

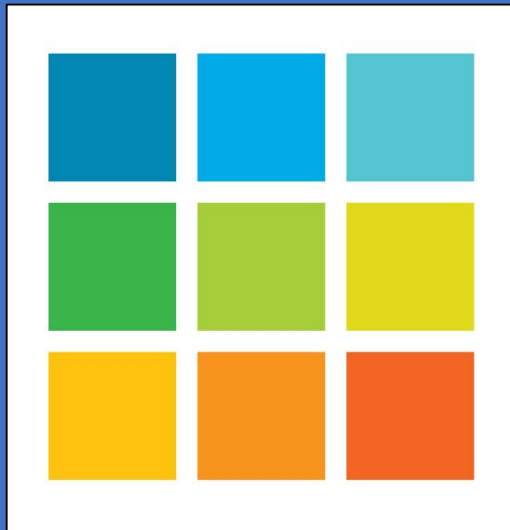


Welcome to CBVE Town Hall

Summer Session #2

In the chat, please enter your name, AAVMC affiliation, and role in CBVE at your institution.

Agenda



Summary of feedback and comments from Town Hall #1

Myth-busting: dispelling five common myths about CBVE

Wrap-up & next steps...

Thank you for participating in Town Hall #1



We heard you!

Town Hall Session #1:



Breakout Room Discussion Questions

- What does your program envision as the BIGGEST hurdle/barrier for implementation?
 - Share success/what's working in addressing this hurdle
 - Share frustrations/what do you need?
- How can the AAVMC Council on Outcomes-based Veterinary Education best support your needs for implementing/moving to this new model of education?

Town Hall Session #1:



Breakout Room Instructions & Follow-up Summarization of Data

- 15 breakout groups
- Participants discussed questions and entered answers into Google doc
- CBVE Catalyze WG reviewed responses
- The frequency of themes were noted

Summary of Themes:

- Educating and motivating faculty and staff about CBVE; promoting buy-in; changing mindsets (19)
- Lack of faculty and staff capacity (14)
- Assessment concerns – change methods; change mindset; conflict with grading; graduate performance (13)
- Basic science faculty buy-in; preclinical milestones needed (12)
- Need for specific examples of implementation (7)

Biggest barrier or hurdle for implementation?



Summary of Themes, cont'd:

- Challenge of curriculum mapping (4)
- System needed for tracking student progress (3)
- Need for more detail in competencies (2)
- Need for an expert as a resource (2)
- Compatibility with accreditation standards (2)

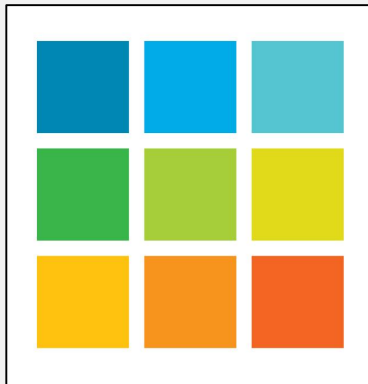
Biggest barrier or hurdle for implementation?





Support needed for implementation?

Summary of Responses:

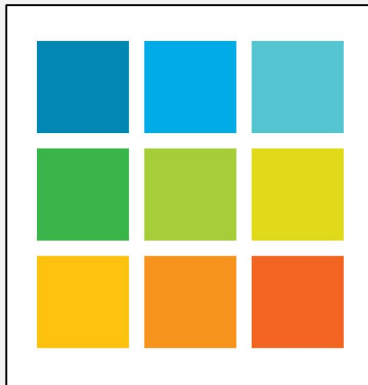


- Materials for educating faculty, staff and students about CBVE (14)
 - Centralized resources for faculty development
 - Online videos for self-study
 - Webinars
 - Video vignettes of EPAs and competencies at different skill levels for training assessors
- Shared resources for assessment (10)
 - Best practices
 - Standardized longitudinal assessments
- Specific examples of implementation (9)
 - Create repository to share examples
 - Q&A sessions with those who have implemented CBVE



Support needed for implementation?

Summary of Responses,
cont'd:



- Create pre-clinical milestones to engage basic science faculty (8)
- Common software program for mapping and student assessment (6)
 - AAVMC purchase or create an affordable system
- “Expert” assistance (4)
 - Psychometrician
 - Hotline

Five Common Myths about CBVE



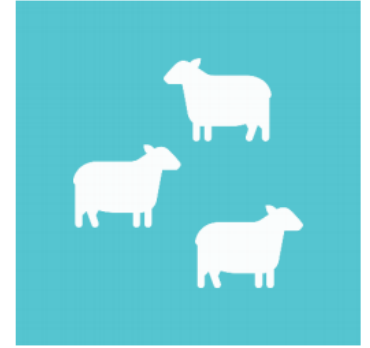


Adopting CBVE requires your
program to have a
CBVE-specific curricular model

MYTH #1

Jared Danielson

CBVE
characterizes
the outcome,
not the
educational
process...



Curricular structure has not been shown to be an important factor in learner achievement, including in clinical reasoning.

Teaching and Learning in Medicine, 20(2), 104–113
Copyright © 2008, Taylor & Francis Group, LLC
ISSN: 1040-1334 print / 1532-8015 online
DOI: 10.1080/10401330801991915

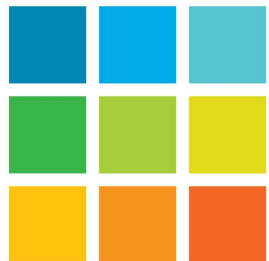


RESEARCH BASIC TO MEDICAL EDUCATION

How Much Do Differences in Medical Schools Influence Student Performance? A Longitudinal Study Employing Hierarchical Linear Modeling

Kent Hecker and Claudio Violato

Medical Education Research Unit, University of Calgary, Calgary, Alberta, Canada



Hecker and Violato, 2008.

Hecker K, Violato C. How much do differences in medical schools influence student performance? A longitudinal study employing hierarchical linear modeling. *Teach Learn Med.* (2008) 20:104–13. doi:10.1080/10401330801991915

- 116 medical schools
- 8 years
- 5 curricular models
 - Discipline Based
 - Organ Systems Based
 - Discipline Based Followed by Organ System
 - Other
 - Problem Based Learning
- Dependent Variable – Performance on all three levels of the USMLE exam
- Outcomes (Hecker and Violato, 2008)
 - Majority of variation between schools accounted for by incoming student differences, mostly MCAT scores.
 - “Curriculum differences and school-level educational policies and educational innovations contributed only sporadically in the regression equations over the 8-year period.” (p. 111)

CBVE supports and encourages proven strategies that can be utilized under a variety of curricular approaches:

- Use of clearly defined learning outcomes¹
- Informing students of what success looks like^{1,2}
- Mastery (competency-anchored rather than time-anchored) approaches^{3,4}
- Frequently assessing learning and providing feedback (e.g., Programmatic Assessment)^{5,6,7}

1. Hattie J. *Visible Learning: A Synthesis of Over 800 Meta-Analyses Relating to Achievement*. New York: Routledge (2009).
2. Hattie J. The applicability of visible learning to higher education. *Sch Teach Learn Psychol.* (2015) 1:79–91. doi: 10.1037/stl0000021
3. Cook DA, Brydges R, Zendejas B, Hamstra SJ, Hatala R. Mastery learning for health professionals using technology-enhanced simulation: a systematic review and meta-analysis. *Acad Med.* (2013) 88:1178–86. doi: 10.1097/ACM.0b013e31829a365d
4. Bloom BS. Time and learning. *Am Psychol.* (1974) 29:682–8. doi:10.1037/h0037632
5. Hattie J, Timperley H. The power of feedback. *Rev Educ Res.* (2007) 77:81–112. doi: 10.3102/003465430298487
6. Heeneman S, Oudkerk Pool A, Schuwirth LWT, van der Vleuten CPM, Driessen EW. The impact of programmatic assessment on student learning: theory versus practice. *Med Educ.* (2015) 49:487–98. doi: 10.1111/medu.12645
7. Bok HGJ, de Jong LH, O'Neill T, Maxey C, Hecker KG. Validity evidence for programmatic assessment in competency-based education. *Perspect Med Educ.* (2018) 7:362–72. doi: 10.1007/s40037-018-0481-2






You have to implement all
five core components of
CBVE at the same time

MYTH #2

Jennie Hodgson

A white Pegasus with wings and a unicorn horn is flying over a rocky landscape. The background features a large, fluffy white cloud against a blue sky. The text is overlaid on the image in a bold, white font.

To dispel this myth, let's review what the core components look like for competency-based education and how they might fit into veterinary programs...

Fundamental Characteristics of CBME

Van Melle *et al.* (2019) A core components framework for evaluating implementation of Competency-Based Medical Education.
Academic Medicine, 94(7):1002-1009.

OUTCOME
COMPETENCIES

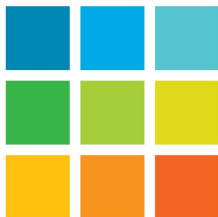
SEQUENCED
PROGRESSION

TAILORED
LEARNING
EXPERIENCES

COMPETENCY-
FOCUSED
INSTRUCTION

PROGRAMMATIC
ASSESSMENT

Five
Core
Components



Five Core Components

#1: Outcome Competencies

- Outcomes are predefined, desired competencies with achievement by all students as the goal.
- Competencies are derived from the needs of patients/society and organized into a coherent guiding framework

Competency-Based Veterinary Education:

CBVE framework



CBVE Competency Framework

- CBVE Framework is divided into domains of competence, competencies, and illustrative sub-competencies
- Can be used for curricular design or mapping at many levels within the curriculum

Five Core Components

#2: Sequenced Progression

- Teaching and learning experiences are sequenced to facilitate an explicitly defined progression of ability in stages towards competence

Milestones

- A defined, observable marker of an individual's ability along a developmental continuum
- Can be used for curricular design/mapping/assessment
- Pre-clinical milestones can help with backward design

Englander *et al* (2017) Towards a shared language for CBME. *Med Teach*, 39(6), 582-87.

Competency-Based Veterinary Education:

Milestones



Five Core Components

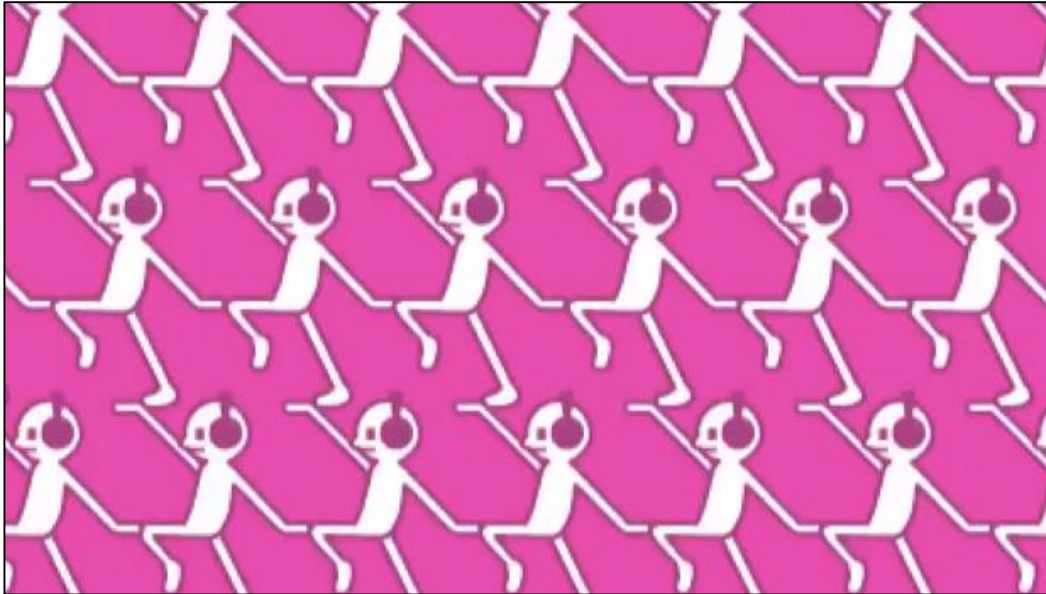
#3: Tailored Learning Experiences

- Learning is tailored to the learner's individual progression in some manner
- Time is a resource for learning, not the basis of progression of competence

Time as a Resource...??

Our current situation:

Lockstep



versus

Time variable



AVMA COE requirements:
“curriculum shall extend over a
period equivalent to a minimum of 4
academic years”

Are there ways to use
competence and not time to
determine progression within the
4 years?

Five Core Components

#4: Competency-Focused Instruction

- Instruction is focused on competencies and their achievement
- Student-centered approaches versus faculty-centered approaches

Faculty Development

- Student centered (not faculty)
- Outcomes focused (not inputs)
- Coaching models (not instructing)



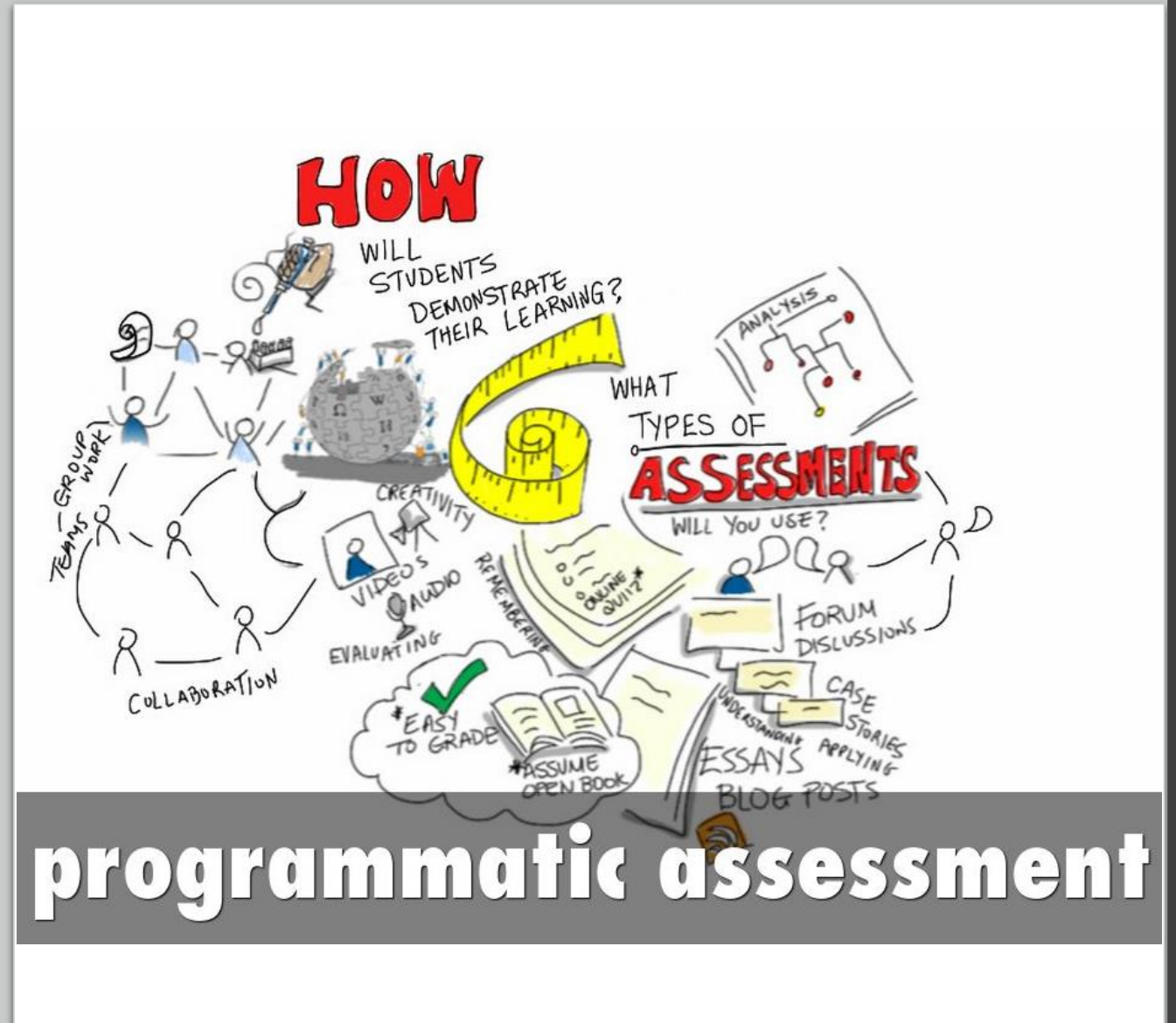
Five Core Components

#5: Programmatic Assessment

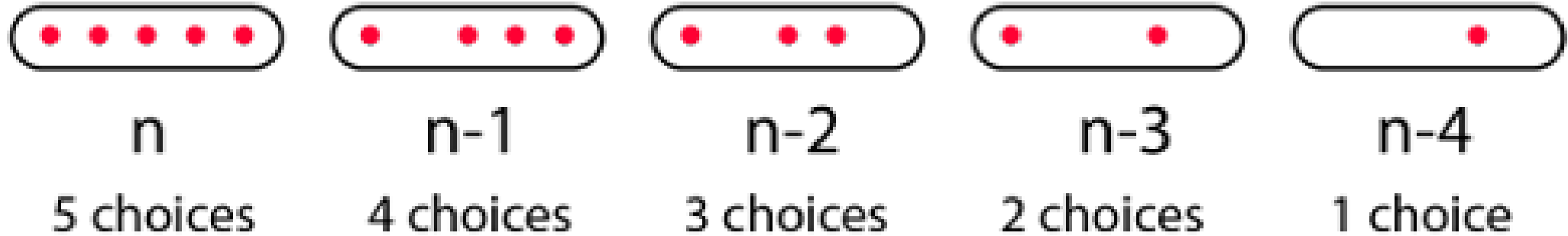
- Assessment is planned, systematic, systemic, and integrative
- Numerous direct observations and focused feedback contribute to effective learner development of expertise

Programmatic Assessment

- Assessment of all domains of competence over time
- Multiple methods & multiple evaluators over time needed to “aggregate the pixels”
- Assessment *for* learning

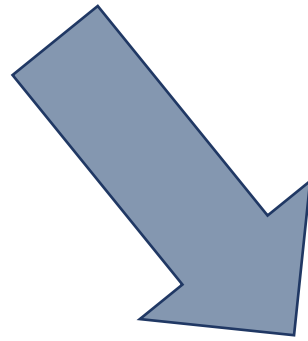


The number of permutations of 5 objects is 5!



Veterinary colleges can implement any/all of these 5 five components, and in any sequence, depending on their local needs and resources.

...And colleges need to work towards implementing all 5 components to truly have a CBVE program.



**All
Five**





CBVE doesn't include
basic sciences

MYTH #3

Kristin Chaney

**CBVE Framework → Domains of Competence.
Provides a 30,000 foot view of the program.**

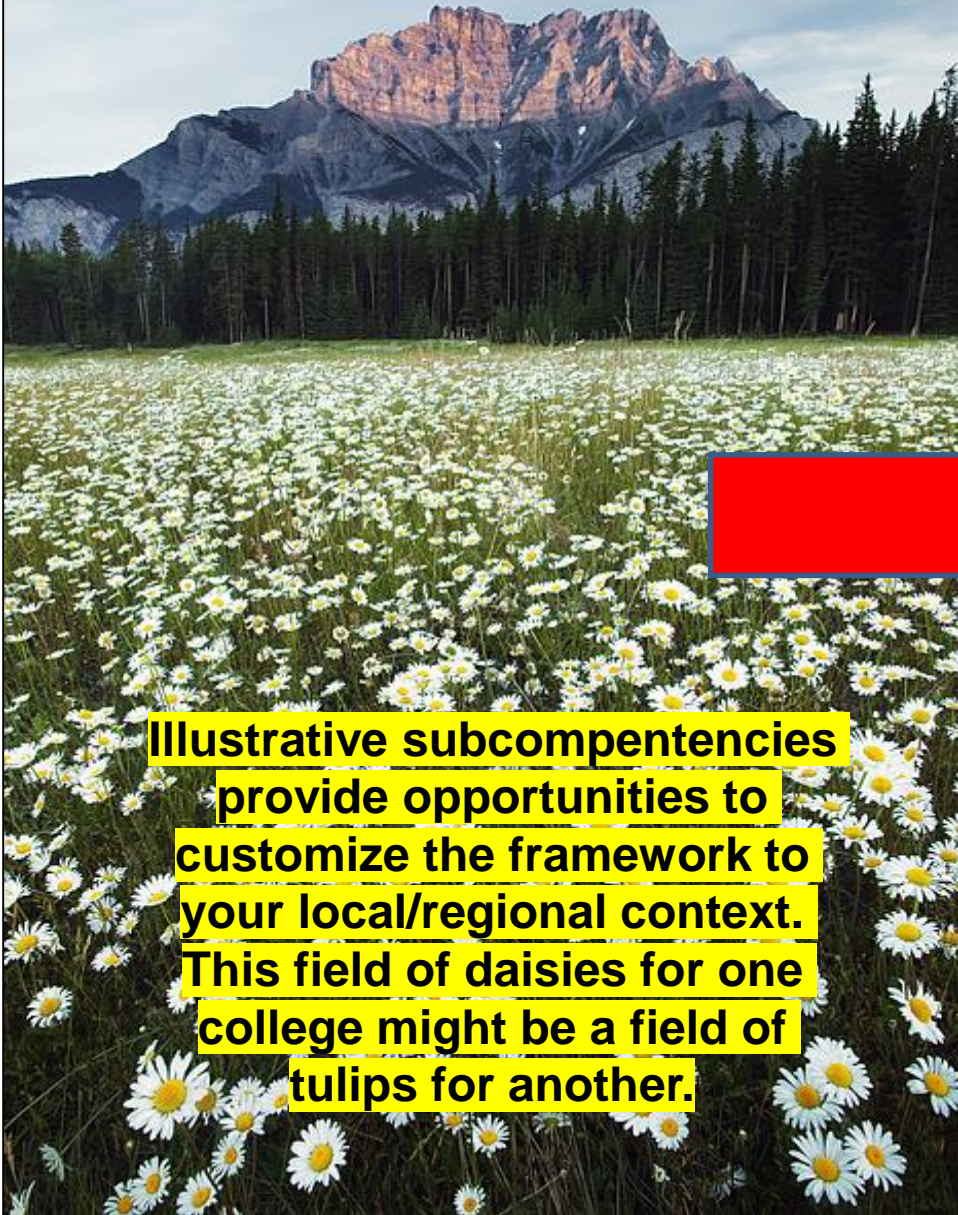


**This mountain represents the
competencies that support each
domain of competence.**



**The field of daisies represents
the illustrative
subcompetencies that may be
created to support
achievement of each
competency.**

Beneath each competency, are the illustrative subcompetencies (daisies).

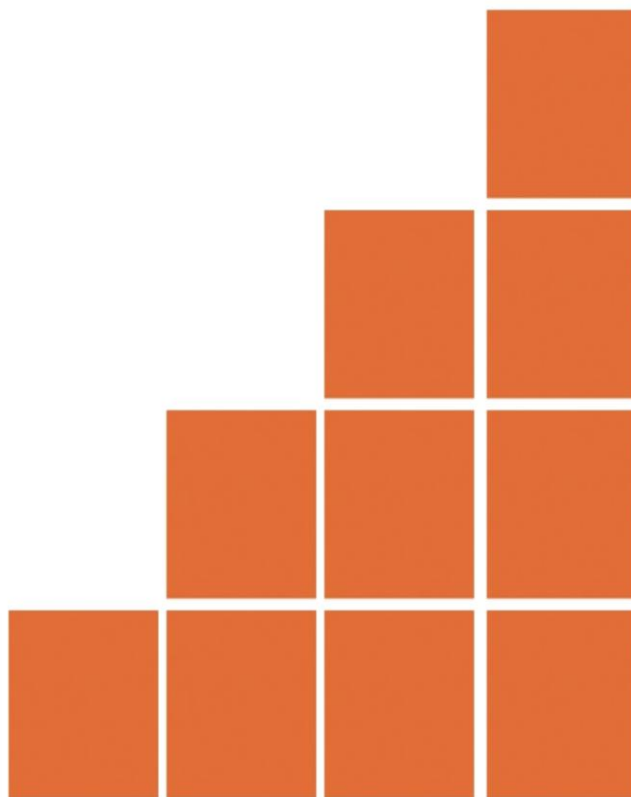


Illustrative subcompetencies provide opportunities to customize the framework to your local/regional context. This field of daisies for one college might be a field of tulips for another.



Closely observing the grass surrounding the daisies is equivalent to the discipline-specific content necessary to build illustrative subcompetencies, which support each associated competency. Now we're getting closer to dispelling this myth...

Where does basic science fit in??



- Framework
 - Faculty and graduates can visualize outcomes at graduation
- Milestones
 - Assist instructors and learners in use of framework for clinical training

1.1

Competency-Based Veterinary Education:

Milestones

COMPETENCY 1.1

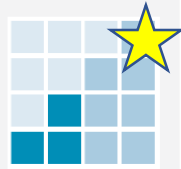
Gathers and assimilates relevant information about animals

MILESTONES



NOVICE:

Exercises safe animal handling. Poses historic questions from a template. Gathers insufficient, exhaustive, or irrelevant information. Performs disorganized or incomplete physical exam and may overlook key findings. Interpretation of results rarely advances the plan.



ADVANCED BEGINNER:

Gathers some pertinent information. May omit details that support/refute common differential diagnoses. Physical exam follows a pattern and major abnormalities are identified, described and documented. Interprets laboratory tests correctly most of the time; struggles to interpret conflicting results. Interpretation of results partially advances the plan.



COMPETENT:

Obtains pertinent history appropriate for the situation. Identifies and organizes historic elements consistent with common disorders. Performs thorough physical exam in a logical, fluid sequence. Identifies and documents most abnormal physical exam findings including subtle findings. Selects and interprets routine diagnostic tests appropriately. Ambiguous results are interpreted in the context of history and physical exam. Interpretation of results adequately supports the plan.



PROFICIENT:

Recognizes variability in disease presentation. Identifies historic information pertinent to unusual disease conditions. Efficiently reviews results and recognizes unexpected findings. The magnitude of abnormal findings contributes to interpretation. Summarizes findings using semantic qualifiers (e.g., acute, subacute and chronic). Accurate interpretation of results directs confirmatory or sequential testing and fully supports the plan.

ENTRY INTO CLINICAL TRAINING

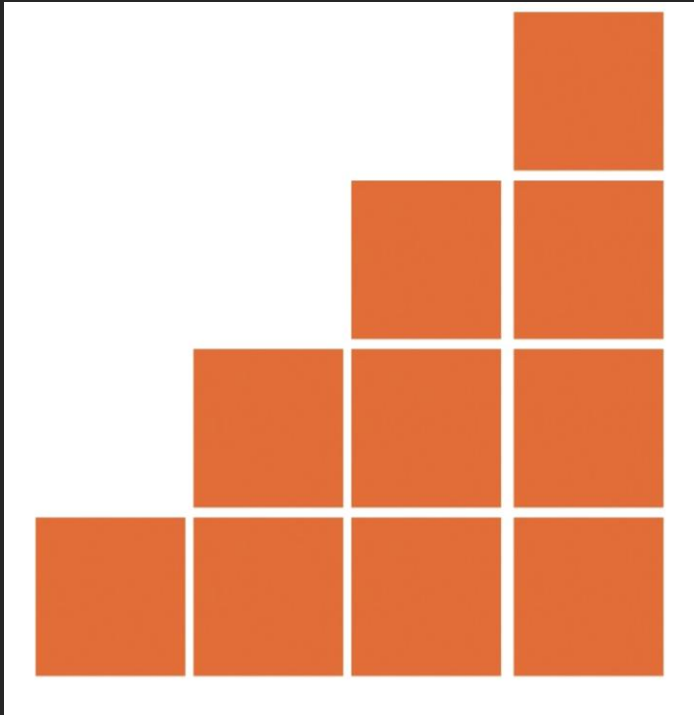
GRADUATION

Milestones provide narrative
descriptors of learner progress
for the clinical year...

What about the pre-clinical program??

Pre-Clinical Milestones?

Milestones can be used in the pre-clinical curriculum to ensure learners achieve at least the novice level before entering clinics.



Creating pre-clinical milestones allow us to move the learning continuum into the pre-clinical program...

Pre-clinical milestones can assist faculty in understanding how the framework applies across the program and includes **basic science content...**

Domain 1 Clinical Reasoning and Decision-making

The graduate demonstrates critical thinking and problem solving to arrive at evidence-based decisions that consider animal and client needs, available resources, and social context.

1.1 Gathers and assimilates relevant information about animals

Milestone	First Year	Second Year	Third Year	Fourth Year
			<i>Level of competence following completion of year 3.</i> Milestone = NOVICE	<i>Expected level of competence at graduation.</i> Milestone = COMPETENT
1.1 Gathers and assimilates relevant information about animals	<p>This is an example of pre-clinical milestone development for milestone 1.1 Gathers and assimilates relevant information about animals. The novice milestone level should be achieved by the end of the 3rd year in this example, prior to entry into the workplace-based environment/clinical training in the 4th year, and the competent milestone achieved by the time of graduation.</p>		<p>3A. exercises safe animal handling</p> <p>3B. poses historic questions from a template</p> <p>3C. gathers history but information collected may be insufficient, exhaustive, or irrelevant</p> <p>3D. performs physical exam, may be disorganized or incomplete, and may overlook key findings</p> <p>3E. interprets test results but may not use to advance the plan</p>	<p>4A. obtains pertinent history appropriate for the situation</p> <p>4B. identifies and organizes historic elements consistent with common disorders</p> <p>4C. performs thorough physical exam in a logical, fluid sequence</p> <p>4D. identifies and documents most abnormal physical exam findings including subtle findings</p> <p>4E. selects and interprets routine diagnostic tests appropriately</p> <p>4F. interprets ambiguous results in the context of history and physical exam</p> <p>4G. interprets results to support the plan</p>

1.1

Competency-Based Veterinary Education:

Milestones

COMPETENCY 1.1

Gathers and assimilates relevant information about animals

MILESTONES



NOVICE:

Exercises safe animal handling. Poses historic questions from a template. Gathers insufficient, exhaustive, or irrelevant information. Performs disorganized or incomplete physical exam and may overlook key findings. Interpretation of results rarely advances the plan.



ADVANCED BEGINNER:

Gathers some pertinent information. May omit details that support/refute common differential diagnoses. Physical exam follows a pattern and major abnormalities are identified, described and documented. Interprets laboratory tests correctly most of the time; struggles to interpret conflicting results. Interpretation of results partially advances the plan.



COMPETENT:

Obtains pertinent history appropriate for the situation. Identifies and organizes historic elements consistent with common disorders. Performs thorough physical exam in a logical, fluid sequence. Identifies and documents most abnormal physical exam findings including subtle findings. Selects and interprets routine diagnostic tests appropriately. Ambiguous results are interpreted in the context of history and physical exam. Interpretation of results adequately supports the plan.



PROFICIENT:

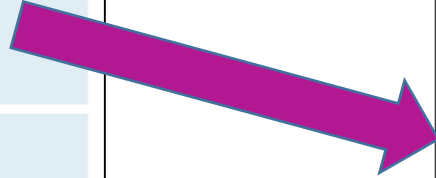
Recognizes variability in disease presentation. Identifies historic information pertinent to unusual disease conditions. Efficiently reviews results and recognizes unexpected findings. The magnitude of abnormal findings contributes to interpretation. Summarizes findings using semantic qualifiers (e.g., acute, subacute and chronic). Accurate interpretation of results directs confirmatory or sequential testing and fully supports the plan.

making

solving to arrive at evidence-based decisions that consider animal

es relevant information about animals



Second Year	Third Year	Fourth Year
	<p>Level of competence following completion of year 3. Milestone = NOVICE</p>	<p>Expected level of competence at graduation. Milestone = COMPETENT</p>
	<p>3A. exercises safe animal handling</p> <p>3B. poses historic questions from a template</p> <p>3C. gathers history but information collected may be insufficient, exhaustive, or irrelevant</p> <p>3D. performs physical exam, may be disorganized or incomplete, and may overlook key findings</p> <p>3E. interprets test results but may not use to advance the plan</p>	<p>4A. obtains pertinent history appropriate for the situation</p> <p>4B. identifies and organizes historic elements consistent with common disorders</p> <p>4C. performs thorough physical exam in a logical, fluid sequence</p> <p>4D. identifies and documents most abnormal physical exam findings including subtle findings</p> <p>4E. selects and interprets routine diagnostic tests appropriately</p> <p>4F. interprets ambiguous results in the context of history and physical exam</p> <p>4G. interprets results to support the plan</p>



Domain 1 Clinical Reasoning and Decision-making

The graduate demonstrates critical thinking and problem solving to arrive at evidence-based decisions that consider animal and client needs, available resources, and social context.

1.1 Gathers and assimilates relevant information about animals

Milestone	First Year	Second Year	Third Year	Fourth Year
			<i>Level of competence following completion of year 3.</i> Milestone = NOVICE	<i>Expected level of competence at graduation.</i> Milestone = COMPETENT
<p>1.1 Gathers and assimilates relevant information about animals</p>	<p>In this example (yellow stars), let's consider what the learner must be able to achieve prior to reaching the novice level milestone of being able to interpret tests to design treatment plans...we need to develop pre-clinical milestones or narrative descriptions of what the learner should be able to do in the pre-clinical program to reach this point...</p>		<p>3A. exercises safe animal handling</p> <p>3B. poses historic questions from a template</p> <p>3C. gathers history but information collected may be insufficient, exhaustive, or irrelevant</p> <p>3D. performs physical exam, may be disorganized or incomplete, and may overlook key findings</p> <p>3E. interprets test results but may not use to advance the plan </p>	<p>4A. obtains pertinent history appropriate for the situation</p> <p>4B. identifies and organizes historic elements consistent with common disorders</p> <p>4C. performs thorough physical exam in a logical, fluid sequence</p> <p>4D. identifies and documents most abnormal physical exam findings including subtle findings</p> <p>4E. selects and interprets routine diagnostic tests appropriately </p> <p>4F. interprets ambiguous results in the context of history and physical exam</p> <p>4G. interprets results to support the plan</p>

Domain 1 Clinical Reasoning and Decision-making

The graduate demonstrates critical thinking and problem solving to arrive at evidence-based decisions based on patient and client needs, available resources, and social context.

1.1 Gathers and assimilates relevant information

Milestone	First Year	Second Year	Level of competence following completion of year 1.	Level of competence following completion of year 2.
	<p>1.1 Gathers and assimilates relevant information about animals</p>	<p>1A. describes methods of patient restraint for common domestic species</p> <p>1B. performs basic restraint techniques safely and effectively</p> <p>1C. obtains signalment and general history for common domestic species</p> <p>1D. obtains general history for a herd/group environment</p> <p>1E. performs complete physical examination of all body systems on common domestic species</p> <p>1F. performs core diagnostic tests and interprets test results</p>	<p>2A. selects an appropriate restraint technique based upon the animal and situation</p> <p>2B. interprets history to identify body system(s) involved</p> <p>2C. differentiates normal from abnormal physical exam parameters</p> <p>2D. selects correct test(s) to evaluate organ system(s) ★</p> <p>2E. prioritizes diagnostic tests based on their benefits and risks ★</p>	<p>3A. examines patient</p> <p>3B. positions a templ</p> <p>3C. gathers information collected may be insufficient, exhaustive, or irrelevant</p> <p>3D. performs physical exam, may be disorganized or incomplete, and may overlook key findings</p> <p>3E. interprets test results but may not use to advance the plan ★</p>

These pre-clinical milestones (yellow stars) for year two describe a student first being able to select the correct test to evaluate a particular organ system and begin prioritizing the selection of tests based upon the risks or benefits of that test. A learner would not be able to progress without knowledge of basic science in this example (e.g., pathology / clinical pathology).

Domain 1 Clinical Reasoning and Decision-making

The graduate demonstrates critical thinking and problem solving to arrive at a diagnosis and treatment plan based on patient and client needs, available resources, and social context.

1.1 Gathers and assimilates relevant information about animals

Milestone	First Year	Second Year
	<i>Level of competence following completion of year 1.</i>	<i>Level of competence following completion of year 2.</i>
1.1 Gathers and assimilates relevant information about animals	1A. describes methods of patient restraint for common domestic species 1B. performs basic restraint techniques safely and effectively 1C. obtains signalment and general history for common domestic species 1D. obtains general history for a herd/group environment 1E. performs complete physical examination of all body systems on common domestic species 1F. performs core diagnostic tests and interprets test results	2A. selects an appropriate restraint technique based upon the animal and situation 2B. interprets history to identify body system(s) involved 2C. differentiates normal from abnormal physical exam parameters 2D. selects correct test(s) to evaluate organ system(s) 2E. prioritizes diagnostic tests based on their benefits and risks
		3E. interprets test results but may not use to advance the plan 4F. interprets ambiguous results in the context of history and physical exam 4G. interprets results to support the plan

And finally, looking back to the entry level of the program (first year), a student must first learn how to perform core/basic diagnostics tests and interpret their results. An example might be performing and interpreting blood glucose on a glucometer. In the simplest of terms: is the blood glucose normal or abnormal? This pre-clinical milestone reflects entry-level knowledge and could not be achieved without learner knowledge of foundation science (e.g., knowledge of physiology/regulation of blood glucose and anatomy/sites for venipuncture on given species).

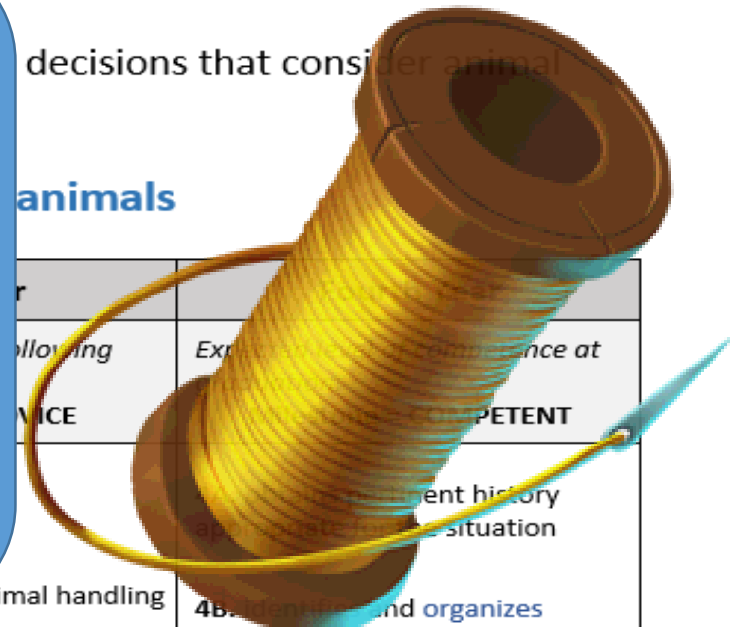
Domain 1

The graduate and client

The idea of the golden thread is important to consider as pre-clinical milestones are developed. Sequential learning is one of the 5 core components of CBVE and critical for mastery of competencies. Keeping the outcome, or end, in mind allows sequential learning opportunities to be established. Entry-level knowledge and pre-clinical milestones are important for the learner to build upon moving forward through the program with achievement of the novice level milestone prior to entry into the clinical environment or work-placed based training.

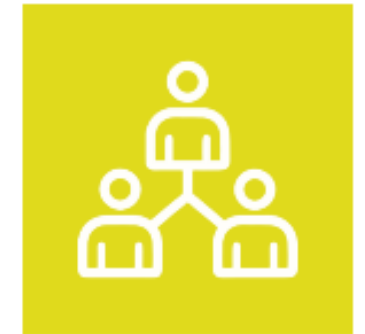
decisions that consider animal
animals

following	Exposure to competence at
NOVICE	COMPETENT
animal handling	patient history situation
4B. gathers and organizes historic elements consistent with common disorders	
4C. performs thorough physical exam in a logical, fluid sequence	
4D. identifies and documents most abnormal physical exam findings including subtle findings	
4E. selects and interprets routine diagnostic tests appropriately	
4F. interprets ambiguous results in the context of history and physical exam	
4G. interprets results to support the plan	

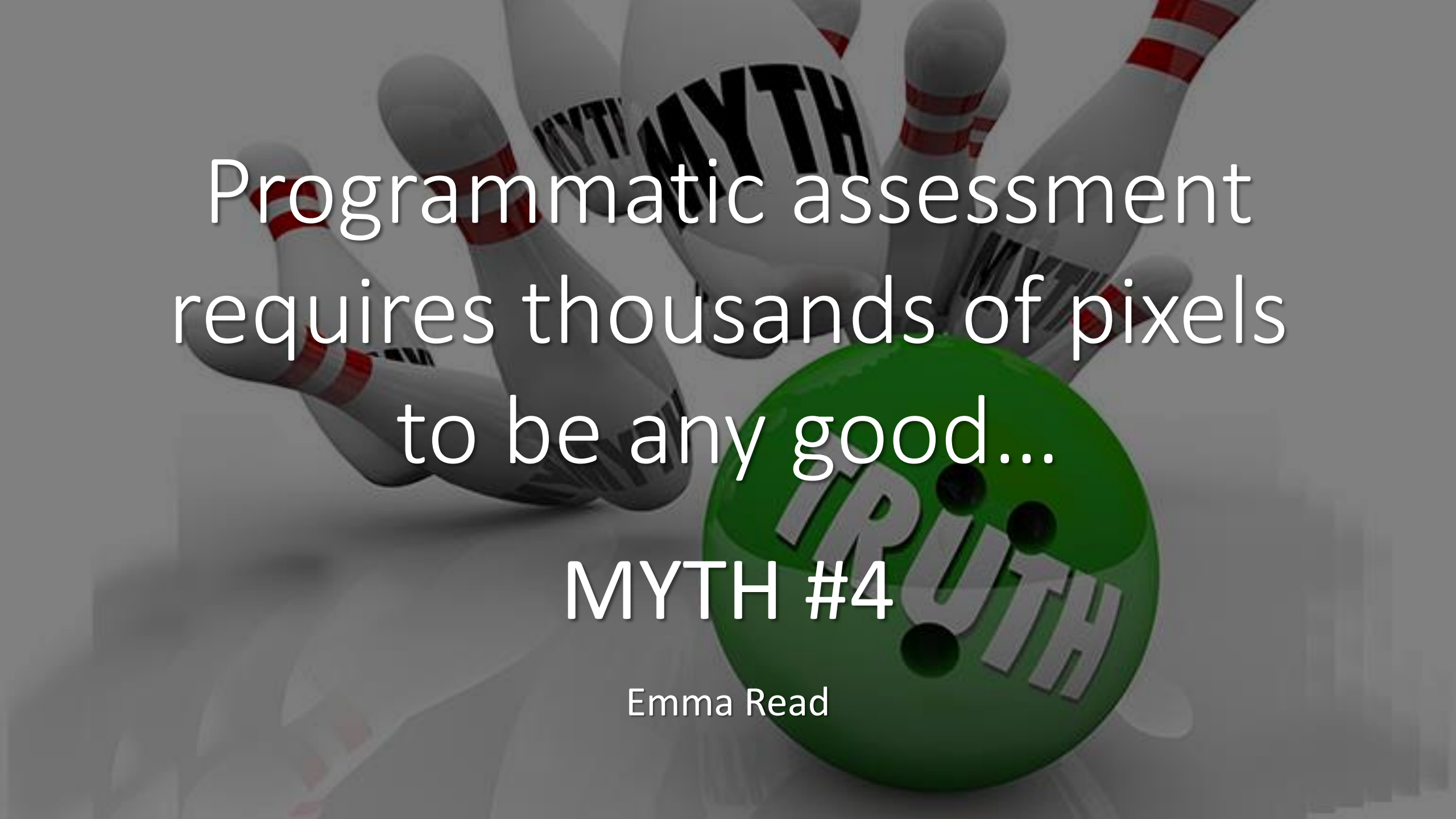


Mile				
1.1 Gathers and assimilates relevant information about animals	<p>species</p> <p>1B. performs basic restraint techniques safely and effectively</p> <p>1C. obtains signalment and general history for common domestic species</p> <p>1D. obtains general history for a herd/group environment</p> <p>1E. performs complete physical examination of all body systems on common domestic species</p> <p>1F. performs core diagnostic tests and interprets test results</p>	<p>restraint technique based upon the animal and situation</p> <p>2B. interprets history to identify body system(s) involved</p> <p>2C. differentiates normal from abnormal physical exam parameters</p> <p>2D. selects correct test(s) to evaluate organ system(s)</p> <p>2E. prioritizes diagnostic tests based on their benefits and risks</p>	<p>3B. poses historic questions from a template</p> <p>3C. gathers history but information collected may be insufficient, exhaustive, or irrelevant</p> <p>3D. performs physical exam, may be disorganized or incomplete, and may overlook key findings</p> <p>3E. interprets test results but may not use to advance the plan</p>	<p>animal handling</p> <p>4B. gathers and organizes historic elements consistent with common disorders</p> <p>4C. performs thorough physical exam in a logical, fluid sequence</p> <p>4D. identifies and documents most abnormal physical exam findings including subtle findings</p> <p>4E. selects and interprets routine diagnostic tests appropriately</p> <p>4F. interprets ambiguous results in the context of history and physical exam</p> <p>4G. interprets results to support the plan</p>

Basic science is the foundation of medicine and surgery...and while not explicitly defined within the CBVE Framework, its importance is critical to the educational program.



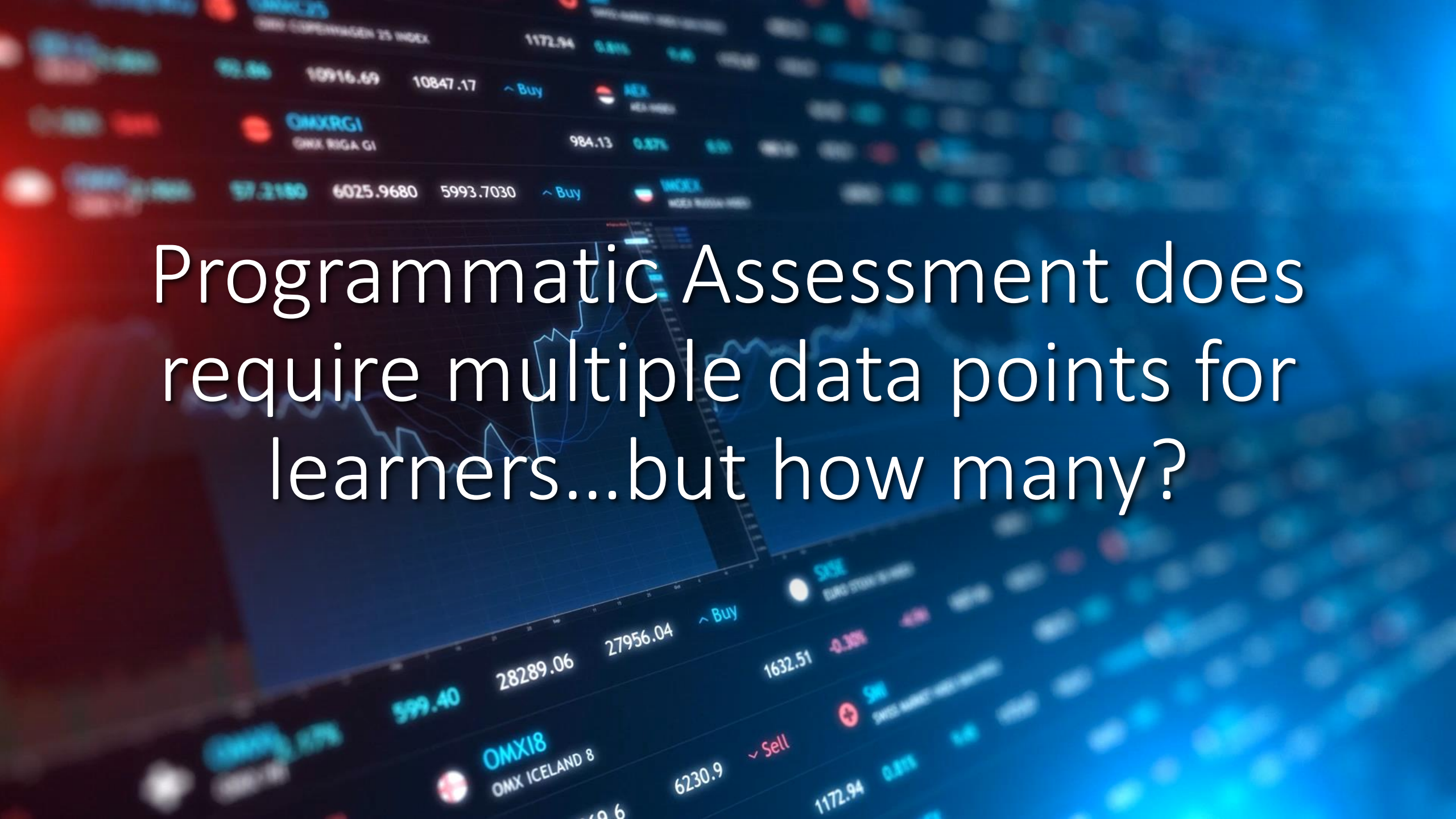


A 3D rendering of several bowling pins. Most are white with two red stripes near the top. One pin in the foreground is green and has the word 'TRUTH' on it in a stylized font. Other pins in the background have the word 'MYTH' on them. The pins are arranged in a cluster, with some appearing to be in motion or having just been struck.

Programmatic assessment
requires thousands of pixels
to be any good...

MYTH #4

Emma Read

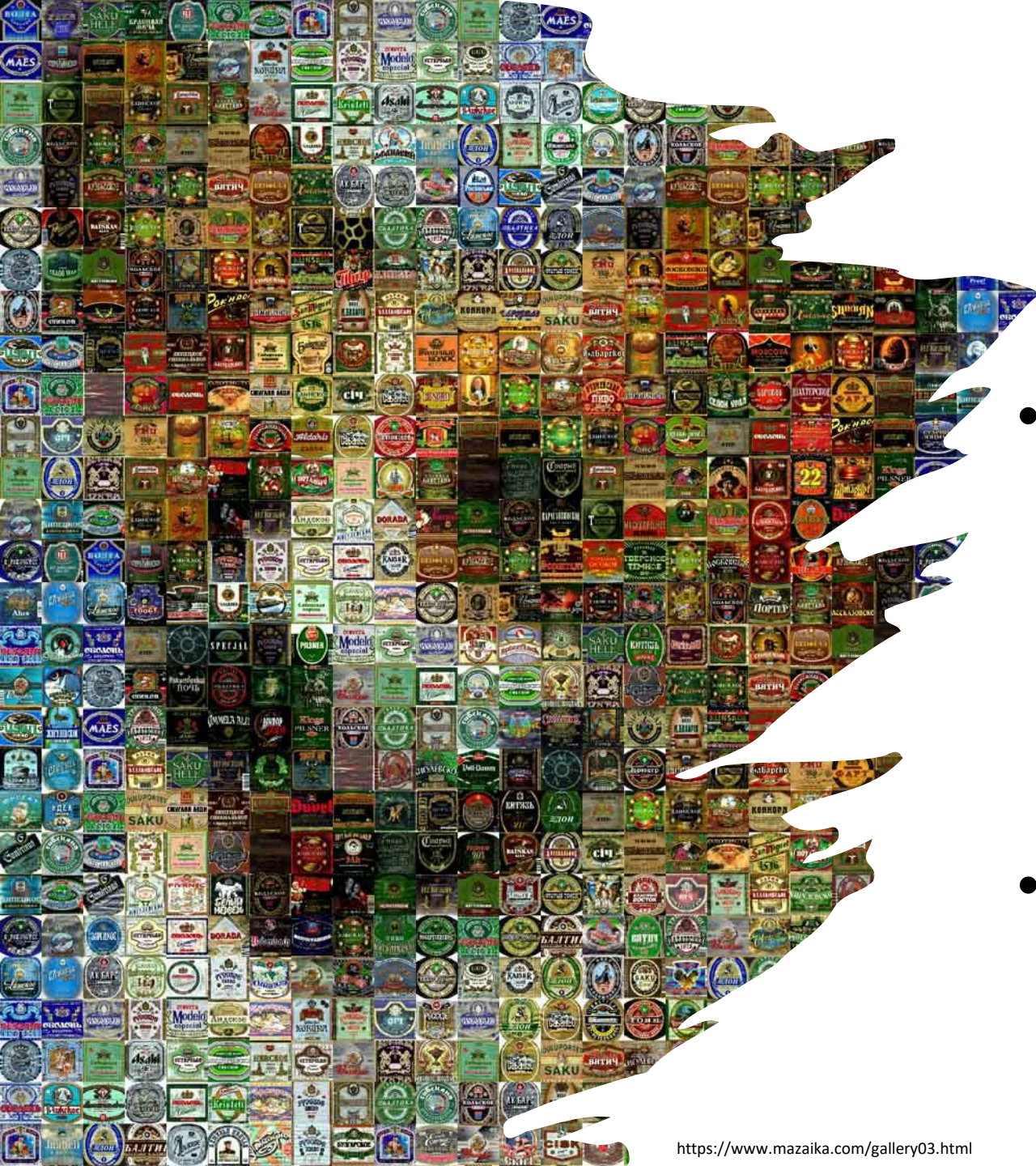


Programmatic Assessment does
require multiple data points for
learners...but how many?

Assessment



- Individual assessment moments allow us to ‘snapshot’ student performance, competence, deficits, readiness to progress
- Each individual assessment moment provides the learner with feedback regarding strengths and weaknesses – helps shape their learning behavior and encourages them to direct own learning



Programmatic Assessment

- Each individual assessment is part of a larger system in which all the assessments are viewed together to show a full picture. This then allows us to make high stakes competence/promotion decisions.
- Ideally, the individual assessment moments are decoupled from the bigger decisions.

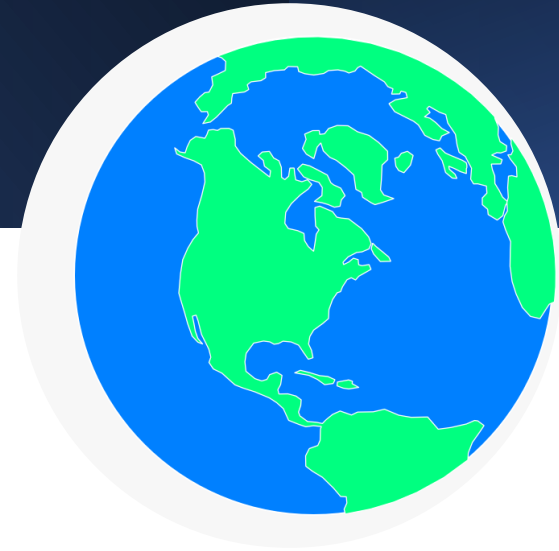


**The whole is more than
the sum of its parts.**

Aristotle

Student progression decisions are made by an independent group looking at aggregate data – pass/fail is not at the level of the individual moment.

So how much data do you actually need?



The more you have the clearer the picture – to a point!

(Someone has to collect and analyze it all)

Better to do a GREAT job with LESS than to STRUGGLE
with TOO much.



- Curriculum design creates curricular structure aligned with intended learning outcomes
- Your assessment system must be designed similarly – goal is to enhance student learning
- An assessment blueprint informs how each assessment fits into broader ‘program of assessment’ and how progress decisions will be made
- Not every assessment needs to be perfect – this is the sum of the parts.
- Aim to include a variety of assessments over time (longitudinal). Aim to use or develop quality assessments.
- CBVE Analyze WG is working on a tool box...



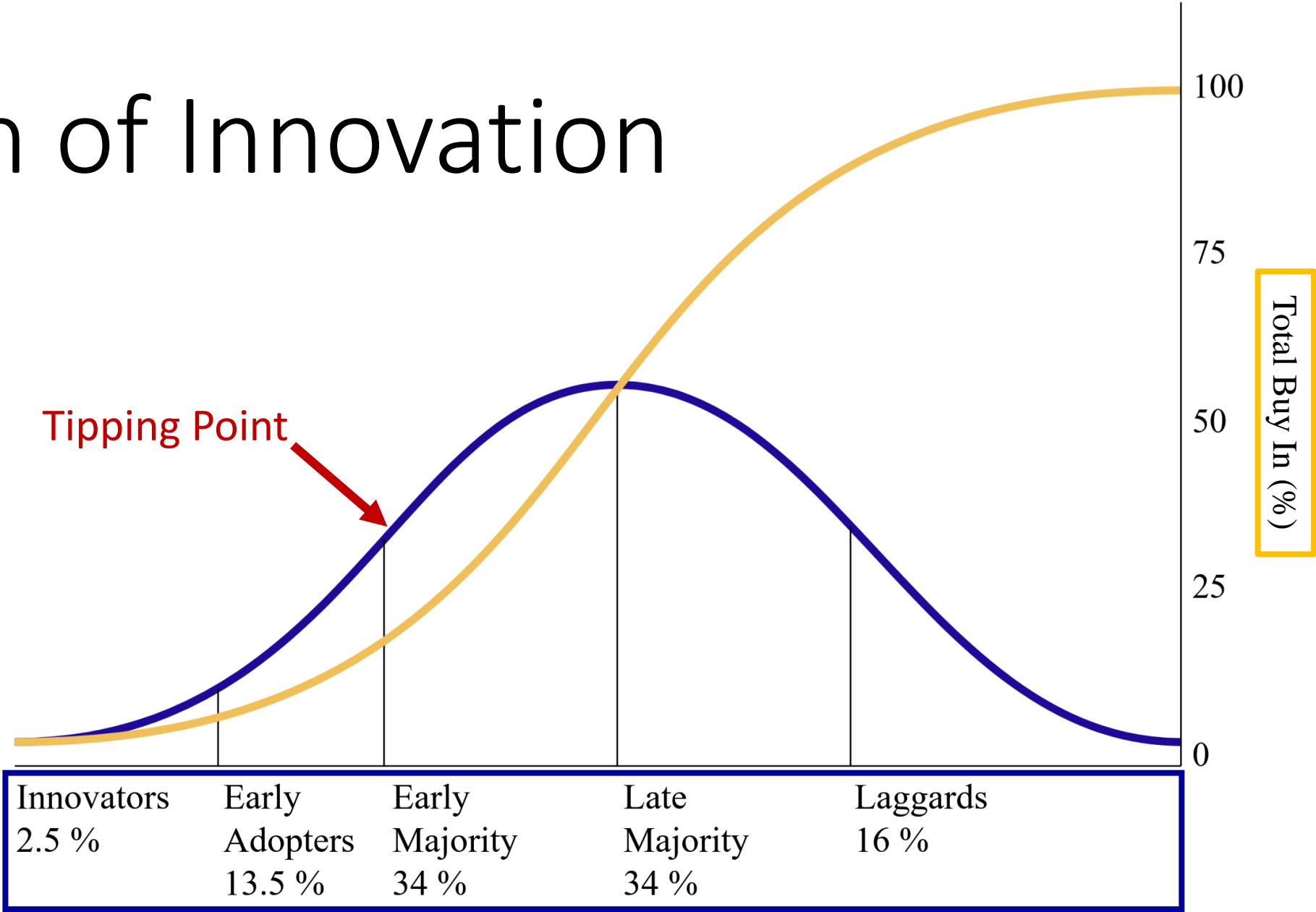


Everyone needs to buy in
to begin the transition
to CBVE

MYTH #5

Susan Matthew

Diffusion of Innovation



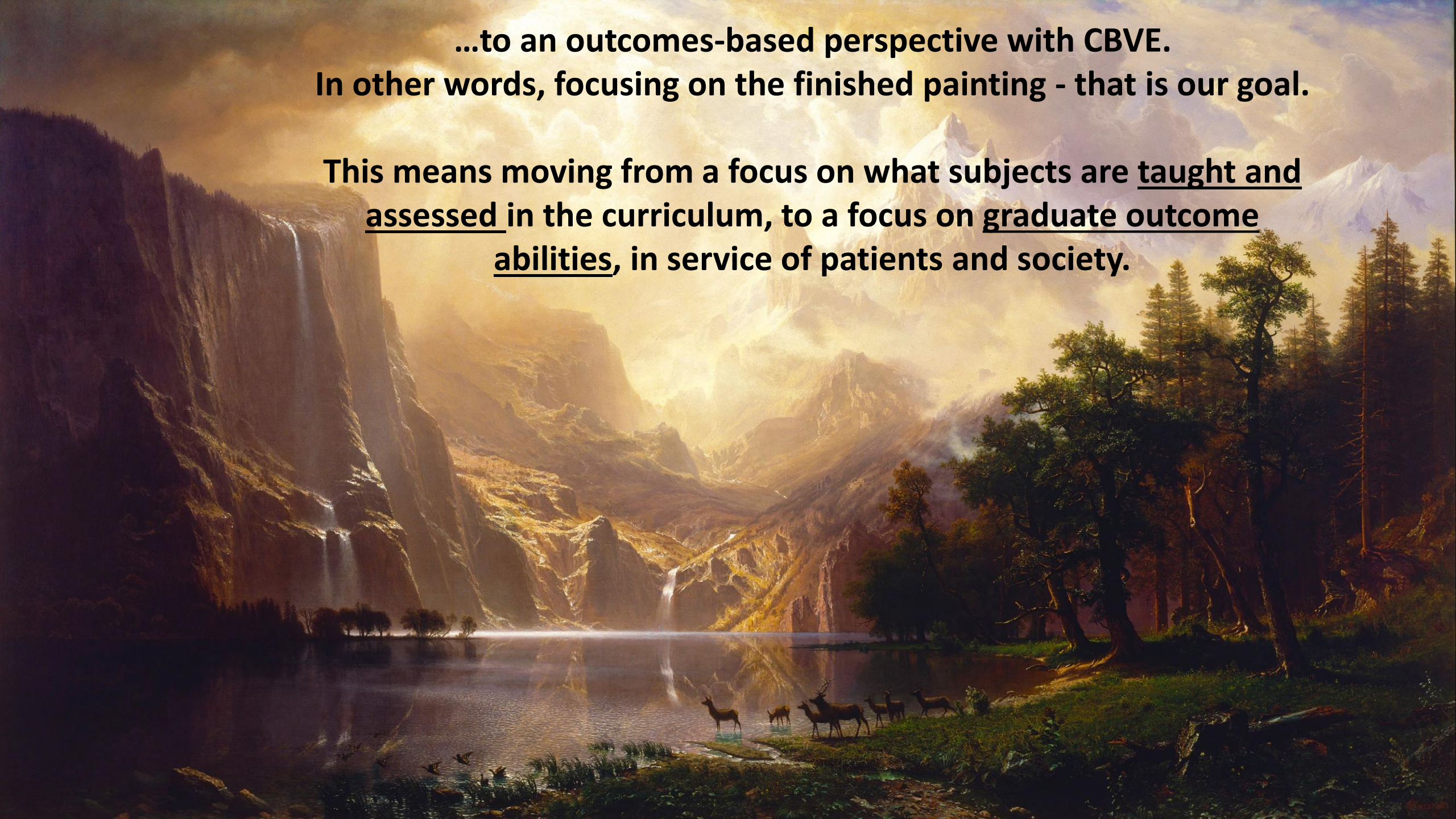
(Rogers 1962)

Everyone DOESN'T need to buy in to CBVE before starting implementation. However, implementation requires a paradigm shift from an input-based focus (like these individual paints and paintbrushes)...



**...to an outcomes-based perspective with CBVE.
In other words, focusing on the finished painting - that is our goal.**

This means moving from a focus on what subjects are taught and assessed in the curriculum, to a focus on graduate outcome abilities, in service of patients and society.

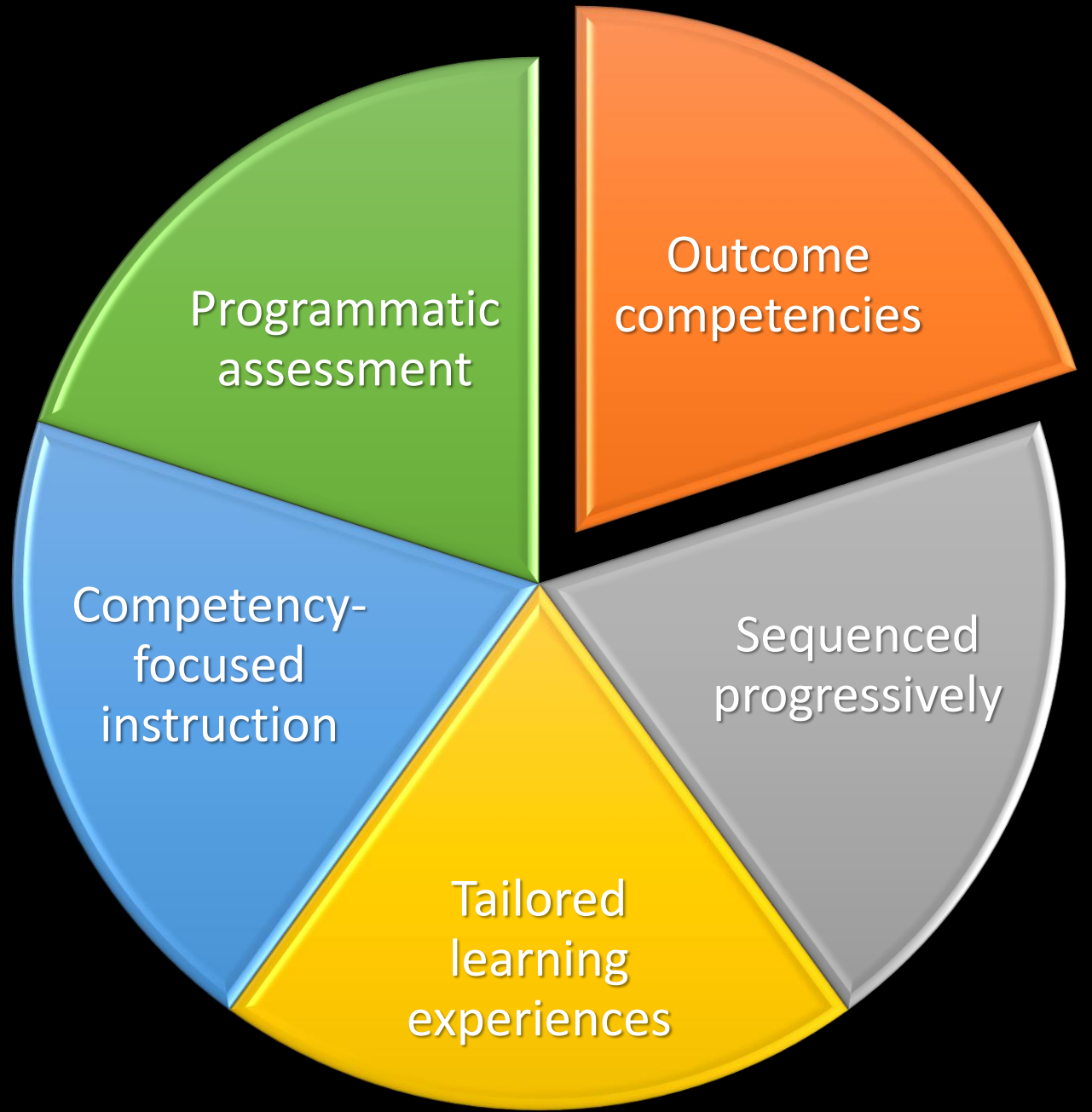


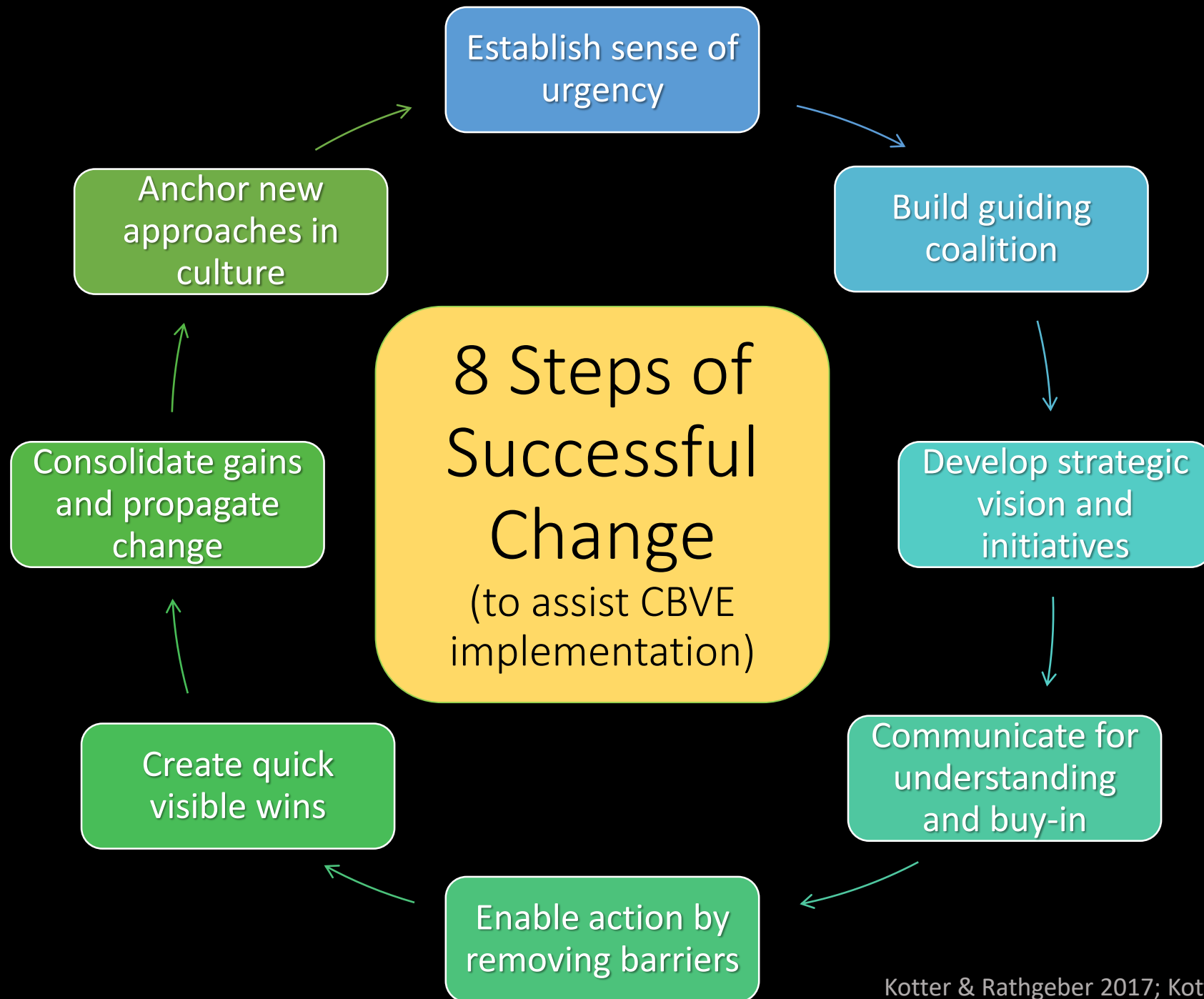
The first and most important step is to focus on WHY we are making this shift. We hope to better prepare our learners for meeting patient and societal needs as new graduate veterinary professionals. This is the big picture of why we should consider CBVE.



The Five Core Components of CBME / CBVE

No matter your starting point or how many faculty are with you in the initial phases of CBVE implementation, the 5 core components will guide and support the process. The core components are founded upon concepts of mastery learning and constructive alignment, or backwards design of curricula.





In closing...



Jody Frost

- 1) Have these Town Hall sessions been useful to you? Why or why not?
- 2) How **frequently** would you like COVE to host Town Hall meetings on CBVE (e.g., quarterly, annually)?
- 3) Is there anything **specific** that you would like to see included in the Town Hall meetings in the future?





Thank you!

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Sign Up

www.cbve.org