Longitudinal CanMEDS Competencies (LCC): Using experiential learning to implement CanMEDS roles in post-graduate medical education

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Introduction

The Royal College of Physicians and Surgeons of Canada’s CanMEDS project defines the roles of a physician to include seven important competencies.

Postgraduate training programs must incorporate the teaching and evaluation of the CanMEDS roles. Program Directors struggle with implementing a curriculum for the so called non-medical expert (NME) roles or intrinsic roles in residency programs.

While NME roles are highly valued, there are challenges in terms of current strategies for teaching and assessment of these roles. Words such as “frustrating”, “nervous”, “poorly defined”, and, “difficult” were used to describe efforts to translate the NME competencies into a curriculum. There is strong support for the CanMEDS construct of a ‘good doctor’ as requiring qualities beyond biomedical expertise.1

Experiential Learning

Experiential learning is the process of making meaning from direct experience.

According to David Kolb2, knowledge is continuously gained through both personal and environmental experiences. In order to gain genuine knowledge from an experience, certain abilities are required:

1. the learner must be willing to be actively involved in the experience;
2. the learner must be able to reflect on the experience;
3. the learner must possess and use analytical skills to conceptualize the experience; and
4. the learner must possess decision making and problem solving skills in order to use the new ideas gained from the experience.

Objectives

Longitudinal CanMEDS competencies (LCC)

The goal of the curriculum is to teach non-medical expert CanMEDS competencies.

Residents are taught the multi-faceted Roles they will be called upon to play in their professional duties

The Curriculum covers the 6 intrinsic domains

Format

The curriculum is a three year curriculum, one hour every third Tuesday of the month.

Residents are in small groups of 12 residents facilitated by two faculty members, “a safe place”.

Residents are provided advance-reading material and are expected to come to the session prepared for discussion. The sessions involve discussion, role play, video scenarios, and, occasional lecture format.

The facilitators are there to facilitate and are not necessarily content experts. They may or may not lead the discussions.

A Sample Curriculum:

| Session 1       | CanMEDS: Professional: Attire and Behaviour |
| Session 2       | CanMEDS: Communicator: Documentation       |
| Session 3       | CanMEDS: Advocacy:                          |
| Session 4       | CanMEDS: Professional: Well-being          |
| Session 5       | CanMEDS: Scholar Reflection: Career        |
| Session 6       | CanMEDS: Professional: Error Disclosure     |
| Session 7       | CanMEDS: Advocacy Health Literacy          |
| Session 8       | CanMEDS: Communicator Breaking Bad News     |
| Session 9       | CanMEDS: Professional Bioethics            |
| Session 10      | CanMEDS: Professional Reflection: Well-Being|

Case Example:

LCC Session 8
CanMEDS Competency: Communicator, Breaking Bad News

What will happen in this session?
You will meet with your group and practice the skills of Breaking Bad News using role plays. Your LFs have been given 5 role play scenarios to distribute, but you may also make up your own cases if you wish. Each role play has a patient part and a doctor part. Residents should have an opportunity to play both a patient and a doctor part during the session. Residents should only read the case instructions for the particular part of a case that they are playing, to allow for a more spontaneous and natural interview.

Readings: Framework for Breaking Bad News

Evaluations:

There are 4 key sets of skills and behaviours upon which students are evaluated by one another and their facilitators. Students are expected to demonstrate proficiency along all four domains and to continue to maintain/improve over time.

1. Accountability/Respect
2. Respectful Listening
3. Balancing Inquiry and Advocacy
4. Taking Experiential Education Seriously

Resident Satisfaction

“Groups allowed for open and honest discussions.”
“Good mix of medical expert, resident wellness, communicator.”
“Interactive materials (like on line modules) are good since they are engaging.”
“I think learning CanMEDS competencies in smaller groups was more interactive.”
“The one good thing is the actual content. I feel it will be a better environment to discuss such topics rather than a half-day session.”
“I feel that this format will help us build skills on how to work as a team.”

Conclusions:

It is important to find ways to help educators and trainees appreciate the intricate associations between the expert role and all other roles.

Integration of other roles with that of Medical Expert helps to highlight the fact that the competent physician draws upon various roles simultaneously.

Integration of roles teaching and assessment into clinical contexts gives practical relevance to the roles.

References