

Competencies Ad Hoc Committee of the COC
Meeting Minutes
10-20-08

- Present:** Pasha Schafer, MD, Peggy Wagner, PhD, Sara Young, MD, Carol Nichols, PhD, Scott Barman, PhD, Diane Turnbull, PhD, Linda Boyd, DO, Mark Ebell, MD, Petch-Lee, PhD, Bob Nesbit, MD, Stephen Hawkins, MS-IV, Sandra Sexson, MD
- Excused:** Paul Haun, MS-II, Andy Albritton, MD

The group discussed the benefits of using various frameworks, using the sample competencies from other schools as a reference.

There was consensus among the group after discussion that it made sense to use the ACGME competencies, for several reasons:

- 1) It would keep us consistent with residency training
 - a. Many faculty (especially clinical faculty) teach residents and students, so it helps to keep within the same framework.
- 2) It covers all the broad areas we think are important
- 3) Areas that are not typically well covered in medical school, such as systems-based medicine might have a smaller focus, but are nonetheless important to include and might allow us to stretch our curriculum into this area.
 - a. The group acknowledged that not all domains would be equal and that was OK.
 - b. If other domains are needed we can add to that.
- 4) ACGME website has great resources, and only medical knowledge and patient care are specialty specific.
- 5) It was felt that professionalism is the foundation, with a suggested order of:
 - a. Professionalism
 - b. Communication
 - c. Medical Knowledge
 - d. Practice-based learning (including lifelong learning)
 - e. Systems-based practice
 - f. Patient care

It was decided to start broad and then focus down. There was not clear consensus on how far to drill down, for example each competency by year of training? UNC shows where the competencies are taught by year, but not what the expectations are by year. NJMS shows great detail of each competency by year of training, but Linda related that can lead to inflexibility and gave an example. Some members of the group felt it would be helpful to both faculty and students if the expectations were clear.

The group anticipated that once the new USMLE Gateway exams start, we will need flexibility to adapt the curriculum.

The group liked FSU's format, though they do not use ACGME domains. They liked how each competency is identified with attitude, behavior, knowledge or skill, and had sample evaluation methods.