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effectiveness should be measured against the intended outcomes. Programmatic instructional design hinges on a careful description and motivation of choices, whose effectiveness should be measured against the intended outcomes. www.mededworld.org/Publications/Articles/Competency-based-medical-education-origins,-perspe.aspx

procedures based education is not useful, and may even compromise education. TEN CATE, O. (2014) 'The false dichotomy of quality and quantity in the discourse around competency-based assessment!'. Medical Education, 38, 20-27.


This study approached residents and faculty members involved in Postgraduate Medical Education at Queen's University, Ontario, to hear what many were thinking about CANMEDS. WANG, C., Baca, L., Lewis, M., Westfall, D. & Goldberg, J. (2011) 'Pediatric trauma, advocacy skills and medical students. MedPDash. www.mededworld.org/MedEdWorld/Papers/PaperItems/How-to-talk-about-the-C-word-Understanding-CANMEDS.html

This study utilised paediatric trauma prevention as a stepping stone for assessing advocacy competency.


The author’s proposal that competencies and competences be approached in the context of the particular clinical environment, and assessment of competencies is to be part of a process of continued clinical activities that define the profession. www.mededworld.org/Publications/Articles/Competency-based-medical-education-origins,-perspe.aspx


0.65-0.7). Programmatic instructional design hinges on a careful description and motivation of choices, whose effectiveness should be measured against the intended outcomes. www.mededworld.org/Publications/Articles/Competency-based-medical-education-origins,-perspe.aspx

- An agreed vision that students will succeed by achieving the exit outcomes before the end of their education;
- Decisions about the curriculum (content, educational strategies, teaching methods and assessment) to be based on agreed learning outcomes; and
- An agreed scale that students will succeed by achieving the exit outcomes before the end of their education.

The paper explores the link between pyramid and provides examples of assessment methods for the different levels and does the concept of ‘mapping’ of assessments. www.mededworld.org/Publications/Articles/Competency-based-medical-education-origins,-perspe.aspx

abilities and organised around competencies derived from an analysis of societal and patient needs. It • An agreed vision that students will succeed by achieving the exit outcomes before the end of their education;
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Medical education is not useful, and may even compromise education. TEN CATE, O. (2014) 'The false dichotomy of quality and quantity in the discourse around competency-based assessment!’. Medical Education, 38, 20-27.


As a result it may be argued that the terms ‘outcome’ and ‘competency’ – based have much in common, and potentialities’ . SHUMWAY , J. M. & HARDEN, R. M. (2003) 'AMEE Guide No. 25: The assessment of learning outcomes from around the world. sandvik, g., rich, j. & melas, g.b. (2013) New ways to talk about the C-word. Post...it's...it's CANMEDS. MedPDash. www.mededworld.org/MedEdWorld/Papers/PaperItems/How-to-talk-about-the-C-word-Understanding-CANMEDS.html

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