Moving Forward: Updates and Current Progress of The CLASS Project

APRIL 15, 2023

WESTERN GEA/GSA/OSR REGIONAL MEETING

HONOLULU, HI

Conflict of Interest Disclosure

Disclosures

None

We do not have all the solutions but are committed to transparency between UME and GME and CPD and improving existing processes across the continuum.

Challenging Questions

WHY do you think that US Medical Education has thus far failed to adopt national standards for clinical skills and their assessment?

HOW do we create equity in clinical skills assessment across the nation when there is variability in resources across institutions?

Will using **TECHNOLOGY** for clinical skills assessment lead to equity for learners and institutions?

WHO is/are the entity(s) responsible for faculty development in assessment at the local, regional, and national level?

WHAT are the relevant clinical skills to be assessed at each learner level (UME to CPD)?

What would be **DESIRABLE OUTCOME(S)** of the CLASS Project?

Speakers

Timothy Baker MD
>   Associate Professor of Internal Medicine
>   Senior Associate Dean for Academic Affairs
>   University of Nevada, Reno School of Medicine

Michael Campion MEd
>   Director of Academic and Learning Technologies
>   University of Washington School of Medicine

Gordon Green MD, MEd, EdD
>   Professor of Pediatrics
>   Senior Associate Dean for Medical Education
>   California University of Science and Medicine

Julie Youm PhD
>   Associate Dean, Education Compliance & Quality
>   UCI School of Medicine
>   Director, Educational Technology, Office of Medical
>   Education, University of California Irvine

Question#1 Raise Your Hand

Did you attend the session about CLASS at LSL?

Question#2 Raise Your Hand

Who is in the room?

1. Pre-Clinical Faculty (any role)

2. 3rd year Clerkship Directors

3. Residency Program Directors

4. Students

5. Residents

6. Administration

7. Other

Overview

The permanent cancellation of USMLE Step2 CS and COMLEX Step2 PE provides a unique opportunity to begin a national conversation to re-imagine and reframe clinical skills standards and assessment.
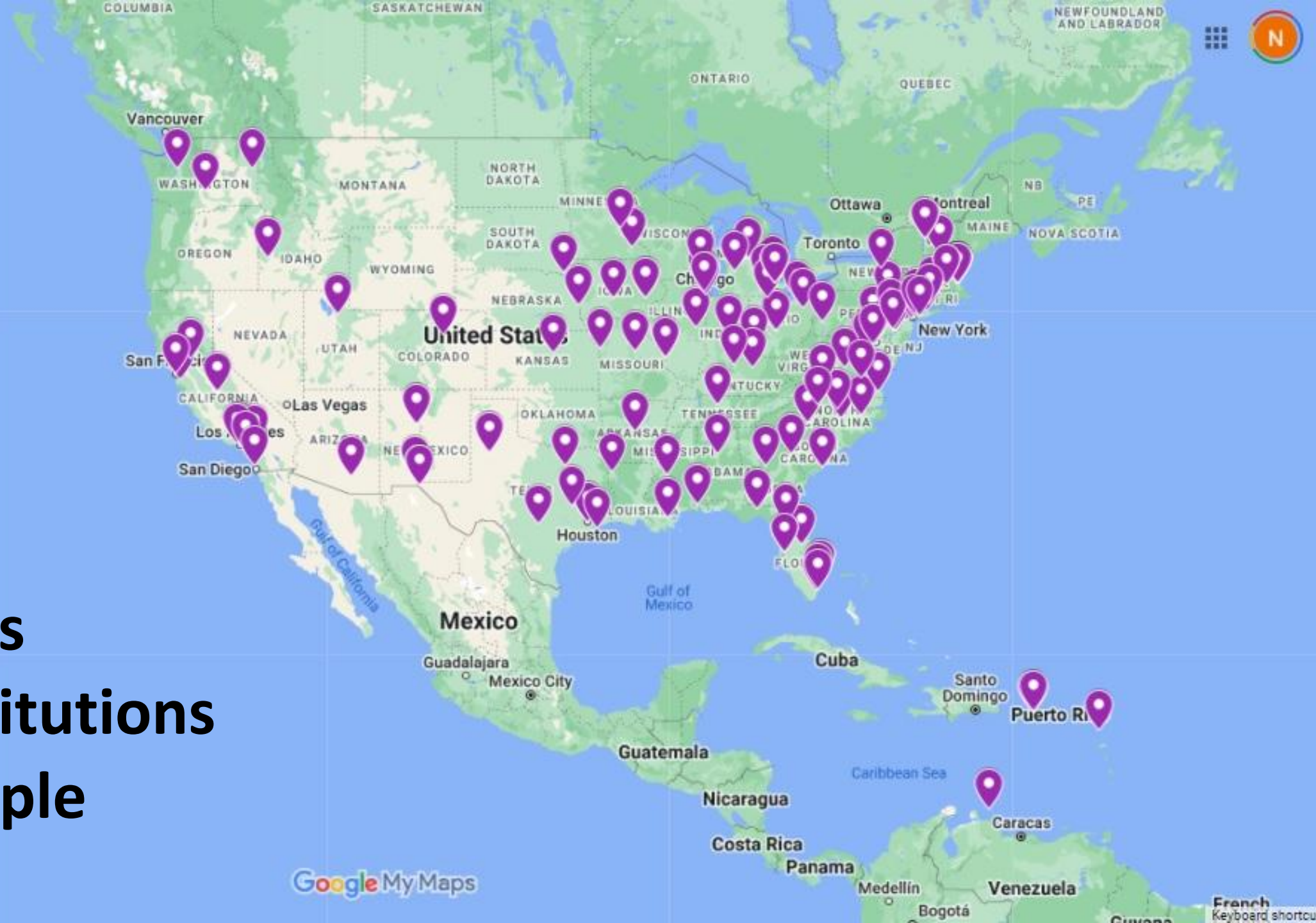
June 2021 - The AAMC Group on Educational Affairs (GEA) Steering Committee began discussions regarding clinical skills.

August 2021- The Clinical Skills Assessment and Standardization (CLASS) Project was launched.
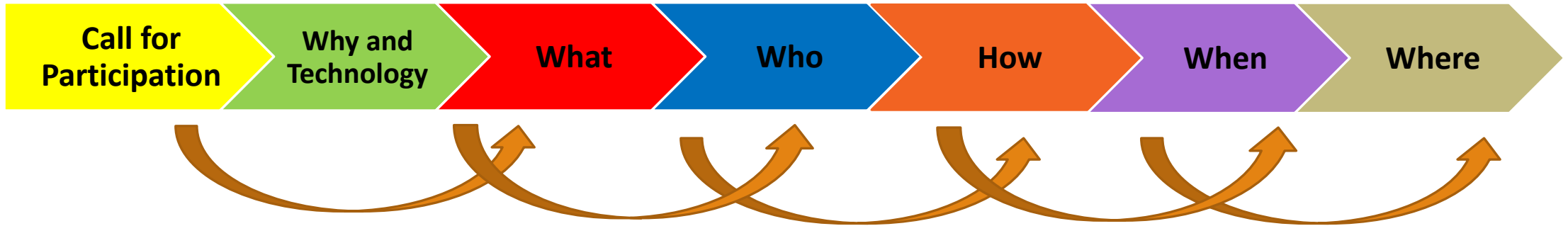
46 states

157 Institutions

316 People

Taskforce Timeline

| Call for Participation | Why and Technology | What | Who | How | When | Where |

Guiding Principles
New Taskforce formed every few months
Taskforce Chairs and Vice-Chairs meet periodically
Interim Reports
Some Taskforces may be "finished" (e.g., Why) before all Taskforces are operational
"Final" reports to be re-evaluated in context of findings of 'newer' Taskforces

A Call To Action

Suggested beginning steps to follow at your institution:

1. Understand this is related to Element 9.4 for LCME purposes

2. Create an environment for discussion and culture change

    a. "Its not business as usual"

3. Include others that may not be customarily involved in this process (e.g., IT Dept)

    a. Think vertically and horizontally

4. Re-present this workshop at your institution to start a discussion

WHY - 1 & 2

WHY does US Medical Education have to adopt national standards for clinical skills and their assessment?

WHY-1 Co-Chairs
Danielle Roussel, MD
Tracy Kedian, MD

WHY-2 Co-Chairs
Ruth Crowe, MD, PhD
Ross Scalese, MD

WHY 1 and 2

Charge

Why might national standards for clinical skills assessment be needed (OR not needed)?

Process

Literature Review

- Rationale
- Clinical Skills Assessment
  - History
  - Trends
- Gaps & Barriers

Findings

Benefits to Patients

Transparency & Accountability

Physicians

Equity, Autonomy, Innovation

Limited empiric evidence supporting this

WHY 1 and 2 Recommendations

What is still needed?

Broadly shared mental model about what is meant by "clinical skills" and "assessment"

Expanded concept of CSA beyond centrally administered, single point in time, high-stakes OSCE

Research to link patient outcomes to CSA

WHAT - 1 & 2

WHAT are the relevant clinical skills to be assessed at each learner level (UME to CPD)?

WHAT-1 Co-Chairs
Andrew Olson, MD
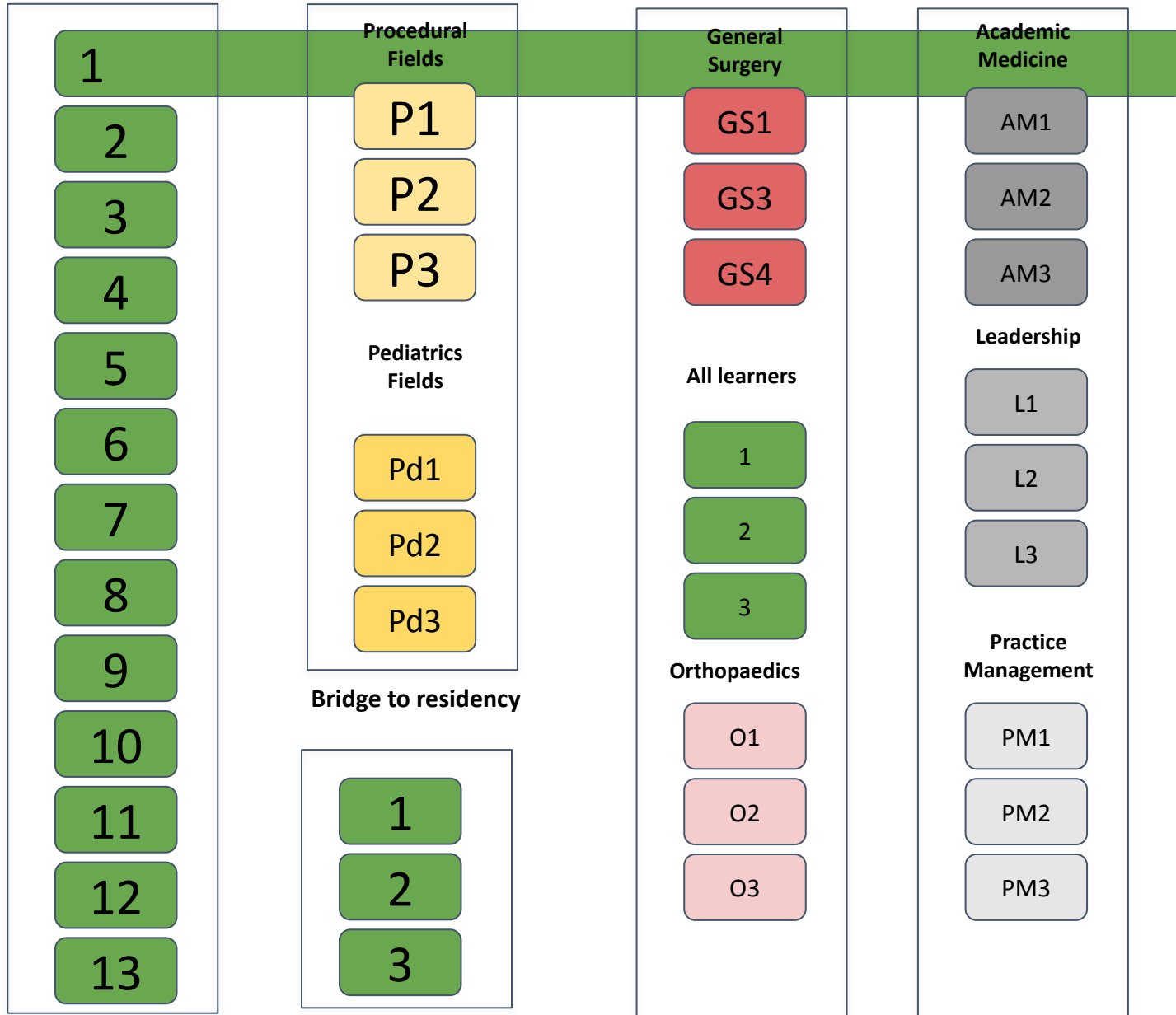Vinita Kiluk, MD

WHAT-2 Co-Chairs
Ranjodh Gill, MD
Amanda Wright, DO

Core EPAs (all learners)
1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13

Transition EPAs

Procedural Fields: P1, P2, P3

Pediatrics Fields: Pd1, Pd2, Pd3

Bridge to residency: 1, 2, 3

Specialty EPAs (specialty-specific)

General Surgery: GS1, GS3, GS4

All learners: 1, 2, 3

Orthopaedics: O1, O2, O3

Practice EPAs (practice-specific)

Academic Medicine: AM1, AM2, AM3

Leadership: L1, L2, L3

Practice Management: PM1, PM2, PM3

Example: An individual who is interested in pediatric orthopaedic surgery who chooses a career in academic medicine, leadership, and with a practice management role.

1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13; P1, P2, P3; Pd1, Pd2; 1, 2, 3; O1, O2, O3; 1, 2, 3; AM1, L2, PM3
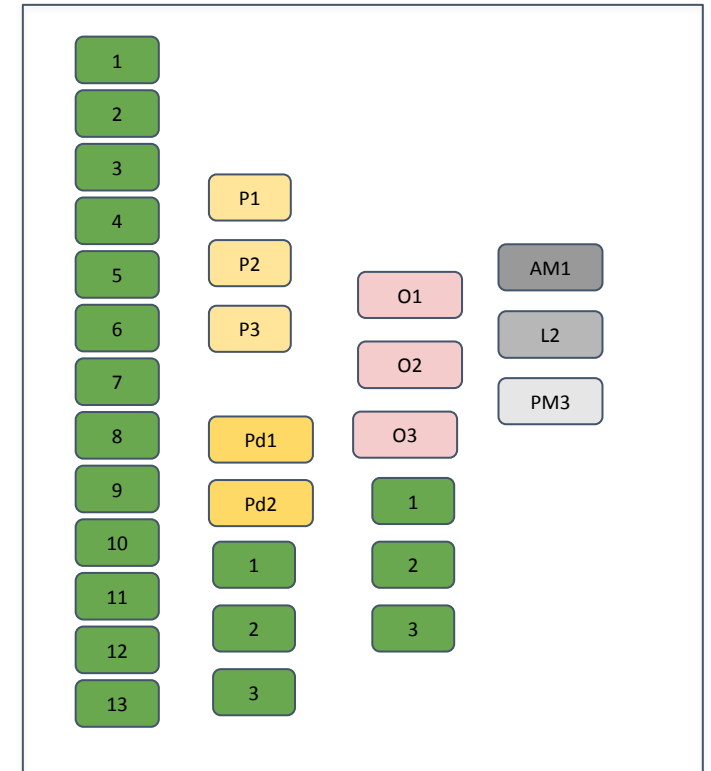
Time

WHAT 1 and 2 Joint Recommendations

- Specific clinical skill requirements and expectations can/will shift over time, so <u>flexibility</u> is necessary

- Power in combination of WHAT-1 and WHAT-2 models

- Any organization following any clinical skills framework may erroneously determine that lack of the skill is incompetence.

- Collaboration with other Taskforces is crucial as well as other organizations for realistic implementation

- Appropriate stakeholders (within medicine and externally) must be engaged for implementation

HOW - 1

HOW do we create equity in clinical skills assessment across the nation when there is variability in resources across institutions?

HOW-1 Co-Chairs
Felise Milan, MD
Tom Lindsey, DO, FACOS, CHSE

Charge

Determine which clinical assessment(s) are most ideal for use

Describe how these assessments should be used by educators

Discuss how clinical skills assessors are to be trained to provide accurate and unbiased assessments of learners

Process

Subgroups:

History and Physical Examination

Clinical Reasoning

Communication Skills and Professionalism

Reliability/Validity/Standard setting

Rater Training-given to WHO1

Regional Consortia

Progress/Future Direction

Hx and PE group-

Looking at tools used by Society for Bedside Medicine for adaptation in UME.

Clinical Reasoning-

Drafting a database of clinical reasoning assessment methods including pros and cons.

Communication skills/Professionalism-

Few schools with systematic program for assessment of professionalism. Medical student member working on attributes of professionalism.

Regional OSCE consortia

Addressing question of how consortia can assist in getting to national standards for CS assessment.

Reliability/Validity/Standard Setting

Many schools use a norm-based criterion. This method runs counter to practice of competency-based assessment.

Longitudinal Programs of Assessment (LPOA)

Survey to go to Med Ed Leadership at all US schools.

HOW - 2

HOW do we create equity in clinical skills assessment across the nation when there is variability in resources across institutions?

HOW-2 Co-Chairs
Julianna Jung, MD
Jennifer Stojan, MD, MHPE

How-2 Preliminary findings

1. OSCEs: valid & reliable
   ◦ Resource intensive + Inequities

2. WBAs: real-world context, change behavior
   ◦ Rater training issues + bias risk

3. Written assessments: unique CR insights
   ◦ Reliability/validity concerns, summative challenge

4. Simulation = resource intensive with manikins
   ◦ Screen-based = easily scalable

Modified Delph approach to address how to best utilize assessments

WHO - 1

WHO is/are the entity(s) responsible for faculty development in assessment at the local, regional, and national level?

WHO-1 Co-Chairs
John Folk, MD, EdD
Gordon Green, MD, MEd, EdD

Institutions
- Facilities
- Finances
- Human Resources
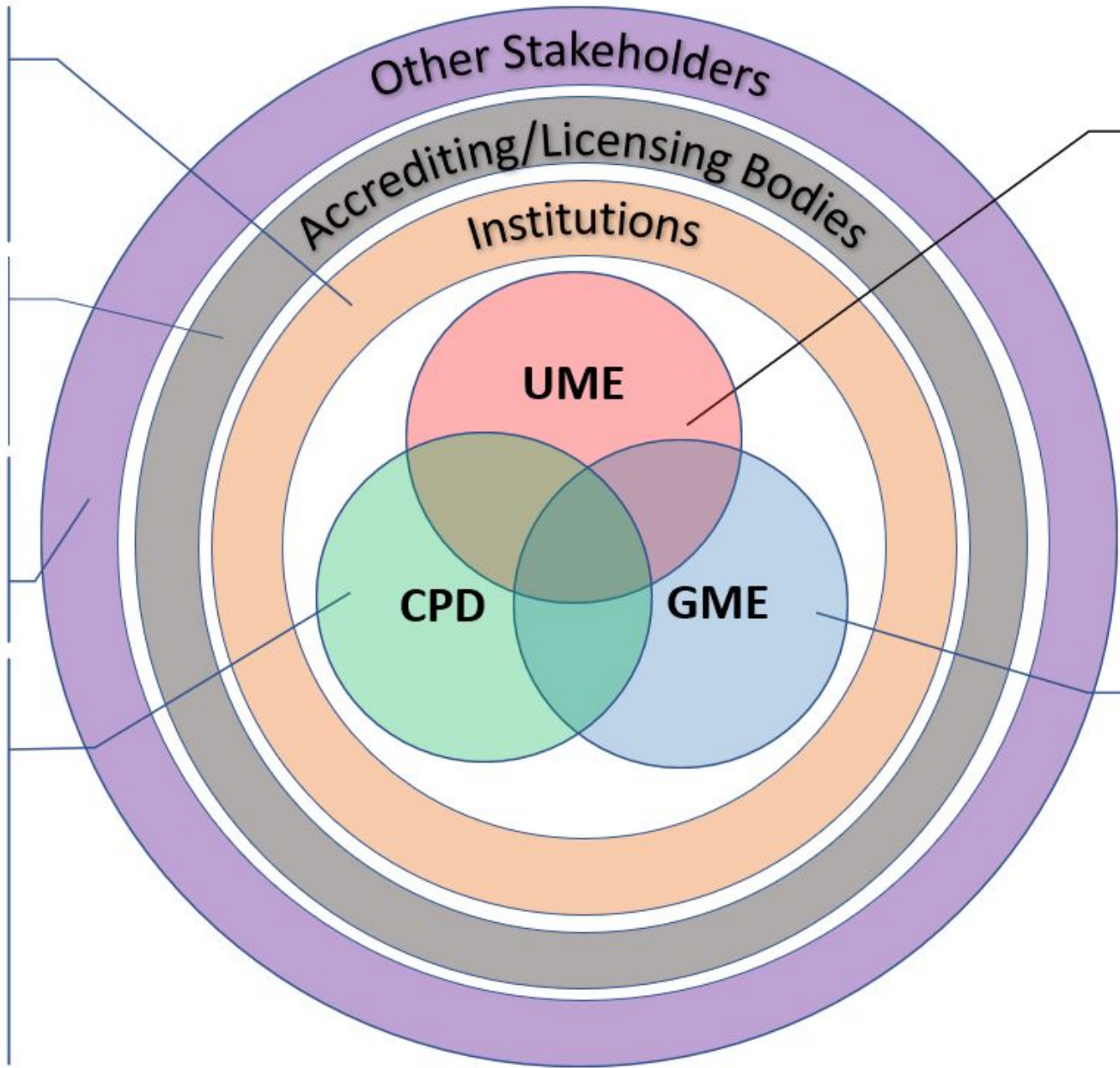- IT/Data Analysts

Accrediting/Licensing
- LCME/ACGME
- State Boards
- Regional institutional

Other
- Healthcare professions
- Patients/families
- Communities

CPD
- Learners
  - Primary Care
  - Sub-Specialties
- Evaluators
  - Peers/Near-Peers
  - SPs
  - 360 Evaluators
  - Patients

UME
- Learners
  - Pre-Clerkship
  - Clerkship
- Evaluators
  - Peers/Near Peers
  - SPs
  - Residents
  - Faculty
  - 360 I/P Evaluators
  - Patients

GME
- Learners
  - Junior
  - Senior
- Evaluators
  - Peers/Near-Peers
  - SPs
  - Faculty
  - 360 I/P Evaluators

Other Stakeholders

Accrediting/Licensing Bodies

Institutions

UME

CPD

GME

WHO-1 Preliminary Findings

1. Evaluator selection and training
   ◦ Requires training, testing

2. Fairness & equity are essential

3. Multiple assessment types & evaluators
   ◦ Uniformity issues

4. Assessment reviews

WHO - 2

WHO is/are the entity(s) responsible for faculty development in assessment at the local, regional, and national level?

WHO-2 Co-Chairs
Jennifer Kogan, MD
Stacy Charat, MD

WHO-2 Preliminary Questions

1. Who is appropriate to assess different clinical skills?
2. How should these individuals be chosen?
3. How should these individuals be trained?
4. Who entrusts these individuals for assessment?
5. What are expected outcomes of training?
6. How do assessments compare across assessors?

TECHNOLOGY

How will TECHNOLOGY support a future-ready approach for assessment of clinical skills across the education and practice continuum?

TECHNOLOGY Co-Chairs
Yoon Kang, MD
Stephanie Mann, MD, MS HPEd

Charge and Guiding Principles

Support an **equitable, valid, and reliable** assessment across the continuum of education/practice.

Create a **longitudinal portfolio** for data visualization of core clinical skills metrics.

Develop **standards** supporting cost efficiency, accessibility, interoperability, and data sharing

Ensure technology **platforms evolve in parallel** with patient care needs

Progress/future directions

- Complete scoping review of artificial intelligence use for clinical skills assessment
- Additional information seeking discussions with national stakeholders
- Define the role of technology to ensure future iterations of clinical assessment supports an equitable approach to assessment.

Current Progress

WHY 1 and 2 Taskforces and WHAT 1 and 2 Taskforces	• Worked independently until the end when the Taskforce Chairs met and compared and combined their work.
WHO 1 and 2 Taskforces	• Recently presented their interim reports • It appears to be beneficial for both Taskforces to combine work at this point.
WHEN and WHERE Taskforces	• Call for more volunteers • Work to start soon
Professions Taskforce	• Charge to look at professions outside of medicine in order to glean lessons learned from other fields,
HOW 1 and 2 Taskforces	• Recently presented their interim reports • LPOA Survey

Discussion Activity

Three 10-minute segments

Rotate every 10 minutes

Freedom to choose to which question to contribute

Challenging Questions

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3. Will using **TECHNOLOGY** for clinical skills assessment lead to equity for learners and institutions?

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5. **WHAT** are the relevant clinical skills to be assessed at each learner level (UME to CPD)?

What would be **DESIRABLE OUTCOME(S)** of the CLASS Project?

2021 – 2022 GEA Steering Committee

Nagaraj Gabbur, MD   **Chair, Group on Educational Affairs (GEA)**

Bill Cutrer, MD   **Chair-Elect, GEA**

Carol Elam, EdD   **Past Chair, GEA**

Regional Chairs

Steven Rougas, MD, MS, FACEP   Northeast Region (NEGEA)

Elissa Hall, MA, EdD   Central Region (CGEA)

John Luk, MD   Southern Region (SGEA)

Timothy Baker, MD   Western Region (WGEA)

2021 – 2022 GEA Steering Committee

Section Leaders

Cayla Teal, PhD	Medical Education Scholarship,Research and Evaluation (MESRE)
Brenda Roman, MD	Undergraduate Medical Education (UME)
Cecile Foshee, PhD	Graduate Medical Education (GME)
Clara Schroedl, MD	Continuing Professional Development (CPD)

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Julie Youm, PhD	Chair, Group on Information Resources (GIR)
Michael Campion, MEd	Chair-Elect, GIR
Dilpreet Kaeley	Chair-Elect, Organization of Student Representatives (OSR)

AAMC Liaisons

Steve McKenzie

Aneesah Griffith

Kate McOwen

AAMC provides logistical support/cloud storage/research

Robert Barraco, MD, MPH

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Advisory Taskforce - 1

Advisory Taskforce - 2

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WHY - 1
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TimothyBaker, MD

Sondra Zabar MD

Chair: Danielle Roussel, MD

Vice Chair: Tracy Kedian, MD

WHY-2 Taskforce

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Vice Chair: Ross Scalese, MD

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Susannah Cornes MD

Judy Daboul MD PGY-1

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Norman Retener MD

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Joebert Rosal MS4

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Vice Chair: Jennifer Stojan, MD, MHPE

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Vaneet Sandhu

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Michael Calavano

Rashika Verma

Michael Levidy

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Sharmela Brijmohan

Gail Tan

Rebecca Lyn Toonkel

Julie Youm

Michael Campion

Adam Weinstein

Nicole Winston

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Sophie You

Chair: Yoon Kang, MD
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    I. "Its not business as usual"

c) Include others that may not be customarily involved in this process (eg IT Dept)

    I. Think vertically and horizontally

d) Re-present this workshop at your institution to start a discussion

Contact Information

theclassproject@outlook.com

Thank you!!

Join Us!!