Competency Based Curriculum and Evaluation Workshop
Objectives

By the end of the workshop participants will:
• Be able to describe the basics of Dalhousie’s approach to:
  – Competency Based Curriculum (CBC) at the Undergraduate and
  – CBC and Evaluation Program Postgraduate (Family Medicine) level
Objectives 2 – Participants will

- Have discussed with colleagues the pros and cons of a competency based curriculum in their own environment
- Decide and outline the next steps (if any) towards developing or improving their own CBC Evaluation Program
What is a competency based curriculum and evaluation program?

• In pairs discuss what your definition of a competency based curriculum is for 5 – 10 minutes then …..

• How does evaluation need to change to implement an effective competency based curriculum
Ideas

CBC based on your description what the learner is going to do when they complete school

Evaluation designed to assess mastery of skill competencies

Approach to learning – design model for curricula that uses clearly defined competencies as a framework for agreed, safe and professional practice
Ideas

• Competence should encompass knowledge skills and attitudes to achieve safe practice
• Evaluation of CBC would assess against those agreed competencies
• Approach to learning that is driven by learning outcomes
• Evaluation done on definite criteria which are linked to learning outcomes
Definition of Competence

• “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 community being served.”
Competency Based Curriculum

• The outcome of an educational program is determined by the competencies achieved by the learner NOT by the amount of time the learner has spent in the program

Ten Cate, O Academic Medicine 2007
Evaluation needs to be designed to be able to determine competence
Triple C Competency Based Curriculum
The Triple C
Competency-Based Curriculum

C
omprehensive curriculum focused on

C
ontinuity of care and of education

C
entred in family medicine
CanMEDS-FM Competency Framework
Triple C Competency-Based Curriculum

- Medical School
  - Undergrad
  - Postgrad
- Residency Program
  - Built upon CanMEDS-FM
- Triple C-CB Curriculum
- Evidence of progressive attainment of FM competencies over time
- CFPC Certification
- Continuing Professional Development
- CPD

Continuum of Learning

Canadian Family Medicine Curriculum

Le Collège des médecins de famille du Canada

The College of Family Physicians of Canada
Goal of residency:

To develop professional competence ... to the level of being ready for unsupervised practice.
Competency-based Curriculum: Implications

Context:

• Is as important as content
• Ensures
  – Role modeling
  – Type of patients/problems
  – Type of problem-solving (selectivity)
  – Integration skills
• Is essential for developing one’s own identity as a Family Physician
1. Comprehensive

Residency programs should prepare residents

• **For comprehensive care of patients:**
  – Across Life cycles, Clinical settings, Clinical responsibilities
  – Including special populations and core procedures

• **Through a comprehensive curriculum:**
  – Modeling comprehensive care

WGCR, Report Part 1, December 2010
2. Continuity

- **Continuity of care:**
  - Follow patients over time
  - Follow patients in different settings
  - Experience relationship & responsibility of care

- **Continuity of education:**
  - Continuity of supervision and assessment
  - Continuity of learning environment
  - Continuity of curriculum & continuous integration

WGCR, Report Part 1, December 2010
3. Centered in Family Medicine

- Goals and objectives established by FM
- FPs as central role models
- Training provided mostly in Family Medicine contexts
  - Focused/specialized experiences will supplement, based on local resources
- Assessment by and for FM, focused in FM competencies

WGCR, Report Part 1, December 2010
Evaluation

• “Competence will be determined by continuous sampling, observation, and reflection on an individual’s performances with respect to the
  – Six essential Skill Dimensions
  – Phases of the clinical encounter
  – Priority Topics, Core Procedures and Themes
  – Key Features and the Observable Behaviors…………………………
Evaluation

...............until the evaluator is assured and satisfied that the individual is competent in all six of the skill dimensions essential to competence in family medicine.”

WG Certification, Evaluation objectives Part 1
What are??

The Six Essential Skill Dimensions©

• Selectivity
• Clinical Reasoning
• Patient Centred Method
• Professionalism
• Communication
• Procedural Skills

©Copyright 2010 The College of Family Physicians of Canada (CFPC)
What are???

The phases of the clinical encounter?

- History
- Physical
- Hypotheses
- Management and Treatment
- Referral
- Diagnosis
- Procedures
- Investigation
- Follow up
What are???

Priority Topics, Core Procedures and Themes©
- 99 priority topics developed by family physicians across Canada
- List of essential procedures
- Themes: Professionalism and Patient Centred Method

©Copyright 2010 The College of Family Physicians of Canada (CFPC)
What are????

Key Features and the Observable Behaviors©

– Each of the 99 Priority Topics has a number of key features associated with it (this is also the blueprint for the certification exam)

– Observable behaviours are describe under professionalism and patient centred approach
The new approach at Dalhousie Family Medicine

• Detailed list of what the learning environment is expected to provide
• Field notes for clinical encounters
• Evaluation form populated by field notes
**Women’s Health, Maternity Care and Newborn Care Curriculum**

**Family Medicine Expert**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The learning environment will provide opportunities for residents to integrate all the CanMEDS-FM roles in order to function effectively as a generalist in the provision of care to neonates and to women at all stages of their reproductive lives.</td>
</tr>
<tr>
<td>2.</td>
<td>The learning environment will provide opportunities for residents to establish and maintain clinical knowledge, skills and attitudes required to meet the needs of women, pregnant women and their neonates.</td>
</tr>
<tr>
<td>3.</td>
<td>The learning environment will provide opportunities for residents to assess and manage pregnant women using the patient-centred clinical method.</td>
</tr>
</tbody>
</table>
**Manager**

10. The learning environment will provide opportunities for residents to manage their time effectively to attend to women in labour and to incorporate daily postpartum neonatal rounds

11. The learning environment will provide opportunities for residents to demonstrate understanding of hospital maternal/newborn care planning and policy-making.

**Communicator**

The learning environment will provide opportunities for residents to:

12. Develop rapport, trust and ethical therapeutic relationships with patients and families

12.1 Accurately elicit and synthesize information from, and perspectives of, patients and families, colleagues and other professionals

12.2 Accurately convey needed information and explanations to patients and families, colleagues and other professionals

12.3 Develop a common understanding on issues, problems and plans with patients and families, colleagues and other professionals to develop, provide and follow-up on a shared plan of care

12.4 Convey effective oral and written information
**Collaborator**

The learning environment will provide opportunities for residents to:
13. Work collaboratively in different models of maternity care including team based approaches:
13.1 Engage patients and families as active participants in their care.
13.2 Consult appropriately with other members of the maternity care team
13.3 Demonstrate effective team work even in high stress, urgent situations during labour and delivery

**Health Advocate**

14. The learning environment will provide opportunities for residents to respond to individual patient health needs and issues as part of patient care including:
14.1 Identifying prenatal patients who are vulnerable or marginalized and assist them in issues (e.g., occupational issues, special diet application forms, etc.) that promote their health.
14.2 Identifying newborns at risk because of social, family or other health situations; work appropriately with children’s protective services.
15. The learning environment will provide opportunities for residents to maintain and enhance professional activities through ongoing self-directed learning based on reflective practice in maternity and newborn care

16. The learning environment will provide opportunities for residents to evaluate medical information, its sources, and its relevance to maternity and newborn care, and apply this information to practice decisions

17. The learning environment will provide opportunities for residents to facilitate the education of patients, families, trainees, other health professional colleagues, and the public, as appropriate in issues of maternity care
Professional

18. The learning environment will provide opportunities for residents to demonstrate commitment:
18.1 To their patients, profession, and society through ethical practice
18.2 To physician health and sustainable practice
18.3 To reflective practice

19. The learning environment will provide opportunities for residents to demonstrate the 12 themes of professionalism with observable behaviors i.e., day to day behavior reassures that the resident is responsible, reliable and trustworthy

*Adapted from Department of Family Medicine University of Alberta and Department of Family Medicine Queen's competency documents*
Field Note: Examples at your tables
Draft Family Medicine ITER

See list of expected learning experiences to be provided during Family Medicine core

Selectivity
Does not do things in a routine or stereotypical fashion, but is very selective in approach, adapting it to the situation and the patient. Sets priorities and focuses what is most important. Knows when to say something and when not to; gathers the most useful information without losing time on less contributory data. Does something extra when it will likely be helpful. Appropriately thorough and appropriately focused. Can distinguish urgent and non-urgent conditions and act appropriately for each.

Describe developing competence with examples from field notes

Describe areas for focus and further development with examples from field notes
Graduates of Dalhousie Medical School are caring, resourceful physicians, able to work with patients, families, and colleagues to provide excellent care in many different contexts and in complex and uncertain situations. They are able to work as agents of creative change in healthcare institutions and communities.
Each of the 4 major roles has:

- A goal statement
- Entrustable professional activities (4-5)
- Educational outcomes (4-7)

The entire curriculum is mapped to the educational outcomes under each role
Small Groups

• Discuss the pros and cons, barriers and challenges to competency based curriculum
• Assign a reporter and we will report back in 10-15 minutes
Small groups

A. Discuss the next steps that you could take at your institution to move towards, or improve your competency based curriculum.

B. Discuss how you could change your evaluation system to support a competency based curriculum
Pot-Pourri

- Questions of any kind.....

- Principles of feedback.....

- Principles of Evaluation.....
Evaluation

- What *problems* might you encounter in evaluating students?
- What do you *need to know* in order to carry out an effective evaluation?
- *Who* should do the evaluation?
- How do you *communicate* information to the learners?
- How can you implement an effective evaluation system?
Wrap up

• One thing that you learned from today's session

• Website for family medicine documents

• www.cfpc.ca
Take Home

- Dalhousie Family Medicine Post Grad
  - Detailed description of what the learning environment is expected to provide based on the seven CANMeds FM Roles
  - Narrative Intraining Evaluation system based on field notes gathered in day to day patient encounters
Take Home 2

• Dalhousie Family Medicine Undergrad
  – Outcomes for the undergraduate program defined under four roles
  – Goal for the undergraduate curriculum
  – Specific Goal for each role
  – Educational outcomes for each goal and role
  – All curriculum mapped to these overarching goals
Asante Sana!