Competency Based Education in General Internal Medicine

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1. Define competency based education.
2. Define Entrustable Professional Activities.
3. Determine essential outcomes of a graduate of a GIM Subspecialty program.
4. Outline pathways to success in achieving essential outcomes in GIM Subspecialty programs.
Introductions
Needs Assessment

- Competence by Design is:
  A. The new trend in interior decorating.
  B. A way to ensure all training will be completed faster.
  C. A new kind of OSCE.
  D. Designed to address societal health needs and patient outcomes.
Needs Assessment

An EPA is:

A. Entrustable Professional Activity
B. Entry Practical Ant
C. Enemy of the Professional Accountant
D. Early Professional Acts
What is Competence by Design (CBD)?

- Multi-year, transformational change initiative in specialty medical education;
- Focused on the learning continuum from the start of residency to retirement;
- Based on a competency model of education and assessment; and
- Designed to address societal health need and patient outcomes.
CBD Identified Initiatives

For Residents
- In-Training Competency-Based Assessment
- In-Practice Competency-Based Assessment
- Change Exam Governance
- Re-Engineer Exam Delivery
- Develop Exam Content

For Fellows
- Redesign Policy: Outcome-Based Focus
- Re-Engineer Accreditation Process
- CBME
- Create Competency Framework & Milestones (Generic & Specialty-Specific)
- CanMEDS 2015
- Delivered Cohorted Roll-Out

Assessment
- Lifelong Learning
- Faculty Development and Faculty/Education Support
- Affirmation of Continued Competence

ePortfolio

Accreditation

Credentialing

CBME

Redesign Policy: Competency-Based Focus

Re-Engineer Credentialing Process
One of these is not like the others ...
How can we ensure our graduates are competent in all needed domains...?
By focusing on learning rather than time, CBD will enable our MedEd system to

- assess for competence, but teach for excellence;
- ensure physician’s skills and abilities evolve throughout practice—potentially reducing medical errors;
- respond to changing patient and societal needs;
- address gaps in the current system, like the “failure to fail” culture of resident education;
- reduce burden on Faculties, promoting smoother credentialing and accreditation; and
- increase accountability and promote transparency in training.
TIME REMAINS AN ESSENTIAL ELEMENT...
Transformation of Postgraduate Education

“tea-steeping”
Brian Hodges
Academic Medicine 85(9): September 2010

“knowledge, skills and attitudes”
Language - If you were training a Puffer Fish Chef?

- Entrustable Professional Activities – Professional life activities that define the discipline.
- Competencies – Observable Ability
- Milestones – Observable behaviors at various stages on a continuum.
“Entrustable Professional Activities (EPAs)”

- “EPAs are those professional activities that together constitute the mass of critical elements that operationally define a profession.”
- “Each of these activities may be defined as a unit of work that should only be entrusted upon a competent enough professional.”

*Becoming a fugu fish chef VS Applying the knife and Knowing the anatomy...*
“Competency is an **observable ability** of a health professional, integrating multiple components such as **knowledge, skills, values and attitudes**. Since competencies are observable, they can be measured and assessed to assure their acquisition. Competencies can be assembled like building blocks to facilitate progressive development.”


Current trend of itemizing the “parts” that are needed for successful completion of training.
CanMEDS 2015: What Are the Benefits?

**Educators will be able to:**
- Identify progress of learners at different stages of training;
- Provide guidance to address identified gaps in learning;
- Employ better standards for assessment; and
- Benefit from newly created faculty development tools and resources.

**Learners will be able to:**
- Follow a clear and transparent roadmap that promotes learning and growth at each stage of training and throughout practice.
CanMEDS 2015: Planned Updates

• Introduce new element – **milestones** to mark the progression of a competence
• Emphasis on the **continuum**
• Integrate **new content** and themes (e.g. patient safety)
• Create **new faculty development resources and tools**
CanMEDS 2015: Planned Updates

Milestone Stages and Progression of Competence

Traditional Stages

Proposed CBD Stages¹, ²

Medical Education Phases

Learning in Practice

Discipline-Specific Residency

Medical School

¹ Competence by Design
² Milestones at each stage describe terminal competencies
What are the needed abilities of graduates of GIM programs?
Literature Review of GIM Training:

- **United States:**
  - Discrepancy between practice patterns of practicing internists and training [Mandel 1988; Baker 1998; Weist 2002; Blumenthal 2001].

- **Canada:**
  - Snell in 1989 found deficiencies in training in ambulatory care, management of complex disorders over time, management of geriatric patients and those with psychosocial problems. Other areas of deficiency included procedures, teaching skills, continuing self-education skills as well as administration and office management.
Survey of Canadian Graduates - 2006: Needs met and importance of various content areas of training programs. Expressed as percentage of respondents answering 4 or 5 on the Likert Scale.

Survey of Competencies on Draft Royal College GIM Objectives of Training - 2011

- The competencies to be surveyed were developed after extensive consultation with GIM PDs, GIM Division Directors, Canadian Society of Internal Medicine (CSIM) over 8 years.
- The draft document of objectives forwarded to the Royal College was used as the template.
- Translated into French by the CSIM translator and forwarded to the French membership.
- Results used to further refine the GIM Objectives of Training. [http://www.royalcollege.ca/portal/page/portal/rc/public](http://www.royalcollege.ca/portal/page/portal/rc/public)
## Key Features of Current GIM Training Programs

<table>
<thead>
<tr>
<th>At the end of GIM Training the graduate will be able to manage/perform:</th>
<th>At the end of GIM Training the graduate will be able to:</th>
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<tbody>
<tr>
<td>1. Common &amp; Emergency Internal Medicine Conditions</td>
<td>1. Develop a practice that is:</td>
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<td>2. Internal Medicine conditions before, during and after pregnancy.</td>
<td>• Adapted to societal needs.</td>
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<td>3. Multi-system disease.</td>
<td>• Maintains generalist principles. but may be quite different than others to meet needs of their community.</td>
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<td>4. Perioperative Care.</td>
<td>• Able to adapt over time.</td>
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<td>5. Risk Reduction</td>
<td>• Respects limits.</td>
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<td>6. Procedures:</td>
<td>• Incorporates effective inter and intra-professional collaboration including excellence in transitions in care.</td>
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<td>1. Ambulatory Blood Pressure monitoring</td>
<td>2. Improve population health outcomes through:</td>
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<td>3. Exercise Stress Testing</td>
<td>• Preventive Care</td>
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<td>4. Invasive and non-invasive ventilation</td>
<td>• Health Care Delivery Initiatives.</td>
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<td>• Advocacy for vulnerable populations.</td>
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<td>• Education (patients, students, and/or colleagues)</td>
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http://www.royalcollege.ca/portal/page/portal/rc/public
What does society need as the outcomes of GIM Training Programs?
Practice Audit Summaries

- Perioperative Care
- IM Disorders:
  - Cardiovascular Diseases – CAD; Arrhythmias; Valvular Heart Disease; CHF; ACLS; Syncope
  - Respiratory Disease – ILD; COPD; OSA; VTE; Asthma; Pleural Disease
  - Presentations of Disease – Dyspnea; Chest Pain; Weight Loss; Fever; Pain; Delirium; Fatigue
  - Renal – Lytes; Failure; Chronic Kidney Disease
  - Neurological – Delirium; Seizures; Confusion; Migraine
  - Geriatric – Falls; Polypharmacy; Pain
  - Endocrine – Diabetes; Thyroid; Addison’s; Hypercalcemia;
  - GI – Cirrhosis; Hepatic Failure; Hepatorenal; Pancreatitis; IBD; Ascites; Liver Disease
  - Heme – VTE; Thrombocytopenia; Anemia; Myeloma; Leukemia; Myeloproliferative Disorders; Pancytopenia; Splenomegaly.
  - Infectious Disease – All
  - Neoplasia – diagnosis and workup; cancer complications and complications of treatment;
  - Addiction; Drug Overdose
  - Rheum – Arthralgia; Sarcoidosis; Temporal Arthritis; RA; PMR;
- Risk Reduction:
  - Hypertension; Dyslipidemia
- Obstetrical Medicine:
  - Cardiac; Diabetes; Hypercalcemia; Thyroid; Dyspnea; Preconception counselling.
- Procedures:
  - Multiple
Potential Tools

- **Processes:**
  - Learner Accountability.
  - Decreased Exam Emphasis – Program of Assessment.

- **Tools:**
  - ePortfolios
  - Personal Learning Projects
  - Direct Observation:
    - DOPS
    - MiniCEX
  - Multisource Feedback
  - “Lay” feedback.
  - Peer Assessment
  - Case Based Discussion
  - Acute Care Assessment Tool

Assessment For & Of Learning Will be Critical
Connections...
Please Network..

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