

Making the Transition to a Competency-Based Curriculum

Competency has become a central focus in the area of curriculum management within dental education, and specifically, within the Commission on Dental Accreditation's latest accreditation standards. As a result, dental schools throughout the country are making a shift to competency-based curricula, and this transition continues to be an important initiative within the School of Dental Medicine, particularly in preparation for its September 2000 accreditation review.

The SDM began working on its change to a competency-based curriculum in June 1997. "We have done an amazing amount of work in these two years," notes Dr. Judith Buchanan, Associate Dean of Academic Affairs. "Some schools have spent seven years to get to the point we are now, so we have made tremendous strides. Yet, this is a process that takes time—you can't change faculty techniques or systems all at once."

To date, the School has established 46 statements of competency, the SDM curriculum has been reviewed with respect to the competency statements, each competency statement and its supporting courses have been reviewed, and each department is establishing competency evaluations for its courses.

"Presently, our competency program is comparable to schools that have successfully completed accreditation," says Dr. Buchanan. "However, we need to keep refining it to bring it closer to the ideal."

Following are highlights of the most recent changes implemented within the competency program during the past year.

Patient Portfolios. Students now maintain patient portfolios, tracking such information as age, gender, cultural background, and medical status of their patients. "Our competency statements are required to apply to all groups of patients—children, adolescents, adults, geriatrics, and the medically compromised," explains Dr. Buchanan. "Previously, we didn't have a data collection mechanism for each student's experience with these different groups." In addition to supporting the competency statements by showing that students are seeing a complete mix of patients, the portfolios are also used as a tool to monitor whether students need to supplement their experience with a particular patient segment.

Progression Toward Competency Form. This new form is designed to provide added confirmation of a student's competency from a faculty member who has worked with the student over a two-year period. "The PCU group leaders will rate where a student falls on a timeline of progress toward competency," says Dr. Buchanan. "So, by the time a student graduates, the faculty member who has worked with him or her on a day-by-day basis will say, 'yes, I think this student is competent in these areas.'" *(continued on page 2)*

Competency-Based Curriculum: The Ideal

What is the ideal when it comes to establishing a competency-based curriculum?

Competency evaluations that are school based, not department or course based. The whole idea of competencies is the integration of knowledge—being able to take pieces of knowledge from different disciplines and courses, integrate them, and apply them to a particular patient. Ideally, the evaluation process reinforces this by requiring the student to draw on information from many areas, rather than isolating knowledge gained from one course or another, in order to demonstrate competency.

Complete separation of coaching and evaluation. A true competency evaluation has no coaching; it requires students to make every decision.

A competency evaluation for every competency statement.

Competency evaluations that are objective and consistent for all students.

Competencies that are integrated and evaluations that span all disciplines.

"We have not reached the ideal, but no school is ideal," notes Dr. Judith Buchanan, Associate Dean of Academic Affairs.

"Right now, our competency evaluations are by departments, and we are assigning responsibility for certain competencies to certain departments.

"In addition, some of our competency evaluations are a mixture of coaching and evaluations," she continues. "Striving for the ideal is an ongoing process."

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Another benefit of this evaluation process is that it will help to identify students who are having difficulty. If a student's form is ever marked with "significant lack of progression," the Academic Affairs Department will immediately intervene to arrange extra help for such students. "It lets us know early which students are having problems achieving competency so they can get assistance and graduate on time," says Dr. Buchanan. PCU group leaders complete this evaluation form three times a year for junior and senior students.

Emphasis on Quality, not Just Quantity. Historically, the SDM Clinical Review Board has focused more on the number of procedures each student completes. Now, the Board has expanded its focus to more strongly consider the quality of students' work based on feedback from departments.

New Competency Evaluations. Each department has adopted or is continuing to develop new competency evaluations. "We have been working with each and every department to go over their evaluations and make suggestions for improvements," notes Dr. Buchanan. "The departments have taken this as an opportunity to carefully review what they have been doing and strengthen the evaluation process."

In this academic year, one key area of emphasis within the competency-based curriculum initiative will be faculty calibration. "Calibration is important in competency evaluation," stresses Dr. Buchanan. "We will be encouraging departments to get together and have some way to ensure that their faculty are grading in like manner."