Milwaukee Academy of Medicine
1355th Meeting
September 15, 2020

Dr. Jack Kleinman, President, opened the 1,355th meeting of the Academy. He announced that Dr. Maria Patterson is a new Academy member, and that Humanitarian Award letters of recommendation are due by 1 November. He introduced Angie LaLuzerne, our new Executive Director, who came to us from the MCW Alumni Association. An appeal was made for more member involvement in the Academy, such as by contributing to or editing the newsletter, or by becoming a member of the Council. Contact Angie!

Dr. Art Derse, Bioethics Committee Chair, introduced the speaker, Adina Kalet, MD, MPH. Among many other accolades, she is Stephen and Shelagh Roell Endowed Chair and Director of the Robert D. and Patricia E. Kern Institute for the Transformation of Medical Education, Medical College of Wisconsin. She presented via Zoom from New York City.

Dr. Kalet's excellent presentation was entitled, "How Would We Act Differently if We Believed that Assessment Should Drive Learning?" Here are some presentation highlights:

All medical students, not only those who are obviously struggling, should be nurtured toward and able to demonstrate stage appropriate mastery of the essential core competencies upon graduation. But it is not clear how this best assessed and achieved.

The AAMC enumerated essential core competencies, called "Entrustable Professional Activities" (EPA), in 2014. (see https://www.aamc.org/system/files/c/2/484778-epa13toolkit.pdf)
Additionally, students need to be prepared to be agile lifelong learners.

All medical educators need Judgement and Courage to ensure students are ready to move on to residency.

Judgement is not the same as measurement. Judgement implies the ability and willingness to make assessments, and courageous follow-through based on those assessments.

As teachers, one way that we judge a student's competency is by asking ourselves, "Do I Trust this student?" The answer correlates well with other means of assessing competency.

Progress on the continuum of core competency mastery should start early. In their first week, students can get constructive feedback on interaction with standardized patients, do self-reflections, and make progress on some of the EPAs. Eventual expertise is not guaranteed - it must be sought, practiced and assessed and cultivated. As in sports, frequent effortful practice, with helpful feedback, is necessary.

All students should carry a rich "portfolio" of assessment data that tracks their progress.
While a student' confidentiality should be respected, it is important to encourage the "team" of educators to share information across courses and clerkship rotations in order to ensure that students continue to demonstrate growth and that persistent weaknesses are addressed and not missed.

If acquisition of a competency requires additional time, that must be taken. Sometimes, rarely, the best option is for a struggling student to transition to a different career, we need to make this

“compassionate off ramp” available and possible. The system must be trusted to be supportive and act in good faith. Students each need good ongoing connection with a nurturing mentor.

Following the presentation there was very active discussion. Medical knowledge is exploding and rapidly changing. Integrated teaching of basic sciences and clinical skills helps make the sciences real-time and relevant. How does assessment apply to physicians after residency? Although some may feel threatened by it, standardized patients may help. What about aptitude for and progressive mastery of surgical skills? It was acknowledged that many clinical skills development require years and years of clinical experience. Dr Bruce Campbell commented that it is “possible to be a great doctor but a crummy surgeon!” Yes, maybe. It depends how we define “great doctor” of course.