


Chapter 10

Using Pre-Professional Competencies in Advising, Tracking, and Writing Letters of Evaluation

Emil Chuck

 <https://orcid.org/0000-0001-8756-7453>
Health Professional Student Association, USA

Carol Elam

University of Kentucky, USA

ABSTRACT

This chapter presents organizational templates for advisors and admissions officers when describing or evaluating competency development among prospective students. Using these templates, stakeholders can articulate the strengths and capabilities of individual applicants based on information provided on their applications and letters of evaluation. Each major characteristic and competency are described with example sources identified to demonstrate the concept of “knows how, shows how, and does” for competency development. These concepts are generally reinforced in holistic review training for admissions staff and faculty evaluators to provide a consistent standard of assessment, especially in reviewing letters of evaluation.

INTRODUCTION

Admissions officers and their selection committees focus on choosing the best possible applicants who, in turn, will become the best possible medical students, residents, and practicing physicians. Admissions professionals have long sought to offer seats in their classes to students who present the right mix of academic achievements and personal qualities essential for entering the medical profession. Critics of US medical school admissions processes note that while much effort has been made to assess academic

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acumen with reliability, efforts have been less successful in identifying and measuring critical personality characteristics and habits of mind necessary for future physicians (Eva et al., 2004; Schreurs et al., 2020; Siu & Reiter, 2009). Progress to improve the assessment of personal characteristics has been hampered by a lack of agreement on which qualities should be most valued and how those qualities should be assessed (Koenig et al., 2013; Kreiter & Axelson, 2013).

In this chapter, we will provide guidance to pre-medical advisors, their students, and university and departmental leaders regarding how pre-medical preparation and experience may relate to developing desired personal qualities and competencies. We will present a consensus document prepared as part of the Admissions Initiative by the Association of American Medical Colleges (AAMC) in conjunction with the National Association of Advisors for the Health Professions (NAAHP) that enumerates 15 essential competencies that pre-medical students should seek to develop in preparation for medical school (AAMC, 2010; Koenig et al., 2013). We will provide templates that present:

- guide sheets that can be used by students to track their effort to develop and demonstrate each competency;
- an overview of the competencies, examples of developmental milestones, and evaluation strategies; and
- planning sheets for university administrators to consider their institutional culture, resources, and opportunities for pre-medical students to explore and advance in development of each competency.

We will also present additional documents from the AAMC that details Guidelines for Writing a Letter of Evaluation for a Medical School Applicant (Ibrahim et al., 2021) and an applicant self-assessment workbook. Also included are examples and suggestions that describe other competencies that could be mission-specific or valued by other health professions.

BACKGROUND

Competencies are defined as teachable and learnable attributes that individuals must develop in order to carry on their professional roles (Edgar et al., 2020). Medical education has embraced assessment of competencies to validate that medical students and residents have the interpersonal and technical skills, knowledge, attitudes, and values to be effective and caring physicians. Launching the current competency curriculum and assessment movement in 1999, the Accreditation Council for Graduate Medical Education (ACGME) enumerated a set of six defined competencies that all trainees in residency programs should master that included: patient care, medical knowledge, systems-based practice, practice-based learning, and improvement, and interpersonal and communication skills. ACGME guiding principles for the development and implementation of the competencies specify that: 1) the competencies be focused on the desired outcomes of residency training; 2) competency outcomes are based on societal needs; 3) learning occurs through experience and application, and 4) levels of achievement are sequenced in a manner that supports the progression to competence (Mooney et al., 2010).

Medical schools followed suit after the ACGME established its set of competency standards (Frank et al., 2010). Today's approach to competency-based medical education (CBME) focuses on accountability and curricular outcomes organized around school-specified competencies while promoting greater learner-centeredness. National accreditation standards specified by the Liaison Committee on Medical

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