

An innovative strategy for assessing postgraduate family medicine learners completing a block palliative care rotation

COMPETENCY BASED MEDICAL EDUCATION (CBME)

Features of genuine CBME

- **Outcome-based**
 - Not process-based, what is attained is key
 - Not just what is done or taught
- **Integration**
 - Of knowledge, skills, attitudes
- **Time-independent**
 - Length of training for defined outcomes is not pre-set
- **Individualized**
 - Learners and contexts are not identical
- **Lifelong learning** oriented

Why is competence difficult to assess?

- Competencies are typically poorly understood
- Competence is somewhat assumed after pre-set rotations
- Time-independent learning is rare
- Individualized training requires a different approach for supervision

Criticisms of CBME

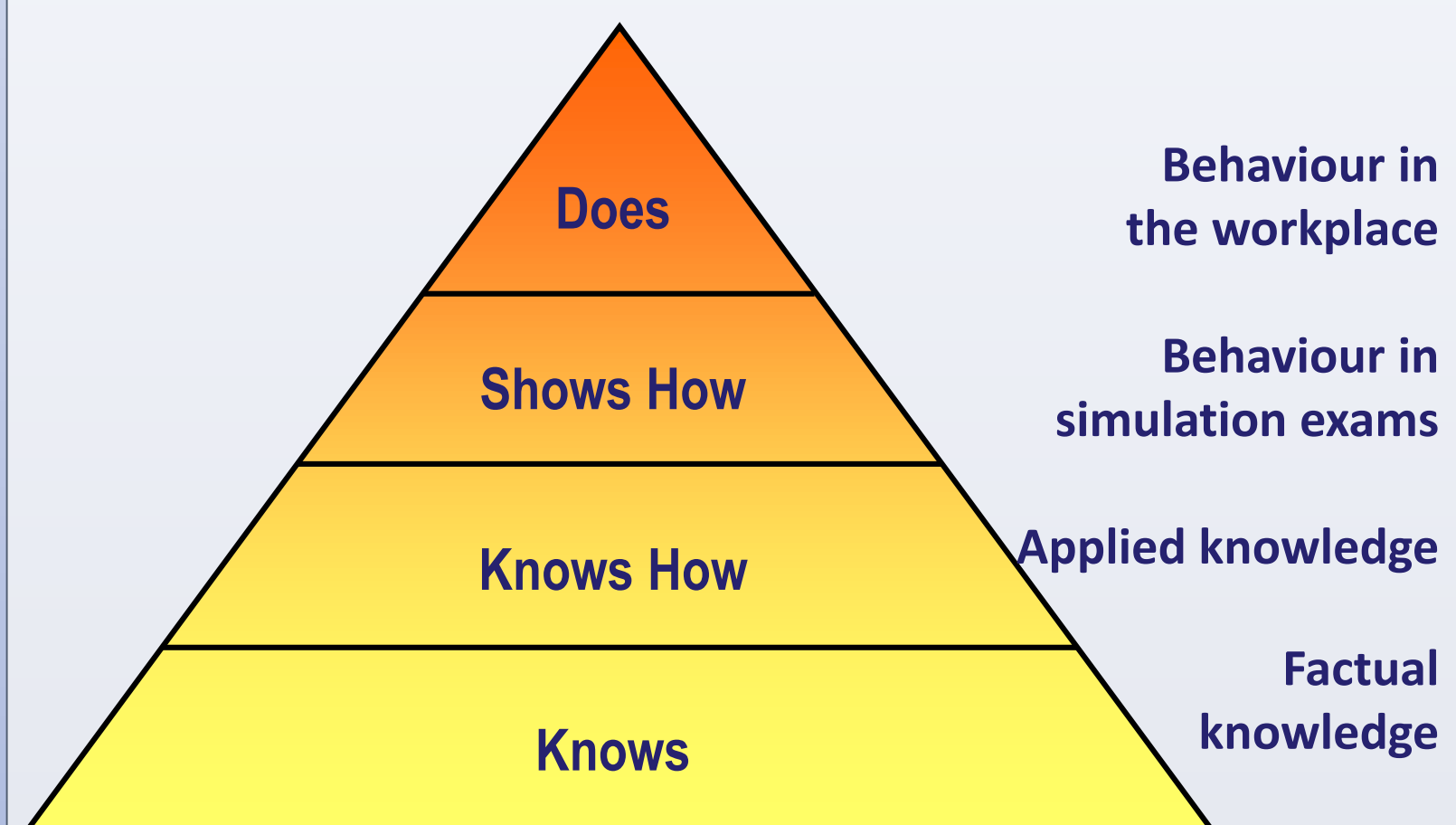
- Competence is broken down into competencies, which are further broken down into sub-competencies
- Few targeted methods to teach sub-competencies exist
- Few tools validly assess the acquisition of sub-competencies
- List of tick boxes not fully understood by the "tickers"

Key Concept

Competence entails more than the possession of knowledge, skills, and attitudes. It requires one to apply these abilities in the clinical environment to achieve optimal results.

ASSESSING COMPETENCE

Miller's Pyramid



The goal of learner assessment

- Seeks an integrated, longitudinal, and learner-centred system
- Promotes skill acquisition in multiple domains concurrently
- Assesses what learners actually do in practice
- Allows for the conclusion: this is a trustworthy learner

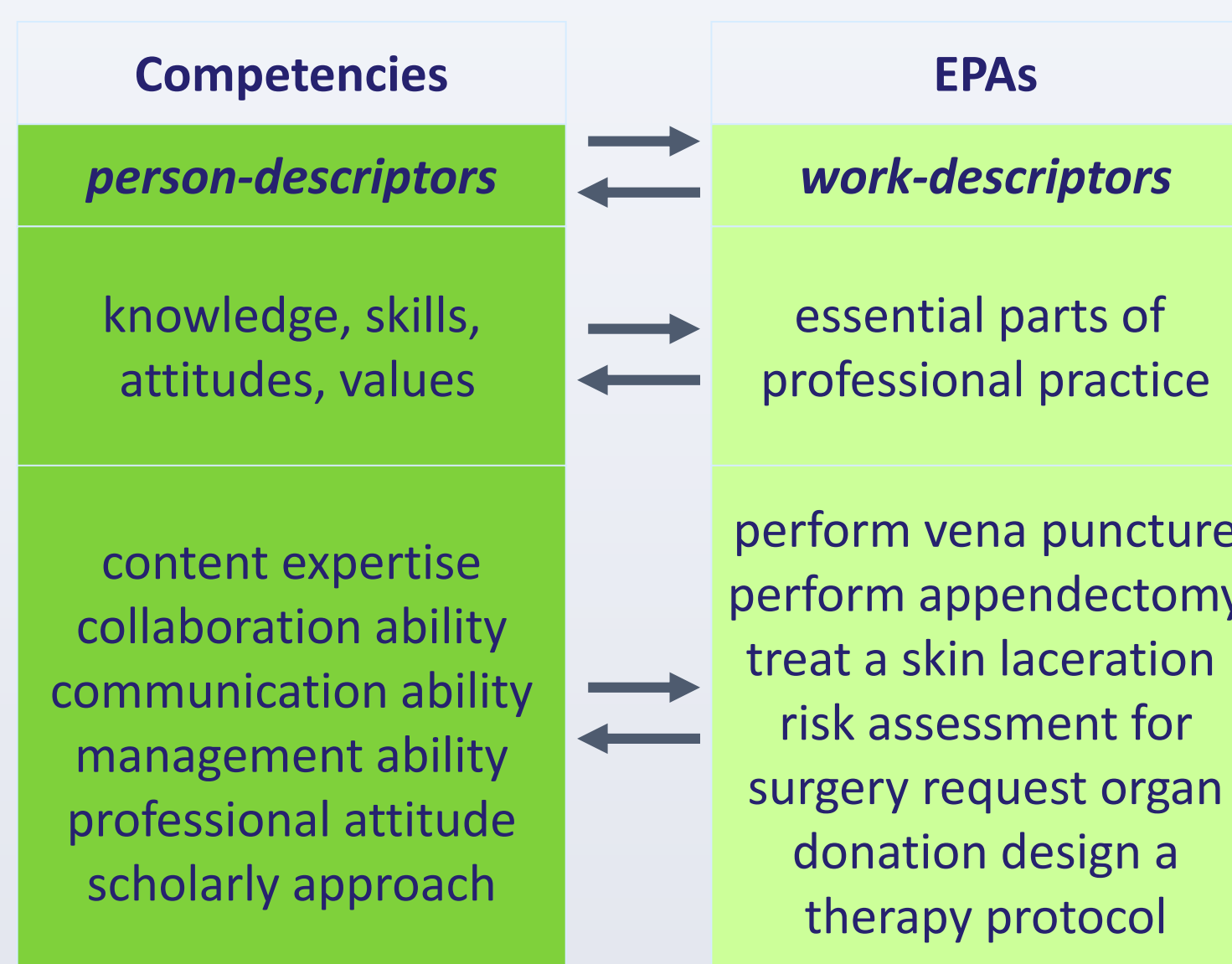
Entrustable Professional Activities (EPAs)

- Core unit of professional work identified as a task or responsibility to be entrusted to a learner once sufficient competence has been reached
- Focus on what happens in clinical practice
- Independently executable within a time frame
- Lead to recognized output of professional labour
- Reflect one or more domains to be acquired

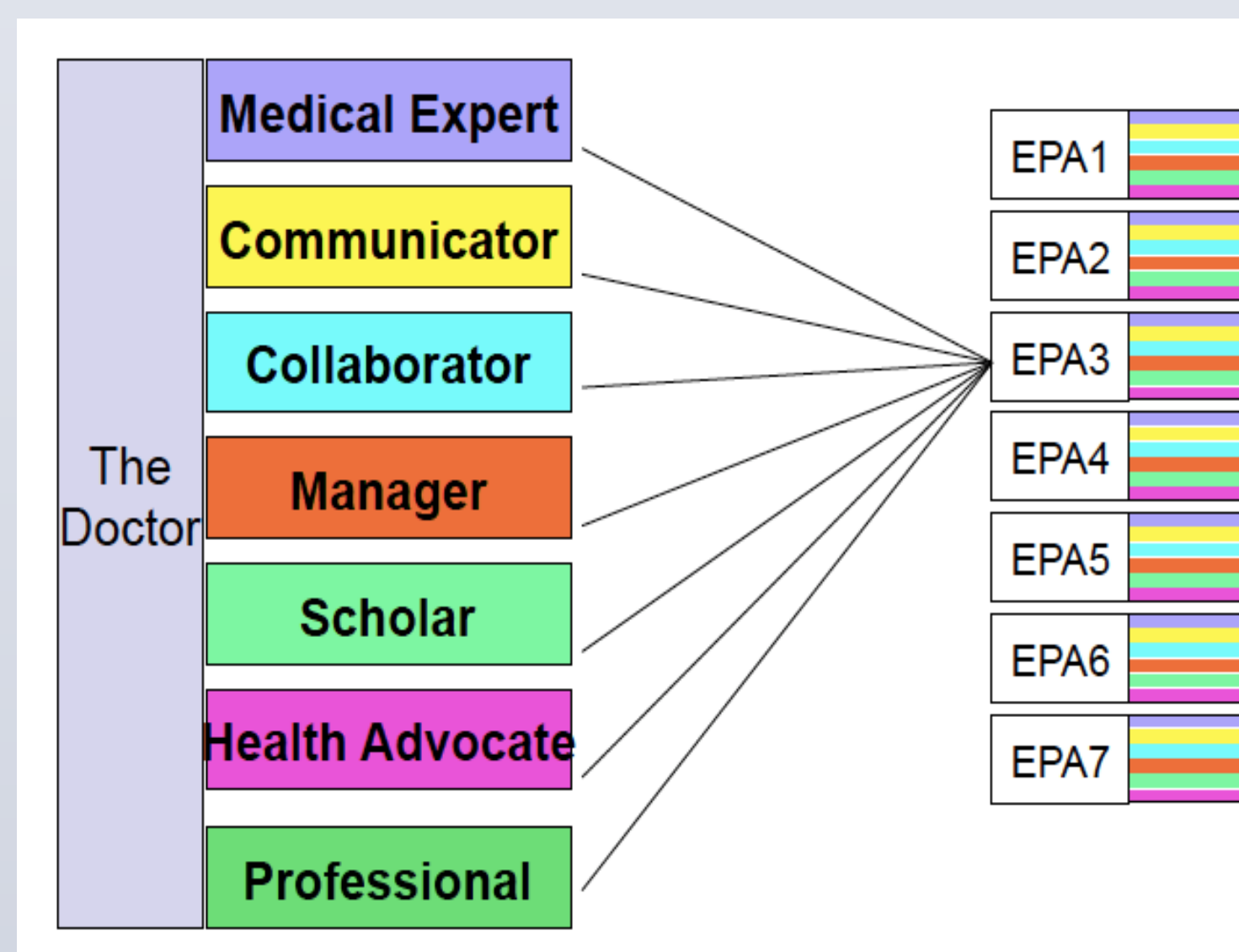
Key Concept

EPAs require specific training and yield measurable outcomes.

ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAs)



EPAs are features of the work whereas competencies are features of the learner.



Key Concept

EPAs facilitate the assessment of multiple competencies simultaneously in an integrated and context-specific manner.

PALLIATIVE CARE RELATED EPAs

Palliative Care Related EPAs in Family Medicine

- Clinical skills in palliative care are core elements of comprehensive family medicine
- Formal palliative care educational experiences have only recently been incorporated into postgraduate curricula
- Palliative care related competencies will be of particular importance as family physicians care for aging populations with complex chronic conditions
- **Converting a competency into an EPA:**
 - "demonstrate an approach to the appropriate and effective use of opioids" (**competency**)
 - "Prescribe opioids effectively and appropriately in the context of advanced/incurable illness" (**EPA**)

Study Question

- To explore the possible role for rotation-level EPAs among postgraduate family medicine learners, this study aims to address:
 - **What palliative care related EPAs are considered most important for comprehensive family physicians?**
 - **What palliative care related EPAs are considered to be important to be taught by palliative care clinicians?**

Methods

- **Study design:**
 - A two-step cross-sectional survey using a modified Delphi approach
- **Study protocol:**
 - 12 current palliative care related competencies will be converted into corresponding EPAs
- **Study participants:**
 - Academic family physicians involved in teaching
 - Community family physicians involved in postgraduate teaching
 - Current postgraduate family medicine learners
- **Study outcome:**
 - Identify those EPAs that may be best suited to attain during a block palliative care rotation

STUDY PROTOCOL

Formulate initial EPAs
Content experts convert 12 palliative care related competencies into corresponding EPAs and descriptors

Survey Round 1

Study participants rate each EPA:
a) Level of importance for a family physician to perform the activity
b) Level of importance for the activity to be taught by a palliative care clinician
c) Personal level of comfort in performing the activity
d) Personal level of comfort in teaching the activity

Survey Round 2

Participants receive revised survey including mean group ratings and standard deviations for each survey item and asked to re-rate level of importance for each EPA

Calculate content validity index for each EPA

Identify those EPAs that are best suited to focus on during a block palliative care rotation

References

1. Frank et al. Competency-based medical education: theory to practice. *Med Teach* 2010;32(8):638-45.
2. ten Cate O. Entrustability of professional activities and competency-based training. *Med Educ* 2005;39(12):1176-7.
3. Regehr G, Eva K, Ginsburg S, Halwani Y, Sidhu R. Assessment in Postgraduate Medical Education: Trends and Issues in Assessment in the Workplace. Members of the FMEC-PG Consortium; 2011.
4. Glover Takahashi S, Waddell A, Kennedy M, Hodges B. Innovations, Integration and Implementation Issues in Competency-Based Training in Postgraduate Medical Education. Members of the FMEC-PG Consortium; 2011.