10:30 Welcome Coffee – 1st Floor Foyer
11:00 Welcome to the Meeting - EFIM President Elect, Runolfur Palsson – 1st Floor Red Auditorium
Chairman of the day: Nica Cappellini, EFIM Past-President
11:10 Background to Development of the Curriculum – Rijk Gans, Vice - President EBIM
12:00 Presentation of the Curriculum and Amendments – Runolfur Palsson
13:00 Lunch and Opportunity to Meet the Working Group Members – 1st Floor Foyer
14:00 Discussion of Selected Comments from National Societies
14:45 Topics Arising from Lunchtime Discussion
15:00 Duration of Training and the Common Trunk – Runolfur Palsson
15:30 Dual Certification – Runolfur Palsson
16:15 EPAs and Competencies - Based System - Rijk Gans
17:00 Concluding Remarks and Future Perspectives
17:15 End of the Meeting & Cocktail – 1st Floor Foyer
Rijk Gans,  
Vice-president European Board of Internal Medicine
World Health Organization (1978):

“The intended output of a competency-based programme is a health professional who can practise medicine at a defined level of proficiency, in accord with local conditions, to meet local needs.”

The habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and the community being served.

Epstein RM, Hundert EM. Defining and assessing professional competence. JAMA 2002
Health professionals for a new century: transforming education to strengthen health systems in an interdependent world

Julio Frenk*, Lincoln Chen*, Zulfiqar A Bhutta, Jordan Cohen, Nigel Crisp, Timothy Evans, Harvey Fineberg, Patricia Garcia, Yang Ke, Patrick Kelley, Barry Kistnasamy, Afaf Meleis, David Naylor, Ariel Pablos-Mendez, Srinath Reddy, Susan Scrimshaw, Jaime Sepulveda, David Serwadda, Huda Zurayk
Competency-Based Medical Education

...is an outcomes-based approach to the design, implementation, assessment and evaluation of a medical education program using an organizing framework of competencies.

Mandates of Outcomes-based Training

- Programs must be able to demonstrate that students, residents and fellows graduate with high levels of abilities (e.g. competencies) appropriate for the stage of training.
  - Exposure and dwell time are not sufficient proxies for competence
  - Not shooting for “the floor” of competence; excellence is the goal
## Educational Program

<table>
<thead>
<tr>
<th>Variable</th>
<th>Structure/Process</th>
<th>Competency-based</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Driving force: curriculum</strong></td>
<td>Content-knowledge acquisition</td>
<td>Outcome-knowledge application</td>
</tr>
<tr>
<td><strong>Driving force: process</strong></td>
<td>Teacher</td>
<td>Learner</td>
</tr>
<tr>
<td><strong>Path of learning</strong></td>
<td>Hierarchical (Teacher→student)</td>
<td>Non-hierarchical (Teacher→student)</td>
</tr>
<tr>
<td><strong>Responsibility: content</strong></td>
<td>Teacher</td>
<td>Student and Teacher</td>
</tr>
<tr>
<td><strong>Goal of educ. encounter</strong></td>
<td>Knowledge acquisition</td>
<td>Knowledge application</td>
</tr>
<tr>
<td><strong>Typical assessment tool</strong></td>
<td>Single subject measure</td>
<td>Multiple objective measures</td>
</tr>
<tr>
<td><strong>Assessment tool</strong></td>
<td>Proxy</td>
<td>Authentic (mimics real tasks of profession)</td>
</tr>
<tr>
<td><strong>Setting for evaluation</strong></td>
<td>Removed (gestalt)</td>
<td>Direct observation</td>
</tr>
<tr>
<td><strong>Evaluation</strong></td>
<td>Norm-referenced</td>
<td>Criterion-referenced</td>
</tr>
<tr>
<td><strong>Timing of assessment</strong></td>
<td>Emphasis on summative</td>
<td>Emphasis on formative</td>
</tr>
<tr>
<td><strong>Program completion</strong></td>
<td>Fixed time</td>
<td>Variable time</td>
</tr>
</tbody>
</table>

Core Competencies

Competencies constitute a framework that describes the qualities of professionals.

Framework provides generalized descriptions to guide learners, their supervisors, and institutions in teaching and assessment.
Competency-Based Education

- Provides *clarity* of learning direction for both faculty and residents
- Creates *accountability* around the process and outcomes of learning
- Requires *relationship-based* teacher/learner interaction
- Provides an *opportunity* for added *safety* in education
Competency Based Education

- Competencies
- Instruction
- Remediation
- FORMATIVE EVALUATION
- Educational Dx and Rx

Copyright Hershey S. Bell, MD 2002
Core Competencies

Difficulties teaching Competencies

Domains are broad and diverse

Often teachers focus on isolated behaviors

Often does not transcend Scholar and Communicator

How to translate to the world of medical practice?
Core Competencies

Innovations from the field:

• Milestones

• Entrustable Professional Activities
Core Competencies

Milestones
• stages in the development of specific competencies; a continuum from medical school through residency to practitioner.

• give us a learning roadmap
Road to Mastery

The Competence Continuum

Milestones

Start

Mastery (Expert)

Competent Professional

Traditional stages

Proposed CBD stages

1. Competence by Design (CBD)
2. Milestones at each stage describe terminal competencies

Medical education phases

Transition out of professional practice

Continuing professional development (maintenance of competence and enhanced expertise)

Practising physician

Transition to practice

ROYAL COLLEGE EXAMINATION

Senior resident

Core of discipline

Foundations of discipline

Transition to discipline (orientation and assessment)

Junior resident

Early clinical activity

Senior medical student

MD

Medical school

Junior medical student

Medical school fundamentals

Learning in practice

Discipline-specific residency

Medical school

Medical school

Medical school
General curve of skills acquisition, using the stages of Dreyfus and Dreyfus (1988). Dotted lines signify hypothetical moments at which a trainee reaches a competence threshold level for a given activity.
Core Competencies

Milestones

• stages in the development of specific competencies; a continuum from medical school through residency to practitioner.

• give us a learning roadmap

▶ But the roadmap must be grounded in a clinical context to make it meaningful: entrustable professional activities
Core Competencies

**Entrustable Professional Activities**

- Translate competencies into clinical practice

- Professional life activities that define the specialty, defined as tasks or responsibilities to be entrusted to unsupervised execution by a trainee

- Ground the competencies in a physician’s everyday work

- Activities lead to some outcome that can be observed

- Complexity of the activities requires an integration of knowledge, skills and attitudes across competency domains

- Competencies are descriptors of physicians, EPAs are descriptors of work.
Why EPAs?

- They align what we assess with what we do
- They make sense to faculty, trainees, and the public
- Add a valuable dimension to assessment-
  - ENTRUSTMENT
Clinical Care and Accountability

• Tasks of clinical care may be delegated
  – this is a critically important teaching strategy

  \(\Rightarrow\) Implicit Entrustment Decision

• Accountability for clinical care may not be delegated
  – While residents may deliver care, faculty remain fully accountable for the care that is delivered

  \(\Rightarrow\) How to transfer Responsibility and Accountability?
Entrustment Decisions

- We make them every day when we work clinically with learners

- EPAs provide a mechanism for formalizing this process
  - Direct observation of pre-determined EPAs not random aspects of performance
  - Degree of supervision determines the decision to entrust
  - Entrustment is awarded when the assessor determines the learner can perform the EPA without direct supervision
Entrustment Decisions

1. Observation but no execution, even with direct supervision
2. Execution with direct, proactive supervision
3. Execution with reactive supervision, i.e., on request and quickly available
4. Supervision at a distance and/or post hoc
5. Supervision provided by the trainee to more junior colleagues
Assessment Challenges:

- CBME requires robust, multi-faceted assessment systems
  - No single assessment method “sufficient”
  - Trained faculty essential
  - Cultural change paramount
- Programs will need appropriate structural elements with effective programmatic assessment processes to produce educational and clinical outcomes
Clinical Competency Committee
- Periodic review – professional growth opportunities for all
- Early warning systems

Advisor

Trainee
- Review portfolio
- Reflect on contents
- Contribute to portfolio

Structured Portfolio
- ITE (formative only)
- Monthly Evaluations
- MiniCEX
- Medical record audit/QI project
- Clinical question log
- Multisource feedback
- Trainee contributions (personal portfolio)
  - Research project

Program Leaders
- Review portfolio periodically and systematically
- Develop early warning system
- Encourage reflection and self-assessment

Program Summative Assessment Process

Licensing and Certification
Core Competencies

Entrustable Professional Activities
• Translate competencies into clinical practice
  ▶ Professional life activities that define the specialty, defined as tasks or responsibilities to be entrusted to unsupervised execution by a trainee
  ▶ Ground the competencies in a physician’s everyday work
  ▶ Activities lead to some outcome that can be observed
  ▶ Complexity of the activities requires an integration of knowledge, skills and attitudes across competency domains

• Competencies are descriptors of physicians, EPAs are descriptors of work.
Road to Mastery
# How to build EPA’s

<table>
<thead>
<tr>
<th>TABLE 2</th>
<th><strong>GUIDELINES FOR FULL ENTRUSTABLE PROFESSIONAL ACTIVITIES DESCRIPTIONS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Title</td>
<td>Make it short; avoid words related to proficiency or skill. Ask yourself: Can a trainee be scheduled to do this? Can an entrustment decision for unsupervised practice for this EPA be made and documented?</td>
</tr>
<tr>
<td>2. Description</td>
<td>To enhance universal clarity, include everything necessary to specify the following: What is included? What limitations apply? Limit the description to the actual activity. Avoid justifications of why the EPA is important, or references to knowledge and skills.</td>
</tr>
<tr>
<td>3. Required Knowledge, Skills, and Attitudes (KSAs)</td>
<td>Which competency domains apply? Which subcompetencies apply? Include only the most relevant ones. These links may serve to build observation and assessment methods.</td>
</tr>
<tr>
<td>4. Required KSAs</td>
<td>Which KSAs are necessary to execute the EPA? Formulate this in a way to set expectations. Refer to resources that reflect necessary or helpful standards (books, a skills course, etc).</td>
</tr>
<tr>
<td>5. Information to assess progress</td>
<td>Consider observations, products, monitoring of knowledge and skill, multisource feedback.</td>
</tr>
<tr>
<td>6. When is unsupervised practice expected?</td>
<td>Estimate when full entrustment for unsupervised practice is expected, acknowledging the flexible nature of this. Expectations of entrustment moments can shape an individual workplace curriculum.</td>
</tr>
</tbody>
</table>
| 7. Basis for formal entrustment decisions | How many times must the EPA be executed proficiently for unsupervised practice? Who will judge this? What does formal entrustment look like (documented, publicly announced)?
Template for EPA

Not Prescriptive!

<table>
<thead>
<tr>
<th>Area of practice</th>
<th>Rotation title</th>
<th>Stage of training</th>
<th>Stage</th>
<th>Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described to the required standard with the required level of supervision or none at all. Your supervisor will expect you to know when to ask for additional help; s/he will also trust you to seek assistance as appropriate and in a timely manner.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competencies</td>
<td>ME</td>
</tr>
<tr>
<td>COM</td>
<td>sub competencies #</td>
</tr>
<tr>
<td>COL</td>
<td>sub competencies #</td>
</tr>
<tr>
<td>LEAD</td>
<td>sub competencies #</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Knowledge, skills and attitude required</th>
<th>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge skills and attitude described below</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to apply an adequate knowledge base</td>
<td></td>
</tr>
<tr>
<td>Skills</td>
<td></td>
</tr>
<tr>
<td>Attitude</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessment method</th>
<th>Continuous assessment during individual and clinical supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suggested assessment method details</td>
<td>Case based discussions; multisource feedback</td>
</tr>
</tbody>
</table>

COL, Collaborator; COM, Communicator; HA, Health Advocate; LEAD, Leader; ME, Medical Expert; PROF, Professional; SCH, Scholar
<table>
<thead>
<tr>
<th>Area of practice</th>
<th>Rotation title</th>
<th>Stage</th>
<th>Year 1</th>
<th>Version</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described to the required standard with the required level of supervision or none at all... Your supervisor will expect you to know when to ask for additional help; s/he will also trust you to seek assistance as appropriate in a timely manner.

**Title**
Producing discharge summaries and organising appropriate transfer of care

**Description**
The trainee can produce succinct and informative discharge summaries and organise appropriate transfer of care. S/he understands the importance of clinical records in transfer of care and discharge and can make the appropriate arrangements for medication and/or ongoing other treatment and liaise with appropriate clinicians, teams, community, organisations and primary care providers. The trainee formulates relapse prevention and recovery plans in collaboration with the patient and provides appropriate and timely handover of written information. The discharge summaries are succinct yet informative and can function as both a clinical handover as well as a historical record of the patient’s hospitalisation, treatment and progress including key points of decision making.

**Competencies**

<table>
<thead>
<tr>
<th>ME</th>
<th>sub competencies #</th>
<th>HA</th>
<th>Sub competencies #</th>
</tr>
</thead>
<tbody>
<tr>
<td>COM</td>
<td>sub competencies #</td>
<td>SCH</td>
<td>Sub competencies #</td>
</tr>
<tr>
<td>COL</td>
<td>sub competencies #</td>
<td>PROF</td>
<td>Sub competencies #</td>
</tr>
<tr>
<td>LEAD</td>
<td>sub competencies #</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Knowledge, skills and attitude required**

Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge skills and attitude described below.

**Ability to apply an adequate knowledge base**
- Understands the importance of handover of information especially during transition of clinical care
- Understands the principles of relapse prevention and recovery
- Demonstrates knowledge of risks associated with transfer of care e.g. loss of information, lack of follow-up
- Demonstrates knowledge of range of follow-up and community services

**Skills**
- Uses effective and timely verbal and written communication (including electronic communication where appropriate)
- Grasps and formulates the essentials of the case and the treatment plan including relapse-prevention and risk-management plans
- Communicates key points of decision making
- Communicates and collaborates effectively with patients and families/carers in organising transfer of care
- Uses discretion where required, avoids pejorative language
- Appropriately considers confidentiality issues and consent

**Attitude**
- Uses appropriate means of communication (e.g. telephone) when required
- Exhibits a patient-centred approach to care
- Demonstrates willingness to include all appropriate stakeholders in the transfer of care
- Demonstrates respect for the patient, other members of the multidisciplinary team, patient supports and their views

**Assessment method**
Continuous assessment during individual and clinical supervision

**Suggested assessment method details**
Case based discussions; multisource feedback

COL, Collaborator; COM, Communicator; HA, Health Advocate; LEAD, Leader; ME, Medical Expert; PROF, Professional; SCH, Scholar
How many EPA’s constitute a curriculum?

An example from the Netherlands:

• Transfer and Continuity of Care
• Rounding a ward
• Being on Call
• Communicating with patients and family
• Medical Decision making
• Leading a team

• Consultation
• Out-Patient Clinic
• ...

Start in year 1
<table>
<thead>
<tr>
<th>Area of practice</th>
<th>Rotation Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage of training</td>
<td>Stage</td>
</tr>
<tr>
<td>Title</td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td></td>
</tr>
</tbody>
</table>

Knowledge, skills and attitude required

Competency (ME, COM, COL, LEAD, HA, SCH, Prof)

Milestones related to Competency
....
....
....

Competency (ME, COM, COL, LEAD, HA, SCH, Prof)

Milestones related to Competency
....
....
....

Competency (ME, COM, COL, LEAD, HA, SCH, Prof)

Milestones related to Competency
....
....
....

Preconditions  e-learning, seminars and/or courses, other EPA's, knowledge tests etc.

Toolbox A variety of assessment methods, progressively assessed during training

Entrustment levels
- start of rotation Supervision level
- halfway rotation Supervision level
- end of rotation Supervision level
- expected end of training Supervision level

Entrustment criteria
COL, Collaborator; COM, Communicator; HA, Health Advocate; LEAD Leader; ME, Medical Expert; PROF, Professional; SCH, Scholar
Preconditions:
- E-learning
- Seminars and/or courses
- Knowledge tests, exams
- Other EPA’s
### Toolbox (of Assessment)

- *Minimal set* of WBA of different activities
- Certificates (exams, e-learning)
- OSATS
- Multisource Feedback
<table>
<thead>
<tr>
<th>Stage of rotation</th>
<th>Supervision level</th>
</tr>
</thead>
<tbody>
<tr>
<td>start of rotation</td>
<td>Supervision level</td>
</tr>
<tr>
<td>halfway rotation</td>
<td>Supervision level</td>
</tr>
<tr>
<td>end of rotation</td>
<td>Supervision level</td>
</tr>
<tr>
<td>expected end of training</td>
<td>Supervision level</td>
</tr>
</tbody>
</table>

**Entrustment levels**

- start of rotation: Supervision level
- halfway rotation: Supervision level
- end of rotation: Supervision level
- expected end of training: Supervision level
Entrustment granted if,

1. All activities of the minimal set that should be appraised are graded sufficient.

2. Different WBA's should each be judged satisfactorily by at least 3 different supervisors on different occasions.

3. Entrustment criteria are fulfilled based on deliberate discussion and contemplation among trainers/supervisors.

- Welcome feedback and treat it productively.
- Recognise the scope of his/her abilities and ask for supervision and assistance when appropriate.
- Recognise and address personal, psychological, and physical limitations that may affect performance.
- Demonstrate empathy and compassion to patients and family under all circumstances.
- Speak up in situations in the clinical (training) environment where patient safety may be compromised.
- Address, in a sensitive and supportive way, behaviour that compromises collegiality in the workplace and a respectful environment.
- Reflect (in action) when surprised, apply new insights to future clinical scenarios, and reflect (on action) when looking back.
<table>
<thead>
<tr>
<th>Stage of training</th>
<th>Stage</th>
<th>First Year Internal Medicine</th>
<th>Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>WARD ROUND</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Description**
Trainee is responsible and accountable for the care of patients admitted to a medical ward. To this purpose, the trainee evaluates patients on a daily basis and adjust diagnostic and therapeutic plans, if appropriate, in close collaboration with other professionals.

**Knowledge, skills and attitude required**

**Medical Expert**
- Obtain a relevant history from the patient in an efficient, compassionate, and factual manner.
- Perform a physical examination that is appropriately targeted to the patient’s symptoms.
- Identify pertinent abnormalities using recognised techniques.
- Prioritise differential diagnoses and develop evidence-based diagnostic and therapeutic care plans for common inpatient and ambulatory conditions.
- Accurately monitor important changes in the patient’s physical condition through examination over time in outpatient and inpatient settings.

**Collaboration**
- Carry out timely interactions with colleagues, patients, and their designated carers.
- Establish care plan in a respectful way with other multidisciplinary team members.
- Consider management suggestions and alternative solutions provided by other team mates and modify care plan as appropriate.

**Leader**
- Perform ward rounds in an efficient and timely manner.
- Ensure prompt completion of clinical, administrative and curricular tasks.
- Seek performance assessments and reflect on how they will modify future performance.

**Preconditions**
e-learning BMJ clinical reasoning seminar in time management completed graduate training

**Toolbox**
- WBA transfer of care
- WBA ward round
- WBA grand round with supervisors
- WBA patient encounter
- WBA medical record
- Knowledge exam
- Regional and National Study days
- Multisource feedback (supervisors, colleagues and nurses)
- E-learning certificates

**Entrustment levels**
- halfway rotation: Supervision level 2
- end of rotation: Supervision level 4
- expected end of training: Supervision level 5

**Entrustment criteria**
How many EPA’s constitute a curriculum?

An example from the Netherlands:

- Transfer and Continuity of Care
- Rounding a ward
- Being on Call
- Communicating with patients and family
- Medical Decision making
- Leading a team
- Consultation
- Out-Patient Clinic
- ...

Start in year 1