

Changing to a Competence-based Curriculum

The CPA project



The Université de Montréal Experience

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CPASS

Centre de pédagogie appliquée aux sciences de la santé

Savoir apprendre. Pouvoir agir

Faire progresser la santé

Université de Montréal's CBC Project

The context



- **Elaboration of CanMEDS 2005 framework for a competent physician**
(definition of 7 roles)
- **Based on prior reforms (PBL) and innovations (ICM/ICA)**
(educational method closed to clinical context)
- **Curriculum review, longitudinal planning**
(from admission to CPD)

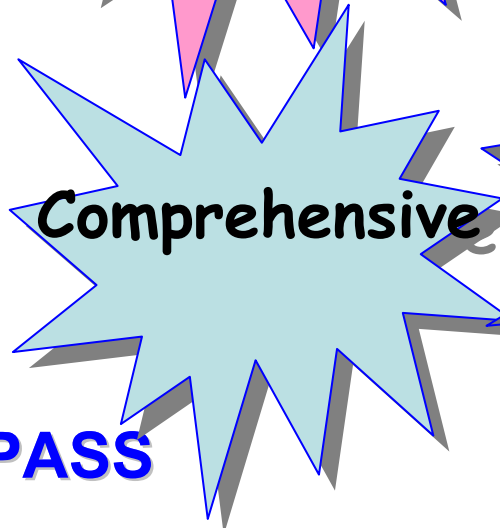
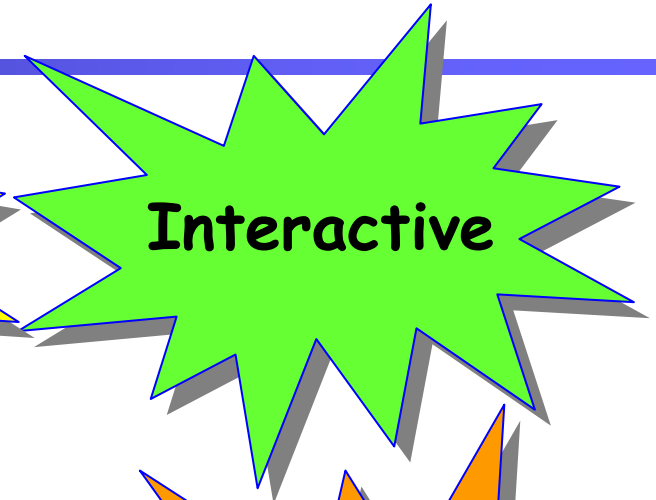
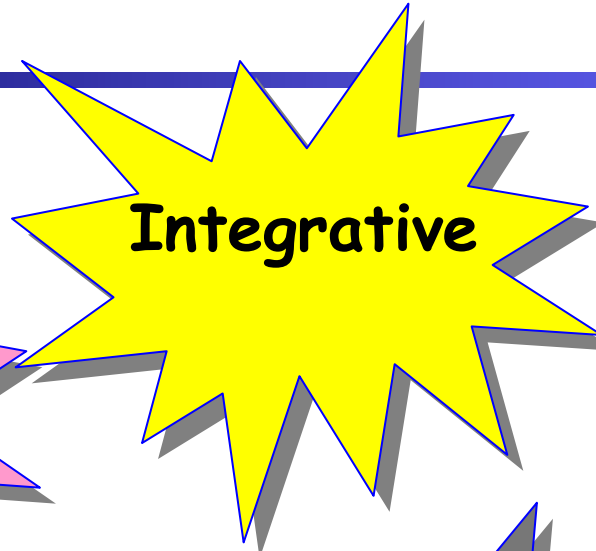
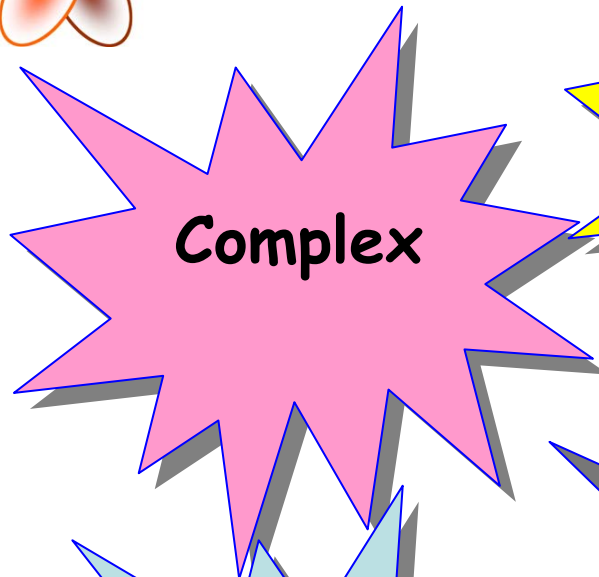
Think "Competence"



Competence: A Definition

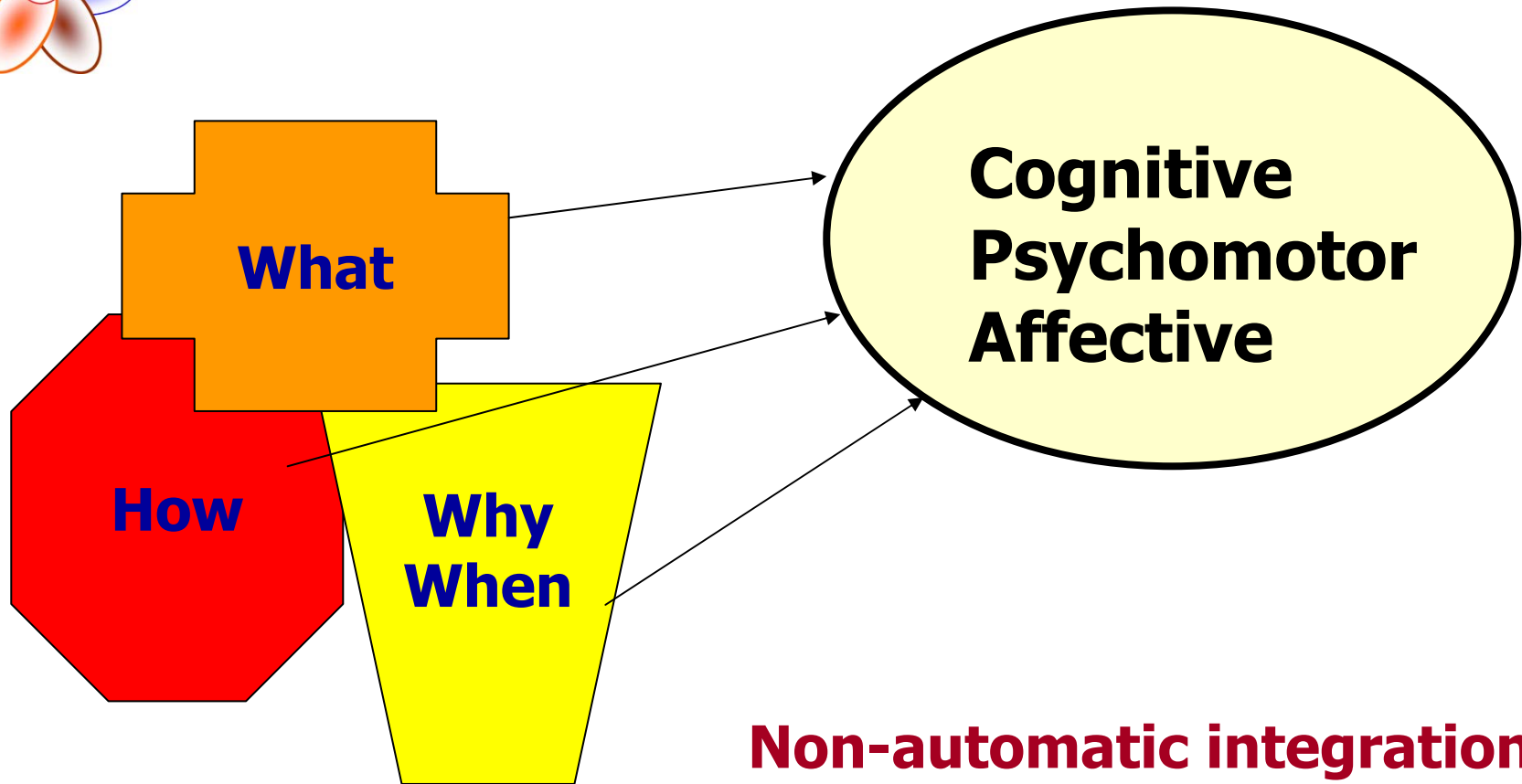
**A complex « know-act »
based on
effective mobilization and a combination
of a variety of
internal and external resources
within
a set of given situations.**

Features of Competence



The tradition: Objective-based Training

Knowledge: does not guarantee the ability to take care of the patient

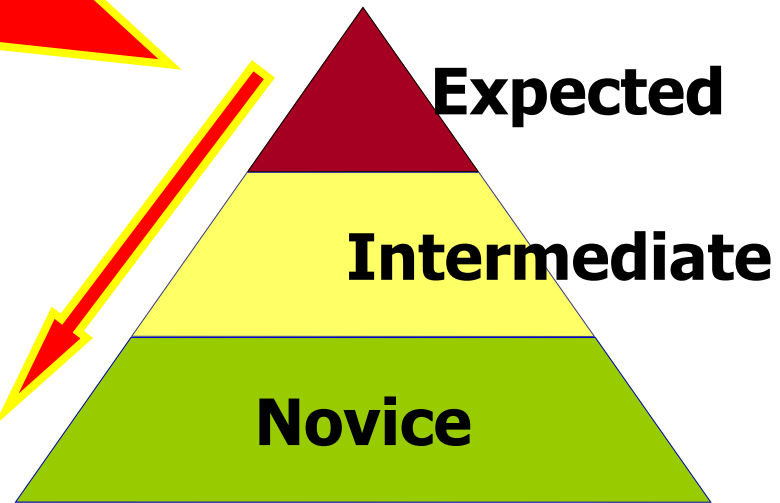


**Non-automatic integration
Assessment = + Easy**

A Competency Approach



**Beginning with the
actions of competent
professionals
To declining competencies**



Competency levels

CBC Training - Features



- **Student-centered, emphasis on autonomy (responsability) and reflexive approach**
- **Learning contexts close to realities of a practice**
- **Integrated program in a learning continuum – use of acquired knowledge and planned**



AB shaking up a Great Thinker.

adapted from Schulz G, UFS inc, by LGSM 2008

The seven Competency Councils

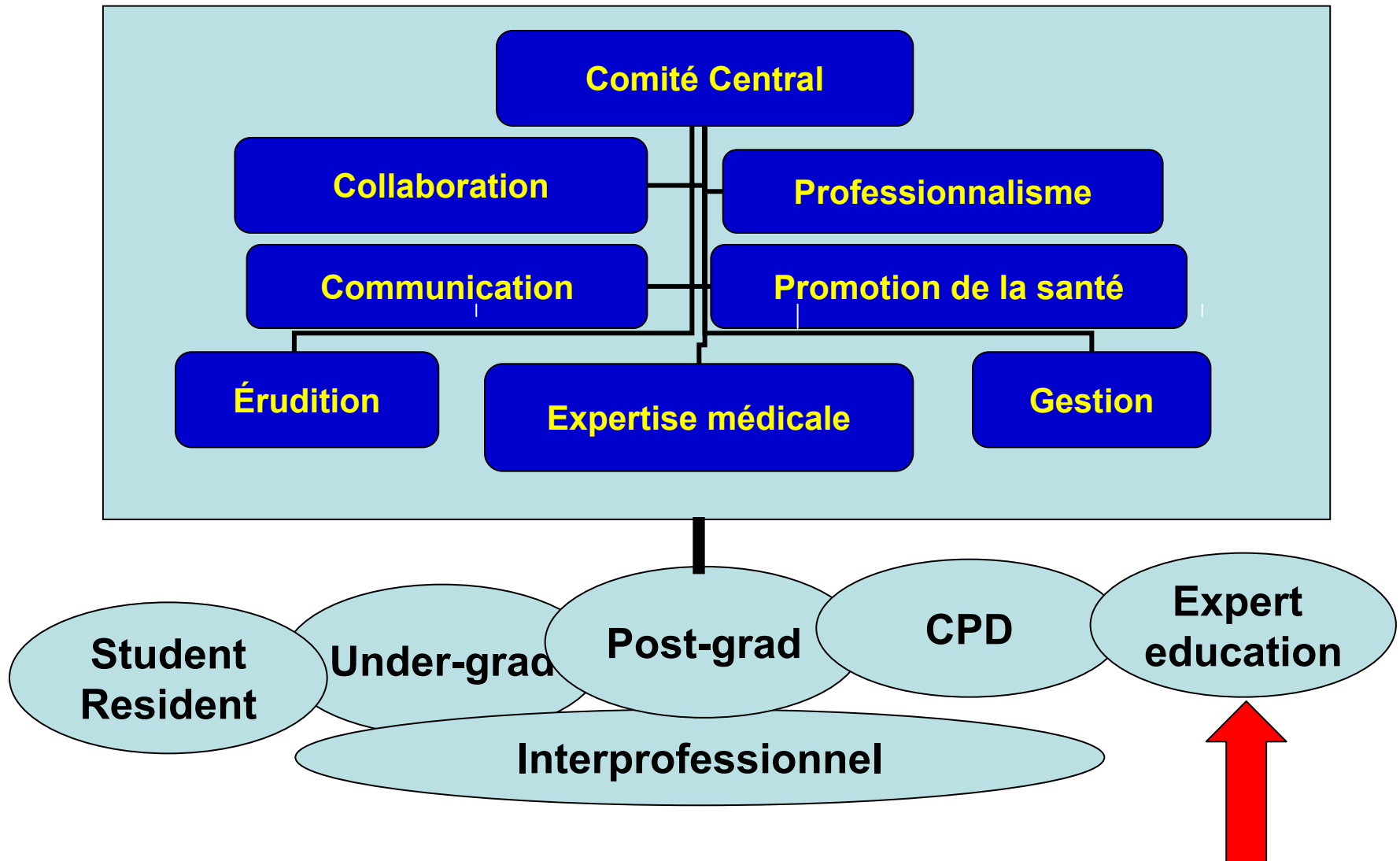
Mandate

- Reflection, in order to change our training program to a CBC, starting with the CanMEDS framework
- Definition of components for each competency and expectations depending on training levels
- Recommendations on choice of training and assessment tools



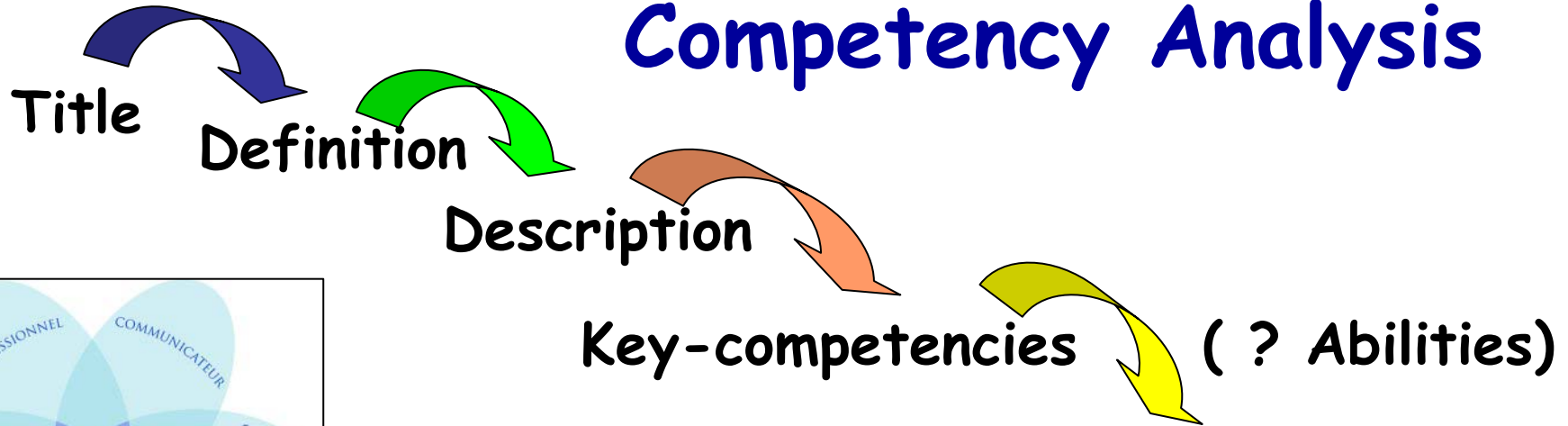
The Central Council

Harmonization - Iterative process



From the framework: 3 main steps

Competency Analysis

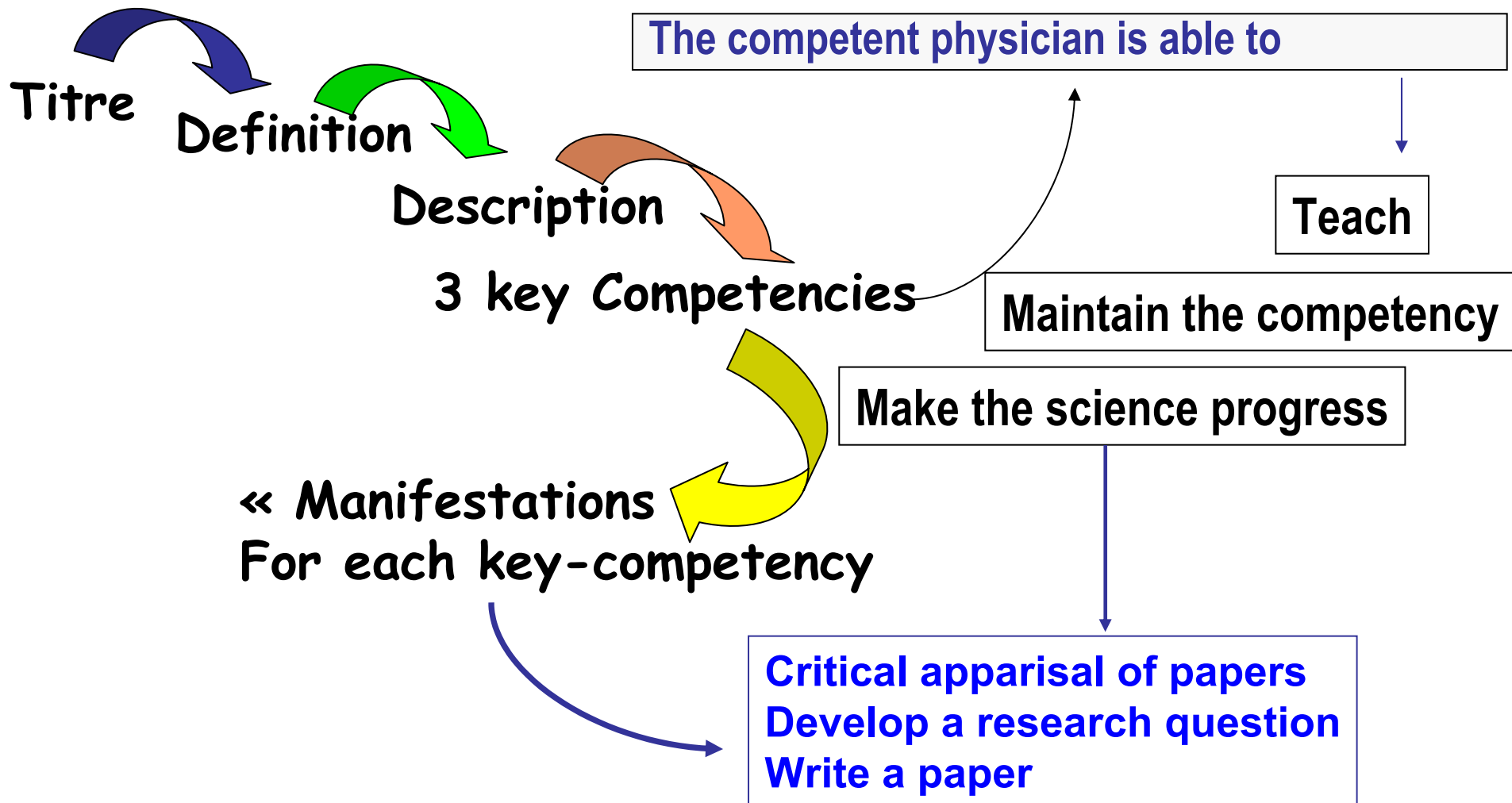


Focus groups

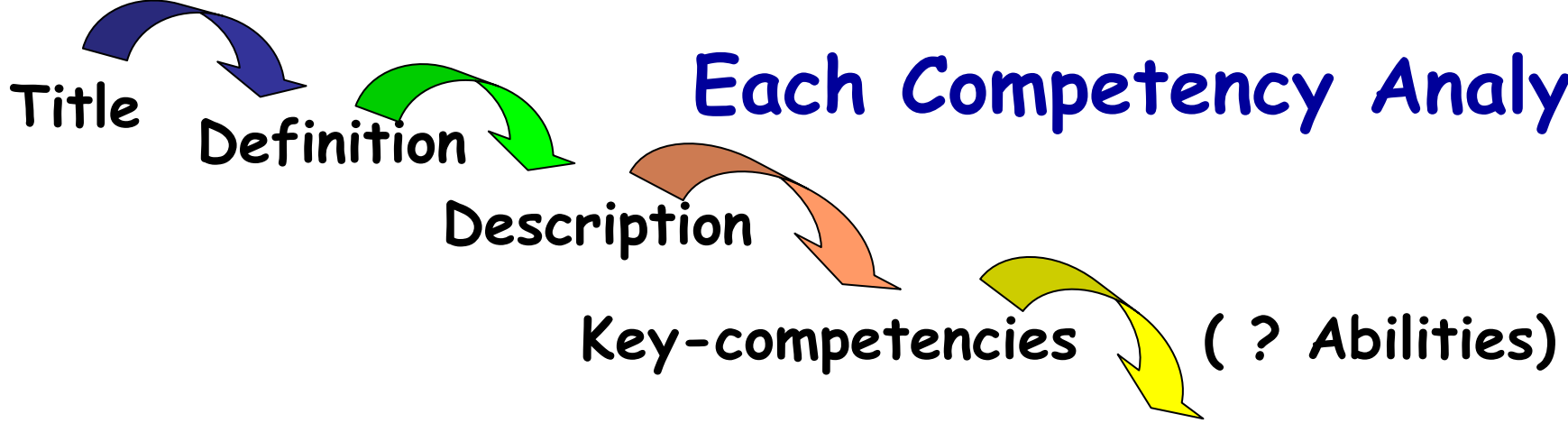
- Translate definition into practical contents
- Eliminate redundancy - Add missing elements
- Adapt the **language**

Planning the curriculum: the steps

Compétence analysis: the Example of Scholarship



Each Competency Analysis



Enabling competencies
(?Manifestations)



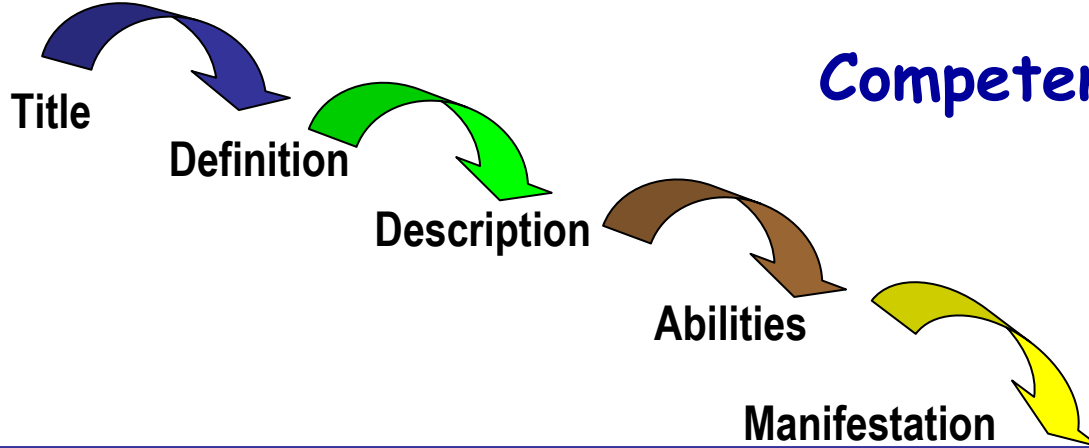
Contexts

Situations

**Exercising
this
competence**

- What is critical to learn
- Select those allowing transfer knowledge
- Group them
- Gradual progression in complexity

Competency Analysis



Exercising competence

Context

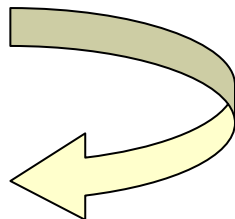
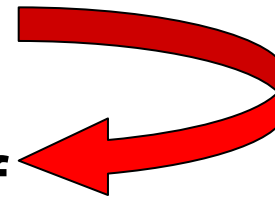
Situation category

Training and Competence

Identify critical stages

Gradual acquisition of knowledge, methods of learning and assessment

Determine performance levels



Competence Training



How do we develop this competency

What are the steps to be able to

- take charge of the team meetings
- manage adequately his own career

...

Elaborate the
cognitive
model

?Do we have evidence-based data?

Important role of the expert of the competency

If not: use judgment and clinical experience

Remain concrete: use professional situations

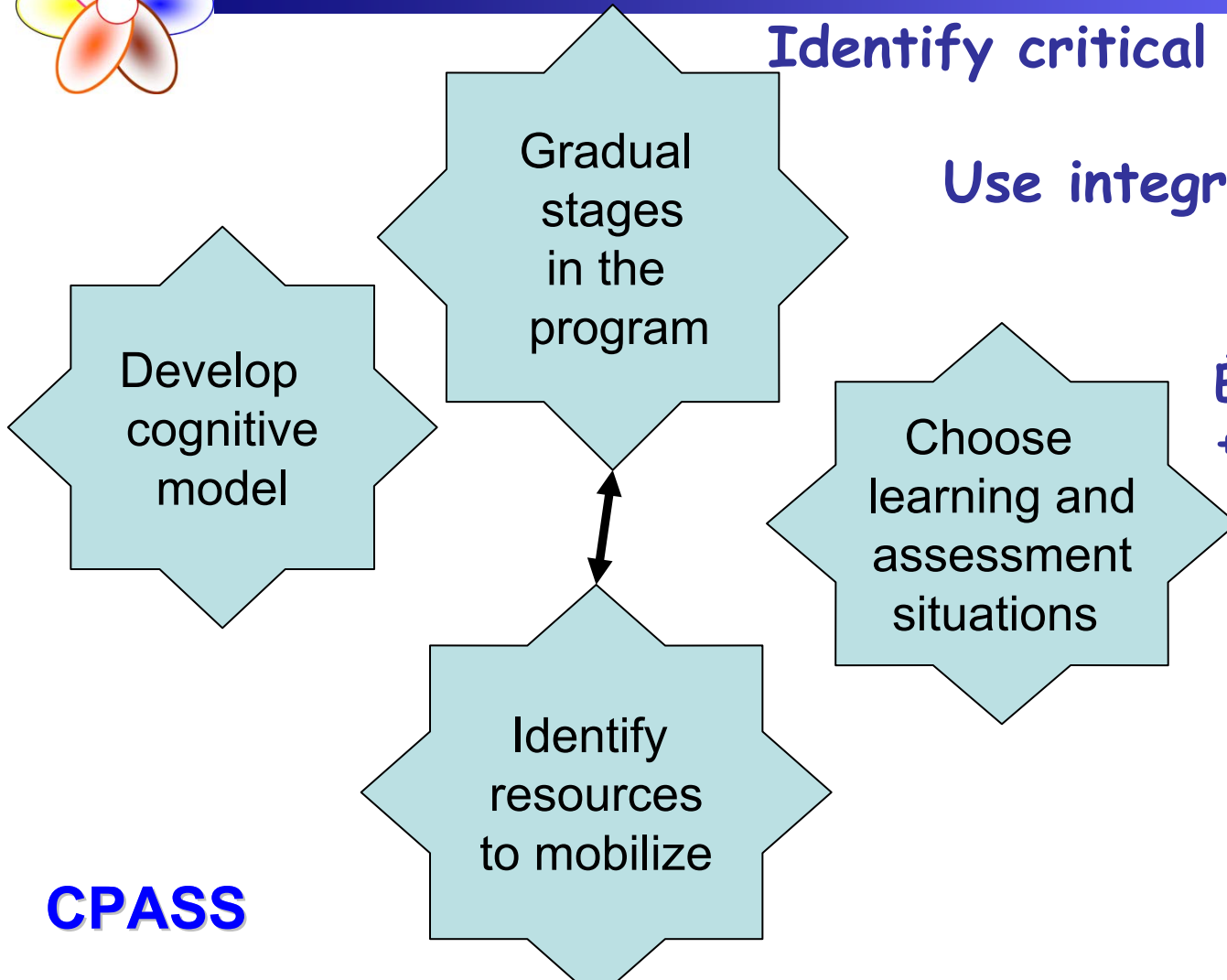
Competence Training



Identify critical stages ? (EPA)

Use integrative task

Étaler la progression
+simple au +complexe



Adapt our methods to the CBC

Competence = Complex



Situational learning activities

PBL – CRS - ICM/ICA – Rotations - Clinical skills labs

Integrative tasks

The example of clinical complex scenario

that enables students to activate one or more specific competencies (expertise) while taking into account one or more cross-curricular competencies adding the ...

and if, and when, and...

Assessment = Observation

Encourage self-evaluation

Competence Training



Develop
cognitive
model

Gradual
stages
in the
program

Identify
resources
to mobilize

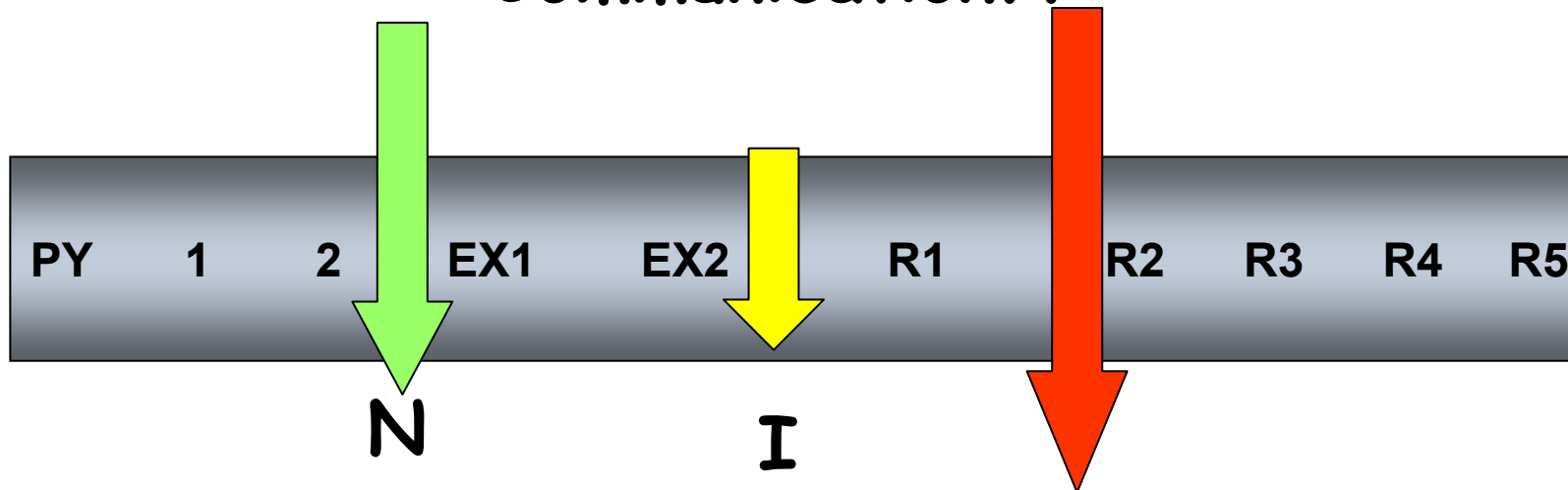
Choose
learning and
assessment
situations

Construct
descriptive
scale

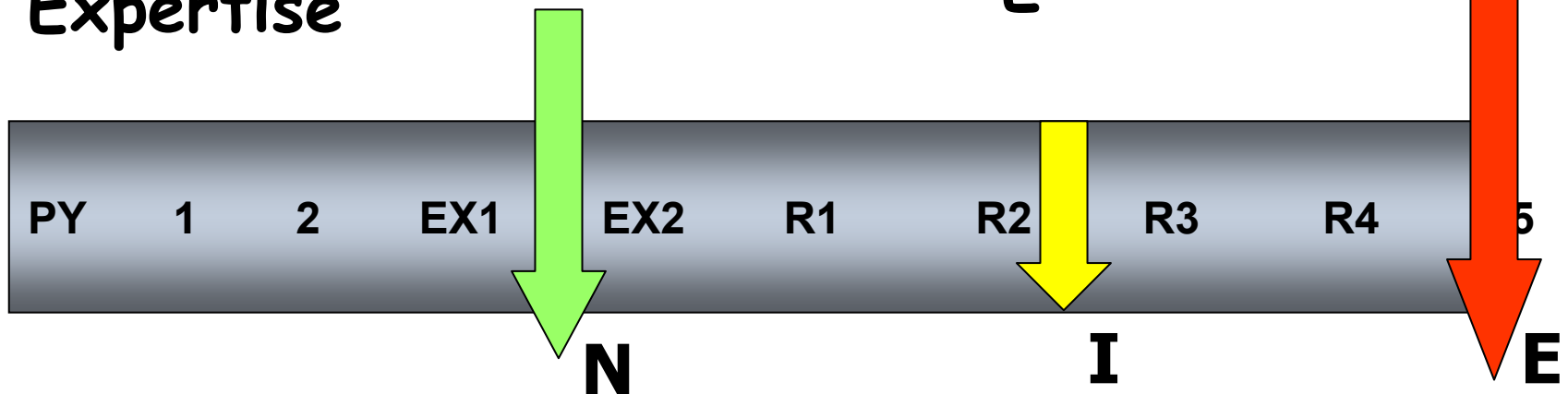
Determine Levels Based on Competence

Novice? Intermediate? Expected?

Communication??



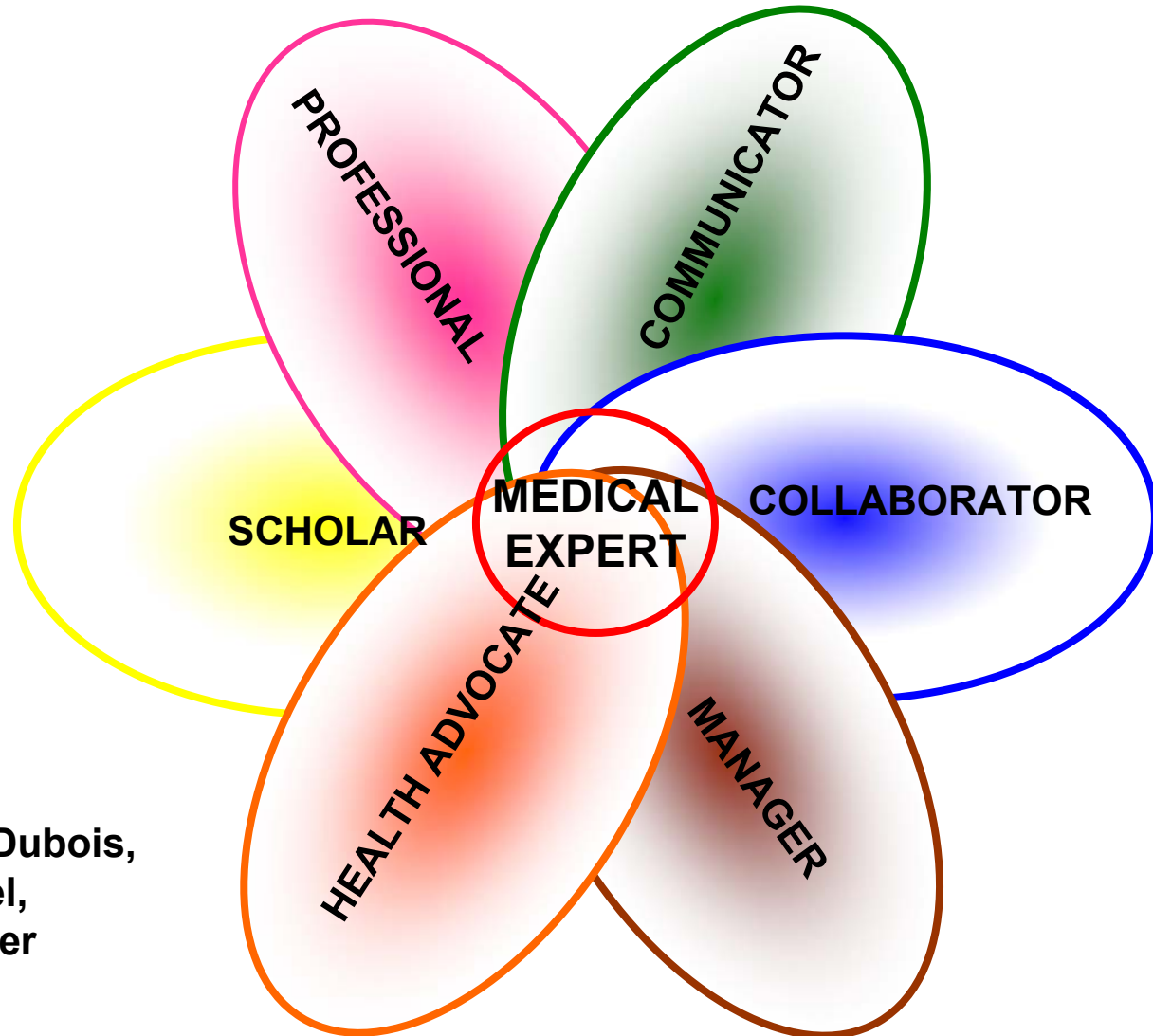
Expertise



Field Strategy

Our "Practical CanMEDS" Committee

Inform
Train
Recruit

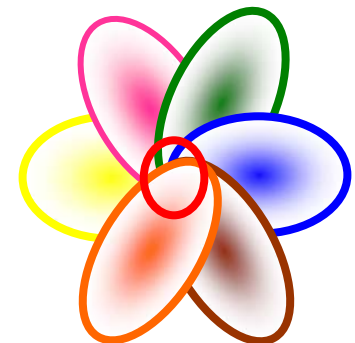


F Bénard, A Bonnardeaux, J Dubois,
G Grégoire, L Guertin, P Lebel,
M Girard, M Chaput, A Boucher

Practical CanMEDs Activities First for Program Directors

- **Multiple training workshops developed**
- **“De novo” Training material assessment**
- **Teaching tools**
Presentations, turnkey workshops, DVDs,
observation grids, cue cards

Creation of links and networks



Educational leaders to the rescue



- **Recruitment of interested professors (80)**
- **Good communicators**
- **Involved in field training**
- **Order: Facilitate program directors' message for professors**
- **Adapt to departments to train professors on-site (>150 profs)**

CAIAC I and II - A MUST

Communauté d'Apprentissage pour l'Implantation de l'APC
[Learning community to implement CBC]



- **CAIAC I – First stage**
Eight two-hour sessions (winter 2007)
Active participation/Presentations of each
Appropriation of books by Tardif and Lasnier
- **CAIAC II – Going further (helping the Councils)**
Choosing competence and expertise
(Critical stages, necessary resources, learning methods
and assessment tools)

Creating a Web site

Conseil central des compétences - Windows Internet Explorer

http://www.cccmed.umontreal.ca/

Conseil central des compétences

Norton™ Le contrôle de la fraude est activé


Université de Montréal

Recherche avancée

Faculté de médecine

CCE Conseil central des compétences

Membres de la communauté : [Ouvrir une session](#)



"Réfléchissons ensemble pour une approche par compétences..."

Andrée Boucher, MD

Bienvenue sur le site du Conseil central des compétences de la Faculté de médecine de l'Université de Montréal !

Directrice : Andrée Boucher, MD

Mandat
Objectifs généraux
Que trouverez-vous sur le site du Conseil central des compétences?
Comment obtenir un mot de passe ?
Nouveautés
Aide en ligne

Mandat
Le Conseil central des compétences a pour mandat principal d'effectuer une réflexion visant à transformer l'ensemble de la formation médicale (pré-doctorale, postdoctorale et le développement professionnel continu) en appliquant les principes de l'Approche par compétences pour exercer la

Developing a CBC Necessary Conditions



- **Be convinced of the value of the approach, understand the implication, take the time**
- **Obtain educational expertise/advice**
- **Be certain of the support of the Direction Team**
- **Develop a network of motivated and trained professors**
- **Involve students/residents early on in the project**

Projet APC UdeM

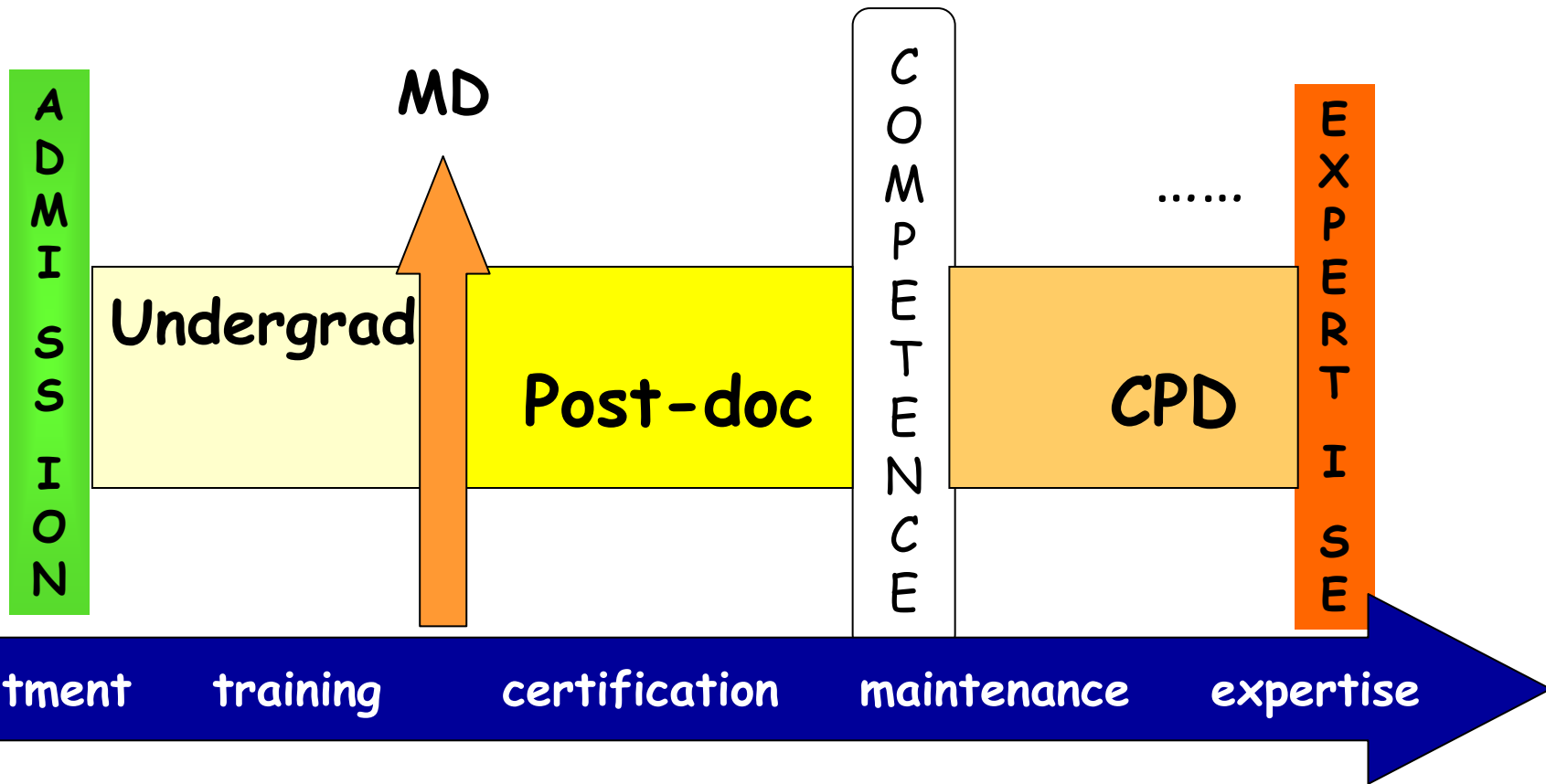
Longitudinal Planning, taking into account previous acquisitions

Systematic construction of the compétence (graded situations)

Remain close to professional situations

The learner = responsible for its own progression

Iterative process: need to validate the model



Competency Training In Each Situation Category



What is critical to learn

Gradual progression – Define suggested path to show competence

- In order to + in + complete
- Situations of + in + complex/serious
- requiring + in + autonomy

Identify internal and external resources to mobilize

Concept of resources

Internal resources

- Knowledge
 - Declarative knowledge
 - Previously memorized information
 - Depictions of reality...
- Know-how
 - Procedural knowledge, skills
 - Strategies...
- People skills
 - Attitudes, values
 - Opinions
 - Perception, intuition...

External resources

- Academic, professional environment
 - Books, articles
 - Web data banks
 - Handheld computer...
 - Other professionals
- Social and cultural environment
 - Family, friends
 - Community
 - Opinion leaders
 - Media...

Integrative Task



- **A contextual and complex learning situation**
- **that enables students to activate one or more specific competencies**
- **while taking into account one or more cross-curricular competencies**
- **and which favours the development and mastery of these competencies in action.**

Assessment Using a CBC



Importance of **formative assessment** based on

- Multiple observations of various sources (*peers, teachers, interprofessional team members, patients and family/friends*)
- Easily-identifiable behaviour
- Associated with repeated feedback
- Using assessment and criteria grids

Exercising Competence Context and Situations



CONTEXT OF
THE EXERCISE



Patient/Families

**Family:
Serious situations**

**Need to hospitalize
dehydrated child**

**Announce
Dx ARF and
need for
dialysis**

**Cancer in terminal phase
and palliative care**