Jennifer K. Chen, MD @DrJenChen4kids 8 hours ago
@MedEdChat T2: Make shelf exams less important in the clerkship grade (if we keep grades haha), and agree with USMLE all being pass/fail! My spiel is even if they don’t go into pediatrics, they’ll have kids (some do already) or friends with kids asking them questions #mededchat

Marty Muntz @mmteacherdoc 8 hours ago
@jprunuske @Alliance4ClinEd @StephRStarr @GLBDallaghan I agree - these are smart people, and they would innovate and work with UME to develop metrics that make sense. #mededchat

MedEd Chat @MedEdChat 8 hours ago
T2 #mededchat Completely agree that part of the problem are external forces weighing down true transformation in #meded

Larry Hurtubise @hur2buzy 8 hours ago
#MedEdChat seems like role models mentors and reflection are attitude related strategies

Pratiksha Y @pyalakki 8 hours ago
@MedEdChat Making students accountable to each other via flipped classroom or small group, peer-facilitated discussions surrounding clinical knowledge could also potentially help in the pre-clinical years #mededchat #meded (from my experience with my school's curriculum)
Follow the money; there's big bucks in standardized testing. There are probably also financial reasons residencies don't have more robust and tailored selection processes. #mededchat

A2: One example is Continuity: I follow a cohort of 4 med students as they move along their careers - two are Emergency, one is Ortho and one is radiology resident now. #mededchat

OSCEs, MiniCex, patient feedback, narrative feedback - all helpful; more MCQs, not so much. What does it mean to be a "good" physician? #mededchat

It would definitely be a step in the right direction #MakeUSMLEPassFail #mededchat #meded

RT @jprunuske: OSCEs, MiniCex, patient feedback, narrative feedback - all helpful; more MCQs, not so much. What does it m...

RT @myheroistrane: Follow the money; there's big bucks in standardized testing. There are probably also financial reasons residencies don't...

That's just it. There are big bucks with the ERAS and NRMP processes as well #mededchat #meded

Making students accountable to each other via flipped classroom or small group, peer-facilitated discussions surro...

#TeamBasedLearning, baby! #TBL #mededchat

RT @myheroistrane: Follow the money; there's big bucks in standardized testing. There are probably also financial reasons residencies don't...
Jennifer K. Chen, MD @DrJenChen4kids8 hours ago
@Alliance4ClinEd T2: If a student is not interested in a given specialty, they’re often tempted to try hiding away or leaving early to study for shelf exam, rather than spending the time with their team seeing patients (where they would likely learn more about being a good doc) #mededchat

MedEd Chat @MedEdChat8 hours ago
#mededchat Right on!

Jake Prunuske @jprunuske8 hours ago
@Alliance4ClinEd Good by institutional metrics? Good by big data? Good by patient expectations? good by peer review? Good by value to community? Society? We still tend to define “good” narrowly in #meded, even while talking domains of competency and #CBME #MedEdChat

MedEd Chat @MedEdChat8 hours ago
RT @jprunuske: @Alliance4ClinEd Good by institutional metrics? Good by big data? Good by patient expectations? good by peer review? Good…

Jennifer K. Chen, MD @DrJenChen4kids8 hours ago
@myheroistrane @MedEdChat Yup, standardized testing is a series of $$ making monopolies all the way from high school (SAT, ACT, AP or IB exams) all the way up through boards! #MedEdChat

Gary Beck Dallaghan @GLBDallaghan8 hours ago
@DrJenChen4kids @Alliance4ClinEd This is a sad commentary that @NBME exams are more important than learning the skills to become a physician. Our emphasis is misplaced #mededchat #meded

MedEd Chat @MedEdChat8 hours ago
RT @DrJenChen4kids: @myheroistrane @MedEdChat Yup, standardized testing is a series of $$ making monopolies all the way from high school (S…

Pratiksha Y @pyalakki8 hours ago
RT @jprunuske: @Alliance4ClinEd Good by institutional metrics? Good by big data? Good by patient expectations? good by peer review? Good…

Paul Haidet @myheroistrane8 hours ago
Potential root cause: we are overly concerned with “focus” - we expect results from faculty and say that the “triple threat” is dead. Students pick this up and have their whole future planned out. No room for career exploration or improvisation. #mededchat
And all of the groups profiting by "helping" learners prepare with almost NO data for effectiveness... #mededchat

Sorry back to T1- the other thing I hear is that CBME rewards "competency" and lessens the reward for students who achieve excellence. I disagree, but have others dealt with this concern (almost always from faculty). #mededchat

In most cases excellence is not necessary. We all strive for excellence, but rarely achieve it. Intrinsic vs extrinsic motivation? #mededchat

Topic 3: Even if assessments are formative in CBME models, medstudents often don't see that. What can be done to provide truly formative assessments in this psychometric-centric world? #mededchat #meded

In most cases excellence is not necessary. We all strive for excellence, but rarely achieve it. Intrinsic vs...

T3: With our over reliance on standardized exams, how can we truly implement believable formative evals in meded ? #mededchat

I much preferred TBL to lectures in preclinical years...also liked having the same “practice of medicine” group that whole time so the attendings could see how much we improved from that first awkward OSCE to starting clerkships (we were still awkward, just less ) #mededchat
Pratiksha Y @pyalakki8 hours ago
@MedEdChat T3: creating an open environment of formative assessment that works both ways, between learner and faculty/program, facilitating dialogue focused on improvement, may be one strategy #mededchat #meded

Marty Muntz @mmteacherdoc8 hours ago
@jprunuske I absolutely agree. I think students are much less worried about this. They will strive for excellence. I ask the faculty who say this whether they have stopped striving for excellence now that they’re not graded. #MedEdChat

Jake Prunuske @jprunuske8 hours ago
@MedEdChat T3: Longitudinal Integrated Clerkships help. Frequent feedback is key and relationships between learners and mentors are essential! #CBME #mededchat

Petty @PettyHomoMD8 hours ago
RT @DrJenChen4kids: @myheroistrane @MedEdChat Yup, standardized testing is a series of $$ making monopolies all the way from high school (S...

Petty @PettyHomoMD8 hours ago
RT @myheroistrane: Follow the money; there’s big bucks in standardized testing. There are probably also financial reasons residencies don’t...

MedEd Chat @MedEdChat8 hours ago
RT @pyalakki: @MedEdChat T3: creating an open environment of formative assessment that works both ways, between learner and faculty/program...

Jake Prunuske @jprunuske8 hours ago
RT @pyalakki: @MedEdChat T3: creating an open environment of formative assessment that works both ways, between learner and faculty/program...

Gary Beck Dallaghan @GLBDallaghan8 hours ago
@jprunuske @MedEdChat LICs are fantastic for this framework. What if it is a school with block clerkship scheduling? Is it feasible in your opinion? #CBME #mededchat #meded

Jennifer K. Chen, MD @DrJenChen4kids8 hours ago
@MedEdChat T3: Honestly it was hard for me to see that even in residency until I looked back after the first two years and realized how much I’d learned. You’d need longitudinal mentors to build relationships so the students could recognize “Yeah, they’ve really seen me grow” #MedEdChat
More frequent feedback? Good advisors/mentors to help situate feedback in the context of overall growth? Harder when supervisors change often or when each rotation feels like a make-or-break situation.

T3- agree with LICs. Another option is a “competency coach” - a mentor with no grading/assessment responsibilities. Help students use CBAs to develop individual learning plans for improvement. Longitudinal follow up.

RT: Honestly it was hard for me to see that even in residency until I looked back after the first two years...

Blocks make this much harder as each clerkship director needs/wants to assign a grade. For true formative assessments, better to separate grades from competencies - CD struggle with this!

More frequent feedback? Good advisors/mentors to help situate feedback in the context of overall growth? Harder when supervisors change often or when each rotation feels like a make-or-break situation.

It appears that these and other issues are results of competing priorities (financial, scheduling, resources) between institutions. Also, I am seeing a wide variety in how much formative feedback is given to students and faculty/preceptors.

Brilliant idea! Have you seen any published work related to competency coaches?

Yes! Have a coach or mentor independent of the course/grading system can be invaluable.

T2: yes! it's a lot more engaging to be actively learning w/ TBL/PBL style pedagogy. Fostering & investing in intrinsic motivations of adult learners setting their own learning objectives may help med students look beyond summative testing to clinical practice!
Alexis L. Rossi @AlexisLRossi 18 hours ago
@pyalakki @MedEdChat T3: agreed, a systems based approach to assessment is important so the data and feedback informs the entire system: learners, program, patient interactions, faculty development, etc. #mededchat

Paul Haidet @myheroistrane 8 hours ago
Gotta teach and motivate our students to be accurate, calibrated self-assessors. That’s a gift that will keep on giving! #mededchat

MedEd Chat @MedEdChat 8 hours ago
RT @myheroistrane: Gotta teach and motivate our students to be accurate, calibrated self-assessors. That’s a gift that will keep on giving!…

Marty Muntz @mmteacherdoc 8 hours ago
@Alliance4ClinEd @MedEdChat Some of this done in learning communities. But I haven’t seen good data on this. I want to do the study… #mededchat

Jake Prunuske @jprunuske 8 hours ago
Any evidence that this can be done? Students (and probably all of us!) are not great at self-assessment. Hence the value of a coach! #mededchat

MedEd Chat @MedEdChat 8 hours ago
This article points to limiting the number of items to assess learners on in #CBME Thoughts? https://t.co/ktwmy6TWtb #mededchat #meded

Jennifer K. Chen, MD @DrJenChen4kids 8 hours ago
@mmteacherdoc @Alliance4ClinEd @MedEdChat The hard part might be finding #MedEd folks who are interested in being coaches who aren’t already involved in grading or assessments already! #MedEdChat

Gary Beck Dallaghan @GLBDallaghan 8 hours ago
@jprunuske Having a coach is actually how you become better at self-reflection and honest self-assessment. #mededchat #meded

Paul Haidet @myheroistrane 8 hours ago
Start with a coach that gets progressively less “hands on” as the student gets better at self assessment. A great coach should put themselves out of business, in time... #mededchat

Jake Prunuske @jprunuske 8 hours ago
@MedEdChat Maybe limit assessment to core EPAs? Hard to reach agreement on what to assess, what competencies are appropriate for each stage of training or progression. #mededchat
RT @myheroistrane: Start with a coach that gets progressively less “hands on” as the student gets better at self assessment. A great coach...

RT @DrJenChen4kids @mmteacherdoc @Alliance4ClinEd @MedEdChat The hard part might be finding #MedEd folks who are interested in being coach...

Honestly, I think the big barrier is compensating them (or their Department) for their time. You could assess other students, just not yours. In fact it’s probably good that you assess others - good experience with the tool, etc. #mededchat

Gotta teach and motivate our students to be accurate, calibrated self-assessors. That's a gift that will keep on giving!...

We have about 5 more minutes left in our #mededchat discussion. Please feel free to give some final thoughts #meded

Thanks for helping increase the visibility of competency-based #meded. We need this! #mededchat

I swore by UWorld for Step 1/2 CK because I learn by doing practice questions rather than reading, but didn't bother getting fancier prep materials like many others did. Thankfully for boards, I had free access to @AmerAcadPeds PREP questions! #MedEdChat

Final Thought: Barriers to #CBME implementation are multifactorial and as @myheroistrane stated we need to follow the money to address them honestly #mededchat #meded

RT @jprunuske: Thanks for helping increase the visibility of competency-based #meded. We need this! #mededchat
John Lowry @DrJohn58857 hours ago
@MedEdChat T2: it’s hard for medical students to appreciate what a good doctor is, given a lack of substantial experience in medicine. I ran a medical scribe training program for years, and that kind of experience was instrumental in providing professional context. #mededchat

Jake Prunuske @jprunuske7 hours ago
RT @GLBDallaghan: @MedEdChat Final Thought: Barriers to #CBME implementation are multifactorial and as @myheroistrane stated we need to fol…

MedEd Chat @MedEdChat7 hours ago
RT @DrJohn5885: @MedEdChat T2: it’s hard for medical students to appreciate what a good doctor is, given a lack of substantial experience i…

Marty Muntz @mmteacherdoc7 hours ago
I suggest that we set a date - say 7/1/2025 - by then USMLE Steps 1 and 2 become P/F. UME and GME leaders have to work together on a plan for CB assessment that meets needs of our learners, patients, & programs. #mededchat final thought.

MedEd Chat @MedEdChat7 hours ago
Join us again next week at 9 pm Thursday for the #mededchat. Don’t forget to suggest topics by DM or email #meded

MedEd Chat @MedEdChat7 hours ago
RT @mmteacherdoc: I suggest that we set a date - say 7/1/2025 - by then USMLE Steps 1 and 2 become P/F. UME and GME leaders have to work to…

Cristina Truica @CTruica7 hours ago
RT @myheroistrane: Potential root cause: we are overly concerned with “focus” - we expect results from faculty and say that the ”triple thre…

MedEd Chat @MedEdChat7 hours ago
That’s a wrap...I will post the #mededchat transcript tomorrow morning on https://t.co/mJivoKroXx on the Resources page. Thanks everyone for participating! #meded

Pratiksha Y @pyalakki7 hours ago
RT @AlexisLRossi1: @pyalakki @MedEdChat T3: agreed, a systems based approach to assessment is important so the data and feedback informs th…

Dr. Sateesh Arja @ArjaSateesh7 hours ago
RT @myheroistrane: Start with a coach that gets progressively less “hands on” as the student gets better at self assessment. A great coach…
ICYMI: Academy for Professionalism in Health Care’s annual meeting. May 15-17, 2019 in #NewOrleans, La. Theme of #APHC19 is #SocialJustice and #Professionalism - Exploring Challenges and Opportunities.  
https://t.co/eMYV7kgrFc #MedEd #MedEdChat https://t.co/LiiNKgfZKx

RT @pyalakki: @MedEdChat T3: creating an open environment of formative assessment that works both ways, between learner and faculty/program…

Thanks to @MedEdChat for taking my mind off Senate confirmation hearings for an hour. Grateful for my #MedEd and #medtwitter community! #mededchat

RT @jprunuske: @Alliance4ClinEd OSCEs, MiniCex, patient feedback, narrative feedback - all helpful; more MCQs, not so much. What does it m…

RT @MedEdChat: Topic 2: How can medical schools get #medstudents to see beyond the exam to focus on becoming a good doctor? #mededchat #med…

Would take tools not currently in existence. That’s why I didn’t say starting now make USMLE P/F. Need to develop innovative tools that are valid and reliable. #meded #mededchat

RT @TheAPHC: ICYMI: Academy for Professionalism in Health Care’s annual meeting. May 15-17, 2019 in #NewOrleans, La. Theme of #APHC19 is #S…

Consider inviting EPAC faculty to host a #mededchat - they have some great insights about #CBME, assessment for learning, and differences in student attainment of EPAs b/t the 2 schools with LICs vs the 2 without.