Union Européenne des Médecins Spécialistes
European Union of Medical Specialists

June 22, 2021 - 17:00 - 19:00 CEST

Webinar on European Training Requirements

Programme

17:00 - 17:20	European Training Requirements (ETR) - Introduction *Professor Nada Cikes* University of Zagreb, Croatia Vice-President of the UEMS, Chair ETR Review Committee
17:20 - 17:30	Discussion
17:30 - 17:50	Competency-based post-graduate education *Professor Rijk O.B. Gans* University of Groningen, The Netherlands President of the UEMS Section of Internal Medicine, Chair UEMS Grouping I
17:50 - 18:00	Discussion
18:00 - 18:30	Entrustable Professional Activities in Competency-Based Medical Education *Professor Olle ten Cate* University of Utrecht, The Netherlands
18:30 - 19:00	Discussion

Training Requirements for the Specialty of …

European Standards of Postgraduate Medical Specialist Training

(old chapter 6)

UEMS 2012/29

Competencies required of the trainee

Definition of competency: knowledge, skills and professionalism

a. Theoretical knowledge

Should include the main domains covered by the specialty with a short description of domains that trainee should master in the specialty

b. Practical and clinical skills

Key skills to possess in this specialty
Number of procedures required

c. Competences

Description of levels of competencies
The European Specialist Curriculum must cover not only knowledge and skills, but also domains of professionalism, as detailed by the UEMS Section

Defining and Assessing Professional Competence

Ronald M. Epstein, MD
Edward M. Hundert, MD

Context Current assessment formats for physicians and trainees reliably test core knowledge and basic skills. However, they may underemphasize some important domains of professional medical practice, including interpersonal skills, lifelong learning, professionalism, and integration of core knowledge into clinical practice.

MEDICAL SCHOOLS, POST-

JAMA, January 9, 2002—Vol 287, No. 2 (

Dimensions:

- Cognitive
- Technical
- Integrative
- Context
- Relationship
- Affective/moral
- Habits of mind

Box 1. Dimensions of Professional Competence

Cognitive
Core knowledge
Basic communication skills
Information management
Applying knowledge to real-world situations
Using tacit knowledge and personal experience
Abstract problem-solving
Self-directed acquisition of new knowledge
Recognizing gaps in knowledge
Generating questions
Using resources (eg, published evidence, colleagues)
Learning from experience

Technical
Physical examination skills
Surgical/procedural skills

Integrative
Incorporating scientific, clinical, and humanistic judgment
Using clinical reasoning strategies appropriately (hypothetico-deductive, pattern-recognition, elaborated knowledge)
Linking basic and clinical knowledge across disciplines
Managing uncertainty

Context
Clinical setting
Use of time

Relationship
Communication skills
Handling conflict
Teamwork
Teaching others (eg, patients, students, and colleagues)

Affective/Moral
Tolerance of ambiguity and anxiety
Emotional intelligence
Respect for patients
Responsiveness to patients and society
Caring

Habits of Mind
Observations of one's own thinking, emotions, and techniques
Attentiveness
Critical curiosity
Recognition of and response to cognitive and emotional biases
Willingness to acknowledge and correct errors

Organisation of training

UEMS 2012/29

a. Schedule of training

Minimum duration of training

Include required timing

TRAINING REQUIREMENTS FOR TRAINERS

b. Curriculum of training

TRAINING REQUIREMENTS FOR TRAINING INSTITUTIONS

c. Assessment and evaluation

Definition of assessment, description of formative and summative assessments,

Assessment: Process by which information is obtained relative to some known objective or goal. (a broad term that includes testing)

Evaluation: Inherent in the idea of evaluation is "value." Process designed to provide information that will help us make a judgment about a given situation

d. Governance

- World Health Organization (1978):
  - *"The intended output of a competency-based programme is a health professional who can practise medicine at a defined level of proficiency, in accord with local conditions, to meet local needs."*

McGaghie WC, Miller GE, Sajid AW, Telder TV. Competency-based Curriculum Development in Medical Education. World Health Organization, Switzerland, 1978.

Competency

The habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and the community being served.

Epstein RM, Hundert EM. Defining and assessing professional competence. JAMA 2002

Copyright Hershey S. Bell, MD 2002

THE LANCET

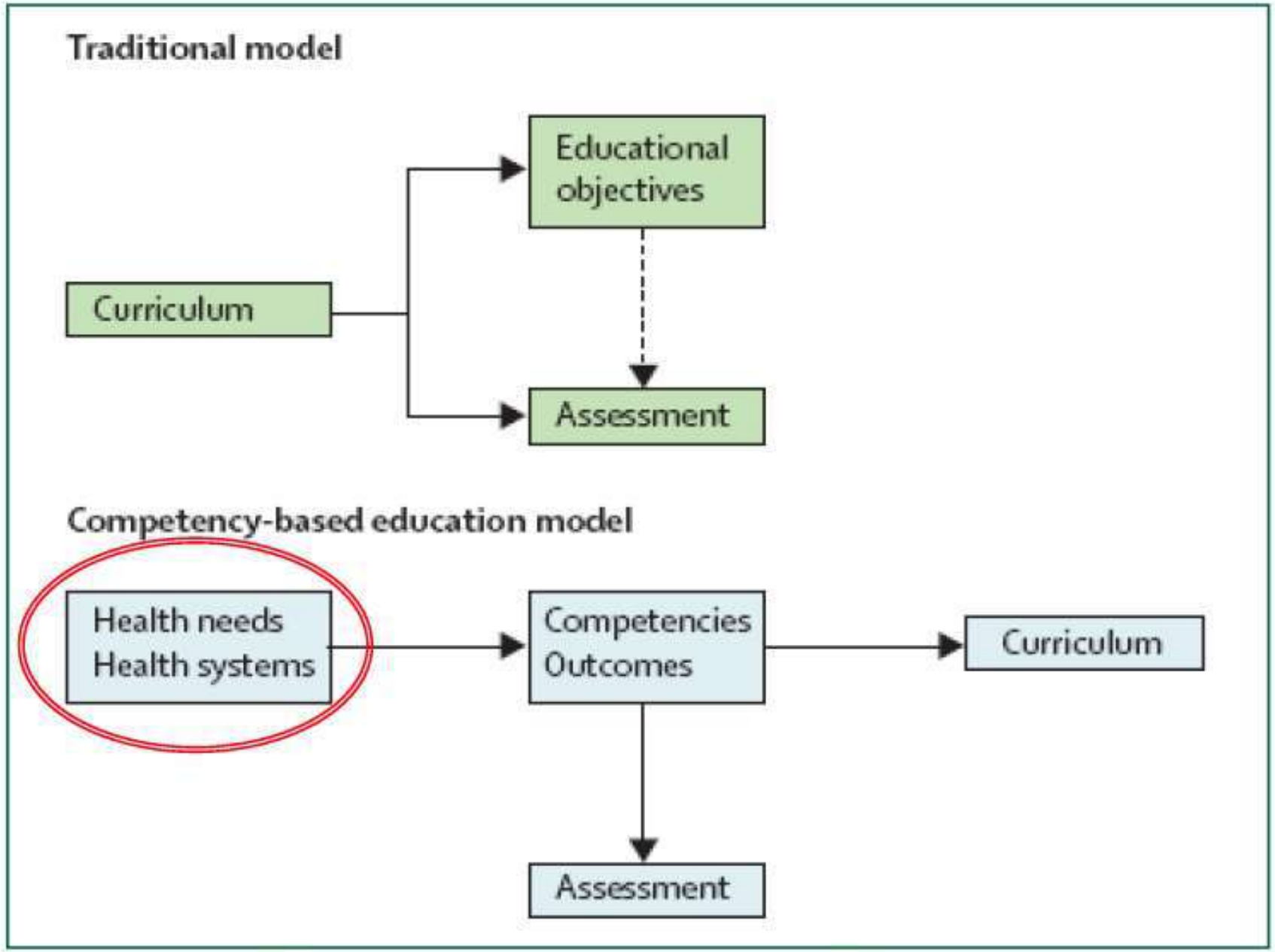
Health professionals for a new century: transforming education to strengthen health systems in an interdependent world

Julio Frenk, Lincoln Chen*, Zulfiqar A Bhutta, Jordan Cohen, Nigel Crisp, Timothy Evans, Harvey Fineberg, Patricia Garcia, Yang Ke, Patrick Kelley, Barry Kistnasamy, Afaf Meleis, David Naylor, Ariel Pablos-Mendez, Srinath Reddy, Susan Scrimshaw, Jaime Sepulveda, David Serwadda, Huda Zurayk*

STEPS TO BE TAKEN:

- Identify the desired outcomes
- Define the level of performance for each competency
- Develop a framework for assessing competencies
- Evaluate the program on a continuous basis to be sure that the desired outcomes are being achieved

Lancet 2010; 376: 1923–58



Frenk J. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. Lancet. 2010

Competency-Based Medical Education

…is an outcomes-based approach to the design, implementation, assessment and evaluation of a medical education program using an organizing framework of competencies[1]

[1]Frank, JR, Snell LS, ten Cate O, et. al. Competency-based medical education: theory to practice. Med Teach. 2010; 32: 638–645

Mandates of Outcomes-based Training

- Programs must be able to demonstrate that students, residents and fellows graduate with high levels of abilities (e.g. competencies) appropriate for the stage of training.
  - Exposure and dwell time are not sufficient proxies for competence
  - Not shooting for "the floor" of competence; excellence is the goal

Educational Program

	Educational Program	
Variable	**Structure/Process**	***Competency-based***
Driving force: curriculum	**Content-knowledge acquisition**	***Outcome-knowledge application***
Driving force: process	**Teacher**	***Learner***
Path of learning	**Hierarchical (Teacher→student)**	***Non-hierarchical (Teacher↔student)***
Responsibility: content	**Teacher**	***Student and Teacher***
Goal of educ. encounter	**Knowledge acquisition**	***Knowledge application***
Typical assessment tool	**Single subject measure**	***Multiple objective measures***
Assessment tool	**Proxy**	***Authentic (mimics real tasks of profession)***
Setting for evaluation	**Removed (gestalt)**	***Direct observation***
Evaluation	**Norm-referenced**	***Criterion-referenced***
Timing of assessment	**Emphasis on summative**	***Emphasis on formative***
Program completion	**Fixed time**	***Variable time***

Carraccio C, Wolfsthal SD, Englander R, Ferentz K, Martin C. Shifting paradigms: from Flexner to competencies. Acad Med. 2002;77(5):361-7.

Competency-frameworks

CanMeds

- Medical expert
- Communicator
- Collaborator
- Manager
- Health advocate
- Scholar
- Professional

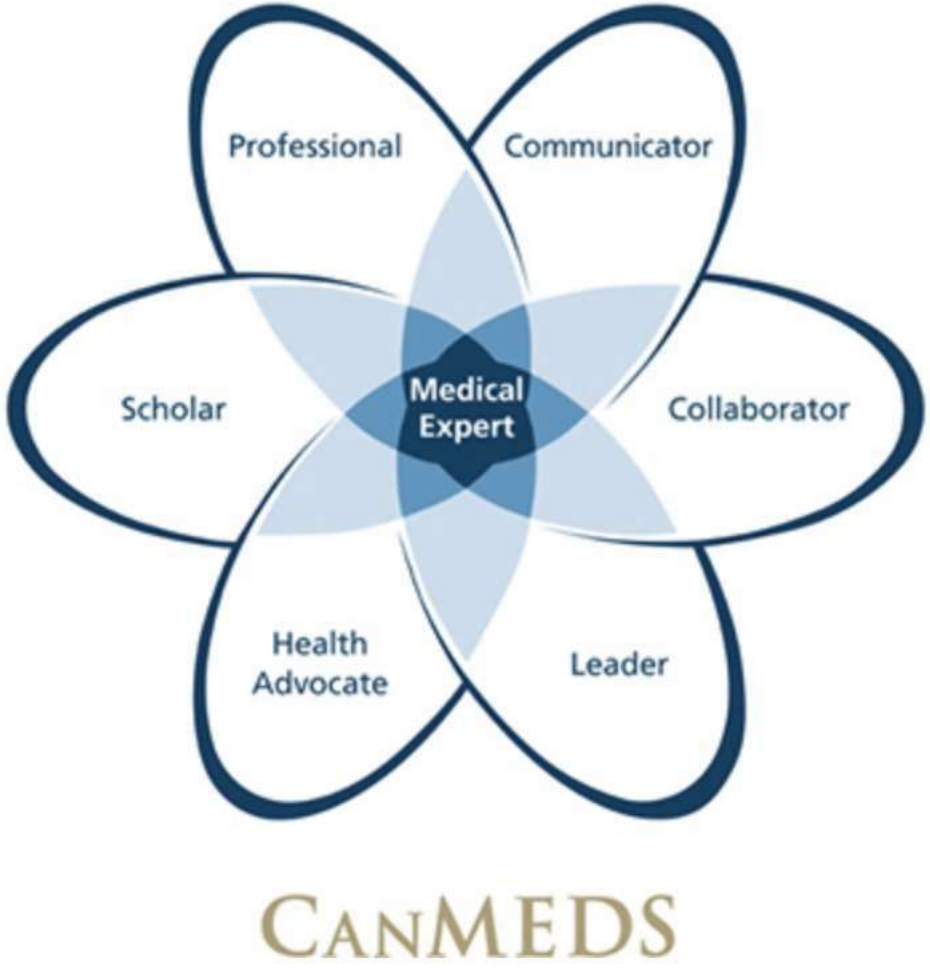
ACGME

- Medical knowledge
- Patient care
- Practice-based learning & improvement
- Interpersonal and communication skills
- Professionalism
- Systems-based practice

GMC

- Good clinical care
- Relationships with patients and families
- Working with colleagues
- Managing the workplace
- Social responsibility and accountability
- Professionalism

Core Competencies



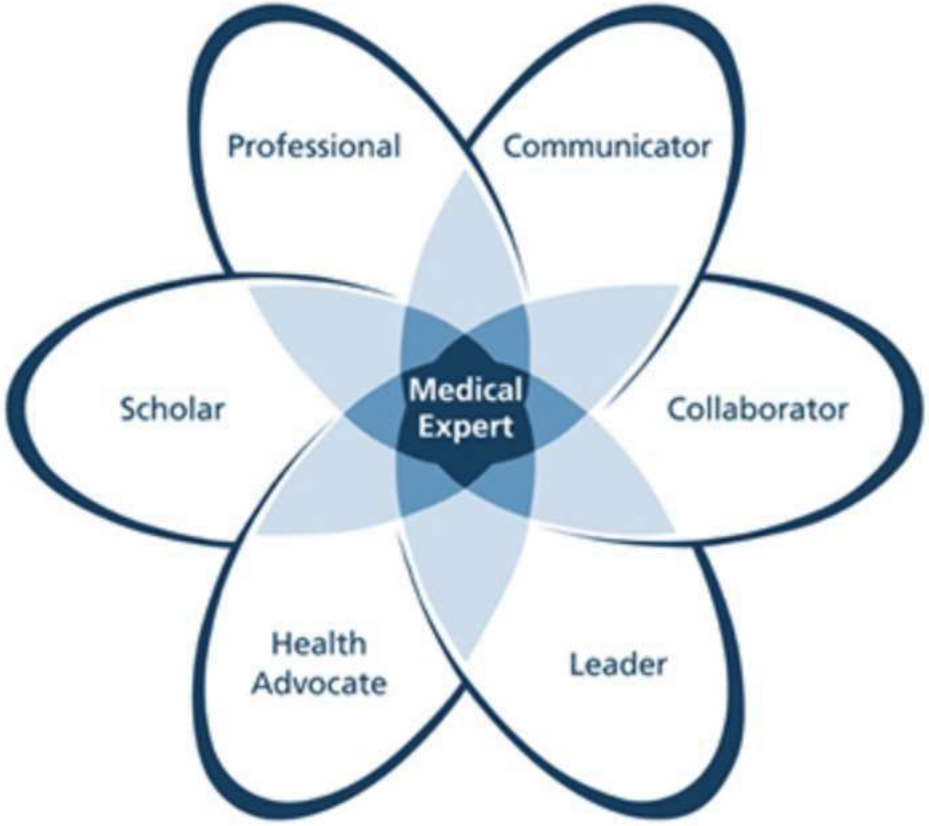
CanMEDS is a framework for improving patient care by enhancing physician training. Developed by the Royal College in the 1990s, its main purpose is to define the necessary competencies for all areas of medical practice and provide a comprehensive foundation for medical education and practice

Since its formal adoption by the Royal College in 1996, CanMEDS has become the most widely accepted and applied physician competency framework in the world.

Renewal is key to the CanMEDS Framework's ongoing success, which is why it has been updated twice since it was developed — in 2005 and again in 2015.

http://canmeds.royalcollege.ca/

Core Competencies

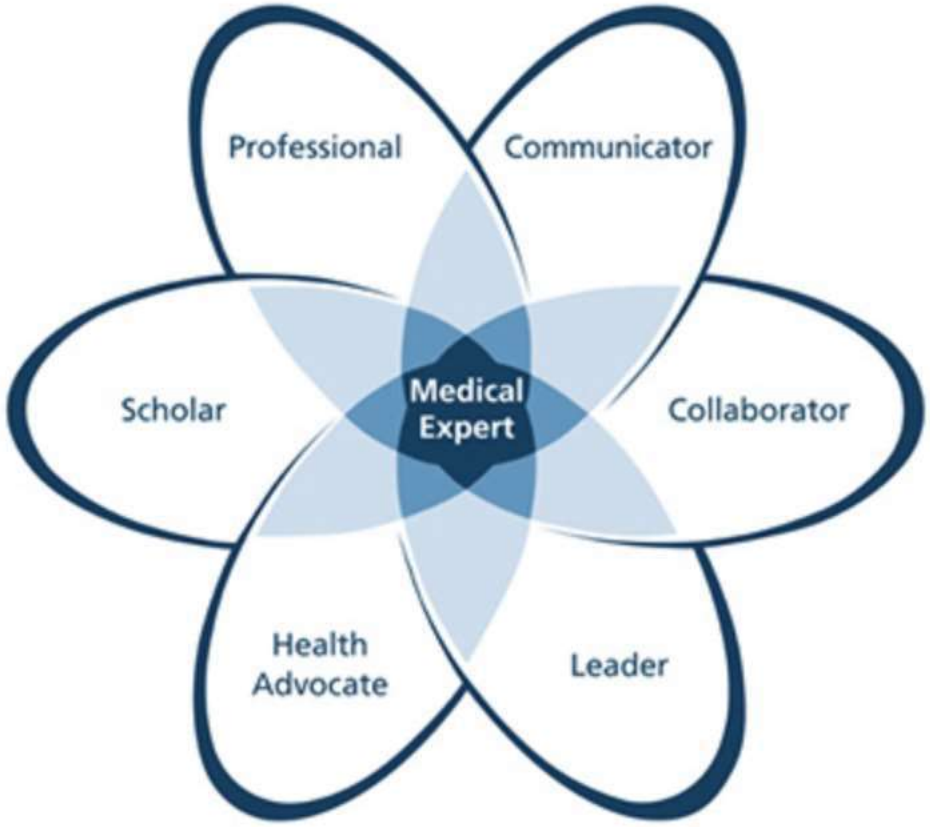


Educational framework identifies and describes the seven Roles that lead to optimal physician performance, care delivery and health care outcomes.

Competencies constitute a framework that describes the qualities of professionals

Framework provides generalized descriptions to guide learners, their supervisors, and institutions in teaching and assessment

PROPOSAL: ADOPTION OF CANMEDS AS COMPETENCY FRAMEWORK TO DESCRIBE ETR'S



CanMEDS

Difficulties teaching Competencies

Domains are broad and diverse

Often teachers focus on isolated behaviors

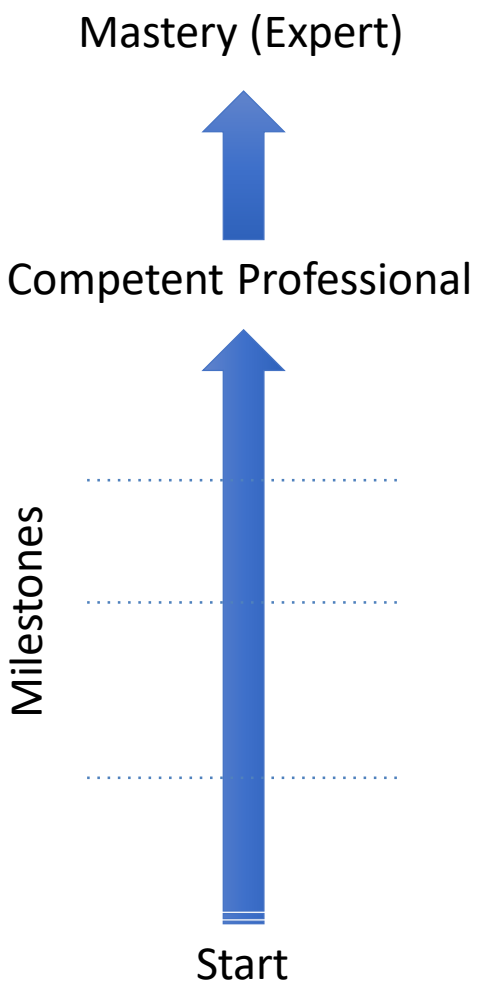
Often feedback does not transcend Scholar and Communicator

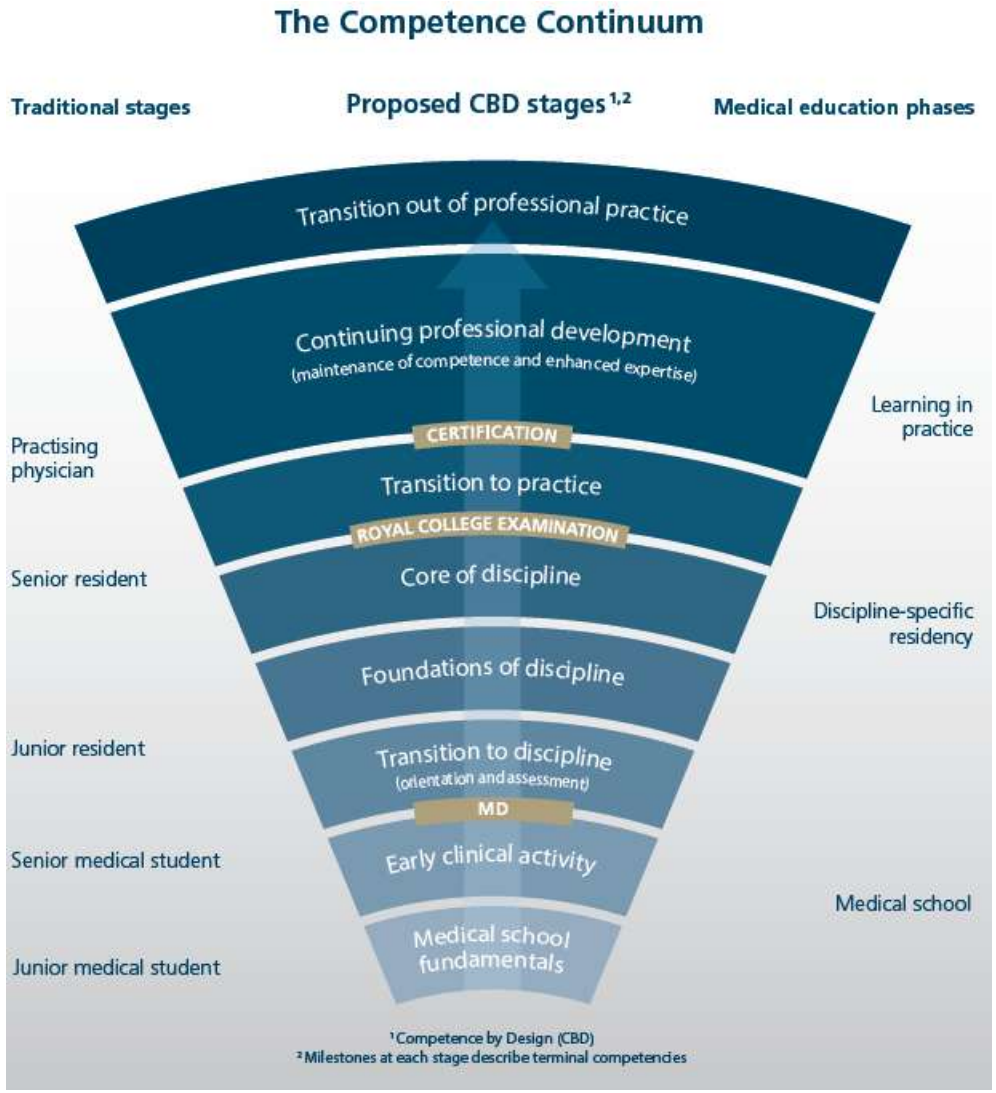
How to translate to the world of medical practice ?

Innovations from the field:

- Milestones
- Entrustable Professional Activities

Road to Mastery





Milestones

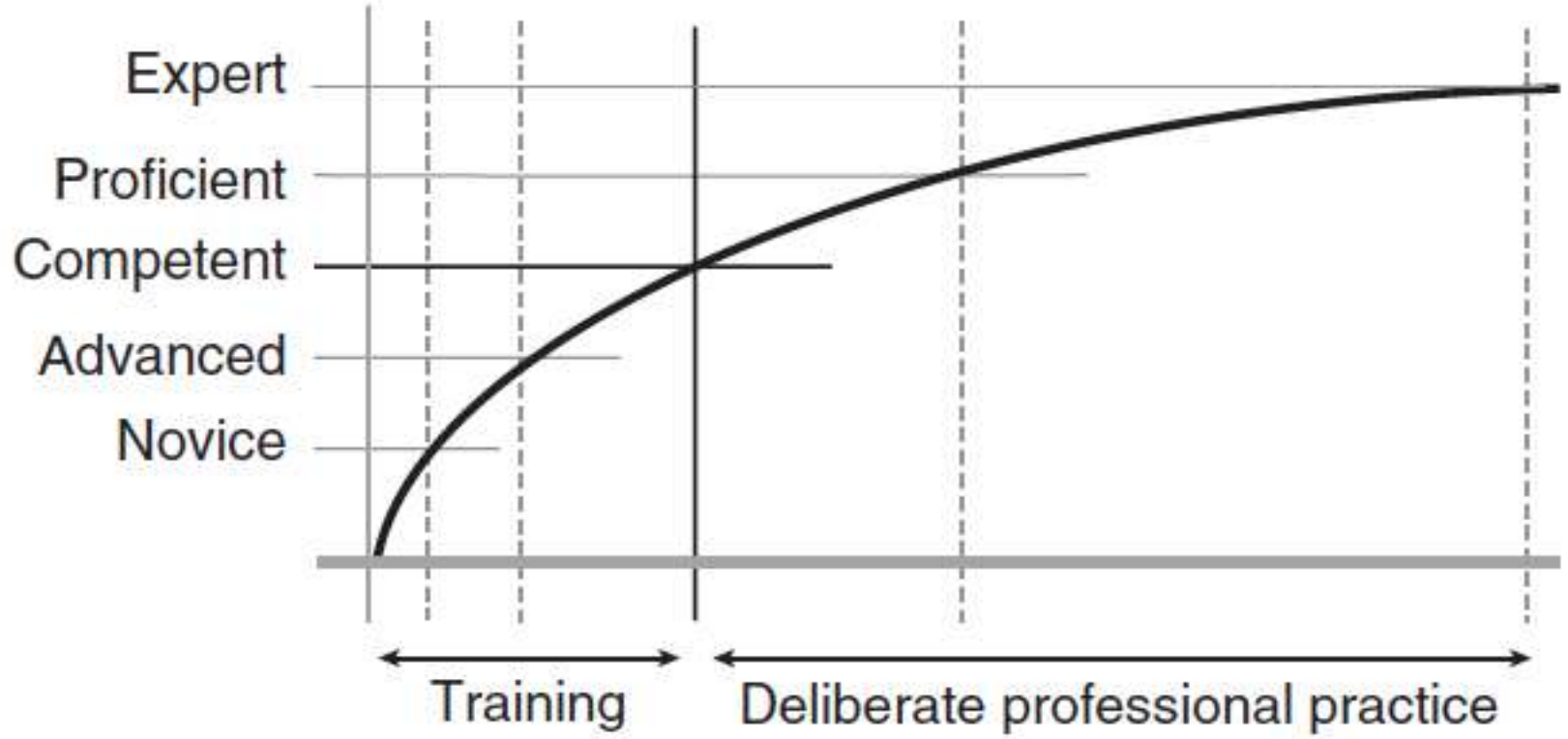
- stages in the development of specific competencies; a continuum from medical school through residency to practitioner.

- give us a learning roadmap

Milestones at each stage describes terminal competencies

2010; 32: 669–675 MEDICAL TEACHER

Skills acquisition or Learning curve



General curve of skills acquisition, using the stages of Dreyfus and Dreyfus (1988). Dotted lines signify hypothetical moments at which a trainee reaches a competence threshold level for a given activity

Core Competencies

Milestones

- stages in the development of specific competencies; a continuum from medical school through residency to practioner.

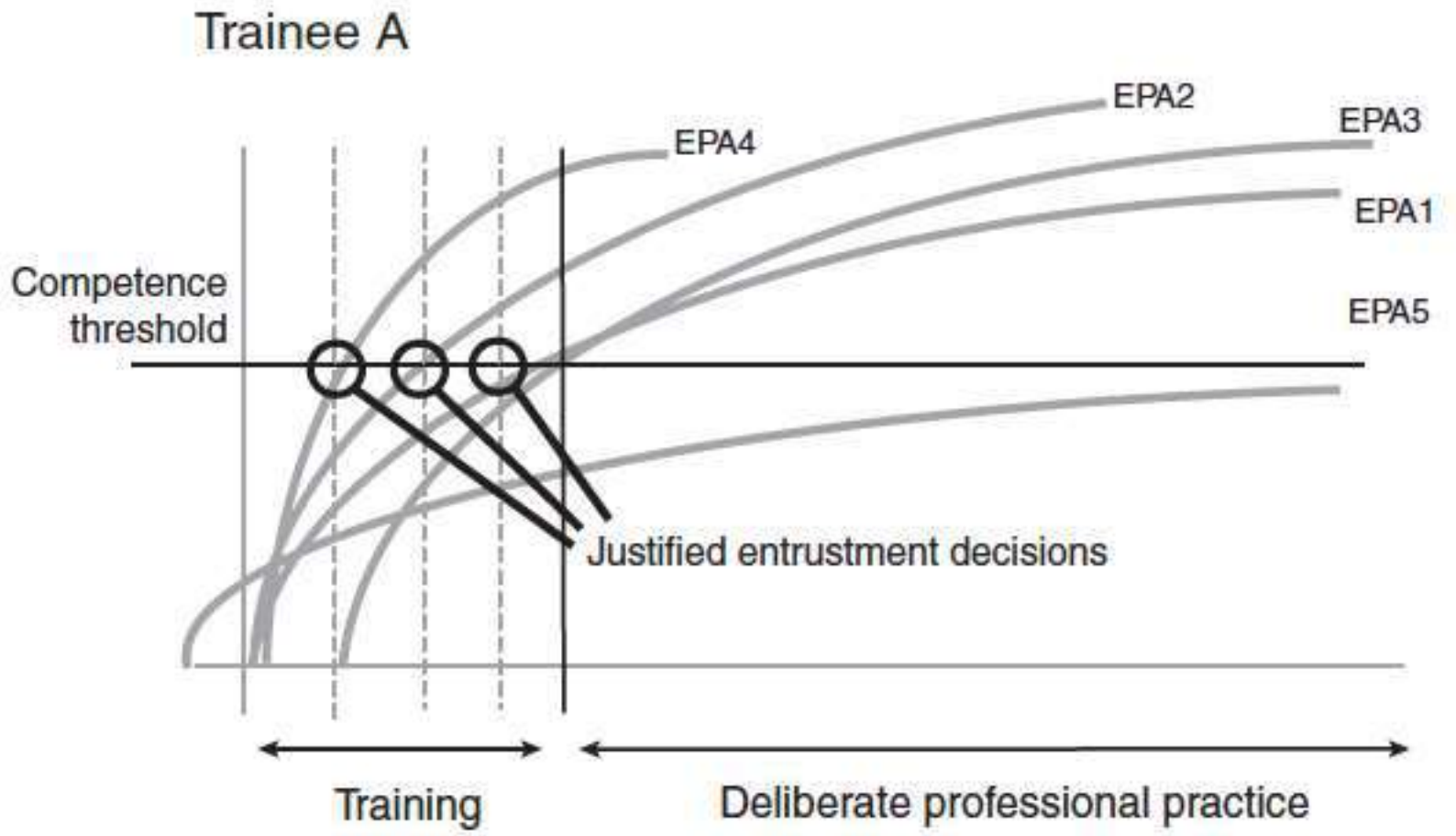
- give us a learning roadmap

▶ *But the roadmap must be grounded in a clinical context to make it meaningful :* ***entrustable professional activities***

Competencies are descriptors of physicians, EPA's are descriptors of work (authentic clinical activities*)

*requires an integration of knowledge, skills and attitudes across competency domains

Road to Mastery



PROPOSAL: ADOPT EPA'S AS TOOL TO TRANSLATE COMPETENCIES TO CLINICAL PRACTICE

(ALLOW FOR VARIABLE DURATION OF TRAINING)

Assessment

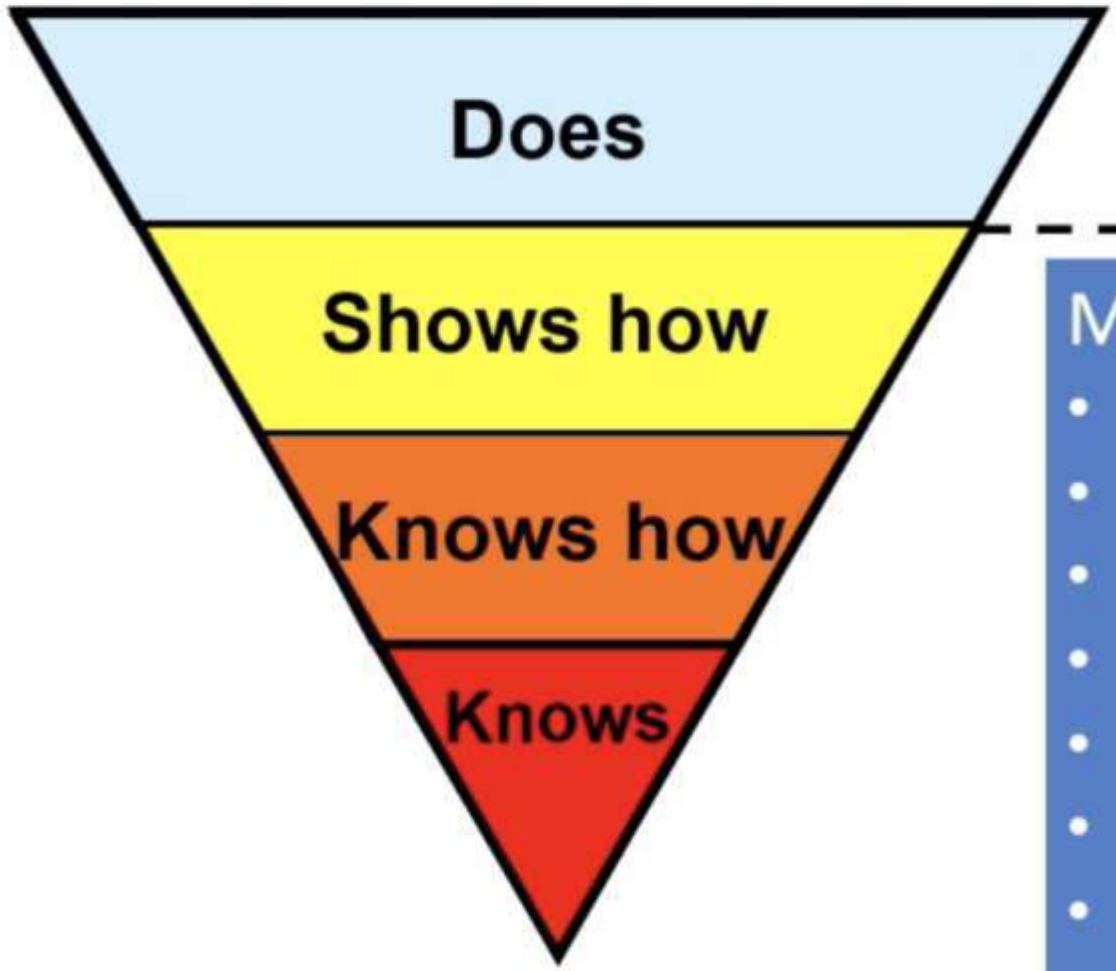
Competency-frameworks

CanMeds	ACGME	GMC
▪ Medical expert	▪ Medical knowledge	▪ Good clinical care
▪ Communicator	▪ Patient care	▪ Relationships with patients and families
▪ Collaborator	▪ Practice-based learning & improvement	▪ Working with colleagues
▪ Manager	▪ Interpersonal and communication skills	▪ Managing the workplace
▪ Health advocate	▪ Professionalism	▪ Social responsibility and accountability
▪ Scholar	▪ Systems-based practice	▪ Professionalism
▪ Professional		

Complex Behaviors

Courtesy Cees van Vleuten MEF 2021, Krakow

Assessing complex behavioural skills



Unstandardized assessment

Methods used:

- Mini-CEX
- Field notes
- Case-based discussion
- Peer observation
- Video assessment
- Multi-source feedback
- Incognito Simulated Patients
- Portfolio

Courtesy Cees van Vleuten MEF 2021, Krakow

From

Assessment of learning

- Focus on end-of-course pass/fail decisions
- Emphasis on reliability, validity and objectivity
- Removal of any human judgment.

to

Assessment *for* learning

- Assessment used to optimize learning (formative assessment)
- Assessment to provide feedback to learners
- Assessment as part of learning.

ASSESSMENT

Lessons learned

- Work-based assessment in a summative way misses its goals
- Feedback is ignored in summative assessment regimes
- Feedback is a dialogue
- Narrative feedback has more impact
- The people are more important than the instrument
- Self-directed learning needs scaffolding through coaching.
- High Stake decisions should be taken by a group of experts

Courtesy Cees van Vleuten MEF 2021, Krakow

Additional Themes for consideration, applicable to all disciplines

- Children, adolescents and vulnerable people → UEMS council 2021/03
- Gender
- Frail Elderly

- Patient safety, Quality improvement & Resource stewardship

- Prevention, healthy lifestyle and positive health
- eHealth and Technology

- Interprofessional education

- Leadership and Physician health

- Advanced Care Planning, Palliative Care, End of Life

Medical Leadership Competency Framework

NHS
Institute for Innovation and Improvement

1. Demonstrating Personal Qualities
- *1.1 Developing Self Awareness*
- *1.2 Managing Yourself*
- *1.3 Continuing Personal Development*
- *1.4 Acting with Integrity*

2. Working with Others
- *2.1 Developing Networks*
- *2.2 Building & Maintaining Relationships*
- *2.3 Encouraging Contribution*
- *2.4 Working within Teams*

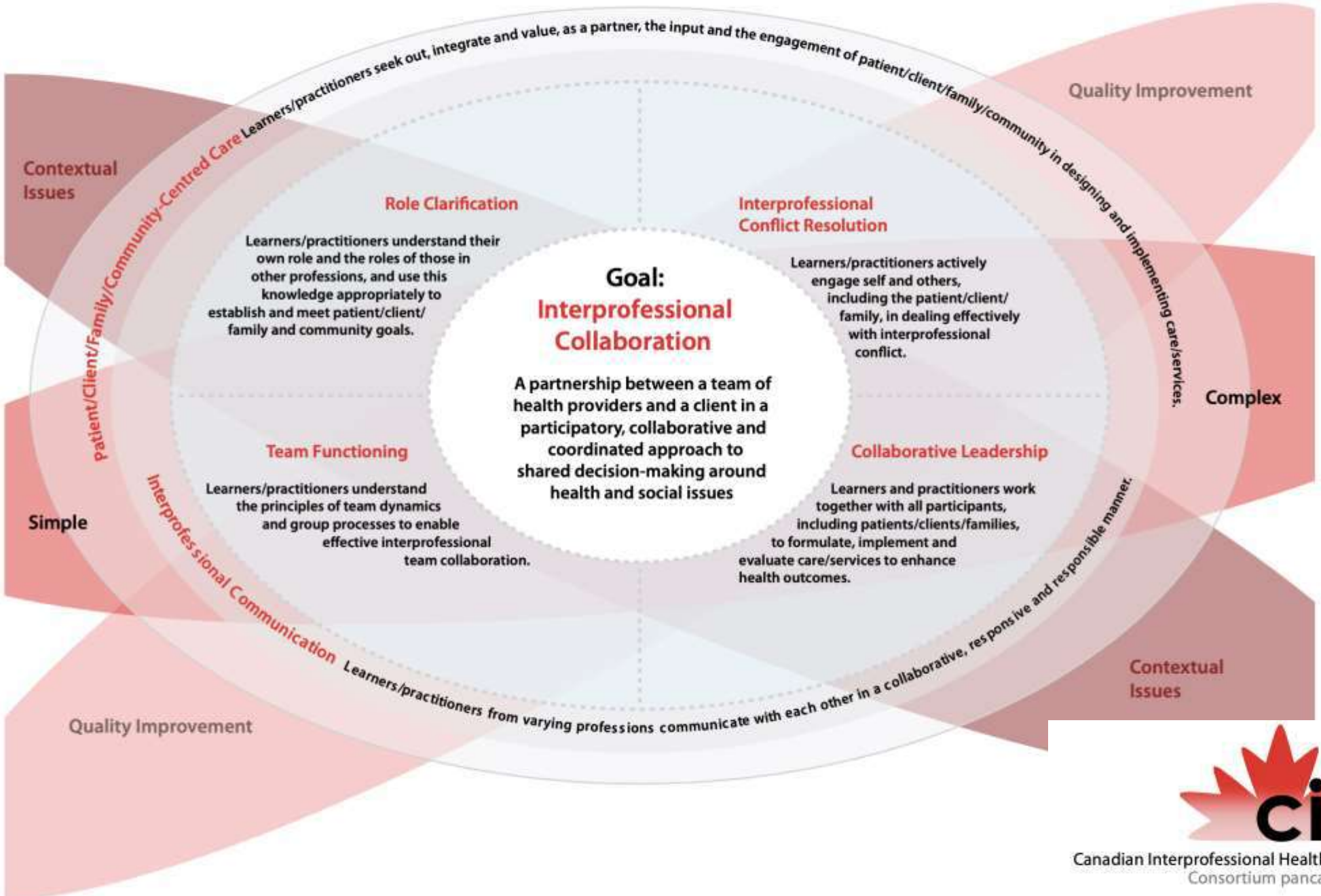
3. Managing Services
- *3.1 Planning*
- *3.2 Managing Resources*
- *3.3 Managing People*
- *3.4 Managing Performance*

4. Improving Services
- *4.1 Ensuring Patient Safety*
- *4.2 Critically Evaluating*
- *4.3 Encouraging Improvement and Innovation*
- *4.4 Facilitating Transformation*

5. Setting Direction
- *5.1 Identifying the Contexts for Change*
- *5.2 Applying Knowledge and Evidence*
- *5.3 Making Decisions*
- *5.4 Evaluating Impact*

Enhancing Engagement in Medical Leadership
Third Edition, July 2010

Figure 1: The National Competency Framework



Canadian Interprofessional Health Collaborative
Consortium pancanadien pour l'interprofessionnalisme en santé