Changes in perceived supervision quality after introduction of competency-based orthopedic residency training: a national 6-year follow-up study

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Background: Over the past decade orthopedic training programs in many countries have become competency-based. The potential benefits of these programs need to be balanced against the costs involved and the considerable efforts and time required from faculty and residents. We aimed to evaluate the perceived quality of the learning environment, before and after introduction of competency-based postgraduate orthopedic education (CBPGOE).

Method: From 2009 to 2014, we conducted annual surveys among all Dutch orthopedic residents during annual compulsory courses. The validated Dutch Residency Educational Climate Test (D-RECT, 50 items on 11 subscales) was used to assess the quality of the components of CBPGOE. Scores range from 1 (poor) to 5 (excellent).

Results: Over the 6-year period, 641 responses were obtained (response rate 92%). Scores for 'supervision' (95% CI for difference 0.06 to 0.28, p = 0.002) and 'coaching and assessment' (95% CI 0.11 to 0.35, p < 0.001) improved significantly after introduction of competency-based training. There was no significant change in score on the other subscales of the D-RECT.

Conclusion: Our study provides useful insight in the way orthopedic residents perceive and appreciate the introduction of some of the core components of CBPGOE, including improved perceived 'supervision' and 'coaching and assessment'. Given the importance of supportive supervision and assessment for acquiring clinical competency, this is a reassuring finding.

Take-home message: After the introduction of some of the core components of CBPGOE the perceived quality of 'supervision' and 'coaching and assessment' improved significantly.
Using Reflection to be an Effective Communicator

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Background: The CanMEDS Physician Competency Framework is an educational framework identifying and describing seven roles for physicians: Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional. The overarching goal of CanMEDS is to improve patient care; a competent physician seamlessly integrates the competencies of all seven CanMEDS Roles. Although CanMEDS has been around for more than a decade, there continues to be a need to augment the teaching and assessment of the Non-Medical Expert Roles during residency.

Method: As part of a larger program of research addressing the academic content underpinning the Non-Medical Expert Roles, we implemented an interactive session for eighteen fourth-year Internal Medicine residents to teach basic social science knowledge that supports the Communicator Role, particularly with respect to communicating across cultural and socio-economic divides. We then explored residents’ perceptions about the Communicator Role in light of this new knowledge. Six weeks after the teaching session we asked residents to write an essay about clinical interactions they had recently observed, including discussing how a Non-Medical Expert CanMEDS Role might influence the care of Internal Medicine patients. These essays were analyzed using qualitative description for their understanding of the Communicator Role.

Results: All eighteen residents submitted thoughtful essays based on real-life experiences in professional settings. There was consensus that the main goal of effective communication was to provide compassionate and patient-centered care. Concepts such as cultural competency, humility, respect, social justice and active listening, which had been introduced in the teaching session, were described as essential for effective communication with patients and their families. This was particularly emphasized in terms of communicating with patients from minoritized ethnic and cultural communities. Professionalism and respectfulness were also seen as helpful, particularly for interprofessional communication. Moreover, effective communication was seen necessary for excellent collaboration, advocacy, leadership, and professionalism.

Conclusion: This curricular and assessment intervention enabled residents to understand and frame complex notions of clinical communication. Although this describes one small program, this approach may serve as a model for other specialties struggling with the more effective teaching of Non-Medical Expert Roles.

Clinical Supervision within Competency Frameworks in Postgraduate Medical Education

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Background: The implementation of Competency based medical education (CBME) requires an organized and structured set of interrelated competencies known as a competency framework. The integration of competencies across residency educational programmes and meaningful competency-based clinical supervision is found to be lacking.

The desired competencies are overlapping at many places in the available competency-frameworks of CanMEDS, ACGME and College of Physicians and Surgeons (CPSP) Pakistan. There is a dearth of faculty development in relation to the competency frameworks for the clinical supervisors so that they are able to provide adequate competency-based clinical supervision that can enable the residents for safe patient care and competency-based performance.

Method: Competency based clinical supervision is attracting attention with more discussions around it. A study was conducted at Aga Khan University, Karachi, Pakistan that tested a five dimensional model which can be used for competency based clinical supervision in health professionals at postgraduate medical education level. The study looked into various factors, including faculty development of the clinical supervisors through clinical supervisor self assessment of competencies and resident evaluation of supervisors competence.

Results: The study based on clinical supervisors self assessment and resident perspectives identified areas for faculty development and other factors associated in competency-based clinical supervision. The study also resulted in providing evidence to the multidimensionality of competency based model based on theoretical and empirical evidence within the competency frameworks.

Conclusion: Competency-based model embedded within the competency frameworks, having an openness to incorporate clinical supervisors distinct competencies based on the supervisor self-assessment and resident evaluation of the supervisor competence may provide with the essential elements to be implemented.

Take-home message: Competency-frameworks should be used to develop supervisor competencies aligned to resident and clinical supervisors perspectives.
What Do Competence, Communication, Collaboration and Scholarship Mean for French Undergraduate Medical Students and Their Teachers?

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Background: Following a 2013 decree on French medical studies, Competency-Based Medical Education (CBME) should be integrated into undergraduate studies. Although many countries have already incorporated this paradigm, France is currently reflecting upon moving towards such a change. We were therefore interested in exploring undergraduate students’ and teachers’ perceptions of the concepts of competence, collaboration, communication and scholarship as described in CanMEDS 2015.

Method: A qualitative study was performed based on literature research and focus groups. At Lyon Est Faculty of Medicine, volunteer students in years 2 to 6 and their professors participated in focus group interviews. One group was set up for each year of study and each competence. All interviews were written down and analyzed by theme.

Results: Thirteen interviews took place with 40 students and 15 teachers between March 24th and July 26th, 2016 in Lyon Est Faculty of Medicine. Attendees felt that “competence” seemed necessary for the proper practice of the profession and that it linked theory to practice, leading to patient and society expectations being met. “Collaboration” appeared as a complex competence as it involved teamwork. It was linked to “communication” through a dialogue which required time, empathy and goodwill. Finally, “scholarship” was an evolving evidence- and practice-based knowledge. The execution of all these competencies increased health care effectiveness. Definitions and expectations articulated by students and professors were similar to those of CanMEDS. Students and professors seemed to accept and agree with the concept of competence as described by experts. This allows us to consider implementing CBME in French medical studies. Additionally, in order to extend this evolving medical training to postgraduate studies, it seems essential to develop research on competence focusing on the teaching and evaluation of the competencies.

Conclusion: France is currently looking into integrating CBME in undergraduate studies. The concepts of competence, collaboration, communication and scholarship seemed consistent with expectations among students and teachers who collectively provided interesting suggestions of their own. This encourages us to pursue an analysis of the implementation of CBME in France and develop research in this area.