Describing the Continuum of Medical Education through LEARNING OUTCOMES and LEVELS of COMPETENCE

Dr Helen Cameron
Director Centre for Medical Education
helen.cameron@ed.ac.uk
GMC Strategy 2011-13

GMC VISION – by 2013

• The outcomes of medical education and training are clearer, coherent and complementary across all stages.
• There are clear progressions between the various stages.

GMC AIM for Defining Outcomes for Education and Training

• To ensure consistency and clarity we will define clear outcomes which must be met by students and trainees on the completion of different stages of training. (Scope to improve such clarity.......)
Outcomes-Based Curricula

http://www.royalcollege.ca/public/resources/aboutcanmeds

http://www.scottishdoctor.org/

http://www.foundationprogramme.nhs.uk/pages/home

http://www.gmc-uk.org/education/postgraduate/standards_and_guidance.asp


http://www.tuning-medicine.com
Tomorrow’s Doctors: GMC 2009

• The Doctor as a Scholar and Scientist
  1. Biomedical sciences
  2. Psychological aspects of medicine
  3. Social Sciences
  4. Public Health
  5. Evidence-based medicine and research

• The Doctor as a Practitioner
  6. Consultation
  7. Diagnosis and management
  8. Communication
  9. Immediate care and emergencies
  10. Prescribing drugs
  11. Practical procedures
  12. Using information effectively

  13. Ethical and legal principles
  14. Reflect, learn and teach others
  15. Multiprofessional teamwork
  16. Protecting patients
The Trainee Doctor: GMC 2010 (under review)

Outcomes for provisionally registered doctors
The outcomes are structured under the seven headings of *Good Medical Practice*.

1. Good clinical care
2. Maintaining good medical practice
3. Teaching and training, appraising and assessing
4. Relationships with patients
5. Working with colleagues
6. Probity
7. Health

8. Core clinical and procedural skills: Venepuncture, IV cannulation,
   Prepare and administer IV medications and injections, Arterial puncture in an adult, Blood culture from peripheral sites, Intravenous infusion including the prescription of fluids etc
Foundation Programme Curriculum (UKFPO) - 2010 approved by GMC -

1. Professionalism
2. Good clinical care
3. Recognition and management of the acutely ill patient
4. Resuscitation
5. Discharge and planning for chronic disease management
6. Relationship with patients and communication skills
7. Patient safety within clinical governance
8. Infection control
9. Nutritional care
10. Health promotion, patient education and public health
11. Ethical and legal issues
12. Maintaining good medical practice
13. Teaching and training
14. Working with colleagues
Foundation Programme Curriculum (UKFPO)
- 2012 approved by GMC -

Section 1 The foundation doctor as a professional and a scholar
1 Professionalism
2 Relationship and communication with patients
3 Safety and clinical governance
4 Ethical and legal issues
5 Teaching and training
6 Maintaining good medical practice

Section 2 The foundation doctor as a safe and effective practitioner
7 Good clinical care
8 Recognition and management of the acutely ill patient
9 Resuscitation and end of life care
10 Patients with long-term conditions
11 Investigations
12 Procedures
Foundation Programme Curriculum 2012

7. Good clinical care - History and Examination

- **F1 Outcome:** Obtains accurate patient history and examination utilising all relevant sources of information
- Performs accurate physical examination and elicits physical signs
- Presents patient history and findings succinctly and accurately
- **F2 Outcome:** Rapidly makes a focused clinical assessment in different settings and with uncooperative patients

**Competences (no differentiation between F1 and F2)**

- Takes a focused family history, and constructs and interprets a family tree, where relevant
- Takes an occupational history, where relevant
- Obtains collateral history, when available
- Routinely scrutinises existing patient records and other sources of evidence/information
- Asks for a chaperone, where appropriate
- Demonstrates accomplished and targeted examination skills and etc etc
Core Medical Training Competences

Common Competences

• History
• Clinical examination
• Therapeutics and safe prescribing
• Time management and decision making
• Decision making and clinical reasoning
• The patient as central focus of care
• Prioritisation of patient safety in clinical practice
• Team working and patient safety
• Principles of quality and safety improvement
• Infection control
• Managing long term conditions and promoting patient self-care
Core Medical Training Competences

• Relationships with patients and communication within a consultation
• Breaking bad news
• Complaints and medical error
• Communication with colleagues and cooperation
• Health promotion and public health
• Principles of medical ethics and confidentiality
• Valid consent
• Legal framework for practice
• Ethical research
• Evidence and guidelines
• Audit
Core Medical Training Competences

• Teaching and training
• Personal behaviour
• Management and NHS structure

Symptom Based Competences - Emergency Presentations
  – Cardio-Respiratory Arrest; Shocked Patient; Unconscious etc

‘The Top 20’ – Common Medical Presentations
  – Abdominal Pain; Acute Back Pain; Blackout / Collapse etc

Other Important Presentations
  – Abdominal mass; hepatosplenomegaly; abdominal swelling etc

System Specific Competences
  – Allergy; oncology; palliative care; cardiovascular medicine; clinical genetics

Investigation and Procedural Competences
The UK frameworks are very different

Mapping one to another is complex but possible

– to show how the domains and outcomes relate
– most effective to demonstrate EQUIVALENCE
– describing PROGRESSION is very difficult
The Problem

Therefore although learning outcomes are clearer for each stage it is far from obvious that the collection of statements describes a coherent curriculum across the stages of training with complementary learning where appropriate and clear progress from one stage to the next.
A national solution?

• Choose one versatile framework for all stages of medical / healthcare education
  – Determine competences (domains of activity) and detailed competences that suit all
  – Define different learning outcomes and detailed learning outcomes to describe what successful learners will be able to do at each stage
The Challenges

1. Agreeing the framework / domains of activity!
   ACGME and CanMEDS used in UG education
   (Frank & Danoff 2007, Swing 2007)
   Scottish Doctor use in PG education
   (Paterson Davenport et al. 2004).

2. Communicating the continuum of learning

3. Deciding where to place the descriptors
The Challenges

Communicating the continuum of learning

• ✤ Application of knowledge
• ✤ Range of presentations / conditions dealt with
• ✤ Independent practice
• ✤ Complexity of situations e.g. busy area, confused patients, complex clinical presentations
• ✤ Efficient, effective, ‘error-free’
• ✤ Able to justify use of and deviate from rules

•¹ 14 Dimensions: Breadth, Depth, Utility, Proficiency
•² RIME hierarchy: Reporter – investigator - manager – educator

¹ Harden RM. Learning outcomes as a tool to assess progression. Medical Teacher. 2007 Jan;29(7):678–82.
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• 4 Dimensions: Breadth, Depth, Utility, Proficiency
• RIME hierarchy: Reporter – investigator - manager – educator

WHERE?

Overarching graduate outcome, 3 Roles, 16 Learning outcomes, 32 Procedures, 106 Detailed learning outcomes
The Challenges

1. Agreeing the framework / domains of activity
2. Communicating the continuum of learning
3. Deciding where to place the descriptors

What do YOU think?

http://www.tameside.gov.uk/consultation

......... in the workshop!
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