

INMED 2018

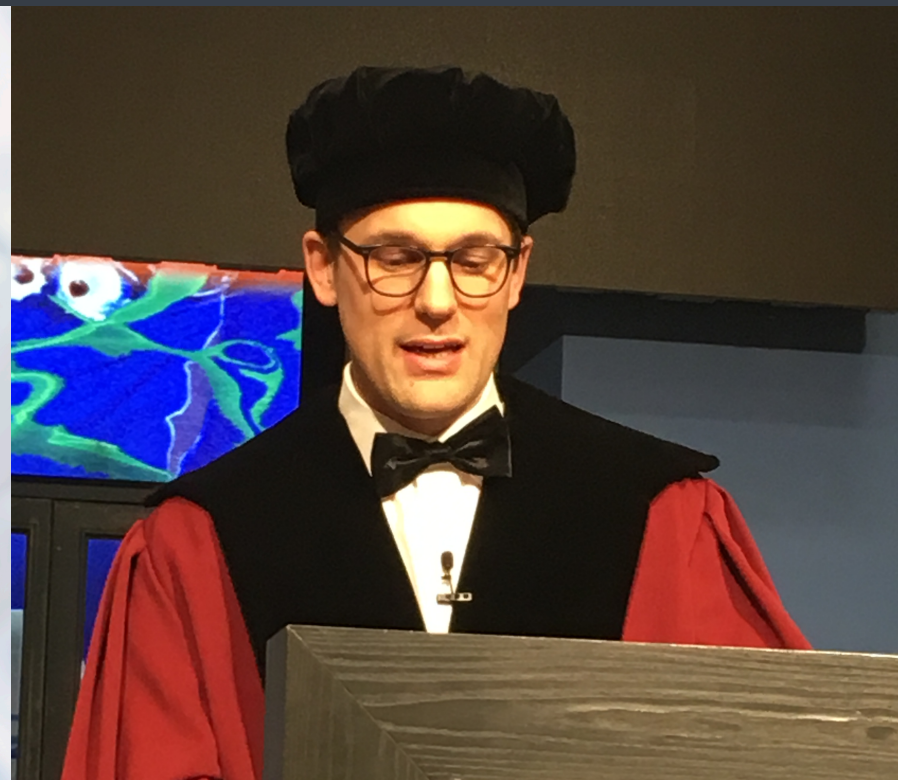
*WORKPLACE LEARNING IN THE ERA  
OF  
COMPETENCY BASED MEDICAL EDUCATION*

Pim Teunissen  
@pim\_teu

**CAUTION**

**HANDLE**

**WITH CARE**



**VUmc**  VU University  
Medical Center  
Amsterdam

 **Maastricht University**



# Introducing competency-based postgraduate medical education in the Netherlands

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HANNEKE MULDER<sup>1</sup>, ABE MEININGER<sup>1</sup>, MARJO WIJNEN-MEIJER<sup>1</sup>, GERRIT GLAS<sup>1</sup>,  
HENK SLUITER<sup>1</sup> & THALIA HUMMEL<sup>1</sup>

<sup>1</sup>Dutch Advisory Board for Postgraduate Curriculum Development and Netherlands Association for Medical Education,

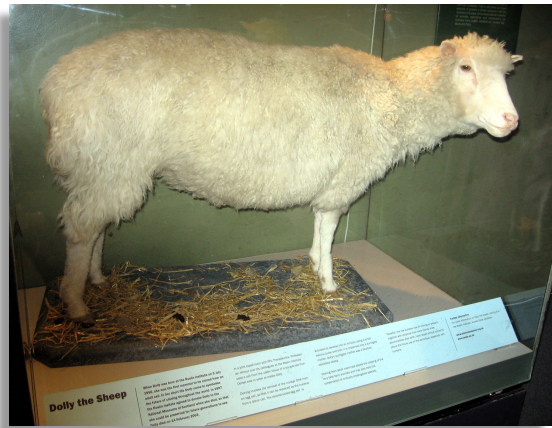
<sup>2</sup>Netherlands Association for Medical Education, The Netherlands







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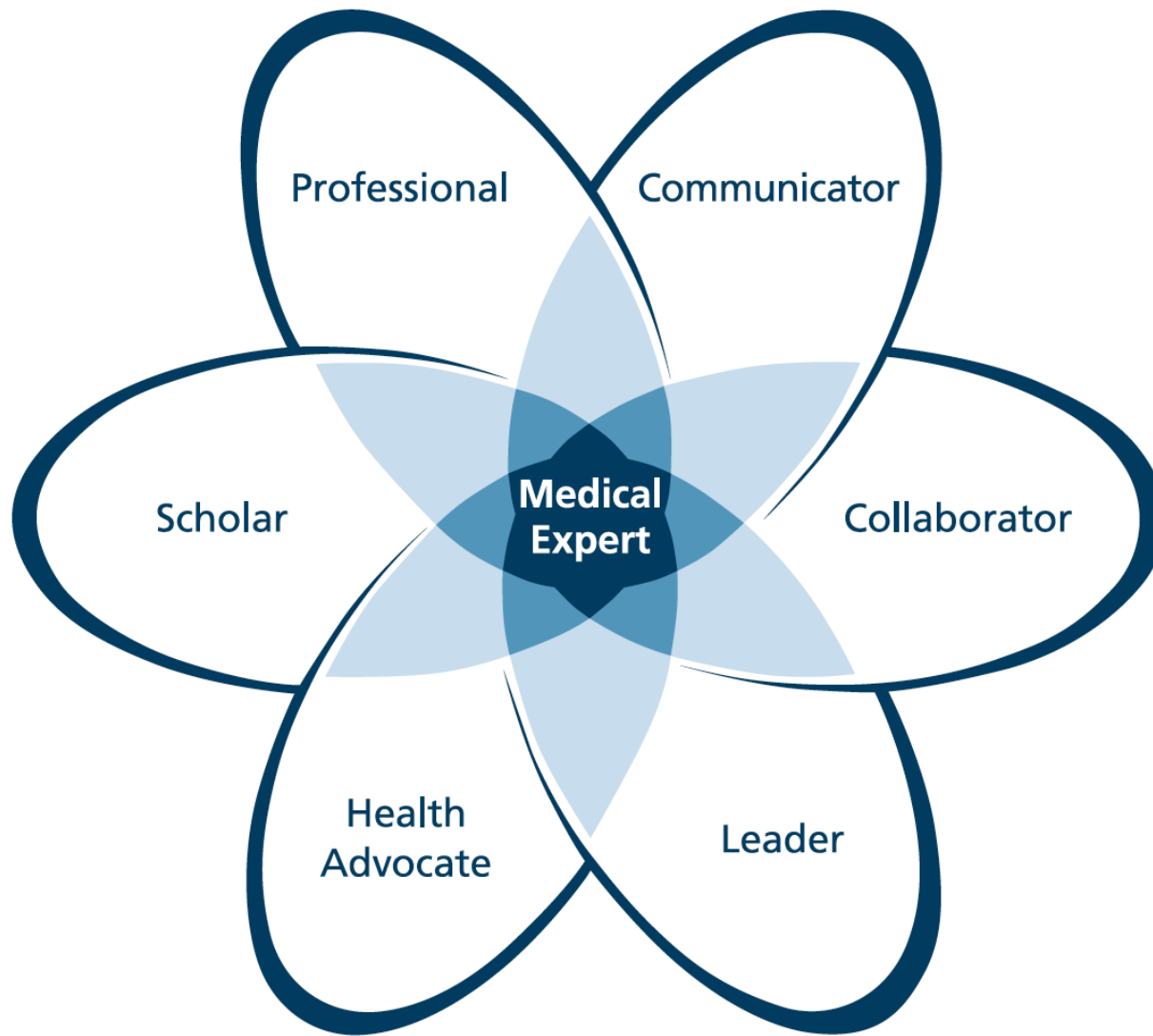
FROM BOTH THE PUBLIC AND THE HEALTH CARE PROFESSIONALS CAME THE STRONG MESSAGE THAT THERE WERE MAJOR SHORTCOMINGS IN THE PERFORMANCE OF PHYSICIANS AS COMMUNICATORS, HUMANISTS AND PATIENT EDUCATORS. THE PEOPLE EXPECTED BETTER — TO BE TREATED AS HUMAN BEINGS, NOT JUST “CASES,” AND TO HAVE MORE TIME WHEN THEY ARE WITH THEIR PHYSICIANS FOR PRESSING QUESTIONS AND CLEAR EXPLANATIONS.

VICTOR NEUFELD, CMAJ 1998;159:787-8





**“Doctor and physician are outdated terms.  
I’m your biological tech support specialist.”**



CANMEDS

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637

**CAUTION**

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# ENTRUSTABLE PROFESSIONAL ACTIVITIES

Competency domains →	Medical knowledge	Patient care	Interpersonal skills & communication	Professionalism	Practice-based learning & improvement	Systems-based practice
<b>EPA examples ↓</b>						
Consulting new ambulatory patients	●	●	●		●	
Providing first treatment of mild traumas		●	●			
Leading an inpatient ward	●	●	●	●		●
Initiating cardio-pulmonary resuscitation	●	●				
Discussing medical errors with patients			●	●	●	●

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REPORTS OF ORIGINAL INVESTIGATIONS



view of us  
CrossMark  
2016 as 10.1136/postgradmedj-2015-133917  
Original article

Perceptions of purpose, value, and process  
Evaluation Exercise in anesthesiology

2011; 33: 919-927

assessment  
trainer  
es

W Teunissen, 4,5

# Trainee doctors' views on workplace-based assessments: Are they just a tick box exercise?

TARUNA BINDAL<sup>1</sup>, DAVID WALL<sup>2</sup> & HELEN M. GOODYEAR<sup>2,3</sup>

<sup>1</sup>Alexandra Hospital, UK, <sup>2</sup>West Midlands Deanery, UK, <sup>3</sup>Heart of England NHS Foundation Trust, UK

sssmnt drvs lrnng

Assessment drives learning



**CAUTION**

**CARE**

<b>Individual processes</b>	<b>Individual outcomes</b>
<b>Collective processes</b>	<b>Collective outcomes</b>



<b>Individual processes</b>  - Decision making based on clinical signs	<b>Individual outcomes</b>  - Ability to intubate pregnant woman in acute situation
<b>Collective processes</b>  - Sharing info, assigning tasks, coordinating care	<b>Collective outcomes</b>  - Being able to perform an emergency C-section

FOCUS ON OUTCOME AND PROCESS OF LEARNING

IMPORTANCE OF INDIVIDUAL AND COLLECTIVE

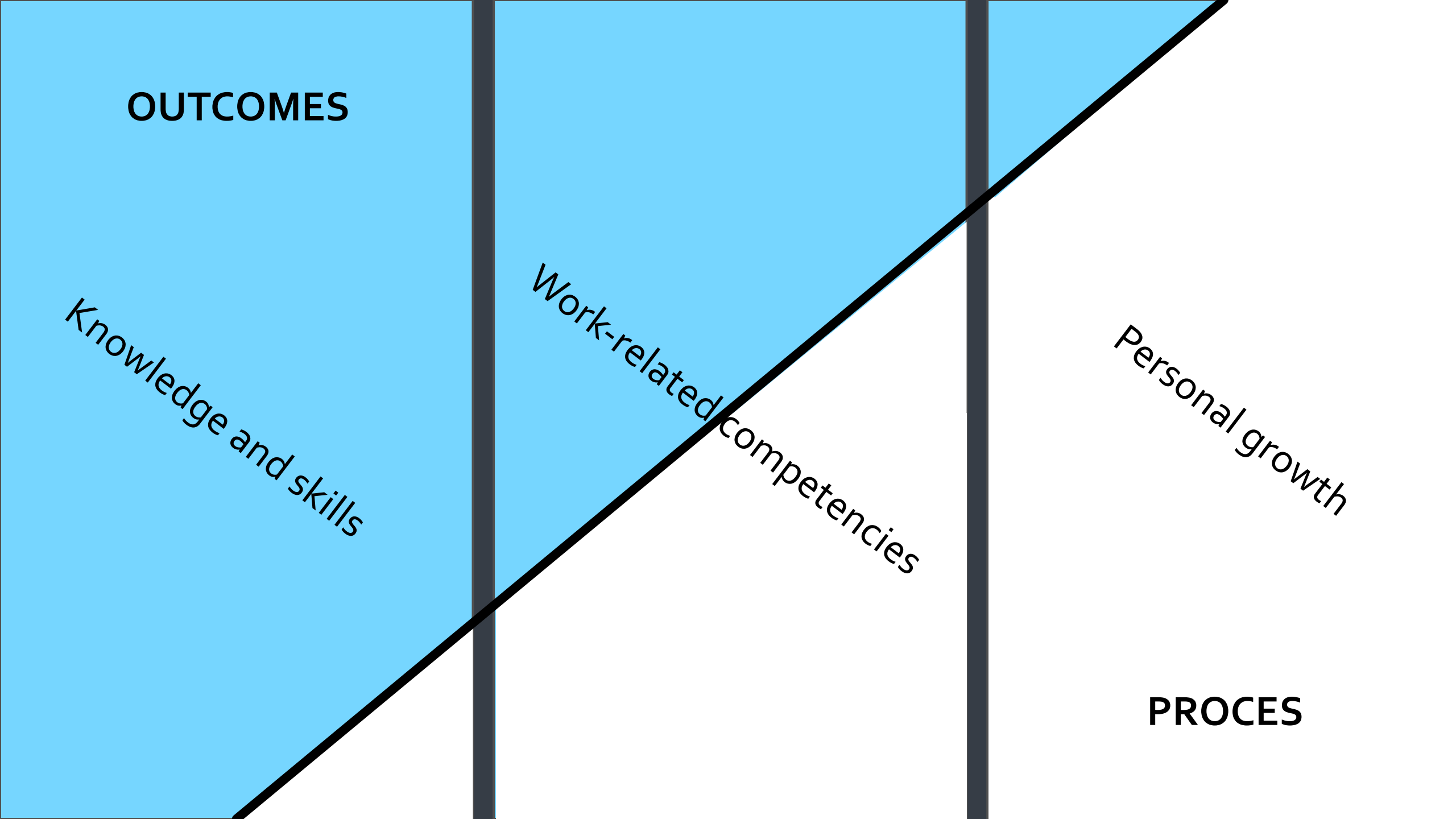
**OUTCOMES**

Knowledge and skills

Work-related competencies

Personal growth

**PROCES**





**TRUST**

**EFFORT**

**Work and Education**

**WIN** PATIENT **WIN**



# SYMBIOSIS



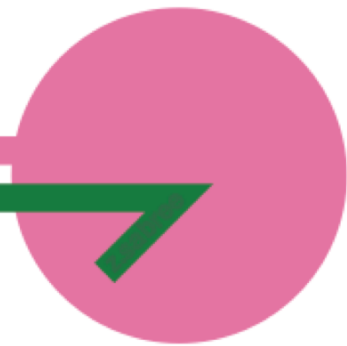
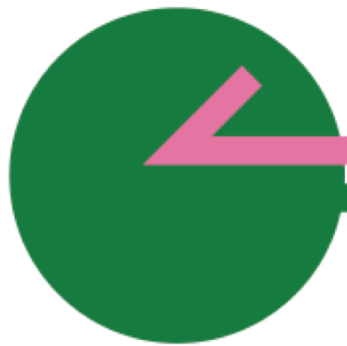
**commensal**

*Skin bacteria*  
*Staphylococcus warneri*



**parasitic**

*Pathogenic bacteria*  
*Neisseria gonorrhoeae*



**mutualistic**

*Gut bacteria*  
*Bifidobacterium bifidum*

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**Maastricht University**



VU University  
Medical Center  
Amsterdam