



¿Por qué Competency Based Education?

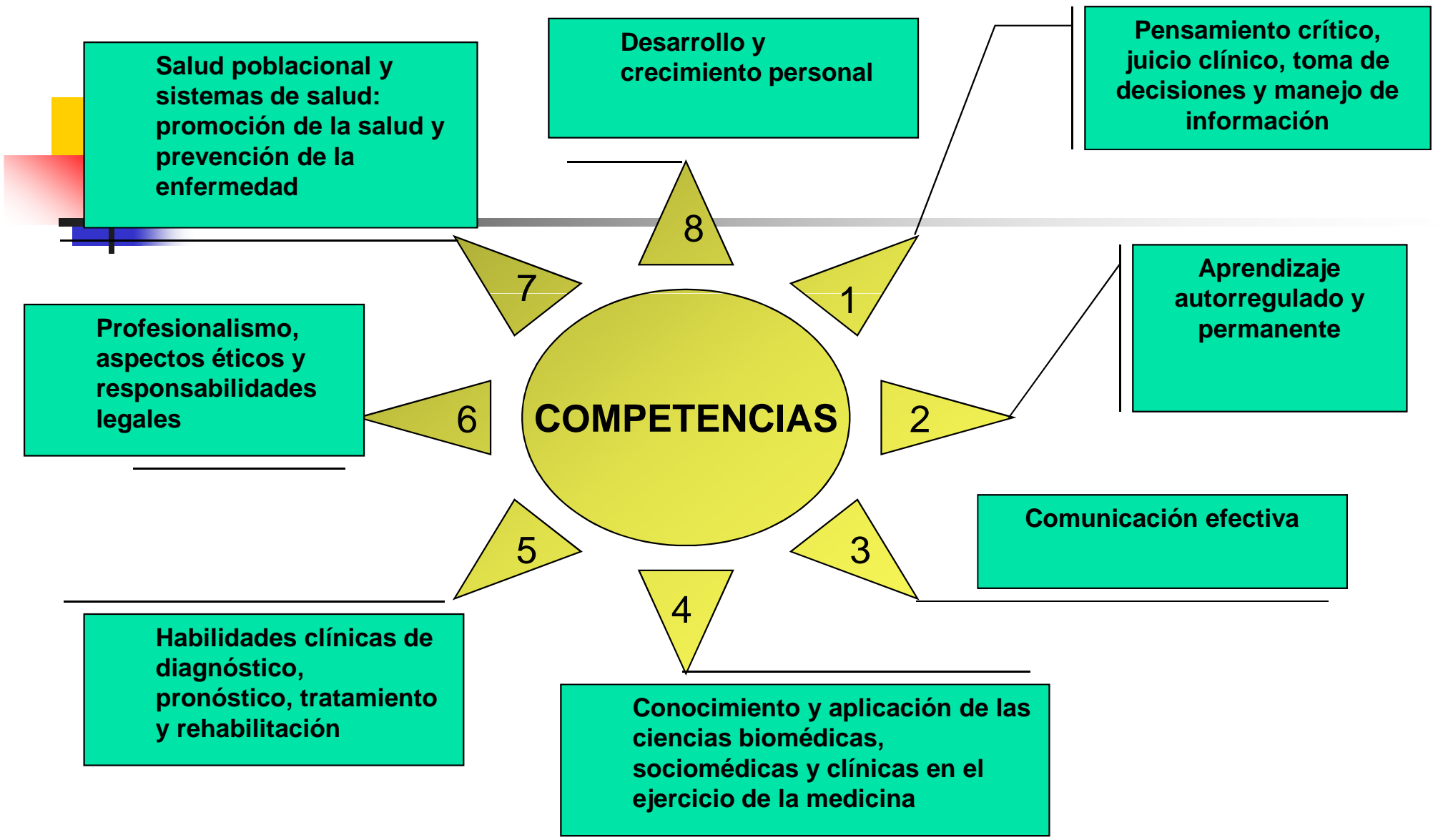
Geoff Norman
McMaster University



The Outcomes Movement

Multiple statements of Competencies:

ACGME (US)	1998
RCPS (Canada)	2000
SDMCG (Scotland)	2000
GMC (UK)	2002
AMFEMAC (Mexico)	2008
UNAM (Mexico)	2010
WFME (world)	2002



UNAM 2010





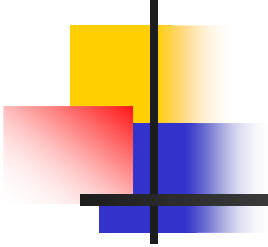
AMFEM 2008

1. Dominio de la atención médica general
2. Dominio de las bases científicas de la medicina
3. Capacidad metodológica e instrumental en ciencias y humanidades
4. Dominio ético y del profesionalismo
5. Dominio de la calidad de la atención médica y trabajo en equipo
6. Dominio de la atención comunitaria
7. Capacidad de participación en el sistema de salud



THE SCOTTISH DOCTOR

- Clinical Skills
- Practical Procedures
- Patient Investigation
- Patient Management
- Communication
- Health Promotion/ Disease Prevention

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- Informatics
 - Basic Sciences and Principles
 - Attitudes, Ethics and Legal
 - Decision Making and Clin Reasoning
 - Role of Doctor in H.C. System
 - Personal Development

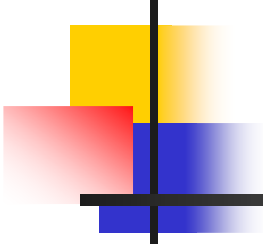


“Learning outcomes can be described under a small number of headings”

‘They provide an intuitive, user-friendly and transparent framework for curriculum planning, teaching and learning, and assessment’

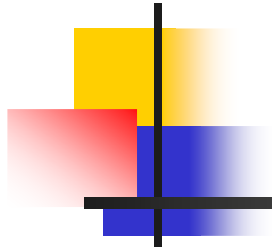
“Learning outcomes are guaranteed achievements”

R.Harden, 2002



A statement of the 12 learning outcomes... has proved a convenient and practical introduction for teaching staff and students....The final assessment is based on portfolios presented by students... staff can reach agreement on and can identify with a set of 12 learning objectives...

R Harden, 2002



Well, maybe not....

1) They start small but they don't stay that way



CanMEDS Expert

Physicians are able to...

1. Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care;
2. Establish and maintain clinical knowledge, skills and attitudes appropriate to their practice;
3. Perform a complete and appropriate assessment of a patient;
4. Use preventive and therapeutic interventions effectively;
5. Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic;
6. Seek appropriate consultation from other health professionals, recognizing the limits of their expertise.



CanMEDS Expert Comp 1:

- Patient-centered approach to communication
- Rapport, trust and ethics in the doctor-patient relationship
- Therapeutic relationships with patients, families and caregivers
- Diverse doctor-patient relationships for different medical practices
- Shared decision-making
- Concordance
- Mutual understanding
- Empathy
- Capacity for compassion, trustworthiness, integrity
- Flexibility in application of skills
- Interactive process
- Relational competence in interactions
- Eliciting and synthesizing information for patient care
- Efficiency
- Accuracy
- Conveying effective oral and written information for patient care
- Effective listening

And 10 more



Scottish Doctor (clinical skills)

Level 1 - What the doctor is able to do

Level 2 - Outcomes for Clinical Skills

The new medical graduate should be able to demonstrate competency in a range of clinical skills unsupervised and to a predetermined standard.

Level 3

This could include: Level 4

Take a history from patients, relatives and others.

All age groups; local multicultural/multiethnic factors; a wide range of different contexts and a patient-centred, sensitive, structured and thorough approach with demonstration of principles of good communication.

Undertake physical and mental state examination of patients.

General and systems-based; appropriate for patient's age, gender and state of mental and physical health in a thorough, sensitive, efficient and systematic manner.

Interpret results of history taking, physical and mental state examination and investigations.

Recognition of abnormality and correct interpretation of common investigative tests.

Requesting appropriate investigation



Personal Development

Self-awareness

The ability to conduct oneself as a reflective and accountable practitioner including seeking out sources of informed criticism and valuing, reflecting and responding to them appropriately.

Enquiring into own competence and evaluating own capabilities and personal effectiveness

Self-learner

The ability to manage own learning as demonstrated by searching out and selecting appropriate learning resources of all types making use of all available technical aids employing appropriate and effective study skills recognising limitations of current personal understanding and capabilities and identifying areas needing refreshed or extended setting realistic and appropriate personal learning goals selecting learning strategies that take account of personal learning preferences and that are likely to succeed setting challenging personal learning goals as a basis for personal growth

Self-care

Recognition of the pressures of a demanding professional life on health, well-being and relationships with others and the need to maintain a balance between personal, professional and social goals and activities.

Evidence of attention to lifestyle, diet, exercise and relaxation.

Making use of available help and advice in stressful circumstances.

Recognition of the hazards of self-medication or substance abuse in dealing with stress.



LEVEL 4

Take a history from patients, relatives and others.

All age groups; local multicultural/multiethnic factors; a wide range of different contexts and a patient-centred, sensitive, structured and thorough approach with demonstration of principles of good communication.

- How can we use this specification for:
 - Curriculum design
 - Curriculum evaluation (accreditation)
 - Teacher feedback
 - Student outcome assessment



The Issues

- 1) Content Specificity
- 2) Domain specificity
- 3) Link between curriculum and outcome?



The Dilemma of Content Specificity

- Competency-based education is founded on the concept of general competencies
- But there are no general competencies



Content Specificity

- Regardless of the skill:
 - History - taking
 - Physical examination
 - **Communication skills**

Correlation across problems is 0.1--0.3



Competencies and Student Assessment

Reliability of observer ratings of learning portfolios at U. of Dundee = 0

(Norman, 2007)



Domain Specificity

- Domain specification can never be specific enough
 - The lesson of behavioural objectives
- But the more specific you get, the more competency is reduced to a sum game

and the more time/effort it takes

and the more difficult it is to apply



Process / Outcome Relation

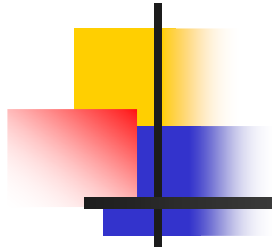
- No evidence of relation between characteristics of the curriculum and quality of outcome
 - (Davis & Ringsted, 2006)
- Contributors to outcome

The curriculum	3%
The teacher	7%
The student	90%



¿Por qué competencias?

- Useful as a reminder of the goal of the curriculum
- Useful as a way to discriminate essential from irrelevant content
 - (e.g. statistics)
- Not useful as a detailed curriculum specification



Specifications of competency should be viewed as architect's sketches, not engineering drawings