The Implementation of CanMEDs 2015 in simulation & assessment of Internationally Educated Physicians

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I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

Je n’ai aucune affiliation (financière ou autre) avec une entreprise pharmaceutique, un fabricant d’appareils médicaux ou un cabinet de communication.
About Touchstone Institute

• A non-profit corporation that offers expertise in evaluation and curriculum development to promote public confidence in professional competence in the Canadian workforce.
• We excel in providing competency-based services in support of successful transitions to training and practice that meet professional and societal needs.
• We are supported by expertise in simulation, innovation in exam technology, and robust research-based quality assurance to meet the diverse needs of our clients, stakeholders, and partners.
• We specialize in creating valid and authentic competency-based experiences for internationally educated health professionals.
Our Education Programs

• Canadian Medicine Primer
  – Optional for Visa Trainee’s & Clinical Fellows

• Pre-Residency Program
  – Mandatory for all Ontario CaRMS-Matched IMG’s

• Curricular Delivery
  – In-class & online didactic sessions combined with experiential learning via simulated patient encounters
Challenge

• CanMEDS 2015
  - Implementation of Competence By Design

• Maximize utility of experiential learning
  - How to develop an evaluation form to provide formative feedback relevant to competencies outlined in CBD Continuum to IMG’s & Visa Trainees?
Vision

• Create qualitative and quantitative evaluation form, rating guide & simulated cases rooted in CanMEDS 2015:
  – Roles:
    • Communicator, Professional, Health Advocate, Medical Expert
  – Milestones
  – CBD Continuum
    • Entry to Residency & Transition to Discipline
Method

• Evaluation Form
  – Design of the assessment form developed in collaboration with our psychometric department & curricular advisory committee.
  – 5 point Likert Scale
  – Qualitative Comment Component

• Rating Guide
  – Modified-Delphi with 40 physician preceptors to develop rating anchor guide.
## Results

<table>
<thead>
<tr>
<th></th>
<th>Exemplary behaviour for level of training</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Consistent behaviour for level of training</td>
</tr>
<tr>
<td>C</td>
<td>Inconsistent behaviour for level of training</td>
</tr>
<tr>
<td>D</td>
<td>Inadequate behaviour for level of training, requires guidance</td>
</tr>
<tr>
<td>E</td>
<td>Unsuitable behaviour for level of training, requires retraining</td>
</tr>
</tbody>
</table>

### Part A: Communicator

*Establishes therapeutic relationships with patients and families.*

- A2. Uses appropriate non-verbal communication.

### Part B: Professional

*Exhibits appropriate professional behaviours and relationships in all aspects of practice.*

- B1. Prioritizes needs of patient.
- B2. Responds appropriately to ethical issues encountered.
- B3. Reflects on simulation to identify and receive areas for improvement.

### Part C: Health Advocate

*Responds to individual patient’s health needs by advocating with patient within and beyond clinical environment.*

- C1. Analyzes patient’s needs for health services or resources.
- C2. Identifies resources or agencies that address health needs of patient.

### Overall Medical Expert
# Results

**A1. Communicates clearly and accurately.**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
</table>
| A     | - Uses lay terms, avoids medical jargon  
  - Use of pauses to ensure patient’s understanding  
  - Active listening, synthesizes patient’s information and concerns  
  - Use of language, tone, speed appropriate to patient’s cognitive/developmental level  
  - Demonstrates cultural sensitivity  
  - Excellent signposting, categorization, chunking and checking  
  - Appropriate use of translators/aids |
| B     | - Exhibits behaviours of A, inconsistently |
| C     | - Does not check for understanding, nor gives information in manageable chunks  
  - Uses medical jargon  
  - Presents plan as a “run-on” sentence, or unable to articulate a clear plan  
  - Uses inappropriate language, tone, speed to patient’s cognitive/developmental level  
  - Culturally insensitive  
  - Does not listen or address patient concerns  
  - Dismissive, flippanity towards patient  
  - Speaks to third person in the room, not addressing patient |

**CanMEDS Key Competency**

Communicator 3.1 Share information and explanations that are clear, accurate, and timely, while checking for patient and family understanding.

**Milestone: Transition to Discipline**

- Communicate the diagnosis, prognosis and plan of care in a clear, compassionate, respectful, and accurate manner to the patient and family.
- Recognize when to seek help in providing clear explanations to the patient and family.
Outcomes & Further Work

• Objective and Tailored Feedback

• Continual Faculty Training

• Simulation Case Re-alignment
Help us improve.
Your input matters.

• Download the ICRE App, or
• Go to: http://www.royalcollege.ca/icre-evaluations to complete the session evaluation.

You could be entered to win 1 of 3 $100 gift cards.

Aidez-nous à nous améliorer.
Votre opinion compte!

• Téléchargez l’application de la CIFR, ou
• Visitez le http://www.collegeroyal.ca/evaluationscifr afin de remplir une évaluation de la séance.