



UW SCHOOL OF MEDICINE



COMPASS

**Competency Mapping and
Programmatic Assessment System**

WHO? DIVERSE GROUP OF REGIONAL AND STAKEHOLDER REPRESENTATION

- Students
- Fellow
- Career Advisors
- Learning Technology
- Clerkship Directors
- Clerkship Admin
- Residency Program Directors
- Clerkship Site Leads
- Regional Clinical Deans
- WRITE Program
- Curriculum Team
- FCM Team
- Assessment
- College Head
- Faculty Development
- Student Affairs

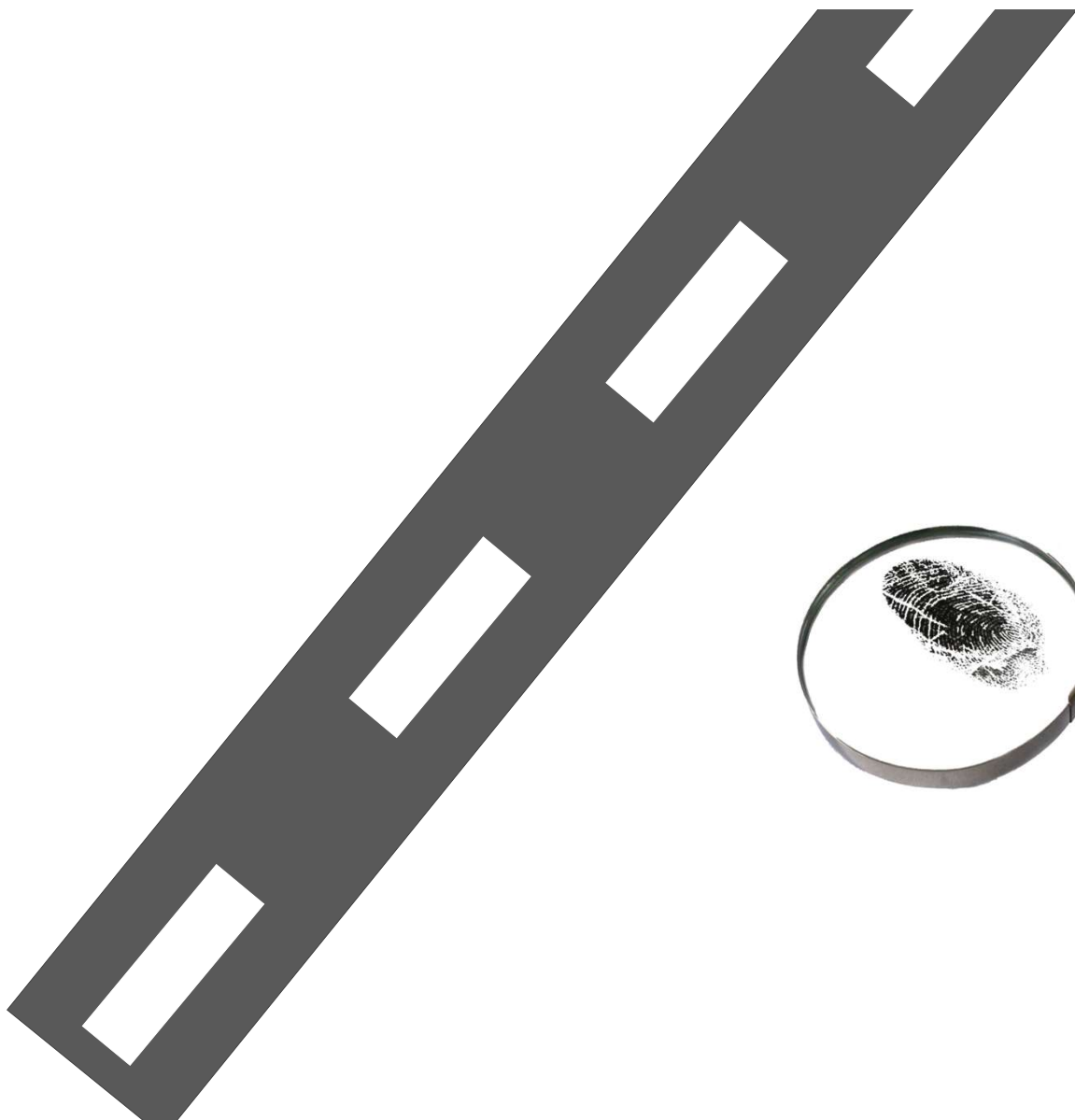
Overview

- 01 Why Change?
- 02 About CBME
- 03 Project Timeline
- 04 WBA Pilot
- 05 Targeted Resources











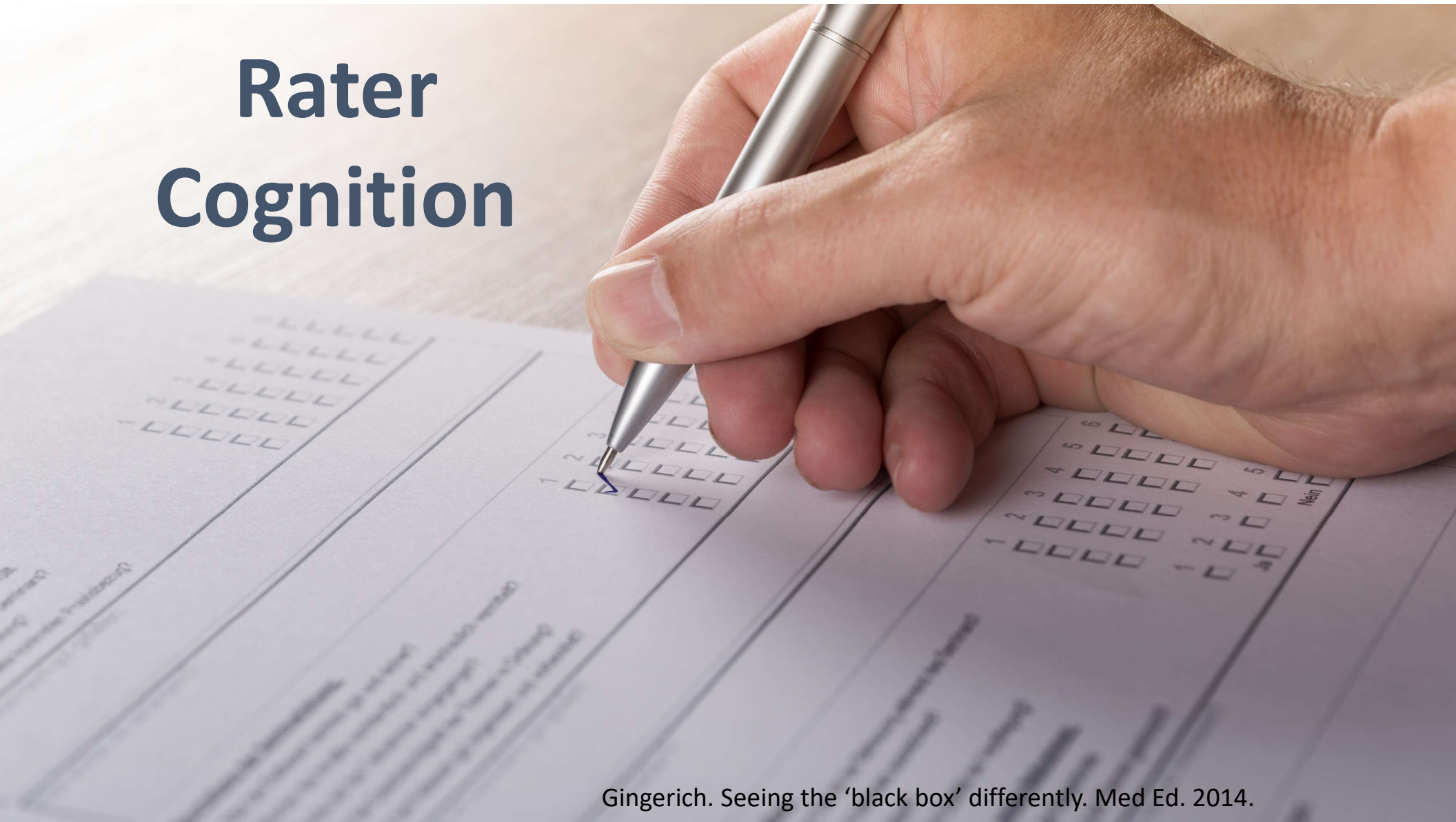
What is Good
Assessment?



- Valid
- Reliable
- Equivalent
- Feasible
- Educational
- Catalytic
- Acceptable



Rater Cognition



Gingerich. Seeing the 'black box' differently. Med Ed. 2014.

Assessor as:

1. Trainable
2. Fallible
3. Meaningfully Idiosyncratic

Gingerich. Seeing the 'black box' differently. Med Ed. 2014.

Trainable

Assessor with training could
provide the “correct response.”

Variable frame of reference



Kogan JR et al. Med Educ. 2011;45:1048-60

Assessors Clinical Skills



Kogan JR. et al. Acad Med. 2010;85(10 Suppl):S25-8

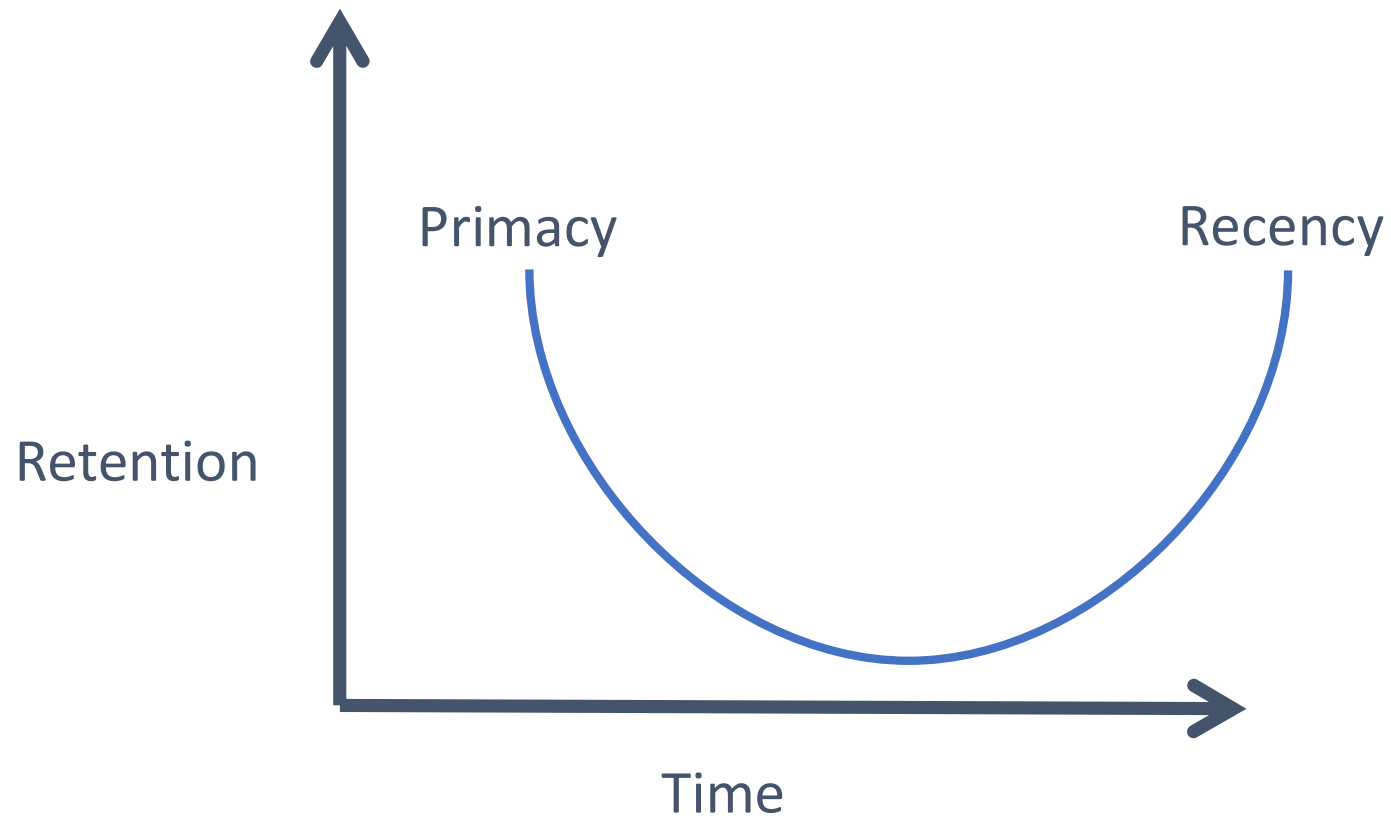
Fallible

Assessment relies on human judgment, which is imperfect.



Halo Effect

Primacy and Recency Effect





Contrast Effect

Yeates, P. Medical Education. 2013

Meaningfully Idiosyncratic

What if variability in our assessments are, at least in part, because of relevant and legitimate, albeit different, interpretations?



Meaningfully Idiosyncratic



1. Medical Interviewing Skills

1	2	3		4	5	6		7	8	9
UNSATISFACTORY				SATISFACTORY				SUPERIOR		

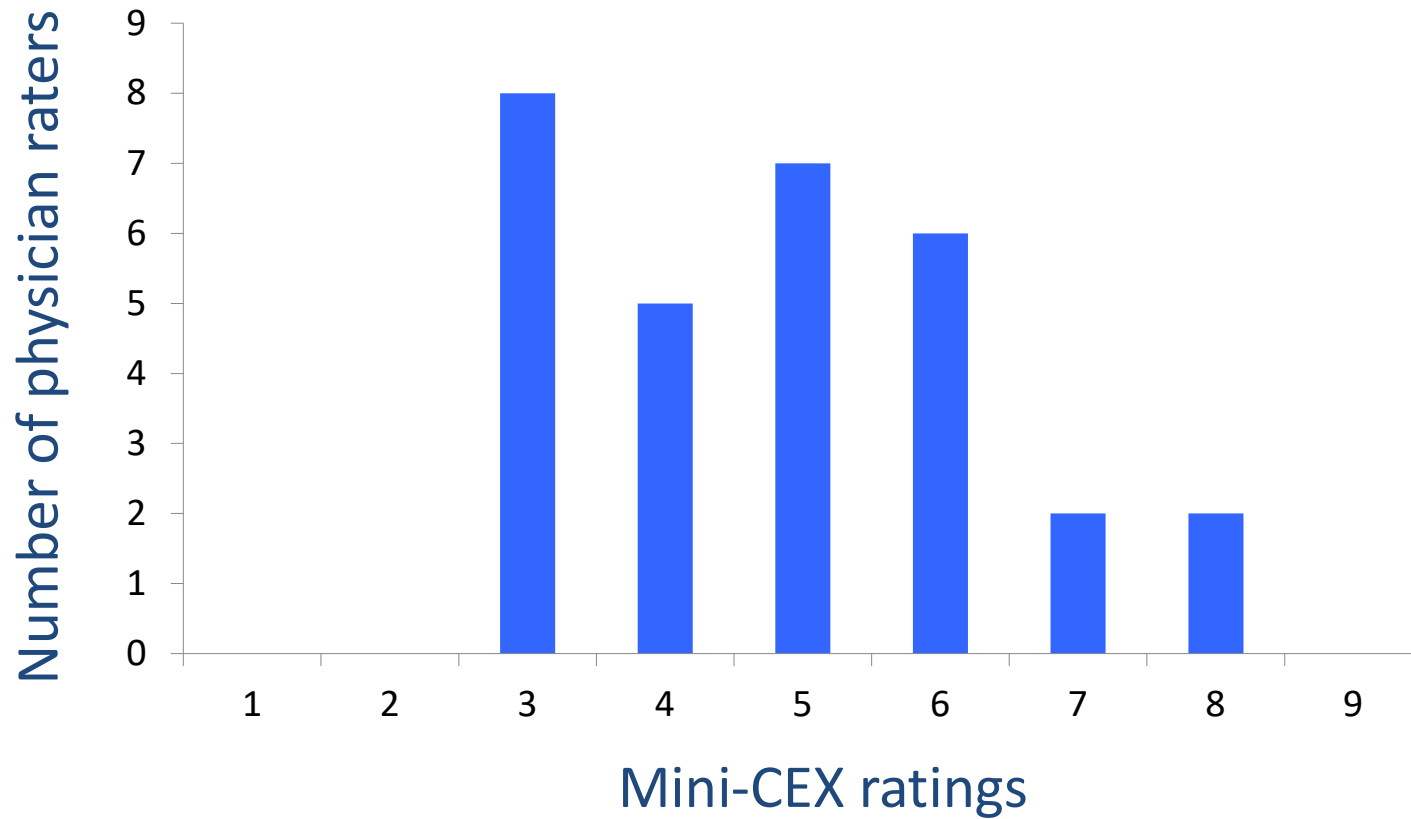
6. Organization/Efficiency

1	2	3		4	5	6		7	8	9
UNSATISFACTORY				SATISFACTORY				SUPERIOR		

7. Overall Clinical Competence

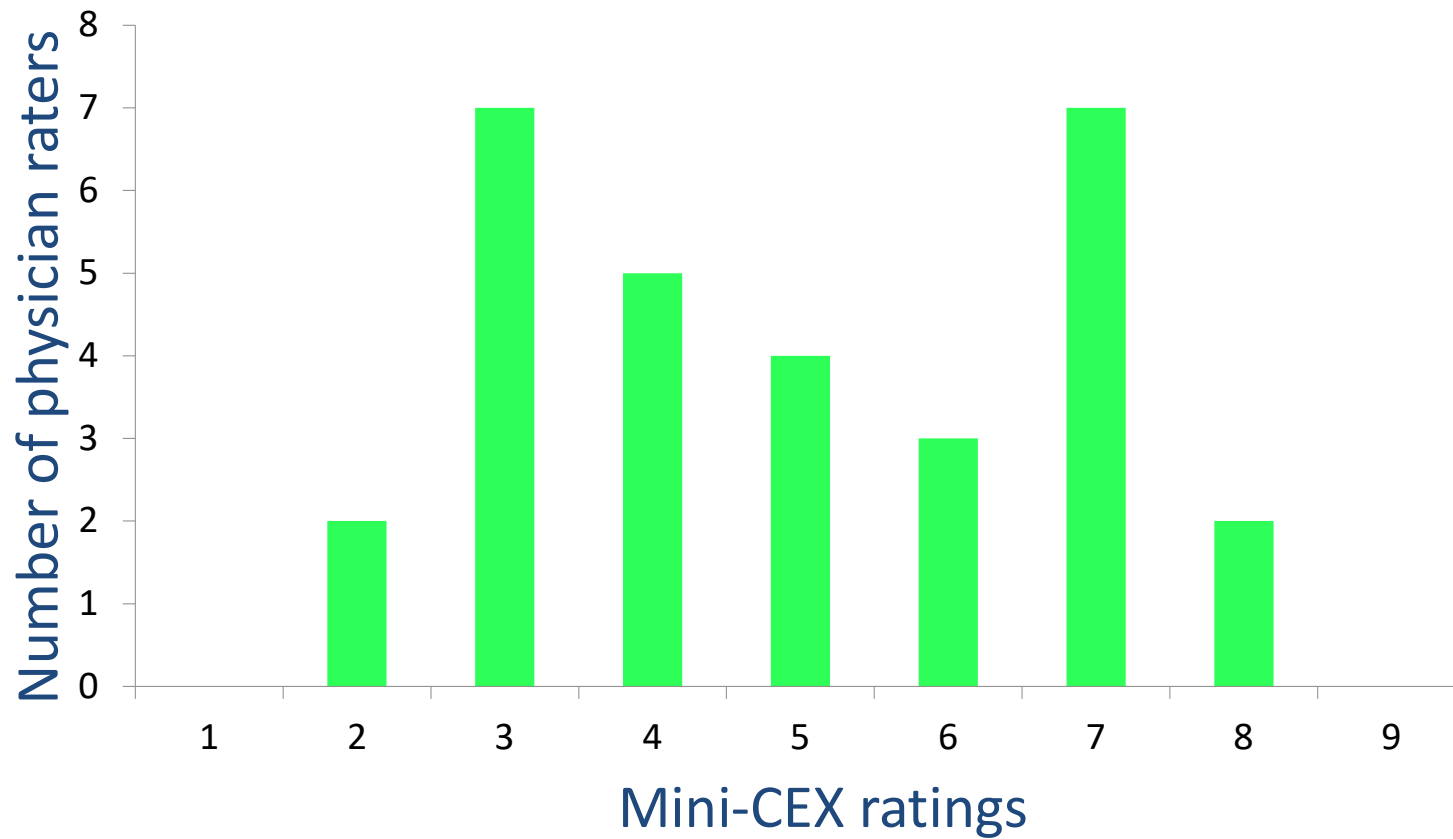
1	2	3		4	5	6		7	8	9
UNSATISFACTORY				SATISFACTORY				SUPERIOR		

Interviewing Skills



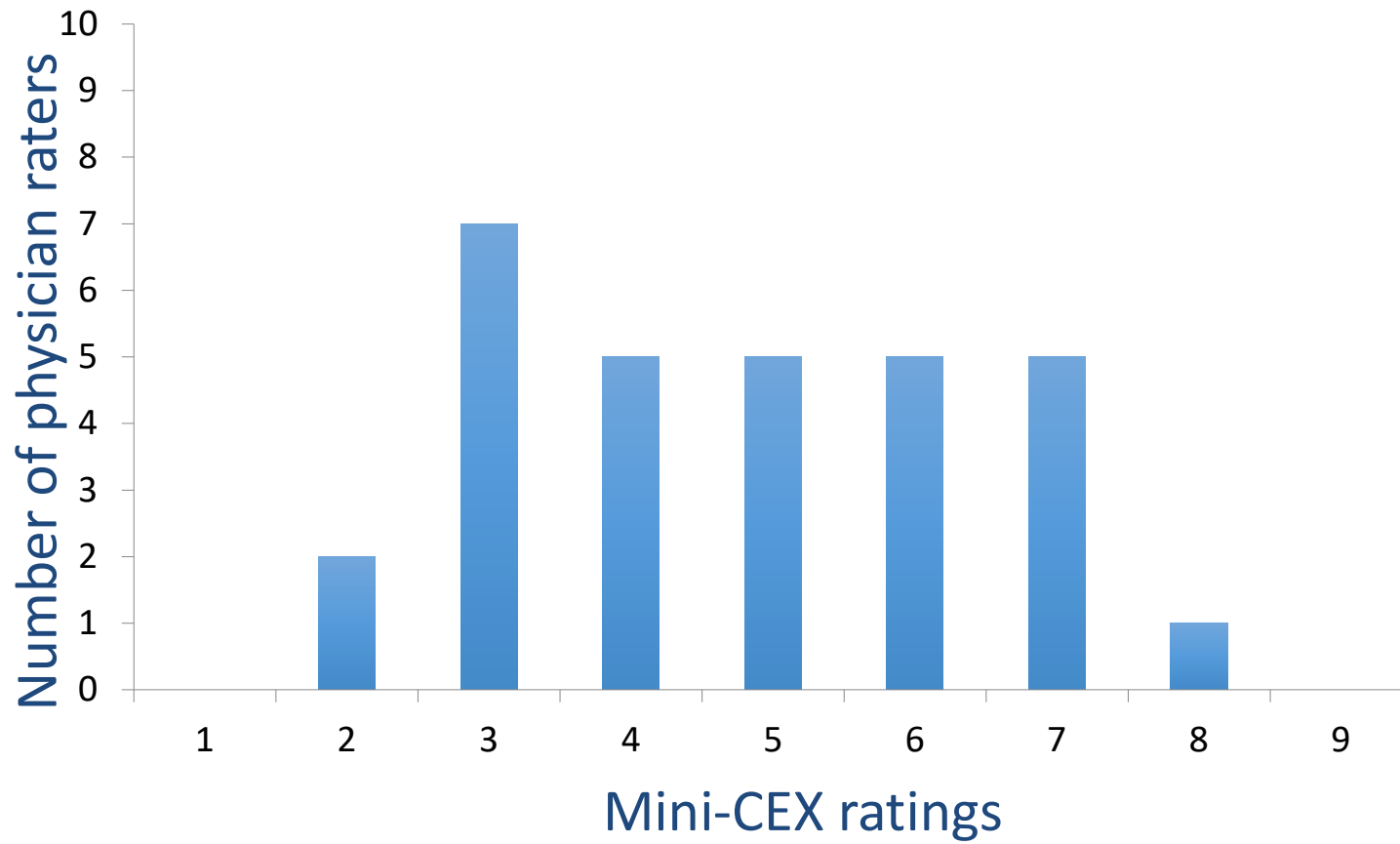
Gingerich, A., C. P. van der Vleuten, et al. (2014). Acad Medicine. 89): 1510-1519.

Organizational Skills



Gingerich, A., C. P. van der Vleuten, et al. (2014). Acad Medicine. 89): 1510-1519.

Overall



Gingerich, A., C. P. van der Vleuten, et al. (2014). Acad Medicine. 89): 1510-1519.

Assessment is Subjective but not Arbitrary

van der Vleuten et al, 1991
Regehr et al, 1998
Eva & Hodges, 2012

STUDENT COMMENTS FROM LCME SURVEYS

"Clinical evaluations are extremely subjective and vary widely from site to site. You are often graded on things you are not observed doing and whether your personality fits with a team, and not on what you are able to do."

"Studies have shown that clinical grades are inherently unfair so why do we still get them?! I feel like I go into clinicals so worried about presenting the right way and getting good grades, even though I also know I have no control over what assumptions are made."

"Regarding feedback and evaluation, I think attendings and residents tend to like extroverted students better than introverted student, this does not represent how well someone does in clinical setting. I would advocate for P/F grade for clerkship to eliminate biases."



Why Change?

Project Background

There are significant gaps and challenges in the current assessment model that need to be addressed:

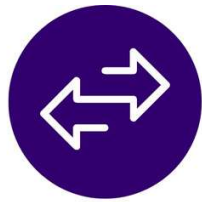
- Equity & transparency
- Growth mindset & varying rates of development during the clinical phases
- Changing role of physicians

Joining a **national movement toward CBME**, UWSOM is changing its assessment and grading practices in the clinical phases to better align with **patient needs** and **physician competencies**.

Values of Assessment

**“By striving to do constantly do better,
what we do is we send a message about values.”**

What is CBME?



Shift the focus from
grades to patient care



Remove peer
comparisons



Focus on Learning rather
than performance



Focus on development
over judgement

Competency-based medical education (CBME) is an outcomes-based approach to the design, implementation, and evaluation of a medical education program and to the assessment of learners using an organizing framework of competencies.

The goal of CBME is to ensure that all learners achieve the desired patient-centered outcomes during their training.

CBME Framework

Stages and progression of training

Structured stages of entrustment provide clarity on expectations and progression in skills acquisition..

Defined competencies & abilities

Establishing clear assessment requirements and milestones enhances transparency in grading.

Group entrustment decisions

A competence committee can ensure that assessments are fair and consistent across the board, enhancing transparency.

Emphasis on observation

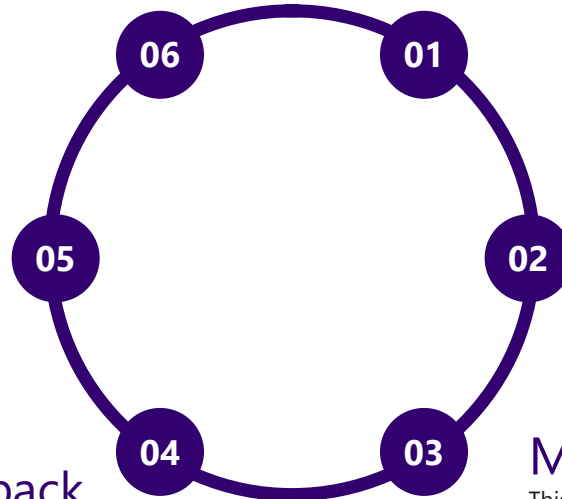
Focusing on direct observation provides a more accurate and holistic view of a student's performance.

Timely & actionable narrative feedback

Providing detailed, constructive feedback helps students understand their performance and areas for growth..

Many low-stakes assessments

This fosters a growth mindset by encouraging learning from mistakes and gradual improvement, accommodating varying rates of development during the Patient Care phase.





PROGRAMMATIC ASSESSMENT

Specialty-Specific Assessments

- + Mini-CEX
- + Aquifer cases
- + Oral case presentations

Clinical Exams

- + OSCEs
- + NBME exams

Self-Reflection

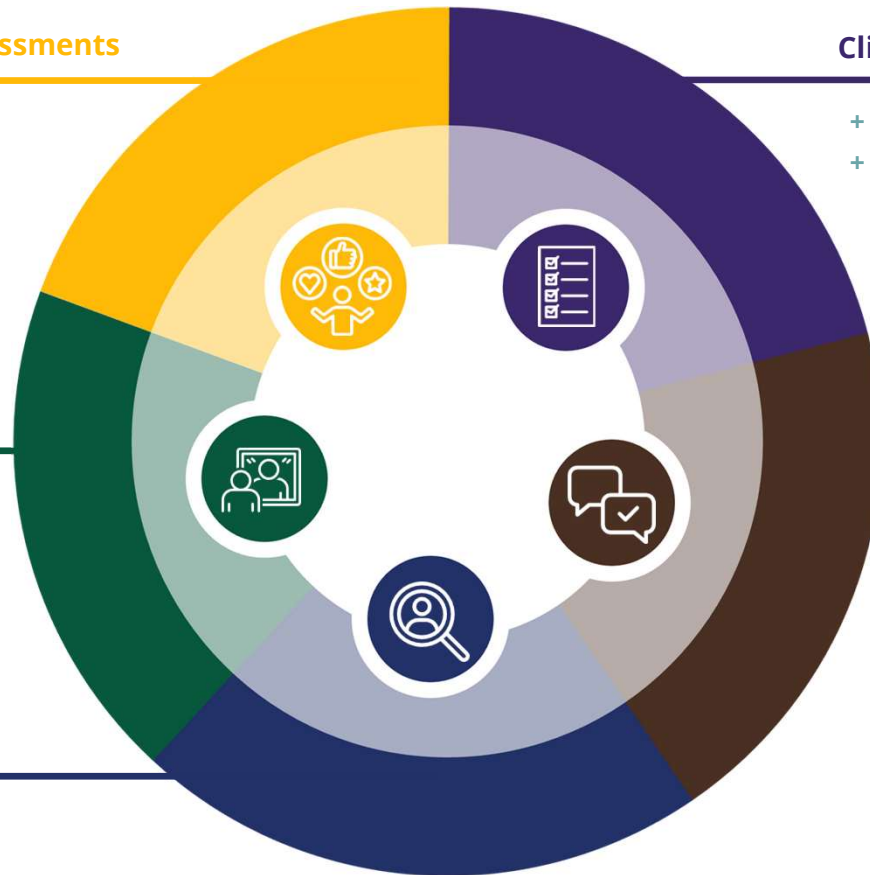
- + Self-assessments
- + Mentorship & coaching

Workplace-Based Assessments

- + EPAs

Feedback

- + Coaching notes
- + 360-degree evaluations
- + Day-to-day feedback



Project Timeline

PREPARE

2022 - 2023

Phase Milestones

- Recruit a clinical assessment workgroup
- Define the overarching values, goals, and measurable outcomes for a new assessment system
- Select a model for clinical assessment

DESIGN

2023 - 2024

Phase Milestones

- Define the components of the new clinical assessment system
- Develop an implementation strategy for instituting pass/fail grading that aligns with planned changes to the clinical assessment system

PHASED ROLLOUT

2025 - 2027

Phase Milestones

- Implement approved changes to curriculum
- Implement new assessment methods
- Implement technology support systems
- Build faculty education and program evaluation strategies

POST-LAUNCH

2027 -

Phase Milestones

- Make adjustments to initial implementation plans and processes as needed
- Track and monitor data to ensure desired outcomes are achieved
- Solicit feedback from stakeholders and other end users
- Identify areas for improvement



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Competency Mapping and Programmatic
Assessment System



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Competence Committees



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Subtitle



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Workplace-Based
Assessments (WBAs)



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Subtitle



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Coaching

What Is Changing?

2025-2026 Trial Year

- WBA's will in required Patient Care core clerkships and will be graded only for completion (2/week minimum).
- **Will be up to 2% Extra Credit to the clinical grade**
- Data gathered from WBAs will be used to train newly established coaches and CCCs to help them assess students' progress *across a developmental framework of milestones. This information will be shared with student and coach only,*
- Clerkships, students, coaches, CCCs, and staff will provide feedback to inform changes

2026-2027 Patient Care Go Live Year

- Grading in all required Patient Care core clerkships will change to Pass/Fail.
- Revised clerkship assessment requirements and grading criteria will go into effect.
- Longitudinal clerkship assessment data, including WBAs, will be reviewed by CCCs to determine promotion/remediation recommendations.
- Students who do not meet expected milestones for promotion will be required to complete clinical remediation.

2027-2028 Explore & Focus Go Live Year

- Patient Care Phase grading and assessment requirements will go into effect for all required Explore & Focus Phase core clerkships (Emergency Medicine, Neurology, & Neurological Surgery).

Workplace-Based Assessment (WBA) Pilot

Beginning this week, **all six required Patient Care core clerkships** (Family Medicine, Internal Medicine, Psychiatry, Obstetrics & Gynecology, Surgery, and Pediatrics), **including WRITE clerkships**, have additional WBA requirements.

How to Complete

WBAs are submitted through a Qualtrics survey. Each student has a unique form link and QR code that can be used by either the student or a preceptor to submit a WBA.

Required Activities:

1. Gather a history
2. Perform a physical examination
3. Prioritize a differential diagnosis following a clinical encounter
4. Recommend appropriate diagnostic and screening tests
5. Interpret common diagnostic and screening tests
6. Provide an oral presentation of a clinical encounter

WBA Requirements

For 3-week and 6-week clerkships: At least two WBAs per week *and* at least **one** assessment for each of the six required activities.

For 12-week clerkships: At least **two** WBAs per week *and* at least two assessments for each of the six required activities.

Grading Bonus

Completion of new WBA requirements will add **a bonus of up to 2% to the final clinical grade (not to exceed 100%)**, as follows:

For each WBA submitted (up to a maximum of up to 2/week) students will earn 1/6 of 1% for 3-week clerkships, 1/12 of 1% for 6-week clerkships, or 1/24 of 1% for 12-week clerkships.

For each unique activity submitted, students will earn 1/6 of 1% for 3-week and 6-week clerkships or 1/12 of 1% for 12-week clerkships.

Learn More

Scan or click the QR code for more information about the WBA pilot and planned changes coming in 2026-2027.





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Workplace-Based
Assessments (WBAs)



WBAs

Preceptors observe and document authentic observations of a student's performance in the workplace on a regular basis through a variety of WBAs.



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Workplace-Based
Assessments (WBAs)



WBAs

In the new clinical assessment system, we will start with a WBA pilot, designed to provide specific, timely feedback to learners on their skill progression and inform competence committee decisions.

Scan the QR code to complete a sample WBA assessment form

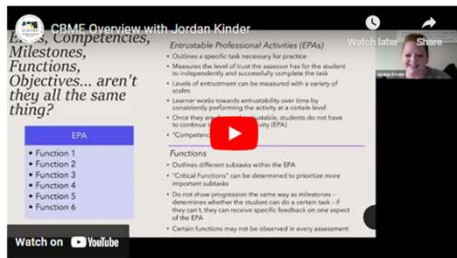
6 EPAs will be assessed in all required core clerkships ...

EPA	Description
1	Gather a history
2	Perform a physical examination
3	Prioritize a differential diagnosis following a clinical encounter
4	Recommend appropriate diagnostic and screening tests
5	Interpret common diagnostic and screening tests
6	Provide an oral presentation of a clinical encounter

... using the following entrustment scale

Level	Descriptor
1	I stepped in and did it, they observed
2	I talked them through it
3	They mostly did it, I directed them from time to time
4	I was available just in case and I checked their work

Website and Targeted Toolkit



This guide has been created for busy physicians who want a brief introduction to CBME so that they can quickly grasp its impact on them, their program, and their colleagues. It introduces concepts that can be explored further when time permits.

Why the change?

There are significant gaps and challenges in the current assessment model that need to be addressed:

- **Equity & transparency:** Our current grading system reflects disparities across gender and subspecialty specialties. Additionally, many students are uncertain about how their clinical grades are determined, which impedes their learning.
- **Growth mindset & varying rates of development during the clinical phases:** Nationally, many graduates feel unprepared for residency and practice, impacting their ability to meet the healthcare needs of our communities.
- **Changing role of physicians:** We need to reevaluate our educational framework to better support all students and prepare them to meet the needs of their future patients.

During a national movement toward CBME, UWOM is changing its assessment and grading practices in the clinical phases to better align with patient needs and physician competencies.

What is CBME?

CBME is an outcomes-based approach to the design, implementation, and evaluation of education programs and for the assessment of learners using an organizing framework of competencies. The goal of CBME is to ensure that all learners achieve the desired patient-centered outcomes during their training. A CBME curriculum is organized around the outcomes expected of a medical student and a student's advancement is determined by having achieved those expected outcomes. Core competencies include:

- Assessment-based competency framework
- Progressive sequencing of competencies
- Continuous longitudinal assessment
- Teaching tailored to competencies
- Programmatic assessment

LEARN MORE

<https://education.uwmedicine.org/>



This guide has been created for students, faculty, and staff impacted by upcoming changes to clinical assessment at UWOM. For more information about upcoming changes, including pass/fail grading in 2026, please visit: <https://education.uwmedicine.org/>

What is the WBA pilot?

The University of Washington School of Medicine will be transitioning to a competency-based medical education (CBME) model, including pass/fail grading for required core clerkships, beginning in Spring 2026.

In preparation for this significant shift, we will be piloting Workplace Based Assessments (WBAs) during the 2025-2026 academic year. This pilot will focus on our required Patient Care core clerkships and will help us assess how these workplace-based assessments can be effectively integrated into our current curriculum. Your input and collaboration will be invaluable as we refine our approach ahead of the full implementation.

LEARN MORE

<https://education.uwmedicine.org/>



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Competency Mapping and Programmatic Assessment System

FOR PRECEPTORS: Workplace Based Assessments

Define the Assessment

- 1
 - The student will identify the activity they would like to be assessed on. Review the key functions and competencies associated with the activity, if needed.
 - Decide whether you or the student will submit the assessment. Use the student's unique form link or QR code to open the assessment form.

Observe the activity

- 2
 - **Observe** the student as they perform the activity in an authentic clinical setting.
 - **Note** specific behaviors being demonstrated and any deviations from expectations.

Provide Feedback

- 3
 - **Ask** the student to reflect on their performance. Allow them to articulate their own perceived strengths and areas for growth based on the experience.
 - **Discuss** the observed performance with the student. Identify measurable and achievable goals for the student to work towards in their development.
 - **Review** your observations. Highlight strengths and areas for improvement.

Complete The Assessment Form

- 4
 - If you are submitting the assessment, complete all required fields on the WBA form and click submit. You and the student will both receive a copy of the assessment.

Verify Submission Details

- 5
 - Review the submitted assessment for accuracy when prompted, making corrections, as needed.



LEARN MORE



<https://education.uwmedicine.org/>



How will this work?

Big Change! We need your help.

Although there have been multiple reach outs by so many people, it is very likely that your preceptors will not have done this before and may not have heard about it.

- This is a "just in time feedback form" you need to complete twice a week.
- You will need to walk preceptor through the form the first time – hence the extra credit.
- You can give the preceptor a choice of which activity to assess you on or you can guide the preceptor – for this last patient, could you give me feedback on my history taking?
- While direct observation is preferred, it is OK to assess your history, physical etc. by re-confirming after an oral presentation. The point is to give you written feedback based on what the preceptor saw you do.
- WRITE has been doing this for 2 years now and need 9 per week – it is totally do-able and will hopefully enhance your learning and feedback.