



## EXCELENCIA EN EDUCACIÓN MÉDICA

# ASPIRE to excellence: A novel approach toward benchmarking excellence in medical schools



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**Abstract** Aspiring to excellence in medical education is a worthy theme for this special issue because in medical schools large and small, new and long-established, the work to improve continues day by day, but there are limited opportunities to document and celebrate excellence. Rankings based on research productivity do not reward excellence in medical education.

ASPIRE to Excellence, begun in 2012, brings experts in different subjects from around the world together to write standards of excellence in specific topics. Student assessment, student engagement, social accountability, faculty development, and simulation have benchmarks of excellence that schools can compare themselves to and submit evidence of their accomplishments. International panels review these documents and determine if the school merits an ASPIRE recognition award. As of August 2016, 71 schools have submitted documentation and 28 have been awarded ASPIRE recognition. This paper discusses the challenges and opportunities of using accreditation like standards written specifically for excellence to identify schools that can serve as benchmarks and role models for others.

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### ASPIRE a la excelencia: un nuevo enfoque hacia la evaluación comparativa excelencia en las escuelas médicas

**Resumen** La iniciativa ASPIRE para reconocer la excelencia en educación médica es un tema apropiado para este monográfico porque las facultades de medicina, tanto grandes como pequeñas, tanto nuevas como con larga trayectoria, realizan una labor continua de mejora día a día. Sin embargo, existen muy pocas oportunidades para documentarlo y celebrar su excelencia. Y además, los rankings de clasificación universitaria están basados en la productividad científica y no recompensan la excelencia en la educación médica.

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La iniciativa ASPIRE, puesta en marcha en 2012, reúne a expertos en diferentes ámbitos de la educación médica de todo el mundo para establecer juntos los estándares de excelencia en áreas específicas. Cómo la evaluación de los estudiantes, la participación y contribución de los estudiantes al currículo y a la facultad, responsabilidad social y el desarrollo de la facultad, aportando así criterios de referencia para que las facultades puedan valorarse a sí mismas y presentar evidencias de sus logros. Paneles de expertos internacionales revisan esta documentación y determinan si la facultad merece ser premiada con el reconocimiento ASPIRE. Hasta agosto del 2016, 71 facultades han presentado documentación y 28 han sido galardonadas con el reconocimiento ASPIRE. Este artículo discute los desafíos y las oportunidades de utilizar este conjunto de estándares, escritos específicamente para la excelencia, como los que se usan para la acreditación, para identificar las facultades que pueden servir como referencia y modelo a seguir por las demás.

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## Background

Aspiring to excellence in medical education is a worthy theme for this special issue because in medical schools large and small, new and long-established, the work to improve continues day by day, but there are limited opportunities to document and celebrate excellence. Having a valid methodology to define standards of excellence that allow schools to benchmark themselves against those standards has the possibility to facilitate the identification of role model programs and allow schools to focus their quality improvement efforts.

Until now, the opportunities for medical schools to be compared to others have been limited.<sup>1</sup> The move to recognize excellence in universities has been reflected in increasing attention being paid to university league tables such as the Times Higher World University Rankings and the Shanghai Academic Ranking of World Universities.<sup>2</sup> Such university league tables or rankings, however, fail to do justice to the main task of a university: teaching and learning.<sup>3</sup> Strong research programs, 'star' faculty, and the reputations of the universities are mistakenly taken as tokens of quality of the education program delivered. Indeed Barbara Ischinger, Director for Education at OECD, suggested that current university rankings do more harm than good because they largely ignore a key measure of quality, namely what goes on in the seminar rooms and lecture theaters. A fundamental problem is that research rather than teaching is rewarded. How likely are measures of research intensity and objective timed test scores to identify and excellent integrated curricular design? How would those simple measures take into account value of different assessment systems that go beyond knowledge and contribute to the assessment of skills, behaviors and attitudes? How would high-functioning academic advising system that has ample variety of mentors contribute to a rating of excellence? Would an excellent interprofessional educational program be captured in these simple measures? Even less likely to score high on these rankings are those schools whose mission driven focus is to improve health of their surrounding community through social accountable actions. In June 2010 *Annals of Internal*

*Medicine* summarized his analysis as follows: "School rankings based on the social mission score differ from those that use research funding and subjective assessments of school reputation."<sup>4</sup> So if none of these variables are taken into account by these popular press ratings, how can we turn to them trust that we are identifying excellent medical education programs?

One might consider turning to the accreditation process for help in identifying excellence in medical education programs. After all, standards that are developed by peers are used to drive a school's own self-study which contributes to an on-site visit carried out by peers and this is capped off with an extensive report sent to the school. Surely this information could be used to identify schools that are performing at the highest level? Unfortunately, this is not the case. Accreditation is a powerful tool for feedback but by its very nature is limited to establishing and evaluating minimum levels of achievement. It is not, however, suited to identify exemplary components of a medical school. This hard truth was confirmed by efforts of the Secretariat of the Liaison Committee on Medical Education (LCME) as they worked to try and devise a way to use the data generated by these survey visits to identify exemplary practices. The LCME is the accreditation agency that oversees the quality of MD granting programs in the US and Canada. Created 74 years ago, it is one of the world's oldest if not the oldest accreditation organizations that focuses exclusively on undergraduate medical education programs. Beginning in 2010, the Secretariat, one of whom is the first author of this paper, for the LCME tried two different methods of using data generated by the accreditation process in an effort to identify schools that were exemplary. The intent was to identify programs that could serve as positive examples for other schools to learn from. It was also hoped that the accreditation process could offer a "carrot" to complement the traditional "stick" that goes with a bad accreditation outcome. Survey team members were trained to identify strengths when they visited schools in their role on an accreditation survey team. These strengths were aligned with the standards in hopes of reducing subjectivity and generalizability. Unfortunately, these efforts were abandoned due to concerns about the validity

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