



CanMEDS Best Practices Submission Form
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CATEGORY

- Curriculum** — a design for education around the CanMEDS competencies.
- Teaching Tool** — a submission that will assist the teaching the specific CanMEDS competencies.
- Assessment Tool** — a submission that will assist in the assessment/evaluation of the CanMEDS competencies.
- Faculty Development Tool** — a submission that will assist in teaching faculty how to teach/evaluate the CanMEDS competencies

TYPE OF TOOL

- ITER Chart Stimulated Recall OSCE Evaluation of Research MSF Simulation
- FITER CEX/Mini-CEX Encounter Card Portfolios & Logbooks Oral Exam Written

CanMEDS ROLES

- Medical Expert** **Communicator** **Collaborator** **Manager** **Health Advocate** **Scholar** **Professional** **General**

TITLE Limit of 100 characters

A NEEDS ASSESSMENT FOR A CANMEDS-BASED CURRICULUM IN AMBULATORY CARE FOR INTERNAL MEDICINE RESIDENTS IN CANADA

AUTHOR(S)

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ABSTRACT Limit of 500 characters

In Canada, graduates of internal medicine training programs should be proficient in ambulatory medicine and practice. Before determining how to improve education in ambulatory care, a list of desired learning outcomes must be identified and used as the foundation for the design, implementation and evaluation of instructional events. The Delphi technique is a qualitative-research method that uses a series of questionnaires sent to a group of experts with controlled feedback provided by the researchers after each round of questions. A modified Delphi technique was used to determine the competencies required for an ambulatory care curriculum based on the CanMEDS roles.

Four groups deemed to be critical stakeholders in residency education were invited to take part in this study: 1. Medical educators and planners; 2. Members of the Canadian Society of Internal Medicine (CSIM); 3. Recent Royal College certificants in internal medicine; and 4. Residents currently in core internal medicine residency programs.

Panelists were sent questionnaires asking them to rate learning outcomes based on their importance to residency training in ambulatory care. 419 participants completed the Round 1 questionnaire that was comprised of 75 topics identified through a literature search. Using predefined criteria for degree of importance and consensus, 19 items were included in the compendium and 9 were excluded after Round 1. 42 items for which the panel that did not reach consensus, as well as 3 new items suggested by the panel, were included in the questionnaire for Round 2. 240 participants completed the Round 2 questionnaire; consensus was reached for each of the 45 items. Using a pre-determined priority classification criteria, 21 items were included in the final compendium as Priority 1 topics ("must be able to"), 27 items as Priority 2 topics ("should be able to") and 14 as Priority 3 topics ("would be nice if able to"). The overall ratings by each of the four groups were similar and there were no differences between groups that affected the final compendium. Samples of descriptors under each CanMEDS role are shown below. A complete list of the descriptors for each role is available upon request.

- Medical expert:** Generate an appropriate differential diagnosis and management plan
- Communicator:** Create an effective consultation letter to the referring physician in an efficient manner
- Collaborator:** Upon discharge of a patient from, create an plan for ongoing management in collaboration with the primary care physician
- Manager:** Effectively balance time between professional and personal/home life
- Health Advocate:** Complete the steps required to request coverage for specific drugs not routinely covered by provincial health care plans
- Professional:** Determine when and how to end a physician/patient relationship
- Scholar:** Discuss a strategy for lifelong learning, including documenting and recording Continuing Professional Development credits

To our knowledge this is the first time a Delphi-process has been used to determine the content of an ambulatory care curriculum in internal medicine in Canada. The compendium could potentially be used as the basis to structure training programs in ambulatory care.

REFERENCES

- 1) Barker LR. Curriculum for Ambulatory Care Training in Medical Residency: rationale, attitudes and generic proficiencies. J Gen Intern Med 1990;5(supplement): S3-S14.
- 2) Levinsky NG. A Survey of changes in the proportions of ambulatory training in internal medicine clerkships and residencies from 1986-7 to 1996-97. Acad Med 1998; 73:1114-1115.
- 3) Linn LS, Brook RH, Clarke VA, Fink A, Kosecoff J. Evaluation of ambulatory care training by graduates of internal medicine residencies. J Med Educ 1986; 61:293-302.