Competency Training Requirements for the Clinician Educator Area of Focused Competence

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DEFINITION

Clinician Educators are physicians with special expertise in medical education who apply theory and principles to medical education practice, including scholarly teaching and learning, curriculum design and implementation, learner assessment, program evaluation, education scholarship, and education leadership. They provide consultative advice for educational projects in the health professions and disseminate their innovations and original ideas in a scholarly manner. Clinician Educators may practise across the continuum of medical education.[1]

ELIGIBILITY REQUIREMENTS TO BEGIN TRAINING

Royal College certification, or equivalent, in any primary specialty or College of Family Physicians of Canada (CFPC) certification

OR
Eligibility for the Royal College certification examination in any primary specialty, or eligibility for CFPC certification

OR
Registration in a residency training program leading to certification by the Royal College or CFPC

ELIGIBILITY REQUIREMENTS TO COMPLETE A ROYAL COLLEGE COMPETENCY PORTFOLIO

All trainees must be Royal College certified, or equivalent, in their entry route discipline, or certified by the CFPC, to be eligible to complete a Royal College Clinician Educator competency portfolio.

[1] Undergraduate medical education (UGME), postgraduate medical education (PGME), and continuing professional development (CPD) learners.

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MAJOR TASKS OF CLINICIAN EDUCATOR

The discipline of Clinician Educator includes responsibility for the following:

1. Scholarly teaching and learning
2. Curriculum design, implementation, and evaluation
3. Learner assessment
4. Development and maintenance of an educator's portfolio
5. Lifelong learning in medical education
6. Completion of medical education consultations
7. Specialization in at least two areas of enhanced skill:
   A. Education leadership
   B. Education scholarship
   C. Simulation-based education
   D. Digital education

At the completion of training, the diplomate will have acquired the following competencies and will function effectively in the following domains:

Medical Education Expert

Definition

As *Medical Education Experts*, Clinician Educators integrate all of the CanMEDS Roles, applying knowledge of the learning, social, and management sciences and professional values in their provision of high-quality medical education. Medical Expert is the central physician Role in the CanMEDS Framework and defines the physician's scope of practice.

Key and Enabling Competencies: Clinician educators are able to …

1. Practise within their defined scope of practice and expertise

1.1 Demonstrate a commitment to high-quality medical education

1.2 Integrate the CanMEDS Intrinsic Roles into their practice

1.3 Apply knowledge of learning, social, and management sciences relevant to their education practice

1.3.1. Theoretical frameworks relevant to teaching and learning, including

1.3.1.1. Constructivism

1.3.1.2. Behaviourism

1.3.1.3. Social constructivism

1.3.1.4. Situated learning

1.3.1.5. Development of competence

1.3.1.6. Development of expertise

1.3.1.7. Anti-oppression

1.3.2. The following concepts and their application to medical education

1.3.2.1. Principles of adult learning

1.3.2.2. Competency-based education

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1.3.2.3. Problem- or task-based learning

1.3.2.4. Community of practice

1.3.2.5. Workplace learning

1.3.2.6. Interprofessional education

1.3.2.7. Societal responsiveness

1.3.2.8. Reflective practice

1.3.2.9. Learner-centredness

1.3.3. The importance of the following to medical education

1.3.3.1. Accreditation

1.3.3.2. Learner selection and admission

1.3.3.3. The education continuum

1.3.3.4. Lifelong learning

1.3.3.5. Education innovation

1.3.3.6. Learner accommodations

1.3.4. The CanMEDS framework and its application to teaching and learning

1.3.5. Instructional methods, including their indications, advantages, and disadvantages within the relevant educational contexts, and the theory or evidence for best practices

1.3.5.1. Clinical-based teaching

1.3.5.2. Large-group teaching

1.3.5.3. Workshop teaching

1.3.5.4. Small-group teaching

1.3.5.5. One-on-one teaching

1.3.5.6. Procedural skills teaching

1.3.5.7. Digital learning

1.3.5.8. Simulation-based learning

1.3.6. Learning environments

1.3.6.1. Impact on choice of instructional method

1.3.6.2. Role of the educational environment, including influences on and interactions within an educational environment

1.3.7. The hidden curriculum and its implications

1.3.8. Principles and procedures for curriculum development

1.3.8.1. Commonly used educational design approaches and their supporting education theories

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1.3.8.2. Needs assessment, including

1.3.8.2.1. Perceived, observed, unperceived, organizational, institutional, and societal needs

1.3.8.2.2. Advantages, challenges, and implications of commonly used needs assessment instruments

1.3.8.3. Purpose of goals, learning objectives, and milestones

1.3.8.3.1. Domains of learning objectives

1.3.8.4. Use of curriculum mapping or blueprinting to link objectives and teaching and assessment

1.3.9. Curriculum implementation, including

1.3.9.1. Human, financial, and physical resources required for the delivery of a new educational initiative

1.3.9.2. Factors contributing to success in the implementation of a new curriculum

1.3.9.3. Elements of curriculum maintenance

1.3.10. Principles of psychometrics, including

1.3.10.1. Validity theory

1.3.10.2. Reliability

1.3.10.3. Utility

1.3.10.4. Classical test theory

1.3.10.5. Generalizability theory

1.3.10.6. Principles of standard setting

1.3.11. Principles of assessment, including

1.3.11.1. The differences between assessment[2] and evaluation[3]

1.3.11.2. The differences between formative and summative assessment

1.3.11.3. The multiple purposes of assessment in a system of education

1.3.11.4. Role of a system of assessment within the cycle of curricular design

1.3.11.5. Role of the assessment system in meeting the needs of trainees and the public

[2] A process of gathering and analyzing information on achievement of competencies from multiple and diverse sources in order to measure a physician's competence or performance and compare it to defined criteria.*
[3] A process of employing a set of procedures and tools to provide useful information about medical education programs and their components to decision-makers (RIME Handbook).*
* The Royal College of Physicians and Surgeons of Canada, 2012. Terminology in Medical Education Project: Draft Glossary of Terms. Retrieved October 14, 2016. https://www.royalcollege.ca/content/dam/document/canera/terminology-in-medical-education-working-glossary.pdf

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1.3.11.6. The concept of utility and its application to individual assessment instruments and methods

1.3.11.7. Application of levels of Miller's pyramid

1.3.11.8. Role of self-assessment and reflection in the development and the maintenance of a clinician's competence

1.3.11.8.1. Enablers of and barriers to self-assessment

1.3.11.9. Principles of qualitative analysis, including credibility, consistency, triangulation, and transferability, and their application to composite assessment methods (such as portfolios)

1.3.12. Methods or instruments of assessment, including their structure, the types of objectives they can assess, the context for which they are best suited (such as clinical setting and classroom environment), their alignment with levels of Miller's pyramid, and their advantages and disadvantages

1.3.12.1. Written examinations

1.3.12.2. Oral examinations

1.3.12.3. Objective structured clinical examinations and their derivatives (e.g., OSATs)

1.3.12.4. In-training evaluation reports (ITERs) and other rating-scale–based expert assessment forms

1.3.12.5. Instruments for direct observation

1.3.12.6. Multisource feedback

1.3.12.7. Chart audits and practice assessments

1.3.12.8. Portfolios

1.3.13. Principles of feedback

1.3.14. Principles and importance of reflective practice

1.3.15. Principles of faculty development, including its purpose and common faculty development models

1.3.16. Principles of program evaluation, including its purpose and common program evaluation models

1.3.17. Structure and function of a personal teaching philosophy, teaching dossier, and educator's portfolio

1.4 Carry out professional duties in the face of multiple competing demands

1.5 Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical education practice

2. Perform a medical education consultation

2.1 Establish a collaborative relationship with the group or individuals seeking consultation

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2.2 Identify and prioritize issues to be addressed in the consultation

2.3 Gather information to characterize the educational problem or the question being posed by those requesting the consultation

2.4 Develop an educational assessment or formulation of the problem which incorporates relevant education theories and best evidence

2.5 Provide actionable recommendations that are presented in an organized manner

3. Design and implement educational programs

3.1 Design a curriculum for an educational program

3.1.1. Design and implement a needs assessment, and analyze the results

3.1.2. Compose learning objectives or milestones using appropriate levels-of-learning taxonomies

3.1.3. Create a curriculum blueprint

3.1.4. Select appropriate instructional methods

3.2 Design a learner assessment program

3.2.1. Select methods and instruments to assess learning

3.2.2. Select methods of standard setting

3.3 Develop a remediation plan for a learner in difficulty

3.4 Implement the educational program

4. Establish plans for the implementation and evaluation of education programs

4.1 Develop and implement plans for delivery and quality improvement of an educational intervention or program

4.2 Evaluate educational programs and interventions using a relevant theoretical framework

4.2.1. Assess teaching methods, implementation, outcomes, and costs

4.2.2. Identify and describe the strengths and limitations of the intervention or program

4.2.3. Analyze and communicate the findings and recommendations to interested parties

4.3 Determine the need for and timing of consultation with other health professionals, experts from other sectors, and partners

Communicator

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Definition:
As *Communicators*, Clinician Educators form relationships with medical learners that facilitate an optimal learning environment.

Key and Enabling Competencies: Clinician educators are able to…

1. **Establish professional relationships with medical learners**
   - 1.1 Communicate using an approach that encourages learner trust and autonomy and is characterized by empathy, respect, and compassion
   - 1.2 Respond to a learner's non-verbal behaviours to enhance communication
   - 1.3 Optimize the educational environment for learner engagement and psychological safety
     - 1.3.1. Manage disagreements and emotionally charged conversations
   - 1.4 Recognize how cultural and social factors, including the hidden curriculum, may influence learning
2. **Engage learners in their medical education journey**
   - 2.1 Use effective communication techniques to foster engagement, learning, and self-reflection
3. **Document and share written and electronic information in an accurate, complete, timely, and accessible manner**
   - 3.1 Medical education consultation
   - 3.2 Individual learner assessments

Collaborator

Definition

As *Collaborators*, Clinician Educators work effectively with other health care professionals.

Key and Enabling Competencies: Clinician educators are able to …

1. **Work effectively with physicians and other colleagues in health professions education**
   - 1.1 Establish and maintain positive relationships with physicians and other colleagues in the health care professions, and experts in other sectors
   - 1.2 Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions
   - 1.3 Engage in respectful shared decision-making with physicians and other colleagues in the health care professions

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1.3.1. Work with others to assess, plan, provide, and review learning activities, including coordinating learning activities with clinical care

2. Work with physicians and other colleagues in the health care professions in a respectful manner to promote understanding, manage differences, and resolve conflicts

2.1 Recognize how systemic factors act to oppress some individuals more than others

Leader

Definition:

As *Leaders,* Clinician Educators engage with others to contribute to a vision of a high-quality medical education system and take responsibility for the delivery of excellent education through their activities as teachers, administrators, or scholars.

Key and Enabling Competencies: Clinician educators are able to …

1. Contribute to the improvement of medical education in classrooms, community-based teaching sites, and academic health sciences centres

1.1 Participate in quality improvement through processes such as accreditation or evaluation of programs

2. Engage in the stewardship of medical education resources, including human, financial, and physical resources

3. Demonstrate leadership in medical education systems

3.1 Recognize how systemic factors (such as racism, sexism, and other forms of oppression) may contribute to academic inequities and identify opportunities to mitigate their effects

4. Manage career planning, finances, and human resources in personal medical education practice(s)

4.1 Set priorities and manage time to integrate practice and personal life

4.2 Manage personal professional practice(s) and career

4.3 Implement processes to ensure personal practice improvement

Health Advocate

Definition:

As *Health Advocates*, Clinician Educators contribute their expertise and influence to improve health outcomes for patients and populations. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change. Within their work as clinician educators, they

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incorporate health equity concerns into the development, implementation, and evaluation of educational programs and interventions.

Key and Enabling Competencies: Clinician educators are able to…

1. **Respond to the needs of the communities or populations they serve by advocating with them for system-level change within medical education in a socially accountable manner**
   - 1.1 Advocate for the integration of equity, diversity, inclusion, accessibility (EDIA), and Indigenous perspectives/principles within medical education
2. **Develop and implement curriculum that advances anti-oppression in medicine**

Scholar

Definition

As *Scholars*, Clinician Educators demonstrate a lifelong commitment to excellence in medical education practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.

Key and Enabling Competencies: Clinician educators are able to …

1. **Engage in the continuous enhancement of their professional activities through ongoing learning**
   - 1.1 Develop, implement, monitor, and revise a personal learning plan to enhance professional practice
   - 1.2 Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources
     - 1.2.1. Apply the principles of reflective practice
   - 1.3 Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice
     - 1.3.1. Participate in an educational community of practice
2. **Teach students, residents, the public, and other health care professionals**
   - 2.1 Recognize the influence of role modelling and the impact of the formal, informal, and hidden curricula on learners
   - 2.2 Promote a safe learning environment
   - 2.3 Ensure patient safety is maintained when learners are involved
   - 2.4 Plan and deliver a learning activity
     - 2.4.1. Skillfully facilitate groups of peers, colleagues, and members of the public

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2.4.2. Demonstrate effective and scholarly teaching in multiple relevant contexts

2.5 Provide feedback to enhance learning and performance

2.5.1. Incorporate best practices in feedback, including giving feedback in challenging settings (e.g., a learner in difficulty)

2.6 Assess and evaluate learners, teachers, and programs in an educationally appropriate manner

3. Integrate best available evidence into educational practice

4. Contribute to the creation and dissemination of knowledge and practices applicable to medical education

4.1 Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and considering vulnerable populations

Professional

Definition:

As *Professionals*, Clinician Educators are committed to the well-being of learners and educational programs through ethical education practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

Key and Enabling Competencies: Clinician educators are able to …

1. Demonstrate a commitment to their learners and colleagues by applying best practices and adhering to high ethical standards

1.1 Exhibit appropriate professional behaviors and relationships in all aspects of educational practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality

1.2 Demonstrate a commitment to excellence in all aspects of practice

1.2.1. Demonstrate a commitment to ongoing professional development, by

1.2.1.1. Reflecting on and planning for ongoing learning in the field of education

1.2.1.2. Developing a philosophy of teaching and learning based on a theoretical framework

1.2.1.3. Identifying strategies to supplement or enhance the self-assessment of learning needs

1.2.1.4. Engaging in a community of practice

1.3 Recognize and respond to ethical and privacy issues encountered in educational practice

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1.4 Recognize and manage conflicts of interest, including relations with industry

1.5 Exhibit professional behaviours in the use of technology-enabled education

2. Demonstrate a commitment to society by recognizing and responding to societal expectations in medical education

3. Demonstrate a commitment to the profession of medical education by adhering to standards and participating in physician-led regulation

4. Demonstrate a commitment to physician health and well-being

4.1 Exhibit self-awareness and manage influences on personal well-being and professional performance

4.2 Manage personal and professional demands for a sustainable practice throughout the physician life cycle

4.3 Promote a culture that recognizes, supports, and responds effectively to colleagues in need

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REQUIRED TRAINING EXPERIENCES

1. Complete a portfolio addressing all of the major tasks.

2. Complete an educational program that encompasses six domains
   A. Each of these four mandatory domains
      1. Translating evidence into theory and practice
      2. Teaching and learning
      3. Curriculum design, implementation, and evaluation
      4. Assessment
   B. At least two of these selective domains
      1. Education leadership
      2. Education scholarship
      3. Simulation-based education
      4. Digital education

3. Participate in medical education consultations

4. Teach in a variety of contexts and learning environments

5. Participate in continuing professional activities related to instructional methods relevant to the clinician educator's practice environment

6. Attend a medical education conference

7. Participate in the academic activities of the Clinician Educator program

8. Participate in a community of practice

9. Engage as a mentee in a mentorship relationship with a medical education mentor(s)

10. For those completing the specialized domain related to education leadership (B.1)
    a. Complete a personal leadership inventory
    b. Attend formal leadership training (examples include Canadian Leadership Institute for Medical Education (CLIME) or Physician Leadership Institute courses)

11. For those completing the specialized domain related to education scholarship (B.2)
    a. Complete the Tri-Council Policy Statement Course on Research Ethics (TCPS 2: CORE-2022)

12. For those completing the specialized domain related to simulation-based education (B.3)
    a. Participate in learning activities that incorporate simulation

13. For those completing the specialized domain related to digital education (B.4)
    a. Participate in the development of digital education resources
    b. Participate in the appraisal of digital education resources

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