



CBVE Newsletter – August 2021



Welcome to our first installment of the CBVE Newsletter. Despite the pandemic, our working groups have been busy and have some exciting updates.

We have launched a website dedicated to CBVE. You will find it at https://cbve.org and we will regularly update this site with the latest on competency-based veterinary education. We believe it's important to stay in touch with regular updates and so we will produce a newsletter three times a year. You can sign up for our newsletter on our website.

We want to hear from you so please use the following email address to reach us vetmed@cbve.org. Let us know what's on your mind about CBVE, ask a question, make a suggestion, let us know what is going on in your colleges or sign up for the newsletter.



The original AAVMC Working Group for Competency-Based Veterinary Education (CBVE) has now become the AAVMC Council on Outcomes-Based Veterinary Education (COVE) charged with overseeing, managing, and coordinating the implementation of CBVE. To carry out this work, membership was expanded by soliciting nominations for three volunteer working groups (Analyze, Catalyze, Advocate). The Council onboarded an additional 24 working group members from around the world to further broaden the reach and developmental direction of CBVE.



CBVE Advocate Working Group - This group's goals are to engage, influence and educate stakeholders in veterinary education on CBVE and to encourage its adoption and acceptance. The group produced an informative video and website and coordinates a triannual newsletter, found on the https://cbve.org/ website. They are identifying scholarly reports of CBVE, recruiting experts to provide insights, and working with colleges to showcase how CBVEworks for their curriculum.

CBVE Analyze Working Group - This group's goals are to advance scholarship to improve veterinary education and professional development. The group is currently conducting two research projects: 1. a multi-institution pilot of an entrustment instrument for use in workplace-based settings, and 2. an international survey of workplace-based assessment practice.

CBVE Catalyze Working Group - This group's goals are to support faculty and curricular development by providing resources to enhance veterinary education. The group developed a CBVE shared terminology/shared language document and compiled an extensive list of "Frequently Asked Questions" related to CBVE and its implementation. Both documents are on the https://cbve.org/ website. The group is developing content that supports faculty development and curricular design related to CBVE and outcome-based education.

The working groups meet fortnightly by zoom and have members spanning the USA, Canada, UK, Netherlands, Caribbean, Australia, and New Zealand. More information on memberships and activities of the working groups can be found at https://cbve.org.



Many questions arise about the benefits of CBVE and how it compares to the more traditional curricula. This table summarizes in very general terms some of the major differences that CBVE addresses compared to traditional educational model.

Points of Difference	Traditional Education (Focuses on Inputs)	Competency-based Education (Focuses on Outputs)
Curriculum	Inputs drive	Outputs drive
Focus	Discipline based	Graduate outcome abilities
Goal	Knowledge acquisition (Instruction)	Knowledge application (Coaching)
Flow	Teacher —— Learner	Teacher & Learner (partnership)
Evaluation	Summative / High stakes	Formative / Authentic learning environments for assessment

In this edition of the newsletter, we have highlighted "Curriculum" as a point of difference. In future editions, we will address additional highlights from the table that support CBVE as an educational model in veterinary medicine.



Must reads

Key Assumptions Underlying a Competency-Based Approach to Medical Sciences

Education, and Their Applicability to Veterinary Medical Education.

Danielson, JA. Frontiers in Veterinary Science 2021 8:688457.

The must read for this edition of the CBVE Newsletter is Dr. Jared Danielson's article on the key

assumptions that underlie a competency-based approach to our educational models. In this article Jared reviews three key papers that discuss competency-based medical education (CBME) and identifies six characteristics for CBME, which he analyzes in the context of veterinary education. This paper will greatly help our readers appreciate the drivers for a competency-based approach to veterinary education and how this model can be applied in our educational paradigms.



Ask the Expert



Q: Why explore key assumptions underlying a competency-based approach toeducation?

A: For proponents of a competency-based approach, the benefits often appear both inherent and self-evident. However, educators and educational researchers and philosophers have been debating the merits of carefully defining and teaching to objectives for decades (at least), and many of the key assumptions underlying a competency-based approach have been the subject of considerable debate and research. Explicitly tying underlying assumptions to competency-based education is helpful because it enables us to profit from a substantial body of existing relevant research and helps us estimate the likelihood that CBVE would be, on the whole, helpful for veterinary education.

Q: Of the key assumptions, which seem to best support adoption of CBVE? Which pose the greatest barriers for CBVE adoption?

A: A large body of research supports the merits of carefully defining learning outcomes, using goals that relate to those outcomes, and providing learners and programs with detailed information regarding how well those outcomes are being met. These approaches are likely to provide immediate benefits and can be adopted within current frameworks. Therefore, available information related to those assumptions provides support for moving in the direction of CBVE. In contrast, regardless of supporting evidence, broad adoption of more time/resource-intensive strategies such as programmatic assessment and individually tailored instruction is likely to progress at a somewhat slower rate than more established strategies, particularly until more sophisticated facilitative teaching and assessment technologies emerge.



Spotlight on U.C. Davis

Each newsletter will highlight use of CBVE at an individual AAVMC member institution.Please email us to let us know what is happening in your college related to CBVE (vetmed@cbve.org). We are interested in both successes and challenges.

At UC Davis SVM we set out to approach the adoption of CBVE in a way that capitalized on our previous outcomes-based curriculum. The framework that existed was a set of DVM outcomes previously generated through stakeholder participation and school-wide deliberations. The idea that we might have to re-map our curriculum was daunting and instead we approached thenew CBVE framework through a crosswalk to our DVM outcomes. This exercise proved that in most cases we could align the existing UCD DVM Domain to one or more of the new CBVE Domains. Our plan is to complete this cross mapping and have it reviewed by members of our faculty and Information Technology group. Once we have agreement, we will be able to replace our existing framework with CBVE and maintain our curricular mapping.

Examples of our cross-mapping of Domains and Outcomes to CBVE Domains and Competencies are:

UCD Domain	UCD DVM Outcome	VM Outcome CVBE Domain CBVE Compe		BVE Competency	CBVE Subcompetencies
	CO 1-Demonstrate effective communication diagnostic and	Communication Communication		Listens attentively and communicates professionally Adapts	a. Communicates with diverse audiences (e.g., demonstrates empathy, uses terminology appropriate to listener) b. Utilizes a variety of communication platforms (e.g.,email) a. Demonstrates client-centered communication
	therapeutic options to clients			communication style to colleagues and clients	 Elicits client goals, expectations, perspectives and constraints, considering the human-animal bond Engages clients in difficult conversations such as financial decisions and end-of-life care (e.g., palliative care and euthanasia)
SKIIIS	CO 2-Demonstrate effective oral and written communication skills with	Communication	5.2	Adapts communication style to colleagues and clients	a. Demonstrates client-centered communication b. Elicits client goals, expectations, perspectives and constraints, considering the human-animal bond c. Engages clients in difficult conversations such as financial decisions and end-of-life care (e.g., palliative care and euthanasia)
	lechnicians, staff and general public	Communication		Prepares documentation appropriate for the intended audience	Documents care and communication using professional terminology Bensures documentation fulfills professional and legal requirements
UCD Domain	UCD DVM Outcome	CVBE Domain		BVE Competency	CBVE Subcompetencies
paraclinical and clinical	BS 1-Demonstrate knowledge and understanding of mechanisms of disease and the body's response at the molecular, cellular and systemic level	Scholarship	9.2	Integrates, adapts and applies knowledge and skills	a. Formulates questions and customizes solutions, drawing on personal experience and available evidence b. Applies literature to solve clinical or scientific problems (e.g., evidence-based practice) c. Applies creativity to develop innovative solutions
, and the second		Scholarship	9.1	Evaluates health- related information	a. Retrieves and evaluates information based on research principles b. Analyzes information for accuracy, reliability, validity and applicability



CBVE Summer Session Town Halls #1 and #2

To view the PPT and video of the sessions, please visit the website https://cbve.org/

AMEE 2021 Virtual Conference - Redefining Health Professions EducationTogether

August 27-30th, 2021, click here

American Association of Veterinary Medical Colleges, 655 K Street, NW, Suite 725, Washington, DC 20001, USA

Powered by Squarespace

Unsubscribe