Developing competencies for academic advisors and competence committee members: A community approach for Faculty Development

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Je n’ai aucune affiliation (financière ou autre) avec une entreprise pharmaceutique, un fabricant d’appareils médicaux ou un cabinet de communication.
Implementing competency-based medical education (CBME) at the institutional level poses many challenges. One of these is having to rapidly and effectively enable faculty to be facilitators and champions of a new curriculum which utilizes:

- Feedback
- Coaching
- and models of programmatic assessment.
# Methodology

## Phase 1: Systematic Review (n= 26 articles)

| Review of literature containing competencies for medical education | 340 hits using the search terms of ‘competencies’ AND ‘academic advisor’ OR ‘comptency committee’ |

## Phase 2: Modified Delphi Process (n=5 reviewers)

| Competencies collated into groups for AA and CC and reviewed by members of the ICBME group (n= 5) | Recommended changes primarily language and updating of terms |

## Phase 3a: 1st School of Medicine Survey Consultation (n= 83)

| Sent out for community ratings one year prior to CBME | Additional competencies sought and set aside for module development |

## Phase 3b: 2nd School of Medicine Consultation (n= 144)

| Re-circulated one year after CBME transition | Final call for additional competencies for module development |
Table 1- Pre CBME and Post CBME Demographics

<table>
<thead>
<tr>
<th></th>
<th>Pre-CBME</th>
<th>Post-CBME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending Physician</td>
<td>52</td>
<td>90</td>
</tr>
<tr>
<td>CBME Lead</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Program Director</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Resident</td>
<td>12</td>
<td>15</td>
</tr>
</tbody>
</table>
• Agreement with competencies increased after implementation
  • (99% Confidence, F= 26.187, p= <0.001, d= 1.22; large effect size)

• Significant differences between Physicians and Residents in the pre-implementation sample
  • (F= 4.886, p = <0.01, d= 0.83; large effect size).
  • Residents reported much lower approval

• However at the time of the post-implementation sample, there were no significant differences between groups
  • Gap closed.
• The highest rated competencies centred upon mentoring, such as
  • “recognize learners in distress and provide appropriate resources within the educational structure to assist”
  • “facilitates learner to take ownership of developing and updating learning plans”
• While still highly rated skills, assessment competencies were rated as less important for Academic Advisors than mentoring competencies.
• The lowest rated competency was:
  • “assists colleagues to develop lifelong learning skills in their learners”
• Agreement with competencies increased after implementation
  • (99% Confidence, F= 9.336, p= 0.003, d= 0.91; large effect size).

• Significant differences in approval of CC competencies between residents and groups composed of attending physicians in the pre-implementation sample
  • (F= 3.944, p = 0.01, d= 0.60; medium effect size),

• However, at the time of the post-implementation sample, there were no significant differences.
  • Gap closed
• The highest rated competencies (See Table 4) were centred around:
  • enforcing policy
  • triangulating and utilizing assessment data including
  • “understand their role, policies, and the process regarding resident assessment and progress
  • “collates and interprets evidence of learning and provides meaningful insight based on multiple sources, including direct observation
• Similar to the AA group, “assists colleagues to develop lifelong learning skills in their learners” was the lowest rated competency (at 3.72 out of 5).
What did we do with this?

• As a result of the competencies most highly rated by the Queen’s raters, modules were developed by CBME content experts with the competencies as learning goals.

• The modules are a central part of the induction process for faculty new to CBME constituting a key part of the portfolio of new faculty resources at our institution.

• These competencies were informed by literature, molded by expert consensus, but still uniquely aligned to the SoM.
Final Thoughts

• We found value in taking an active community-based approach to developing faculty leader competencies sooner rather than later when transitioning to CBME.

• The specialization of Competence Committees members and Academic Advisors requires the investment of specialized professional development and the sustained engagement of a collaborative community with shared concerns.
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