A Consortium approach to competency-based undergraduate medical education in Uganda: Process, opportunities and challenges

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Background: This study describes the process which a consortium of Ugandan medical schools and the Medical Education Partnership for Equitable Services to all Ugandans (MESAU) undertook to define the required competencies of graduating doctors in Uganda and implement competency-based medical education (CBME).

Summary of Work: A retrospective qualitative study was conducted in which document analysis was used to collect data employing pre-defined checklists, in a desktop or secondary review of various documents. These included reports of MESAU meetings and workshops, reports from individual institutions as well as medical undergraduate curricula of the different institutions. Thematic analysis was used to extract patterns from the collected data.

Summary of Results: MESAU initiated the process of developing competencies for medical graduates in 2011 using a participatory approach of all stakeholders. The process involved consultative deliberations to identify priority health needs of Uganda and develop competencies to address these needs. Nine competence domain areas were collaboratively identified and agreed upon, and competencies developed in these domains.

Discussion and Conclusions: Key successes from the process include institutional collaboration, faculty development in CBME and initiating the implementation of competency-based medical education. The consortium approach strengthened institutional collaboration that led to the development of common competencies desired of all medical graduates to address priority health challenges in Uganda. It is important that the MESAU consortium continues engaging all stakeholders in medical education to support the implementation and sustainability of CBME in Uganda.

Take-home messages: Team work and collaboration across health training institutions through consortia formation is one way through which innovations in teaching and learning can occur where all stakeholders participate in the whole process and thus learn from each other and share with each other.

7E2 (22464)
The importance of faculty development for the global implementation of a new competency-based curriculum targeted at orthopedic residents

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Background: AO Trauma conducts 150–200 courses worldwide every year for residents in orthopedics with focus on trauma. As part of the AO Trauma Residents' Education Program a new competency-based curriculum has been developed for these courses between 2009 and 2012. The curriculum is built on 12 competencies and contains core (mandatory) and optional content. Challenges of implementation include that courses are chaired locally by a varying group of surgeons with the majority of them being unfamiliar with the concept of competency-based medical education.

Summary of Work: Resources for faculty and chairpersons delivering the new courses have been developed, including checklists, course learning outcomes, program templates, prepared lectures, cases for discussions and more. To ensure the effective implementation of the competency-based curriculum and overcome resistance a training program for chairpersons (CTP) has been developed using a competency-based approach. The CTP helps the chairs to learn in more detail about their tasks and the process applied in the development of the course curriculum and gives them time to create their individual course program.

Summary of Results: So far, the curriculum for orthopedic residents has been implemented in 50 courses in 2013 and 2014. Based on feedback from course organizers and chairpersons, there was little or no resistance from chairpersons who previously attended a chairpersons training.

Discussion and Conclusions: Supporting and educating chairpersons in the planning phase is crucial for successful implementation of a competency-based curriculum (Dath D, Iobst W, 2010). As a next step, also faculty members should be informed about the concept of competency-based medical education.

Take-home messages: Continuous faculty development is important for the implementation of a competency-based curriculum.
**7E3 (21485)**

**Continuous Reflective Assessment for Training, the Canadian family medicine resident assessment process**

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**Background:** With the move to Competency based education and assessment, The Working Group on Certification Process (WGCP) of the College of Family Physicians of Canada, through a survey and modified Delphi process, defined 6 Essential Skill Dimensions, and selected 99 priority topics for Key Feature development. Each Key Feature is linked to one or more Essential Skill Dimensions. These form the Evaluation Objectives for Canadian family physicians in training. The Evaluation Objectives are now incorporated in to national accreditation standards.

**Summary of Work:** In collaboration with Canadian Residency Program and Assessment directors, the WGCP further defined a template for In Training Assessment that promotes Continuous Reflective Assessment for Training (CRAFT).

**Summary of Results:** Assessment relies on multiple workplace observations recorded on "Field Notes", that inform the In Training Assessment Report and the Progress Review. At the Progress Review, resident and Faculty Adviser reflectively and collaboratively review progress and define the next learning plan. The process is predominantly formative, flexible in time and learner centred. Novel uses for the In -Training Assessment Template include identification of; gaps in resident assessment systems, and skill sets to develop for various assessment tasks.

**Discussion and Conclusions:** The In Training Assessment template guides a process of continuity and reflection for the Resident throughout training. This, along with the Evaluation Objectives meet the principles of competency based assessment proposed by Carraccio et al (2012).

**Take-home messages:** The focus of this presentation will be demonstrating how the CFPC’s Evaluation Objectives, In Training Assessment template and CRAFT provide robust competency, based assessment of residents.

**7E4 (22970)**

**Teaching generic competences in the continuum of medical education**

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**Background:** In the outcome-based medical education teaching generic competencies on all levels of education is very important. In the last ten years the new harmonized core curriculum was introduced in all four medical schools in Croatia and the new competency based specialty training program was developed for all specialties. At the University of Zagreb School of Medicine (UZSM) we paid special attention in teaching generic competencies in all new graduate and postgraduate program.

**Summary of Work:** We introduced a longitudinal 6 years course Fundamentals of Medical Skills with emphasis on teaching communication skills, gradually developing medical students’ competence from basic to specific communication associated with clinical courses in higher grades of medical study. We expect greater effectiveness of a longitudinal, integrated communication approach in teaching medical students compared with concentrated courses. In a year long internship, communication skills, team work and professionalism are part of the program. In all specialty training programs a newly established course offers teaching in communication, team work, teaching and learning, health advocacy, management and leadership, professionalism.

**Summary of Results:** At the UZSM teaching of generic competences is introduced in the continuum of medical education, with respect on different conceptual framework at various levels of education.

**Discussion and Conclusions:** Continuous enhancement of generic competences through the graduate and postgraduate education is essential for professional development. Teaching generic skills on all levels of medical education exerts influence on development of professionalism in hospital environment.

**Take-home messages:** Generic skills enhancement must be included in all levels of medical education/
Background: An original system of students’ practical training has been designed and put into practice at the Donetsk National Medical University. The distinguishing feature of the system is the orientation of education at all its levels to learning outcomes – doctors’ competences and clinical skills.

Summary of Work: Professors of clinical departments of our university and the experienced practical physicians as experts formulated occupational competences which must be acquired by medical students and a list of the clinical skills in accordance with the Ukraine national standards of medical education. The through (end-to-end) program of students’ practical training was developed. According to this program the practical skills for all clinical subjects from 3rd year to 6th year were determined.

Summary of Results: The teaching process is organized to provide individual work of students and their mastering doctors’ skills. At the propedeutic level of education students work with simulators and mannikins at The University Center of Practical Training. All students have individual plans of practical training. At the end of every clinical subject study teacher must inscribe the skills acquired by the student in his individual plan. Practical training of all graduates is checked at practically oriented examinations during final state attestation. Mastering all clinical skills is obligatory to obtain MD diploma.

Discussion and Conclusions: Realization of the above mentioned system allowed us to improve quality of doctors’ training at our University.

Take-home messages: University Center of Students Practical Training plays an important role in undergraduate medical education.