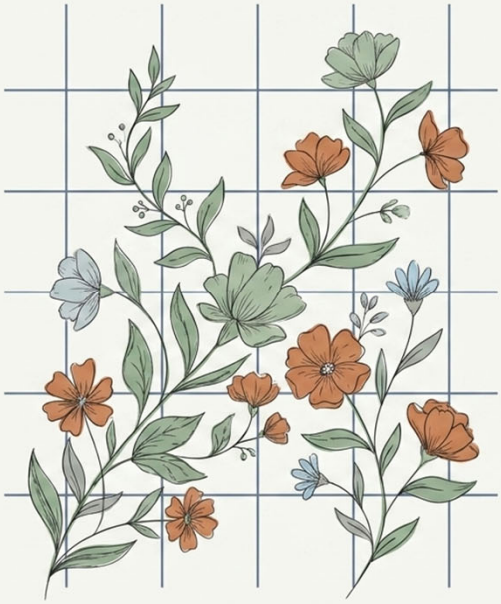

Cultivating Competence in Medical Education

An Administrator's Playbook for the CBME Assessment Shift

Pamela MacMillan
University of Wyoming Family Medicine Residency Program at Cheyenne
Graduate Medical Education Family Medicine Residency Program Administrator
2023 Past President - Association of Family Medicine Administration Board of Directors
STFM Competency Based Medical Education Task Force Member

1

The paradigm shifts from heavy evaluations to high-frequency snapshots

The move to CBME requires fundamentally changing how we measure progress.

The Old Way
Traditional programs graduate residents with a median of 50 to 75 formal assessments.

The New Reality
Outcome-based models demand continuous, in-the-moment feedback, scaling assessment volume dramatically.

2

Continuous formative feedback builds the foundation for autonomous practice

High-volume assessments are not random; they form a structured evidentiary base.

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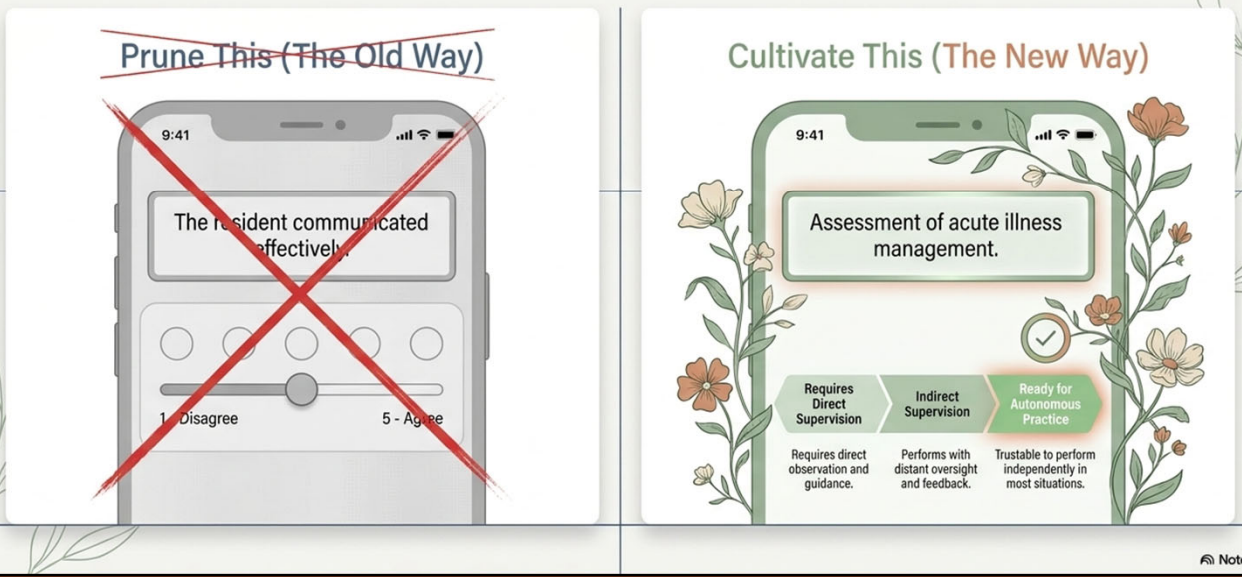
3

Rating scales must evolve to measure clinical reality

Modern CBME tools replace ambiguous agreement scales with specific behavioral anchors and entrustment metrics.



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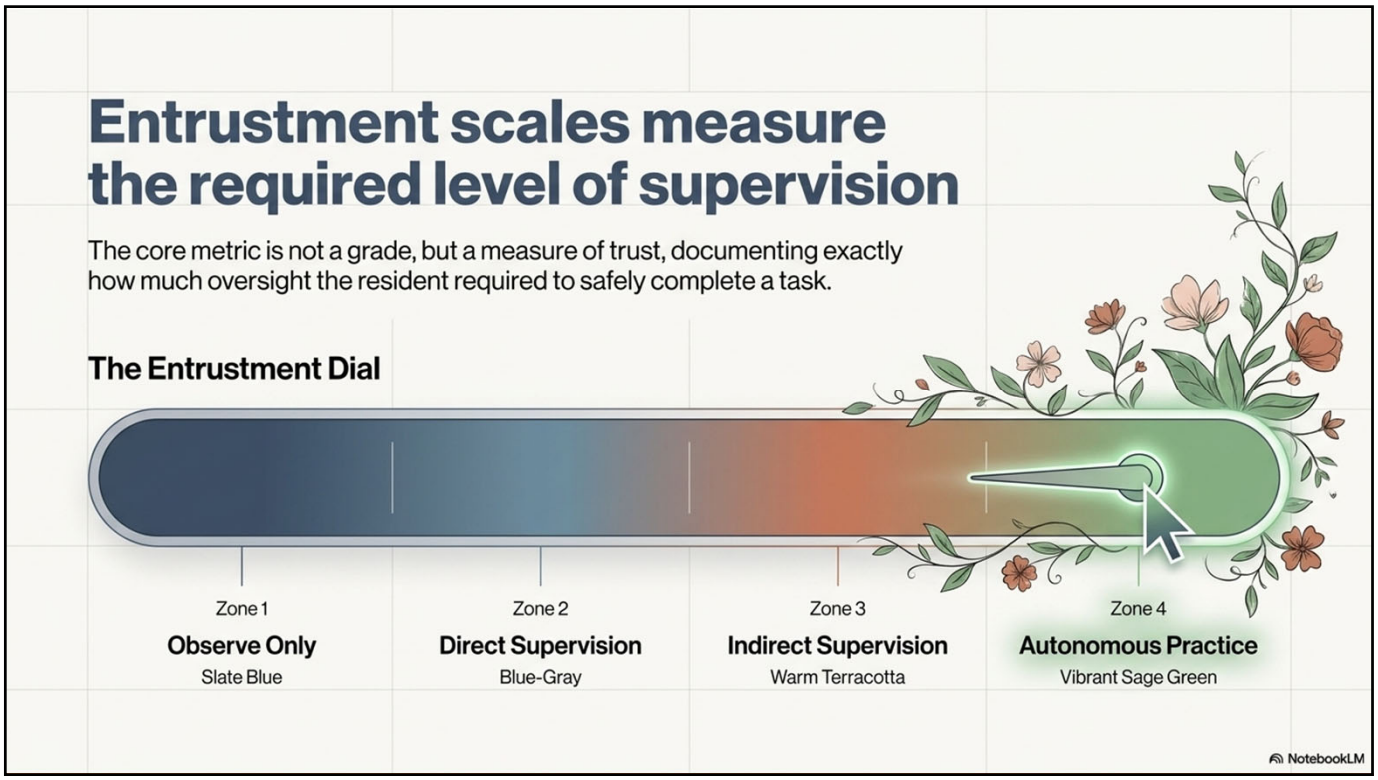
Entrustment scales measure the required level of supervision
The core metric is not a grade, but a measure of trust, documenting exactly how much oversight the resident required to safely complete a task.
The Entrustment Dial
Zone 1
Observe Only
Slate Blue
Zone 2
Direct Supervision
Blue-Gray
Zone 3
Indirect Supervision
Warm Terracotta
Zone 4
Autonomous Practice
Vibrant Sage Green
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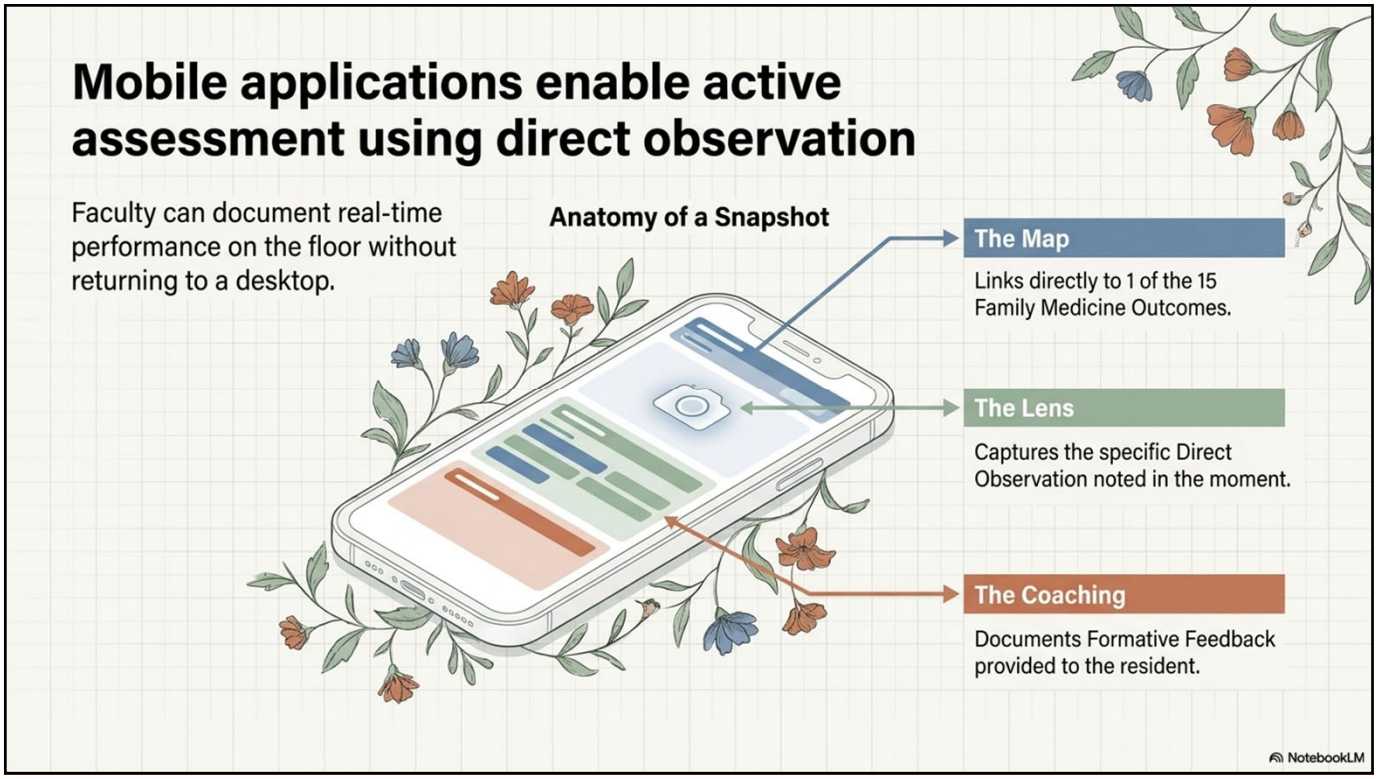
Mobile applications enable active assessment using direct observation
Faculty can document real-time performance on the floor without returning to a desktop.
Anatomy of a Snapshot
The Map
Links directly to 1 of the 15 Family Medicine Outcomes.
The Lens
Captures the specific Direct Observation noted in the moment.
The Coaching
Documents Formative Feedback provided to the resident.
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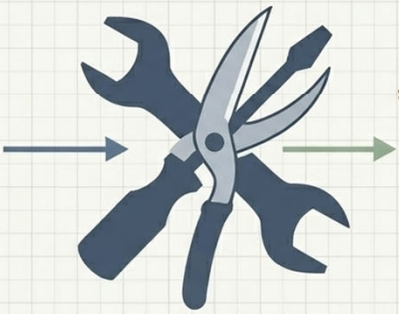
6

Implementation requires pruning ineffective legacy tools

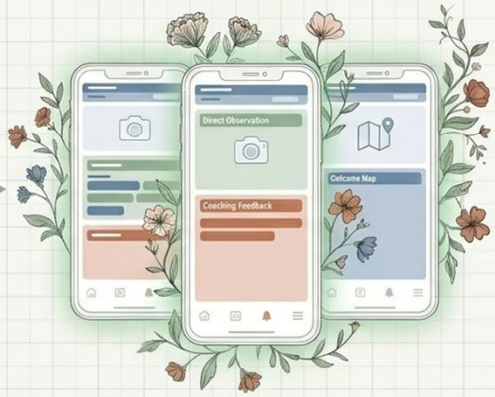
Auditing and pruning bloated, end-of-rotation forms down to their essential, in-the-moment components prevents faculty burnout.

The Old Tool

Pruning Flowchart



The New Tools



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Match the assessment tool to the specific evaluator

Ensuring quality feedback without overwhelming staff requires tailoring the technology and scales to the person observing.

The Evaluator Alignment Matrix

Evaluator Type	Focus Area	Recommended Scale	Format
Core Faculty	Direct Observation	Progressive Scales	All Assessment Types
Community Faculty	Direct Observation	Short Narrative Text	Mobile Comments
Staff Members	360 Evaluations	Specific Prompts	Narrative Text

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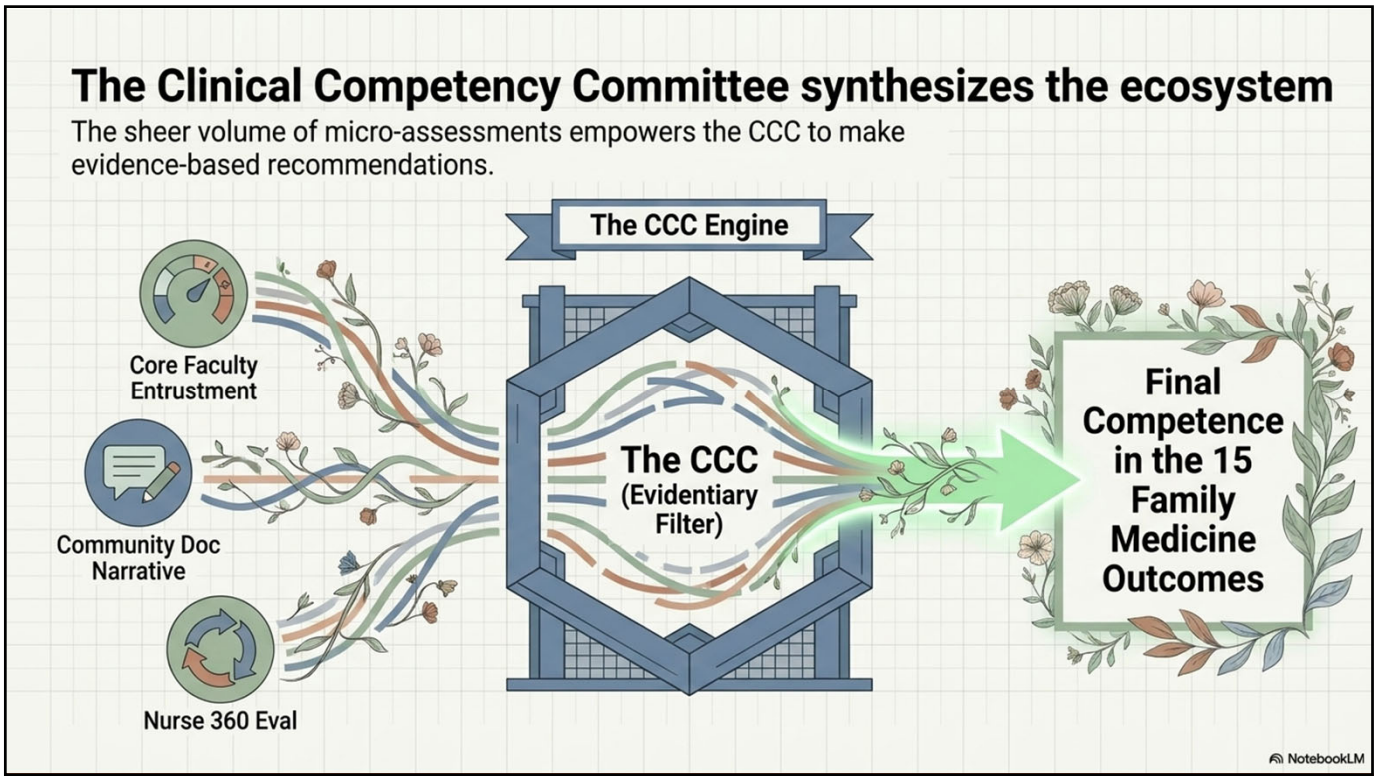
The Clinical Competency Committee synthesizes the ecosystem
The sheer volume of micro-assessments empowers the CCC to make evidence-based recommendations.
The CCC Engine
Core Faculty Entrustment
Community Doc Narrative
Nurse 360 Eval
The CCC (Evidentiary Filter)
Final Competence in the 15 Family Medicine Outcomes
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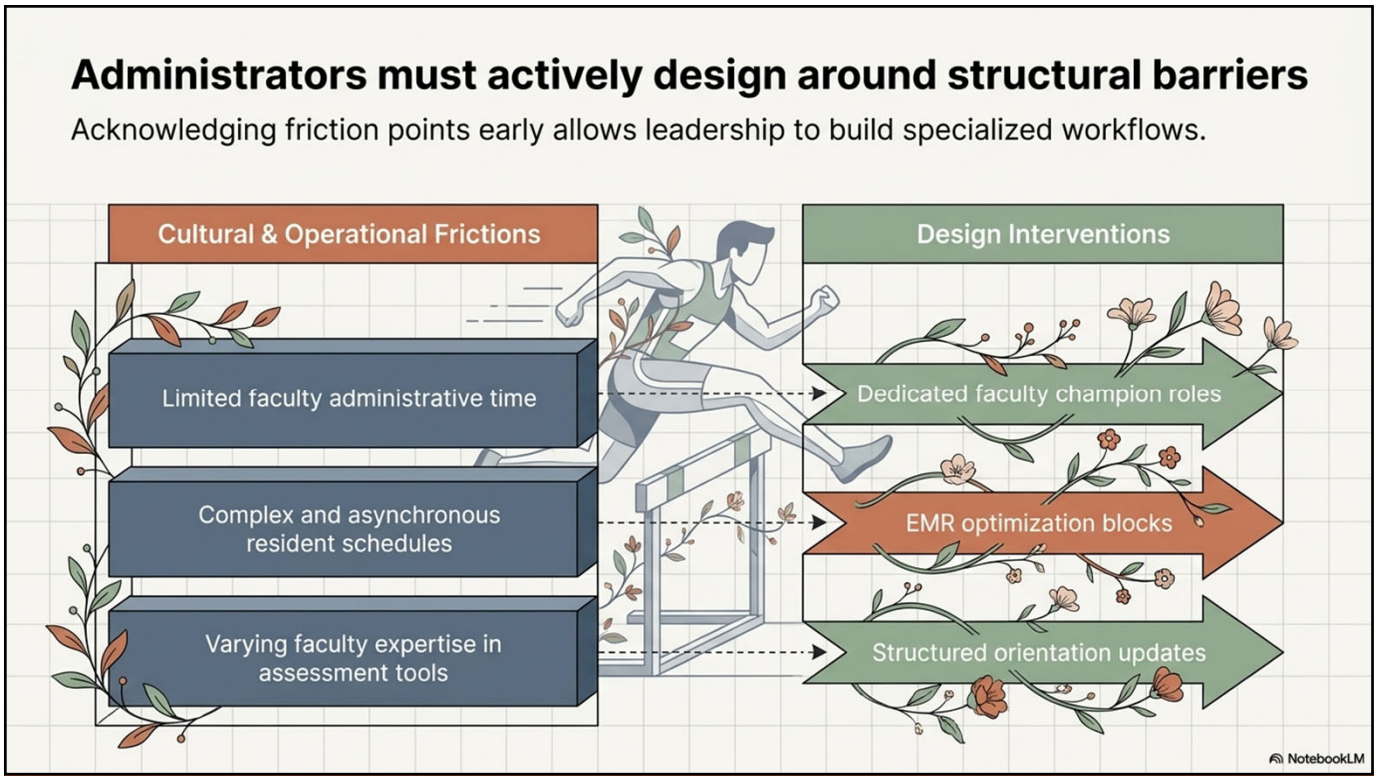
Administrators must actively design around structural barriers
Acknowledging friction points early allows leadership to build specialized workflows.
Cultural & Operational Frictions
Limited faculty administrative time
Complex and asynchronous resident schedules
Varying faculty expertise in assessment tools
Design Interventions
Dedicated faculty champion roles
EMR optimization blocks
Structured orientation updates
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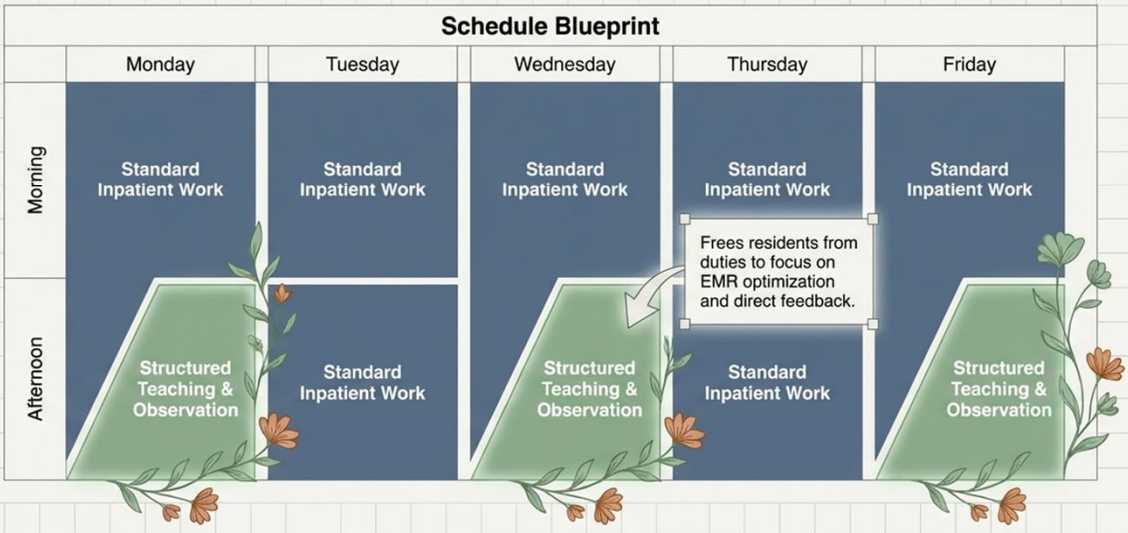
Carve out structured teaching time away from inpatient work

Manipulating the schedule ensures high-quality, uninterrupted direct observation.



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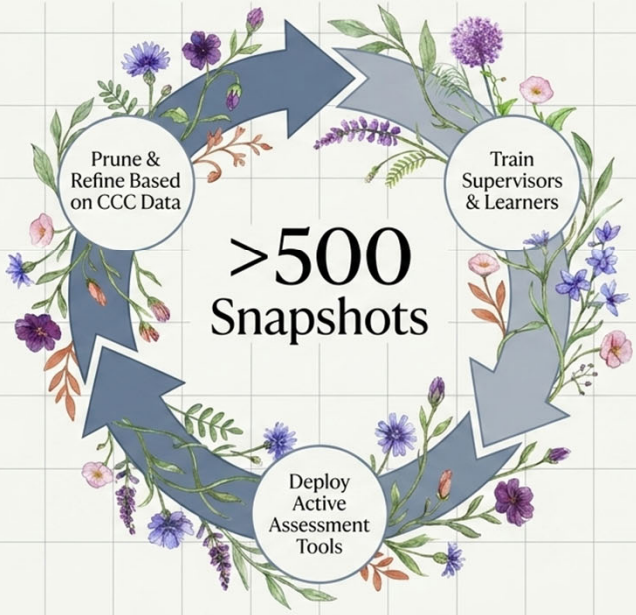
Cultivating competence is a continuous programmatic process

Achieving the assessment benchmark is a gradual evolution requiring ongoing refinement.



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Questions???

Pamela MacMillan
pmac@uwyo.edu
307-286-8345

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