Readiness for CBME: A Learning Community Worksheet*

Note: This is a working draft. December 2024.

This worksheet is intended to support medical educators as they consider current competency-based medical education (CBME) practices and their efforts to advance them. It is for personal use and not to be shared unless the user chooses to do so. We intend to revisit this worksheet at upcoming CBME in UME Learning Community events.

1) While reading the information below, reflect on how well this describes your faculty and your educational program.
2) Consider the stage of your program's readiness for competency-based education (described in the Table below).
3) How might the sponsoring organizations (and others) support you in your efforts?

What do we mean by CBME?

Competency based education is defined as an outcomes-based approach to the design, implementation, assessment, and evaluation of an educational program, using an organizing framework of competencies.[1] It is a mental model or way of thinking about, designing and facilitating education. Although there is no single application of CBE, there are many common components.

Faculty who lead and support CBME programs, exhibit the following:

- Design (or participate in) educational programs, including **learning experiences** and formative **assessment systems,** that support the achievement of these competencies.
- Accept that **time varies for individual learners'** development and in the achievement of competencies. Understand that all learners' needs are not the same and one size does not fit all.
- Apply a ***growth* mindset** to how we understand learning – there is not an end to the cycle of learning across our life spans.

Competency-based medical education programs include the following core components[2]:

1. A focus on outcomes or competencies (Adoption of Competency Framework, Built Upon the Foundational Comps and Relevant to Local Mission and Vision of the SOM)
2. A sequenced or developmental progression towards achieving competence (Breaking Down Comps into Progressive Objectives or Components)
3. A tailoring of learning experiences (Tailoring Learning Experiences Based on Needs of Learner)
4. Inclusion of competency-focused instruction (Alignment of Instructional Methods with Competencies)
5. Programmatic assessment (Multiple Mixed Methods of Assessment Intentionally Planned Across the Educational Program to Support Robust Decision Making and Learning)

1-Frank, JR., Snell, L., ten Cate, O., Holmboe, ES., Carraccio, C., Swing, SR., et al. (2010). Competency-based medical education: theory to practice. Medical Teacher; 32(8):638-645.
2-Van Melle E, Frank JR, Holmboe ES, Dagnone D, Stockley D, Sherbino J; International Competency-based Medical Education Collaborators. A Core Components Framework for Evaluating Implementation of Competency-Based Medical Education Programs. Acad Med. 2019 Jul;94(7):1002-1009

What do we mean by readiness for CBME?

Stage[3]	Stage of Change Described	Possible Actions	Anticipated Challenges
Pre-contemplation	• Unmotivated persons who may not believe a problem exists. *"I don't see a problem, so there's no reason to change anything."* • Individuals in this stage are unaware of or have limited awareness of the problem or lack insight into the consequences of inaction.	• Recognize that not all may be moved until further evidence and models are available. • Continue to share evidence and information about learning and CBE.	
Collaborative Contemplation	• This stage is marked by awareness and acknowledgment that there is a need to change. However, the person is uncertain on how to address the need.	• Join CBME in UME Learning Community • Consider local readiness for change; scan current teaching and assessment practices. • Stay curious on latest CBME practices. • Identify and start to engage local stakeholders. Convene a local working group to explore further, co-learn and co-develop. • Engage in discussions with Curriculum Committee or local faculty.	
Collaborative Action	• This stage is marked by those who acknowledge that a change is needed and are ready to make a commitment. There is also an acknowledgement that the pros of change outweigh the cons. • Persons begin gathering information from various sources as they start to develop a plan of action. • During the action stage, change happens. • People in this stage set small achievable goals, consider potential hurdles, and then develop plans to overcome them. • Work collaboratively to learn and share lessons.	• Assess local needs & co-develop action plan. Consider Foundational Competencies in UME and current educational program learning objectives – Identify areas of instructional alignment, gaps, and needs for possible expansion. • Adapt as needed for local use as educational program objectives or outcomes. • Break down into developmentally progressive objectives or components. • Consider assessment methods – what methods of assessment exist currently for these outcomes, gaps and needs for potential new methods? Partner to consider expanding assessment methods. • Partner to identify faculty development needs and resources. • Pilot small changes in teaching and assessment. Gather feedback and make adjustments.	
Collaborative Improvements	• Scaling, improving and advancing the change is the focus of this stage. • Continuing to work collaboratively to learn and share lessons.	• Scale and adapt processes as needed to continue to improve instructional and assessment methods. • Continue collaborative networking to learn and share lessons. • Share lessons via peer reviewed publications (scholarship) is encouraged.	

3-Readiness model is a work in progress and adapted from ABMS/ACGME CBME Learning Community, Ogrinc G. (2022-current); The Transtheoretical Model (also called the Stages of Change Model), developed by Prochaska and DiClemente in the late 1970s; and implementation science initially developed by Eccles MP, Mittman BS. In 2006.