Beyond decision-making: The invisible work of Competency Committees

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We do not have any affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.
Background: Competency committees

- Competency committees (CCs) are relatively new features of postgraduate medical education.

- In the literature, CCs are often described as summative decision-making bodies, responsible for the review and evaluation of trainee assessment data.

- However, policy documents outline a more ambitious vision for the role of CCs (i.e., continuous quality improvement, formative feedback, faculty development).
Research Question:

Beyond summative decision making, what else do Competency Committees do?
Methods

❖ Constructivist grounded theory methodology
❖ Seven diverse postgraduate programs
❖ 27 CC meetings observed (> 80 hours)
❖ 27 semi-structured interviews with CC members were conducted (6 program directors, 6 committee chairs, 15 committee members)
❖ Data collection and analysis unfolded iteratively

Overview of Results

- CCs spent a significant amount of time engaging in problem-solving work.
- 2 types of problem-solving were observed: learner-level and program level.
- CCs' ability to identify problems and create solutions was enabled by their in-depth knowledge of assessment data.
Results: Identifying learner-level problems

- The in-depth process CCs used to review, collate and analyze a learner’s assessment data allows the committee to generate a broad pattern of performance.

- Examining data in this way allows the CC to ‘see’ areas where learners excel and struggle.

“The depth of assessment connects the dots to create a pattern or some sort of cohesive idea of how that person who really looks like a star is actually functioning.” (Committee member 11)
Results: Diagnosing individual learning problems

- When CCs encountered evidence that signaled a learning problem they used diagnostic techniques to understand the nature of the problem and to develop strategies to address the problem at its source.
- The strategies developed were tailored to fit the needs of the individual learner.
Results: Diagnosing individual learning problems

“[That resident] when we met with him, we told him that we know he prepares but that [he freezes when asked to perform tasks in clinic] and asked if he has performance anxiety. In the meeting we came up with some ways for him to get over that anxiety– these problems weren’t picked up on an EPA [they were picked up by the committee]. [It] would never have been picked up if it was just Dr. X and I sitting around going, you know what, he’s pretty good, occasionally it feels like he freezes but maybe it’s just us, let’s just let him go.” (Committee member 13)
Results: Learner level problem-solving

“Unfortunately, we had a good example of a resident that needed a ton of work and a ton of help and was in a ton of trouble. And that example of what the Competency Committee could do, and the rehab available, that wouldn’t have happened before […] This would have kind of gone to the rug, been buried a little bit […] You know what? It works. It works.” (Committee member 8)
Results: Program-level problem-solving

- Their intimate knowledge of assessment data allows CCs to identify problems within their program of assessment.

“The competency committee is the only place where [problems with the program of assessment] will be evident. Because you’ll know that residents just aren’t capable of getting this EPA this many times.” (Committee member 21)
Results: Program-level problem-solving

- Three types of program of assessment problems were identified in the data: 1) assessments that require rare events; 2) misalignment between rotations and exposure to cases required for assessment; and 3) various implementation ‘glitches’ (e.g. problems with forms or software).

“So, that EPA is for a procedure that’s actually done very little [in our setting]. So, residents would have extremely sparse exposure. I can’t remember the last time I did one, it was probably as a first-year resident [...] So, I think what we’re going to end up doing, given that it is an EPA, is to provide more simulated experience.” (Committee member 27).
Results: Program-level problem-solving

- Beyond simulation, CCs implemented other solutions to facilitate resident access to ‘rare’ events such as providing new learning experiences or designing alternative assessment options (i.e., verbally walking through a case)

“You don’t actually get that many cases anymore where you need to give a blood transfusion, so how are you going to achieve that EPA? Well, we’ll change it so that you can have a discussion about those goals, or, we’ll put them [in a particular clinic] for a day or two to get those EPAs done.” (Committee member 14)
Results: Program-level problem-solving

- CC members reported feeling empowered to solve program-level problems they encountered

“We are looking at the system itself […] Then we can understand why it’s difficult to complete these EPAs and we can then change it. It’s different than your usual hospital environment where nothing ever changes and it’s hard to make any improvements.” (Committee member 5).
The ability of CCs to do this work is fragile: it is currently dependent on faculty members’ willingness to dedicate their personal time.

“I’ll admit that I’ve been frustrated by my experience. I find value in the work that’s being done, but I feel like the way that it’s done right now is a lot of admin and time and I don’t always think that that’s fruitful.” (Committee member 9).
Discussion

❖ CCs may be an untapped resource to support continuous quality improvement and assessment for learning.

❖ The work of CCs is fragile and currently sustained by the willingness of faculty to devote their time and energy.

❖ The resourcing of CCs may have profound implications for translating the theories of programmatic assessment and CBME into practice.
Limitations and Future Directions

- Our study provides insight into the diverse roles that CCs occupy beyond decision-making at one Canadian medical school.
- Future work should explore whether CCs across the country also engage in this work.
- Further research is also needed to understand how to protect and support the ability of CCs to engage in this important work.
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Questions?

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