European Curriculum of Internal Medicine

11th December 2015, Belgium

Agenda

10:30 Welcome Coffee – 1st Floor Foyer

11:00 Welcome to the Meeting - *EFIM President Elect, Runolfur Palsson* – 1st Floor Red Auditorium

Chairman of the day: *Nica Cappellini, EFIM Past-President*

11:10 Background to Development of the Curriculum – *Rijk Gans, Vice - President EBIM*

12:00 Presentation of the Curriculum and Amendments – *Runolfur Palsson*

13:00 Lunch and Opportunity to Meet the Working Group Members – 1st Floor Foyer

14:00 Discussion of Selected Comments from National Societies

14:45 Topics Arising from Lunchtime Discussion

15:00 Duration of Training and the Common Trunk – *Runolfur Palsson*

15:30 Dual Certification– *Runolfur Palsson*

16:15 EPAs and Competencies - Based System- *Rijk Gans*

17:00 Concluding Remarks and Future Perspectives

17:15 End of the Meeting & Cocktail – 1st Floor Foyer

16:15 EPAs and Competencies - Based System

Rijk Gans,
Vice-president European Board of Internal Medicine

- 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

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Lancet 2010; 376: 1923–58

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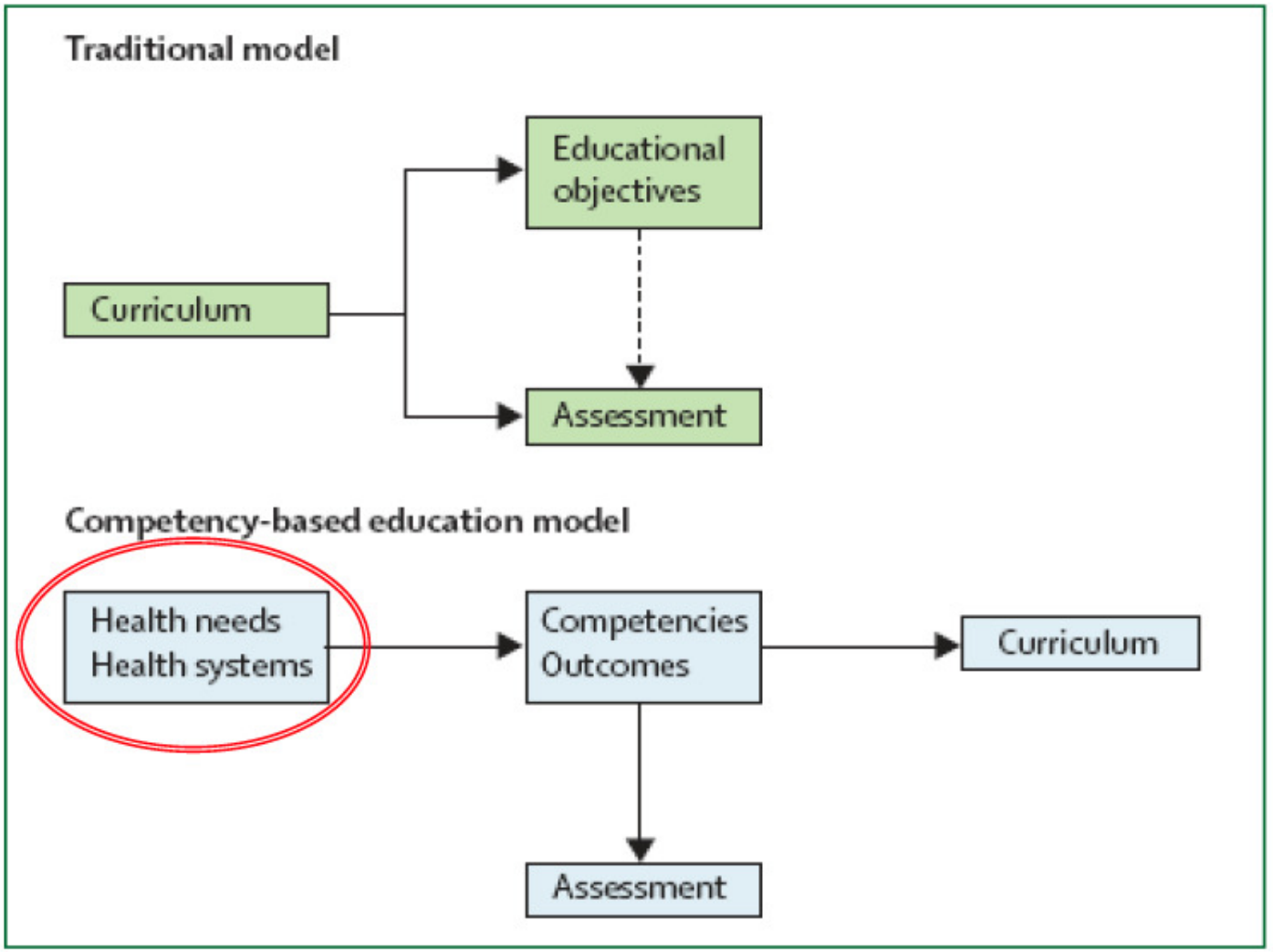
EDUCATION OF HEALTH PROFESSIONALS FOR THE 21ST CENTURY:
A GLOBAL INDEPENDENT COMMISSION

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*



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

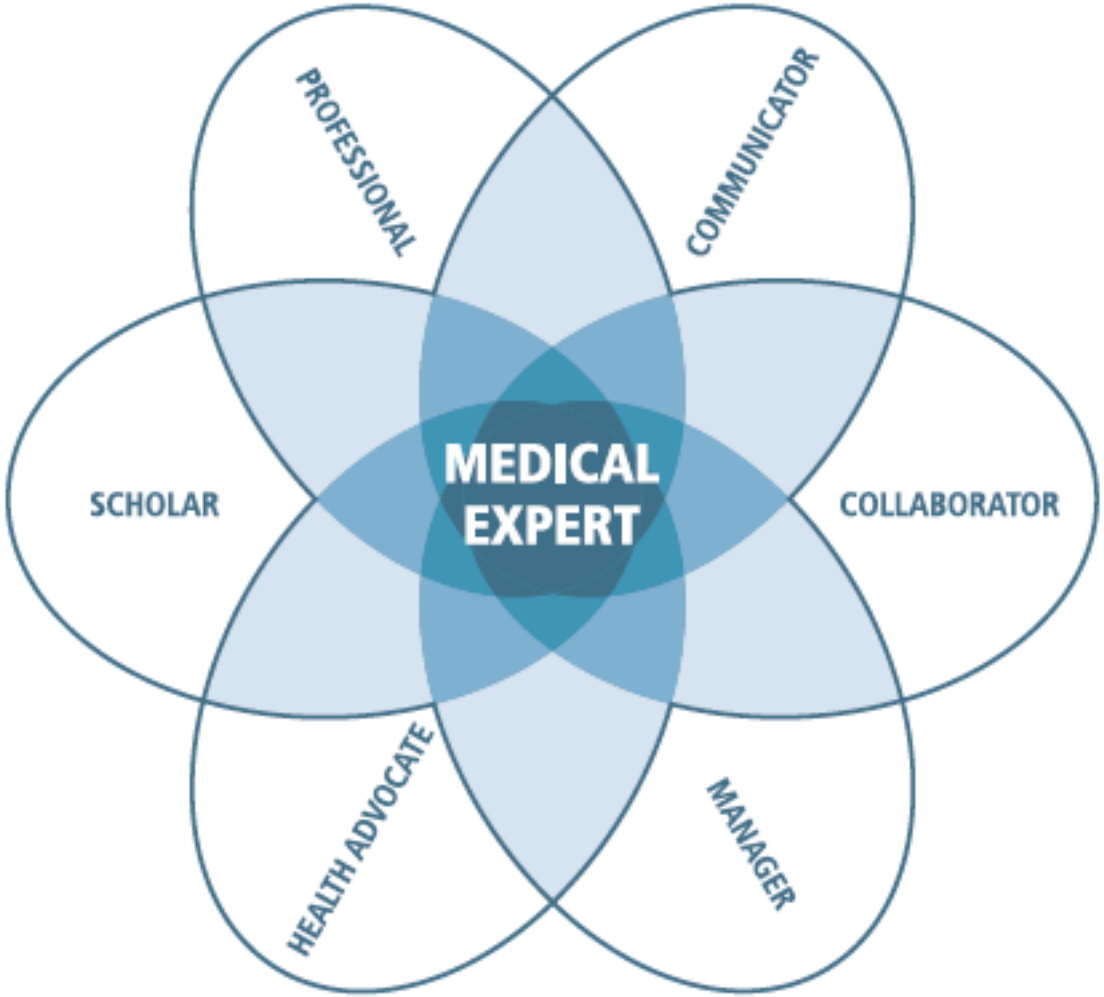
- Programs must be able to demonstrate that students, residents and fellows graduate with high levels of abilities (e.g. competencies) appropriate for the stage of training.
  - Exposure and dwell time are not sufficient proxies for competence
  - Not shooting for "the floor" of competence; excellence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

Core Competencies



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

Competency-Based Education

- Provides ***clarity*** of learning direction for both faculty and residents
- Creates ***accountability*** around the process and outcomes of learning
- Requires ***relationship-based*** teacher/learner interaction
- Provides an *opportunity* for added ***safety*** in education

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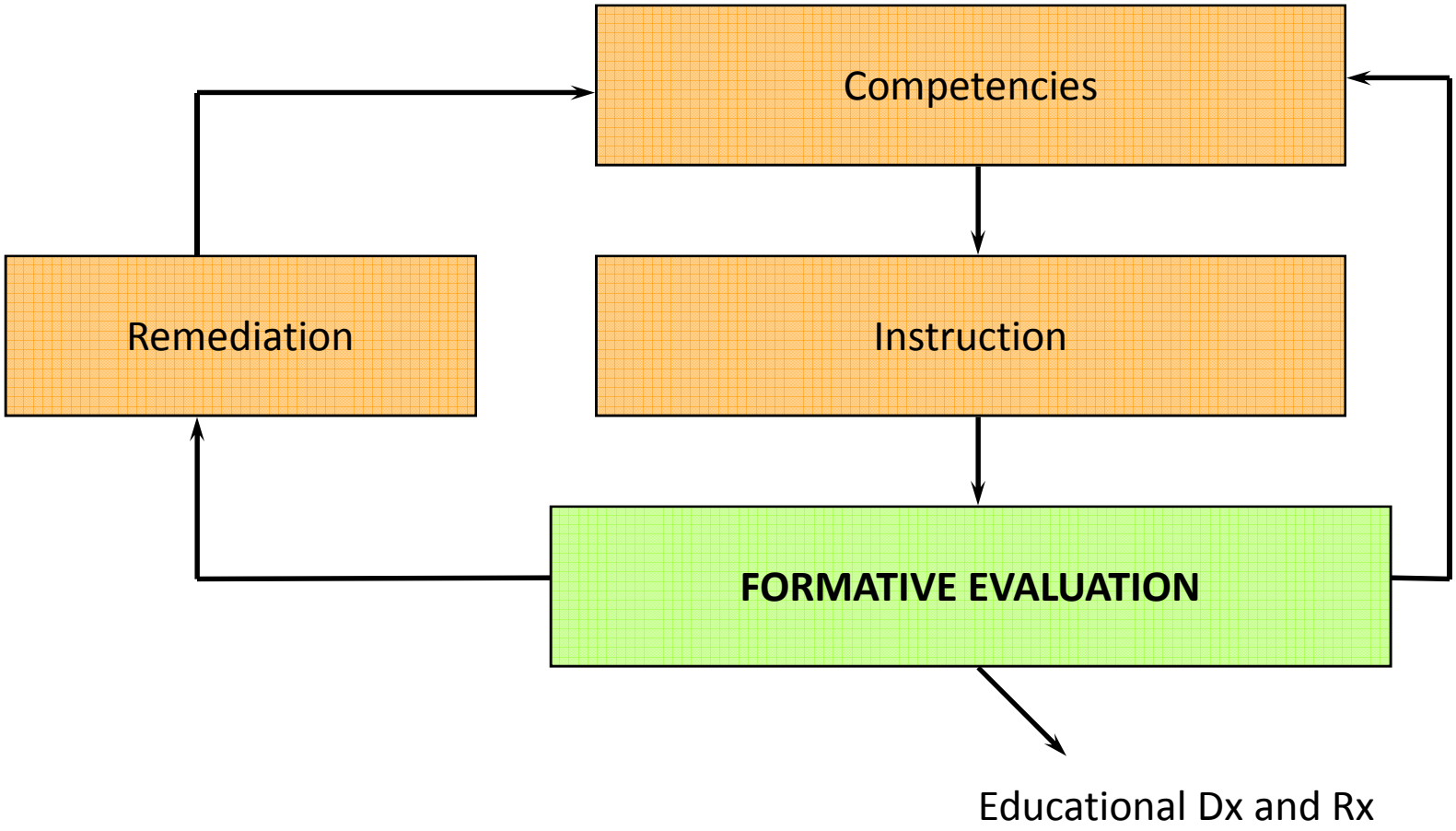
Competency Based Education



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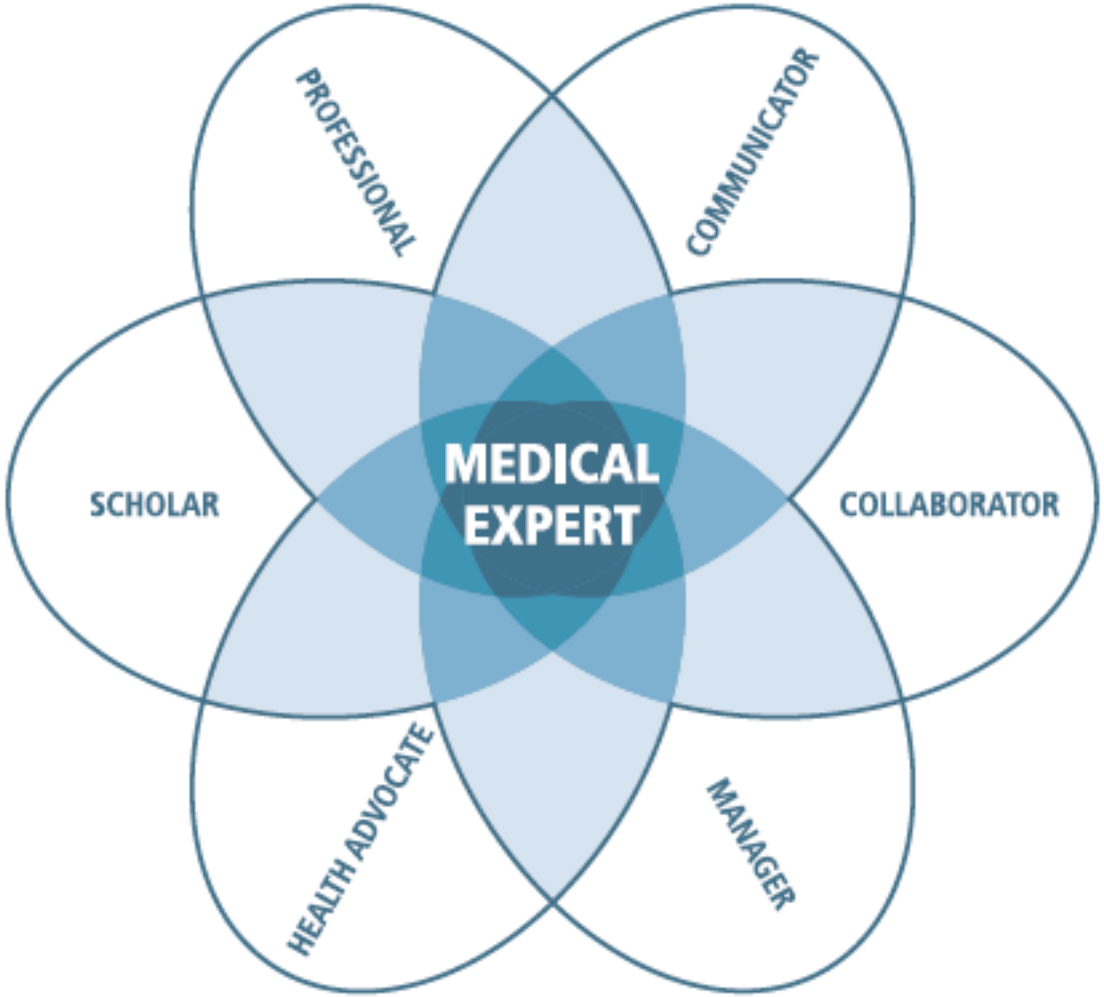
Core Competencies



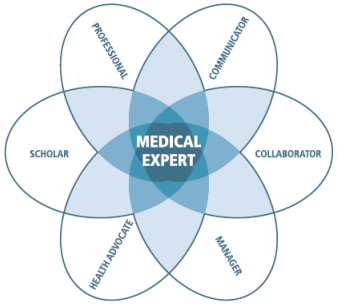
Difficulties teaching Competencies

Domains are broad and diverse

Often teachers focus on isolated behaviors

Often does not transcend Scholar and Communicator

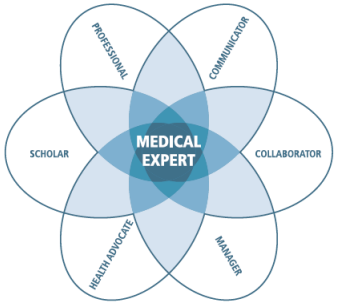
How to translate to the world of medical practice ?



Core Competencies

Innovations from the field:

- Milestones
- Entrustable Professional Activities



Core Competencies

Milestones

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

- give us a learning roadmap

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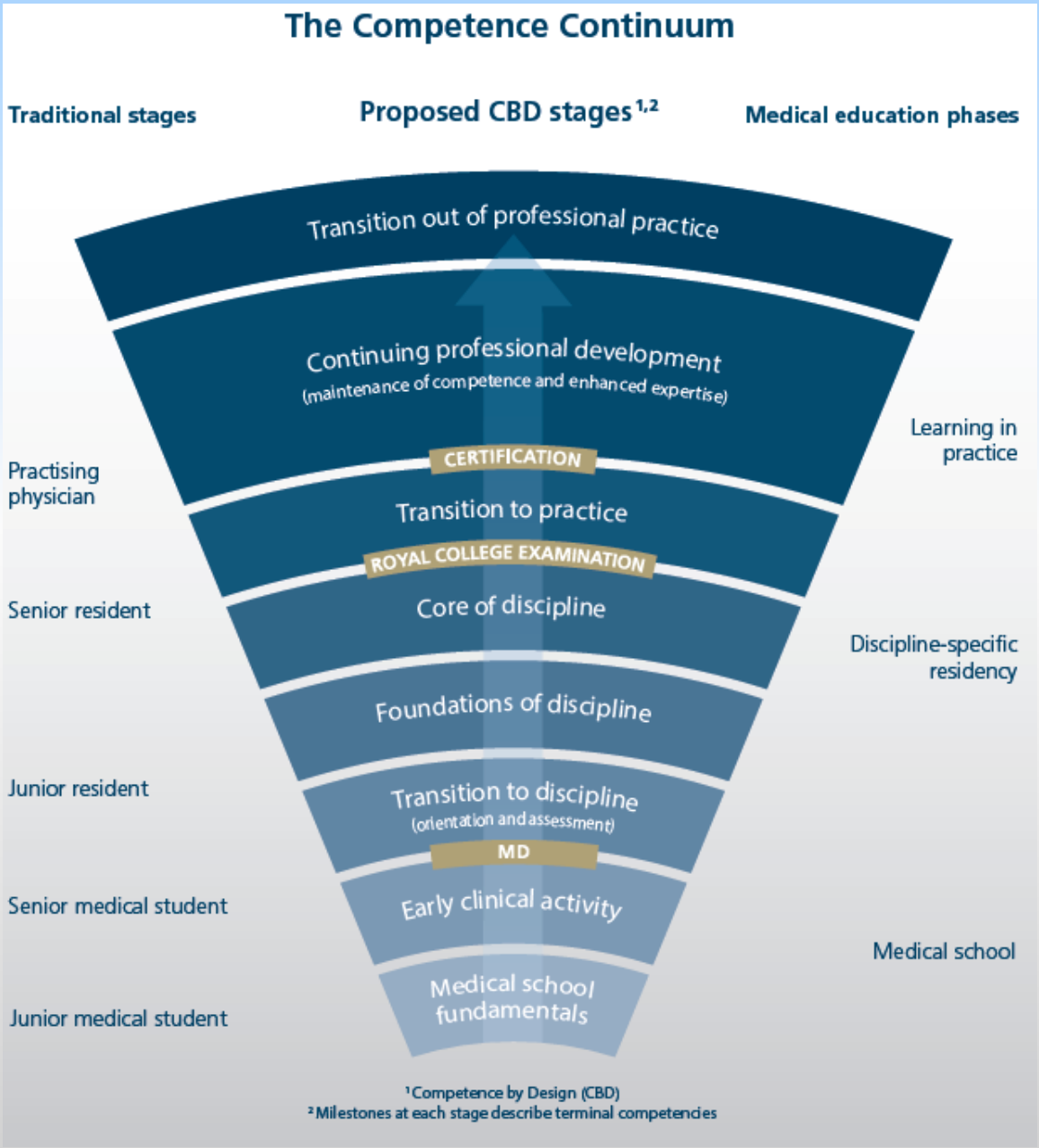
Road to Mastery

Mastery (Expert)

Competent Professional

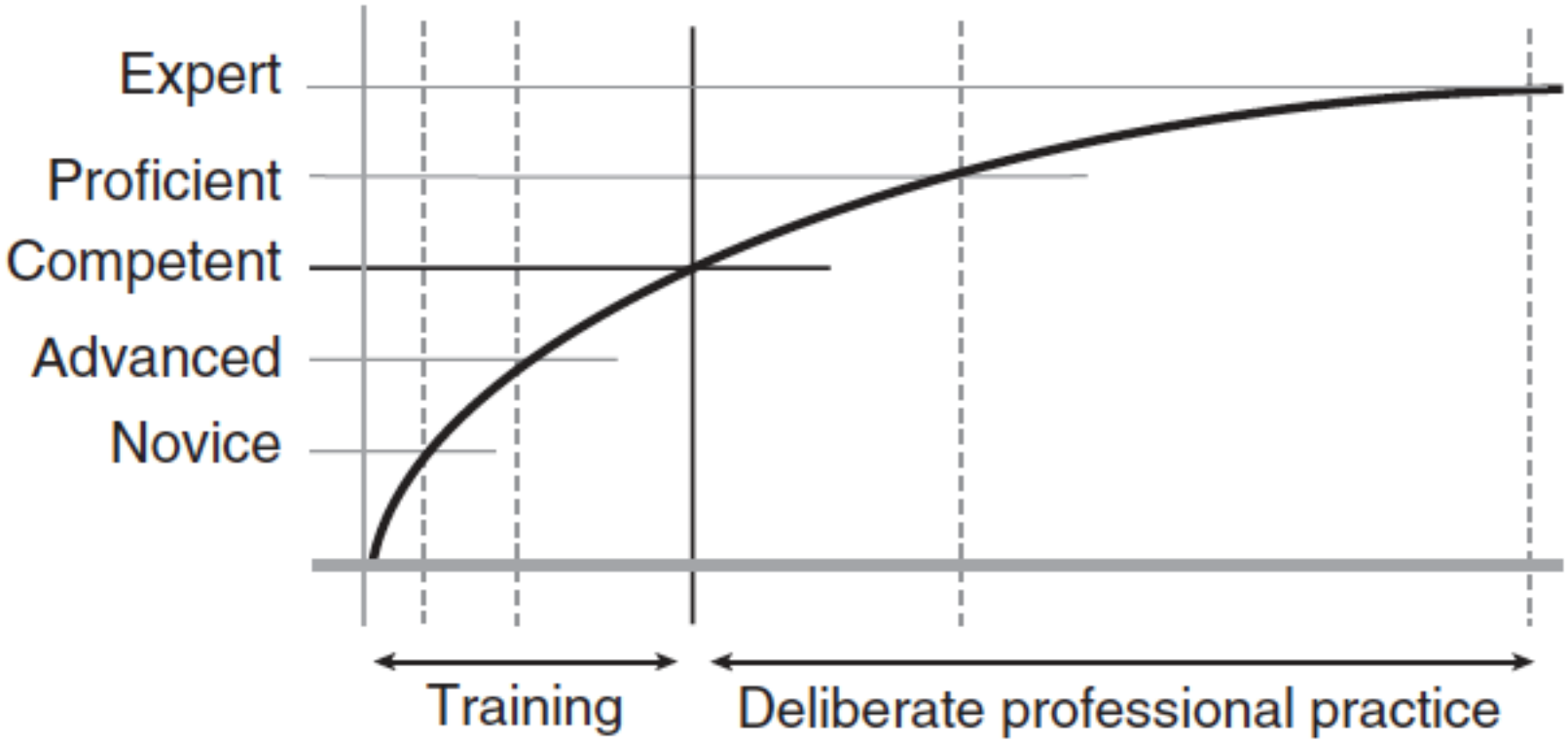
Milestones

Start

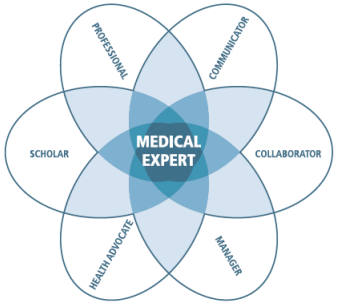


2010; 32: 669–675 MEDICAL TEACHER

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



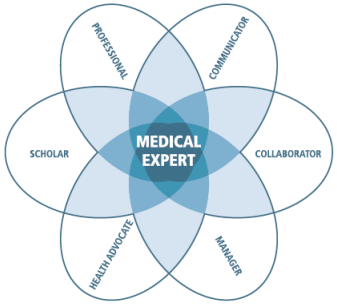
Core Competencies

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 :* ***<u>entrustable professional activities</u>***



Core Competencies

Entrustable Professional Activities

- Translate competencies into clinical practice

▶Professional life activities that define the specialty, defined as tasks or responsibilities to be entrusted to unsupervised execution by a trainee

▶Ground the competencies in a physician's everyday work

▶Activities lead to some outcome that can be observed

▶Complexity of the activities requires an integration of knowledge, skills and attitudes across competency domains

- Competencies are descriptors of physicians, EPAs are descriptors of work.

Why EPAs?

- They align what we assess with what we do
- They make sense to faculty, trainees, and the public
- Add a valuable dimension to assessment-
  - ENTRUSTMENT

Clinical Care and Accountability

- Tasks of clinical care may be delegated
  - this is a critically important teaching strategy

  →Implicit Entrustment Decision

- Accountability for clinical care may not be delegated
  - While residents may deliver care, faculty remain fully accountable for the care that is delivered

  →***How to transfer Responsibility and Accountability?***

Entrustment Decisions

- We make them every day when we work clinically with learners

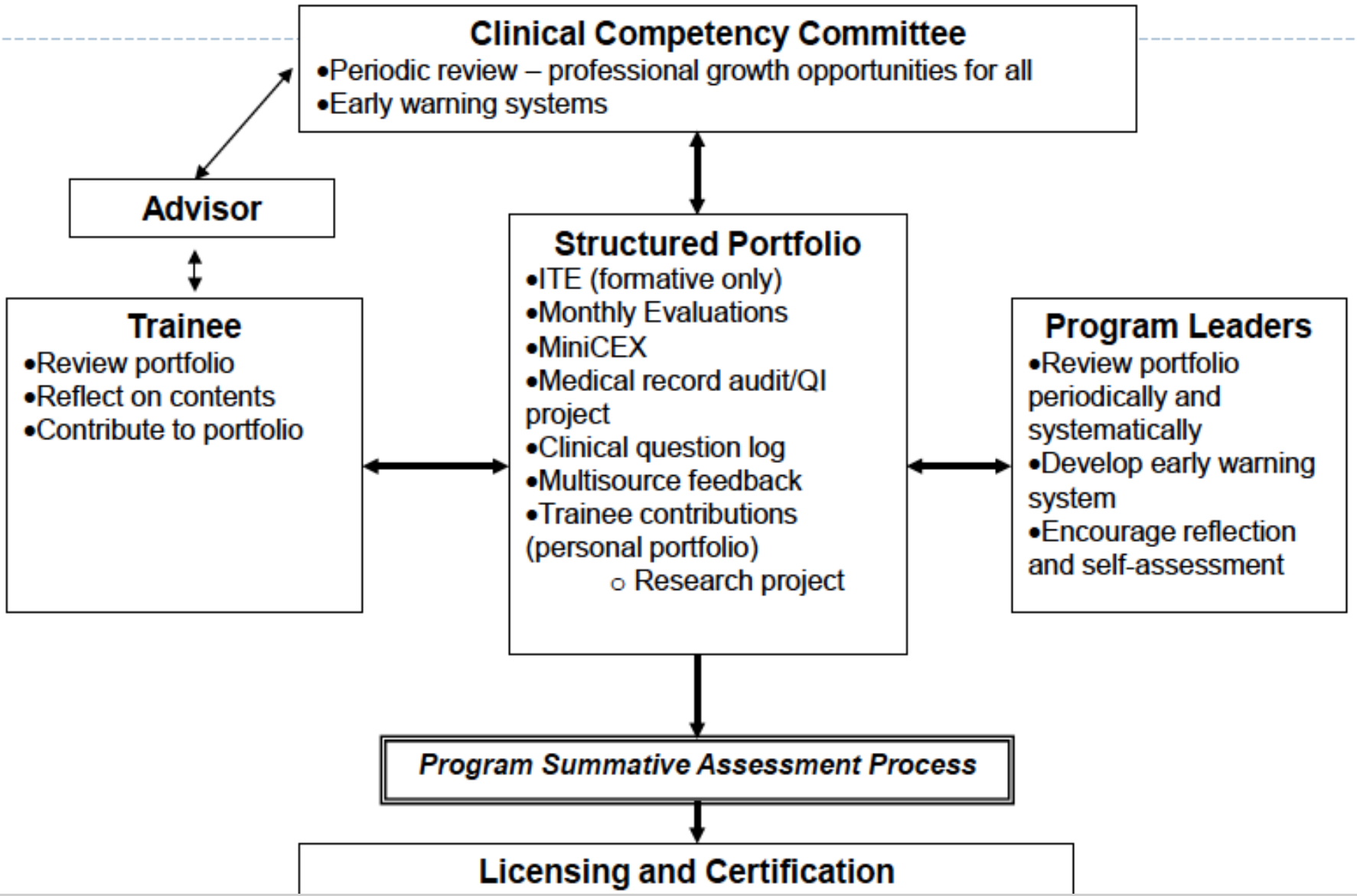
- EPAs provide a mechanism for formalizing this process
  - Direct observation of pre-determined EPAs not random aspects of performance
  - Degree of supervision determines the decision to entrust
  - Entrustment is awarded when the assessor determines the learner can perform the EPA without direct supervision

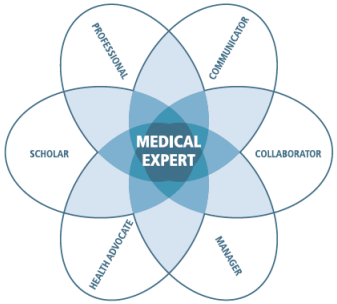
Entrustment Decisions

1. Observation but no execution, even with direct supervision
2. Execution with direct, proactive supervision
3. Execution with reactive supervision, ie, on request and quickly available
4. Supervision at a distance and/or post hoc
5. Supervision provided by the trainee to more junior colleagues

Assessment Challenges:

- CBME requires robust, multi-faceted assessment *systems*
  - No single assessment method "sufficient"
  - Trained faculty essential
  - Cultural change paramount
- Programs will need appropriate *structural* elements with effective programmatic assessment *processes* to produce *educational and clinical outcomes*


Clinical Competency Committee
•Periodic review – professional growth opportunities for all
•Early warning systems
Advisor
Structured Portfolio
•ITE (formative only)
•Monthly Evaluations
•MiniCEX
•Medical record audit/QI project
•Clinical question log
•Multisource feedback
•Trainee contributions (personal portfolio)
o Research project
Trainee
•Review portfolio
•Reflect on contents
•Contribute to portfolio
Program Leaders
•Review portfolio periodically and systematically
•Develop early warning system
•Encourage reflection and self-assessment
Program Summative Assessment Process
Licensing and Certification



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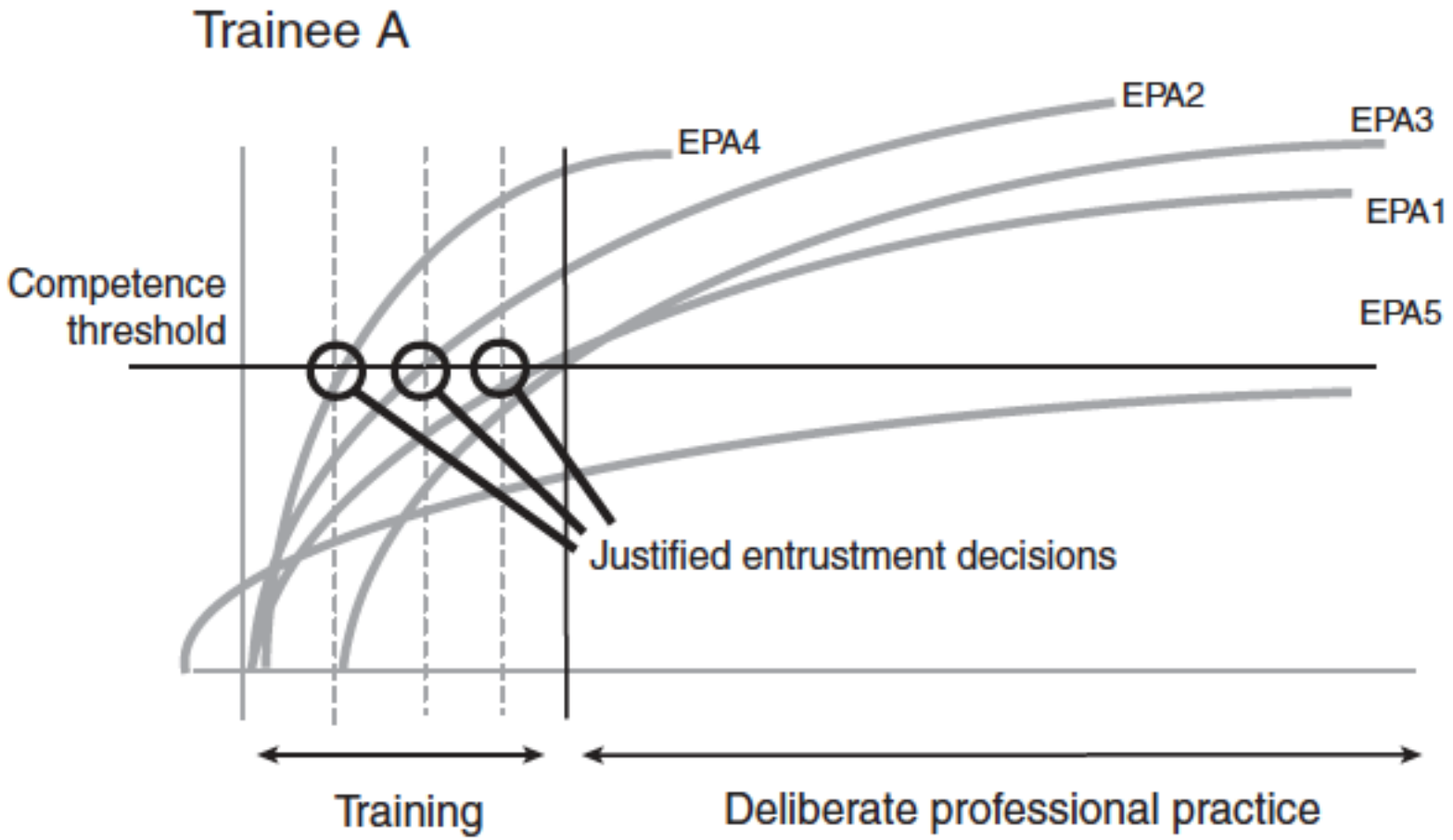
Road to Mastery



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How to build EPA's

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TABLE 2 GUIDELINES FOR FULL ENTRUSTABLE PROFESSIONAL ACTIVITIES DESCRIPTIONS

1. Title	Make it short; avoid words related to proficiency or skill. Ask yourself: Can a trainee be scheduled to do this? Can an entrustment decision for unsupervised practice for this EPA be made and documented?
2. Description	To enhance universal clarity, include everything necessary to specify the following: What is included? What limitations apply? Limit the description to the actual activity. Avoid justifications of why the EPA is important, or references to knowledge and skills.
3. Required Knowledge, Skills, and Attitudes (KSAs)	Which competency domains apply? Which subcompetencies apply? Include only the most relevant ones. These links may serve to build observation and assessment methods.
4. Required KSAs	Which KSAs are necessary to execute the EPA? Formulate this in a way to set expectations. Refer to resources that reflect necessary or helpful standards (books, a skills course, etc).
5. Information to assess progress	Consider observations, products, monitoring of knowledge and skill, multisource feedback.
6. When is unsupervised practice expected?	Estimate when full entrustment for unsupervised practice is expected, acknowledging the flexible nature of this. Expectations of entrustment moments can shape an individual workplace curriculum.
7. Basis for formal entrustment decisions	How many times must the EPA be executed proficiently for unsupervised practice? Who will judge this? What does formal entrustment look like (documented, publicly announced)?

Template for EPA

Area of practice	Rotation title			
Stage of training	Stage			Version
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described to the required standard with the required level of supervision or none at all. Your supervisor will expect you to know when to ask for additional help; s/he will also trust you to seek assistance as appropriate and in a timely manner.				
Title				
Description				
Competencies	ME	sub competencies #	HA	Sub competencies #
	COM	sub competencies # sub competencies #	SCH	Sub competencies #
	COL	sub competencies #	PROF	Sub competencies #
	LEAD	sub competencies #		
Knowledge, skills and attitude required	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge skills and attitude described below			
	Ability to apply an adequate knowledge base Skills Attitude			
Assessment method	Continuous assessment during individual and clinical supervision			
Suggested assessment method details	Case based discussions; multisource feedback			

COL, Collaborator; COM, Communicator; HA, Health Advocate; LEAD, Leader; ME, Medical Expert; PROF, Professional; SCH, Scholar

Not Prescriptive!

Area of practice	Rotation title			
Stage of training	Stage		Year 1	Version
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described to the required standard with the required level of supervision or none at all. .Your supervisor will expect you to know when to ask for additional help; s/he will also trust you to seek assistance as appropriate in a timely manner.				
Title	Producing discharge summaries and organising appropriate transfer of care			
Description	The trainee can produce succinct and informative discharge summaries and organise appropriate transfer of care. S/he understands the importance of clinical records in transfer of care and discharge and can make the appropriate arrangements for medication and/or ongoing other treatment and liaise with appropriate clinicians, teams, community, organisations and primary care providers. The trainee formulates relapse prevention and recovery plans in collaboration with the patient and provides appropriate and timely handover of written information. The discharge summaries are succinct yet informative and can function as a clinical handover as well as a historical record of the patient's hospitalisation, treatment and progress including key points of decision making.			
Competencies	ME	sub competencies #	HA	Sub competencies #
	COM	sub competencies # sub competencies #	SCH	Sub competencies #
	COL	sub competencies #	PROF	Sub competencies #
	LEAD	sub competencies #		
Knowledge, skills and attitude required	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge skills and attitude described below			
	Ability to apply an adequate knowledge base • Understands the importance of handover of information especially during transition of clinical care • Understands the principles of relapse prevention and recovery • Demonstrates knowledge of risks associated with transfer of care e.g. loss of information, lack of follow-up • Demonstrates knowledge of range of follow-up and community services **Skills** • Uses effective and timely verbal and written communication (including electronic communication where appropriate) • Grasps and formulates the essentials of the case and the treatment plan including relapse-prevention and risk-management plans • Communicates key points of decision making • Communicates and collaborates effectively with patients and families/carers in organising transfer of care • Uses discretion where required, avoids pejorative language • Appropriately considers confidentiality issues and consent **Attitude** • Uses appropriate means of communication (e.g. telephone) when required • Exhibits a patient-centred approach to care • Demonstrates willingness to include all appropriate stakeholders in the transfer of care • Demonstrates respect for the patient, other members of the multidisciplinary team, patient supports and their views			
Assessment method	Continuous assessment during individual and clinical supervision			
Suggested assessment method details	Case based discussions; multisource feedback			

COL, Collaborator; COM, Communicator; HA, Health Advocate; LEAD, Leader; ME, Medical Expert; PROF, Professional; SCH, Scholar

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Not Prescriptive!

How many EPA's constitute a curriculum?

An example from the Netherlands:

- Transfer and Continuity of Care
- Rounding a ward
- Being on Call
- Communicating with patients and family
- Medical Decision making
- Leading a team

Start in year 1

- Consultation
- Out-Patient Clinic
- …
-

EPA				
Area of practice	Rotation Title			
Stage of training	Stage		Version	
Title				
Description				
Knowledge, skills and attitude required				
Competency (ME, COM, COL, LEAD, HA, SCH, Prof)				
	Milestones related to Competency			
Competency (ME, COM, COL, LEAD, HA, SCH, Prof)				
	Milestones related to Competency			
Competency (ME, COM, COL, LEAD, HA, SCH, Prof)				
	Milestones related to Competency			
Preconditions	e-learning, seminars and/or courses, other EPA's, knowledge tests etc.			
Toolbox	A variety of assesment methods, progressively assessed during training			
Entrustment levels	start of rotation	Supervision level		
	halfway rotation	Supervision level		
	end of rotation	Supervision level		
	expected end of training	Supervision level		
Entrustment criteria				
COL, Collaborator; COM, Communicator; HA, Health Advocate; LEAD Leader; ME, Medical Expert; PROF, Professional; SCH, Scholar				

EPA			
Area of practice	Rotation Title		
Stage of training	Stage		Version
Title			
Description			
Knowledge, skills and attitude required			
Competency (ME, COM, COL, LEAD, HA, SCH, Prof)			
	Milestones related to Competency		
Competency (ME, COM, COL, LEAD, HA, SCH, Prof)			
	Milestones related to		
Competency (ME, COM, COL, LEAD, HA, SCH, Prof)			
	Milesto		
Preconditions	e-learning, seminars and/or courses, other EPA's, knowledge tests etc.		
Toolbox	A variety of assesment methods, progressively assessed during training		
Entrustment levels	start of rotation	Supervision level	
	halfway rotation	Supervision level	
	end of rotation	Supervision level	
	expected end of training	Supervision level	
Entrustment criteria			
COL, Collaborator; COM, Communicator; HA, Health Advocate; LEAD Leader; ME, Medical Expert; PROF, Professional; SCH, Scholar			

Preconditions:

- E-learning
- Seminars and/or courses
- Knowledge tests, exams
- Other EPA's

EPA			
Area of practice	Rotation Title		
Stage of training	Stage		Version
Title			
Description			
Knowledge, skills and attitude required			
Competency (ME, COM, COL, LEAD, HA, SCH, Prof)			
	Milestones related to Compet		
Competency (ME, COM, COL, LEAD, HA, SCH, Prof)			
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Competency (ME, COM, COL, LEAD, HA, SCH, Prof)			
	Milestone ...		
Preconditions	e-learning, seminars and/or courses, other EPA's, knowledge tests etc.		
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Entrustment levels	start of rotation	Supervision level	
	halfway rotation	Supervision level	
	end of rotation	Supervision level	
	expected end of training	Supervision level	
Entrustment criteria			
COL, Collaborator; COM, Communicator; HA, Health Advocate; LEAD Leader; ME, Medical Expert; PROF, Professional; SCH, Scholar			

Toolbox (of Assessment)

- *Minimal set* of WBA of different activities
- Certificates (exams, e-learning)
- OSATS
- Multisource Feedback

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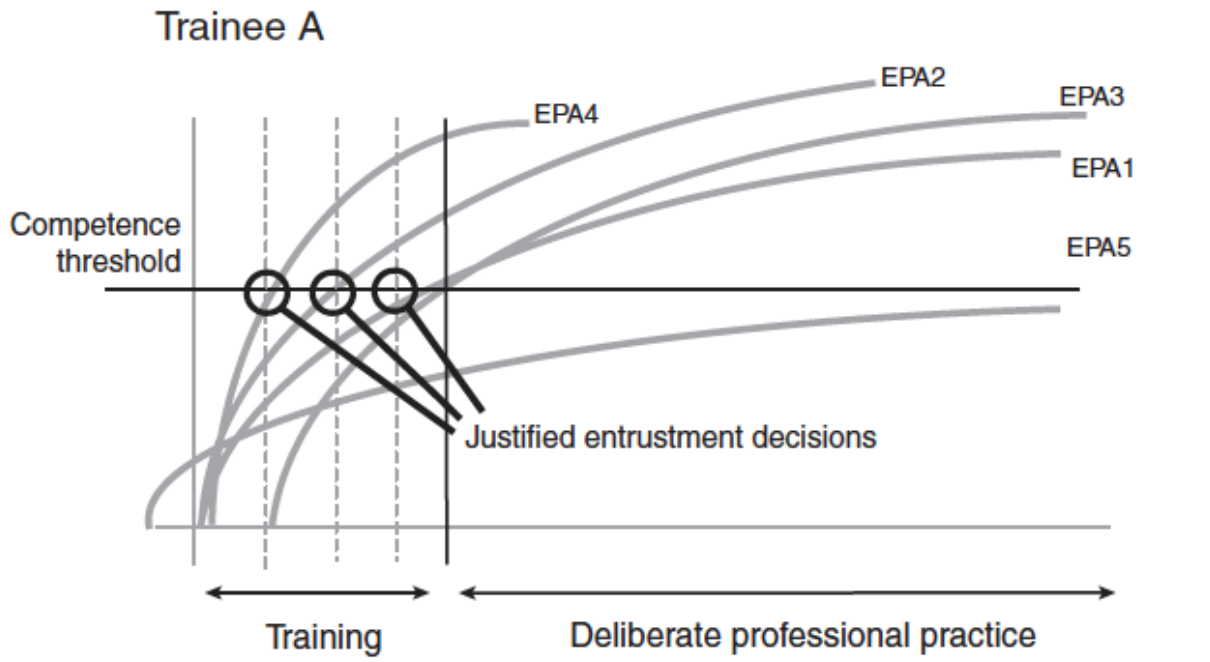
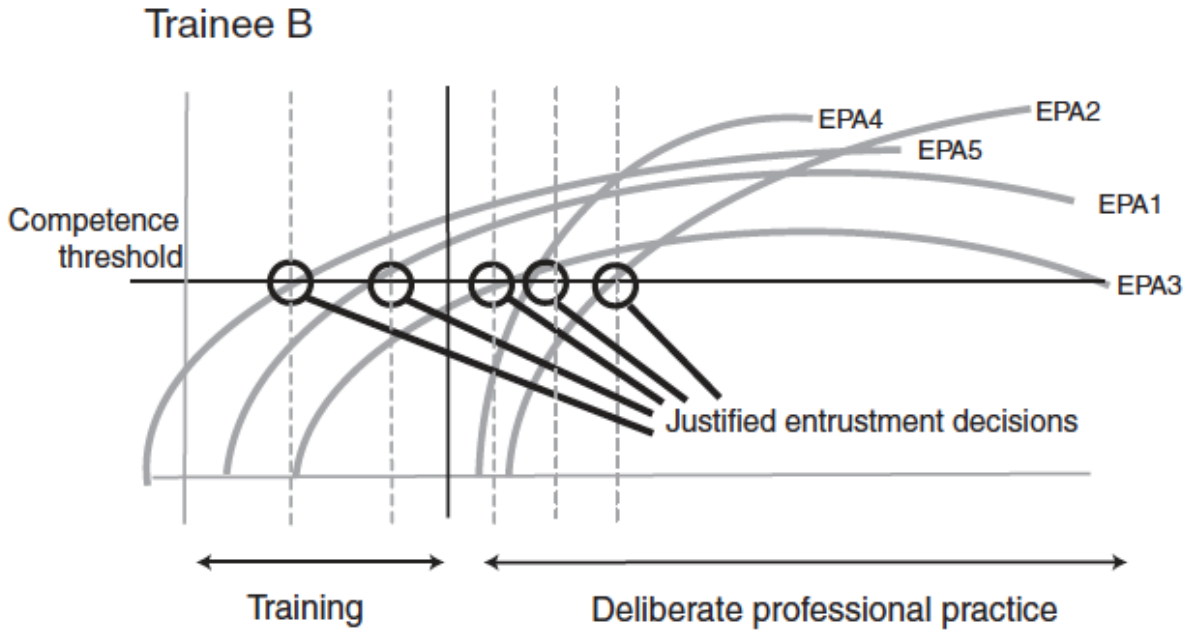
EPA			
Area of practice	Rotation Title		
Stage of training	Stage		Version
Title			
Description			
Competency (ME,			
Competency (ME,			
Competency (ME,			
Preconditions	e.g. [illegible] courses, other EPA's, knowledge tests etc.		
Toolbox	A variety of assesment methods, progressively assessed during training		
Entrustment levels	start of rotation	Supervision level	
	halfway rotation	Supervision level	
	end of rotation	Supervision level	
	expected end of training	Supervision level	
Entrustment criteria			
COL, Collaborator; COM, Communicator; HA, Health Advocate; LEAD Leader; ME, Medical Expert; PROF, Professional; SCH, Scholar			

start of rotation	Supervision level
halfway rotation	Supervision level
end of rotation	Supervision level
expected end of training	Supervision level





2010; 32: 669–675
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EPA	
Area of practice	Rotation Title
Stage of training	
Title	
Description	
Competency (M	
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Preconditions	
Toolbox	
Entrustment levels	tatior
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	expected end o
Entrustment criteria	

SOL, Collaborator; COM, Communicator; HA, Health Adv
Scholar

Entrustment granted if,

1 all activities of the minimal set that should be appraised are graded sufficient

2 different WBA's sh
by at least 3 d

3 entrustmer
discus

- Welcome feedback and treat it productively
- Recognise the scope of his/her abilities and ask for supervision and assistance when appropriate
- Recognise and address personal, psychological, and physical limitations that may affect performance
- Demonstrate empathy and compassion to patients and family under all circumstances
- Speak up in situations in the clinical (training) environment where patient safety may be compromised
- Address, in a sensitive and supportive way, behaviour that compromises collegiality in the workplace and a respectful environment
- Reflect (in action) when surprised, apply new insights to future clinical scenarios, and reflect (on action) when looking back

Stage of training	Stage	First Year Internal Medicine	Version
Title	WARD ROUND		
Description	Trainee is responsible and accountable for the care of patients admitted to a medical ward. To this purpose, the trainee evaluates patients on a daily basis and adjust diagnostic and therapeutic plans, if appropriate, in close collaboration with other professionals.		
Knowledge, skills and attitude required			
Medical Expert			
	Obtain a relevant history from the patient in an efficient, compassionate, and factual manner Perform a physical examination that is appropriately targeted to the patient's symptoms. Identify pertinent abnormalities using recognised techniques Prioritise differential diagnoses and develop evidence-based diagnostic and therapeutic care plans for common inpatient and ambulatory conditions Accurately monitor important changes in the patient's physical condition through examination over time in outpatient and inpatient settings		
Collaboration			
	Carry out timely interactions with colleagues, patients, and their designated carers Establish care plan in a respectful way with other multidisciplinary team members Consider management suggestions and alternative solutions provided by other team mates and modify care plan as appropriate		
Leader			
	Perform ward rounds in an efficient and timely manner Ensure prompt completion of clinical, administrative and curricular tasks Seek performance assessments and reflect on how they will modify future performance		
Preconditions	e-learning BMJ clinical reasoning seminar in time management completed graduate training		
Toolbox	WBA transfer of care WBA ward round WBA grand round with supervisors WBA patient encounter WBA medical record Knowledge exam Regional and National Study days Multisource feedback (supervisors, colleagues and nurses) E-learning certificates		
Entrustment levels		Supervision level 2	
	halfway rotation	Supervision level 3	
	end of rotation	Supervision level 4	
	expected end of training	Supervision level 5	
Entrustment criteria			

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WARD ROUND

How many EPA's constitute a curriculum?

An example from the Netherlands:

- Transfer and Continuity of Care
- Rounding a ward
- Being on Call
- Communicating with patients and family
- Medical Decision making
- Leading a team

Start in year 1

- Consultation
- Out-Patient Clinic
- …
-

WORK IN PROGRESS


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