

2024-06-06: Clinical Competency Committees for Undergraduate Medical Student Education

The following links were shared during the chat:

- [Competency Committees in Undergraduate Medical Education: Approaching Tensions Using a Polarity Management Framework](#)
- [Evaluating clerkship competency without exams](#)

MedEd Chat (hosted by ACE) @MedEdChat

9 hours ago



#MedEdChat begins in 30 minutes! New to chats? Use this quick guide! [#meded](#) <https://t.co/w4GBplaaSd>

Teresa Hartman @thartman2u

9 hours ago



RT @MedEdChat: #MedEdChat begins in 30 minutes! New to chats? Use this quick guide! [#meded](#) <https://t.co/w4GBplaaSd>

MedEd Chat (hosted by ACE) @MedEdChat

9 hours ago



Welcome to the #MedEdChat (US) I am your moderator for the next hour [@alliance4clined](#) [#meded](#)

MedEd Chat (hosted by ACE) @MedEdChat

9 hours ago



The #MedEdChat topic & questions will be announced in a moment...for now, please introduce yourselves [#meded](#)

Gary Beck Dallaghan @GLBDallaghan

9 hours ago



Gary here in Urbana! [#mededchat](#)

MedEd Chat (hosted by ACE) @MedEdChat

[9 hours ago](#)



If you are tuning in to the [#MedEdChat](#), remember to use the [#MedEdChat](#) hashtag and try to answer with the Topic numbers (T1, T2, T3)

MedEd Chat (hosted by ACE) @MedEdChat

[9 hours ago](#)



We will assume that all of your tweets during [#MedEdChat](#) are your own during this hour unless otherwise stated [#meded](#)

MedEd Chat (hosted by ACE) @MedEdChat

[9 hours ago](#)



T1 about to come up in a few moments [#meded](#) [#MedEdChat](#)

MedEd Chat (hosted by ACE) @MedEdChat

[9 hours ago](#)



Topic 1-Clin Competency Ctees provide a different way to construct clinical grades for [#medstudents](#). How are clinical grades constructed at your institution? [#MedEdChat](#) [#hmichat](#) [#hmiccommunity](#)
<https://t.co/ttNn01ttbW>

Gary Beck Dallaghan  @GLBDallaghan

[9 hours ago](#)



I can only speak from past experience (and I believe it still being done this way)...but it was multiple components that were converted into scores, weighted, then ranked to give the top 20% H, 20% HP, 60% P [#MedEdChat](#)

Alliance4ClinEd @Alliance4ClinEd

[9 hours ago](#)



T1 This article from UMMS details their process for using clinical competency committees. Figure 2 provides a really nice flow chart of their process. <https://t.co/HvADBhnY7m> [#MedEdChat](#)

MedEd Chat (hosted by ACE) @MedEdChat

[9 hours ago](#)



Topic 2-How many evaluations inform the grading? Do you include evals from diverse clinicians &/or non-physician providers? [#MedEdChat](#) [#meded](#) [#hmicommunity](#) <https://t.co/henj8BHspH>

Gary Beck Dallaghan  @GLBDallaghan

[8 hours ago](#)



T2 At a prior SOM, we expected one summative eval per week ([#medstudents](#)) chose who completed for clinics. Inpatient we got 1-2 from the team. Over the course of the 8-week clerkship, probably around 10. No non-physician providers completed them. [#MedEdChat](#)

MedEd Chat (hosted by ACE) @MedEdChat

[8 hours ago](#)



Topic 3-What are the benefits of a committee grading process? [#MedEdChat](#) [#meded](#) [#hmicommunity](#) <https://t.co/q14mMf888G>

Gary Beck Dallaghan  @GLBDallaghan

[8 hours ago](#)



T3 I honestly feel it allows for a conversation about what the narrative comments mean and how they should contribute to the final determination....not just numbers. [#MedEdChat](#)

Alliance4ClinEd @Alliance4ClinEd

[8 hours ago](#)



T3 This article addresses grading without the use of numbers. Speaks to the need to incorporate holistic review and not summarize scaled items. <https://t.co/T03wLFrFap> [#MedEdChat](#)

Emily Shaffer, DO @DrMissWV

[8 hours ago](#)



[@MedEdChat](#) A3: In theory, I'd say their main advantage would be that in providing numerous individuals' experiences & perspectives, you mitigate the potential impact of individual evaluator bias (either positive or negative) [#mededchat](#)

MedEd Chat (hosted by ACE) @MedEdChat

[8 hours ago](#)



Topic 4-What are the barriers to a committee grading process? [#MedEdChat](#) [#meded](#) [#hmicommunity](#)
<https://t.co/NjcagIBpsM>

Gary Beck Dallaghan @GLBDallaghan

[8 hours ago](#)



T4 The most obvious to me is timing and logistics. If it is to be meaningfully done, faculty will need to be present and that is a challenge. [#mededchat](#)

Gary Beck Dallaghan @GLBDallaghan

[8 hours ago](#)



T4 Another issue is people having experience to do it. This is a new approach and requires folks with some background to facilitate the process [#mededchat](#)

MedEd Chat (hosted by ACE) @MedEdChat

[8 hours ago](#)



We have about 5 more minutes left in our discussion. Please feel free to give some final thoughts [#meded](#)
[#MedEdChat](#)

Gary Beck Dallaghan @GLBDallaghan

[8 hours ago](#)



[@DrMissWV](#) Good grief! I would hope there's some efiting...and am surprised students haven't revolted!
[#mededchat](#)

MedEd Chat (hosted by ACE) @MedEdChat

[8 hours ago](#)



[#MedEdChat](#) will be on hiatus during the month of July. Our next [#mededchat](#) will be the first Thursday in August. Have a safe and fun summer!

Emily Shaffer, DO @DrMissWV

[8 hours ago](#)



[@MedEdChat](#) T4. I think thisd be VERY difficult to implement if your students are rotating across many highly diverse clinical sites (an ESP signif issue w/ many DO schools). Being able to ensure consistency in exp & evaluator practices + generalizability of criteria across all [#mededchat](#)

Emily Shaffer, DO @DrMissWV

[8 hours ago](#)



[@GLBDallaghan](#) I can tell you that, at least during the time that I was there, there was most def NOT. I was explicitly told by the dean that the school's policy was not to editorialize the words of the original evaluator *whatsoever*, lest it compromise the integrity of the MSPE [#mededchat](#)