

# Competency Attainment and Clerkship Competency Committees' Bylaws

—This information is relevant to Gateway Curriculum students.—

## 1. Charge

In order to successfully complete their studies at the Washington University School of Medicine, students must demonstrate the ability to become a safe and effective physician by the attainment of competency in the WUSM Medical Student Program Objectives, which are as follows:

- I. Foundational knowledge for practice
- II. Patient care
- III. Systems-based practice
- IV. Practice-based learning and improvement
- V. Interpersonal and communication skills
- VI. Professionalism

As subcommittees of the Committee for Academic Promotion (CAP), the Competency Attainment Committee (CAC) and the Clerkship Competency Committees (CCCs) have the tasks of evaluating progress toward and attainment of competency and of making recommendations for promotion and remediation. This document describes the bylaws and procedures of these committees.

## 2. Responsibilities

Review of the evidence supporting progression toward and attainment of competence of students in the Gateway Curriculum will be made by the CAC in conjunction, in Phase 2, with the CCCs. The committees review evidence provided through multiple student assessments. Student progression toward successful competency attainment is reviewed by the committees at multiple times within each phase of the Gateway Curriculum to allow for early identification of students not on trajectory to meet competency attainment, thereby providing early support for successful competency attainment and timely release of financial aid (Standards for Satisfactory Academic Progress for Financial Aid Eligibility (<http://bulletin.wustl.edu/medicine/financial/#sap>)).

Based on the totality and sufficiency of evidence regarding a student's performance in each of the WUSM Medical Student Program Objectives, the committees determine if the evidence supports that a student has attained competency. The deliberations of the CAC and the CCCs are generally positive in approach and committed to the ultimate aim of assisting students in the successful completion of the courses of study.

The CAC and the CCCs have several important roles, including — but not limited to — the following:

2.1. Review of all assessment data, via individual student competency portfolios and compiled assessment summaries, to determine if a student has, or is on a trajectory to, attain competence.

2.2. Evaluation of competency attainment based on the review of the totality of a student's assessment data to support competency decisions of not competent, competent, or competent with distinction (where applicable).

2.3. Make recommendations regarding a student's academic progress to the CAP based on competency decisions, including the following:

2.3.a. Promotion to the next phase of training.

2.3.b. Remediation, with or without promotion. When a student has not demonstrated competency or is on trajectory toward failure to attain competence in any Educational Program Objective, the committees will recommend that student for academic support. In some instances, a student's trajectory can be addressed through informal means such as discussion with their coach, alternative educational methods that can be accomplished prior to transition, or additional educational or social supports. Failure to improve to the extent that they are on trajectory to meet competence in time for transition to the next phase will require formal remediation and a delay in transition to the next phase. Formal remediation recommendations will be submitted, along with the student's assessment evidence and committee deliberations, to the Student Success Team for review and for the development of a formal remediation plan. The CAC will make recommendations to the CAP regarding when details of a formal remediation should be included within the Medical Student Performance Evaluation.

2.3.c. Dismissal or other sanctions, including but not limited to probation or suspension. When warranted, such as in situations including but not limited to the persistence of dyscompetence despite remediation or marked critical deficiency, the committees may recommend a student warrants dismissal, suspension, probation, or other sanctions. While the committees encourage the use of progressive actions and opportunities for remediation, the nature or severity of the dyscompetence may prompt, at their discretion, more immediate or severe actions.

2.3.d. For the CAC only, qualification to receive the Doctor of Medicine degree for those students who have successfully completed all prescribed requirements of the School of Medicine.

2.4. Review of any remediation processes to determine if competency has been attained following remediation efforts.

2.5. For the CAC only, approval of any leave of absence greater than one year, not inclusive of those students enrolled in a dual degree program, owing to the impact on competency attainment as competence is a longitudinal process.

2.6. For the CAC only, recommendations to the CAP and Executive Faculty those students who have successfully completed all prescribed requirements of the School of Medicine and who are qualified to receive the Doctor of Medicine degree.

In circumstances wherein the committees recommend an adverse outcome (remediation without promotion, suspension, or dismissal) or competency without distinction (where applicable), students will be notified of this recommendation to allow for an opportunity to present themselves to the CAP, as another source of information alongside review of the original committee's minutes and recommendations, prior to ratification and/or final decisions by the CAP. Further details of these processes can be found in the Formal Appeal Procedures for Competency Attainment and Promotion Decisions (<http://bulletin.wustl.edu/medicine/policies/md-cap-decisions/>).

## Competency Attainment Committee Specific Details

### 1. Membership

1.1. There will be a minimum of eight voting members of the CAC representing leadership from each phase of the Gateway Curriculum plus a faculty member from the broader faculty community representing any area of study or training in which students participate. Each member will serve a three-year term with the possibility for two one-year extensions.

1.2. **Chair:** The chair of the CAC will be a voting member selected by other voting members. The chair will serve a two-year term and may be reappointed for up to two additional terms. During the initial implementation of the CAC, the Assistant Dean for Assessment will serve as chair.

1.3. **Guests:** Any faculty, administrator, student, or staff member may be invited as a guest, at the discretion of the chair, if their presence is deemed important for providing additional evidence in support of decisions of competency attainment. Guests would be present to provide said evidence and/or answer questions but would not be present during nor participate in deliberations or voting.

### 2. Meeting Frequency and Quorum

2.1. CAC meetings occur throughout each phase of the Gateway Curriculum with sufficient frequency to do the following:

2.1.a. Allow for the review of assessment data to determine if a student is on trajectory to achieve competence in each Educational Program Objectives.

2.1.b. Allow reasonable opportunities for early support and remediation to be completed, if required.

2.1.c. Make recommendations near the completion of each phase regarding promotion, remediation with or without promotion, suspension, or dismissal with sufficient time to for students to present themselves to the CAP.

2.2. CAC meetings may be called ad hoc when significant concerns regarding competence occur.

2.3. A quorum will constitute attendance, virtual or in person, of three of the four voting members, excluding those who face a conflict of interest.\*

2.4. Decisions of the CAC must be supported by three of the four voting members, excluding those with conflicts of interest.\*

2.5. In the rare situation in which a quorum cannot be met because too many members have conflicts of interest,\* an ad hoc committee will be convened by the Assistant Dean for Assessment.

\* The policy on conflicts of interest provides specific details.

## 3. Deliberations and Outcomes

CAC deliberations, decisions, and associated recommendations will be summarized in the meeting minutes. All deliberations will be presented to the CAP. Students will be notified, in writing, by the Registrar of all recommendations and no less than 10 days prior to CAP review. Students wishing to present themselves to the CAP must follow the appropriate process as outlined in the Formal Appeal Procedures for Competency Attainment and Promotion Decisions (<http://bulletin.wustl.edu/medicine/policies/md-cap-decisions/>).

Recommendations regarding remediation that would result in delays in education or individualized or modified schedules will also be communicated to the Associate Dean for Medical Student Education to ensure feasibility for re-entry and successful completion.

Recommendations regarding dismissal will be reported to the Senior Associate Dean of Education. Recommendations by the CAC of remediation without progression, dismissal, probation, or suspension will also be communicated to Financial Aid to support necessary alterations in aid.

## Clerkship Competency Committee Specific Details

### 1. Membership and Quorum

Members of the CCC must be at the Instructor faculty level or higher. The Clerkship Director serves as a non-voting chair of the CCC. Any CCC member who had a longitudinal supervisory role for a student may participate in deliberations but not voting for that student. Deliberation and voting require at least three voting members to be in attendance.

Any faculty, administrator, student, or staff member may be invited as a guest, at the discretion of the chair, if their presence is deemed important for providing additional evidence in support of decisions of competency attainment. Guests would be present to provide said evidence and/or answer questions but would not be present during nor participate in deliberations or voting.

## 2. Meeting Frequency

CCC meetings occur at the conclusion of each clerkship block with sufficient time to meet the LCME requirement of grade return, which is defined as both the completion of the End-of-Clerkship narrative (which is what notifies the students, via the electronic learning management system, of their competency outcomes) and the return of competency outcomes to the Registrar for posting in the transcript.

## 3. Deliberations and Outcomes

CCC deliberations, decisions, and associated recommendations will be summarized in the meeting minutes. All deliberations will be presented to the CAP.

Recommendations regarding remediation that would result in delays in education or individualized or modified schedules will also be communicated to the Associate Dean for Medical Student Education to ensure feasibility for re-entry and successful completion.

Recommendations regarding dismissal will be reported to the Senior Associate Dean of Education.