Transitions

Challenges and opportunities

in supporting the transition

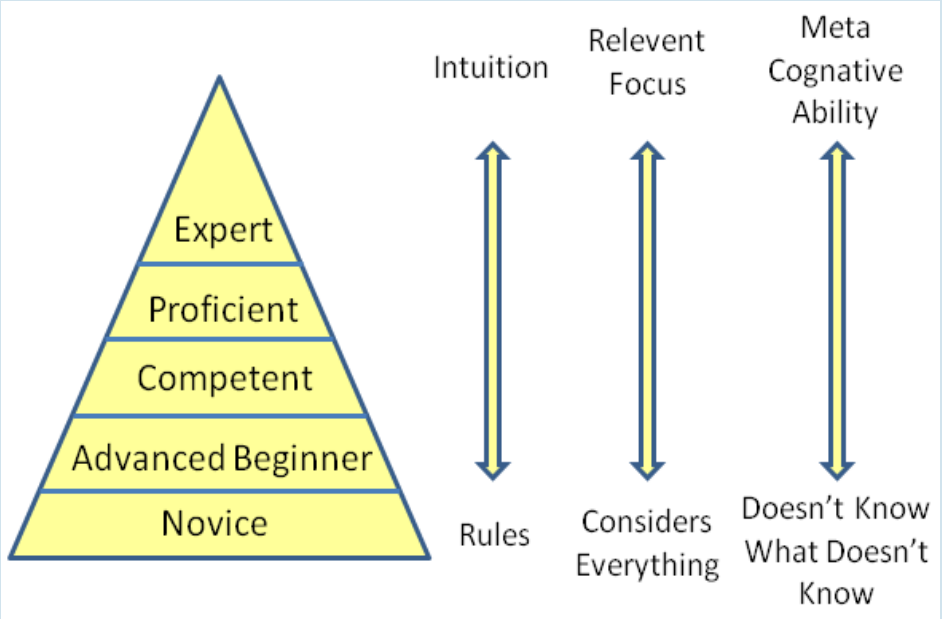
from student to doctor

Dr John Jenkins

President, Association for the Study of Medical Education

Defining and encouraging excellence

Dreyfus and Dreyfus have offered a model of professional expertise that plots an individual's progression through a series of five levels:
novice, advanced beginner, competent, proficient, expert.



Capability
Communication
Conscience
Compassion

Excellence – at each level

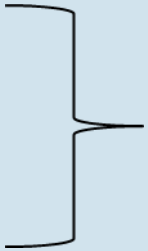
The journey towards excellence

"This requires developing a program in which curricular experiences, assessment practices and support activities are aligned to provide an educational culture that encourages self-regulated learning."

Beyond assessment of learning toward assessment for learning: Educating tomorrow's physicians.
Dannefer E. Med Teach 2013; 35: 560

The programme

- Curriculum
- Assessment
- Support activities



Alignment

2. Learning includes assessment

Evaluation of performance needs to take place, at least partly, in the clinical setting.

Two types of Workplace Based Assessments:

1. *Supervised learning events* (SLEs)
2. *Assessments of Performance* (AoPs)

SLEs	**AoPs**
Formative	Summative
Assessment **FOR** learning	Assessment **OF** learning

http://careers.bmj.com/careers/advice/view-article.html?id=20009002

Supervised learning events (SLEs)

- Local structures for programme delivery should enable and encourage trainees to identify learning needs and plan SLEs with their supervisors throughout each period of training
- Trainee ownership is essential (shared responsibility)
- Through informed and constructive feedback, trainees should view the process as an opportunity to improve performance, rather than a threat to progression
- Feedback is vital, including a specific educational action plan to guide further learning, included as part of the record
- There must be coherence of evaluation throughout the programme

Programmatic assessment and student learning. Heeneman S. Med Educ 2015; 49: 487

Assessment of Performance

"What if we were to take our most influential social judgement – **trust** – and use it as the foundation of a formal assessment system in medical education?"

Gingerich A. Med Educ (2015) 49:748

Trust - an essential element in learning

"The simultaneous goals of ensuring quality patient care and affording trainees appropriate and progressively greater responsibility require that the supervising physician trusts the trainee.

Trust acts as a gatekeeper to the learner's increasing level of participation and responsibility in the workplace.

Entrustment recognizes not only trainees' competence, but also their habits of mind and professional traits that predict how they will behave in future clinical situations."

Understanding trust as an essential element of trainee supervision and learning in the workplace.
Hauer K *et al*. Adv in Health Sci Educ (2014) 19: 435

Entrustment decisions

Trainees progressively assume greater independent responsibility aligned with their individual skill levels while developing habits of mind, in a climate that prompts them to recognize and reflect on their own strengths and invite supervision as needed.

Supervision based on entrustment fosters the **supervisor's** accountability not only for trainees' learning but also for their future patient care outcomes. That is, the supervisor anticipates how trainees will care for patients in the future.

A focus on entrustment therefore promotes **collaborative supervisory relationships** focused on shared goals for learning and patient care in the present and future.

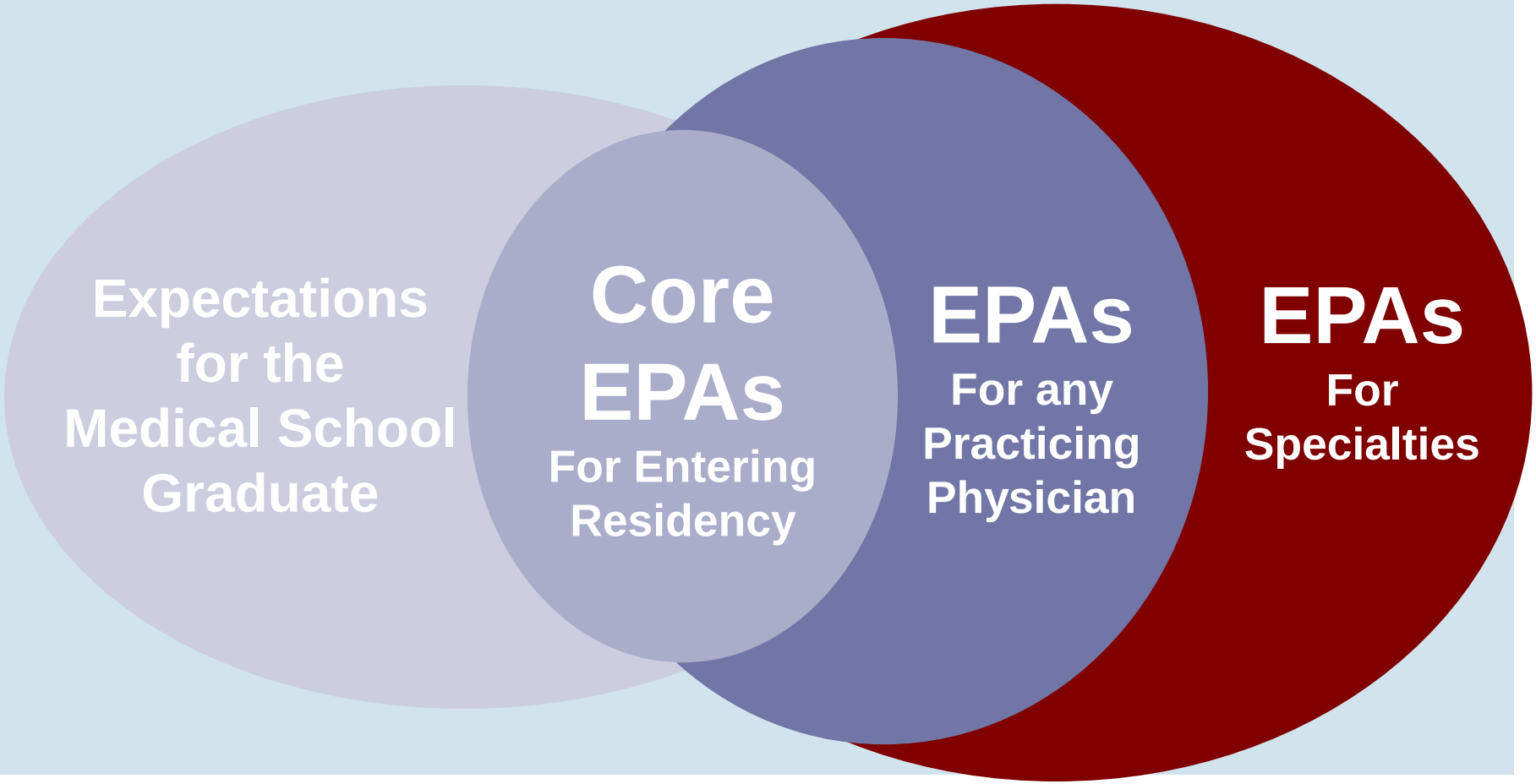
Trust incorporated into the learning programme

Trainees learn the value of developing into ‘‘trustworthy’’ clinicians through a **curriculum** that inculcates the professionalism necessary for a career that entails earning the trust of patients and colleagues.

Assessment based on defined competencies and milestones captures the range of trainee behaviours that are foundational for entrustment.

The **programme** must ensure that entrustment decisions are appropriately meaningful for the trainee by allowing gradual building of responsibility and new opportunities for unsupervised practice.

Entrustable Professional Activities



Association of American Medical Colleges (AAMC)
https://www.aamc.org/cepaer

The programme - 3

- Curriculum
- Assessment
- Support activities – culture and context

Culture

The public needs more from medicine than competent performance. Medical education goes beyond learning medicine; it is fundamentally about **becoming a dedicated physician**.

Many features of contemporary undergraduate and graduate medical education do not support the development of capacities we desire and society needs in our physicians.

The most overlooked aspect of professional preparation was **the formation of professional identity** with a moral and ethical core of service and responsibility around which the habits of mind and of practice could be organised

Educating physicians Cooke, Irby and O'Brien

Context

"We believe that transformation of identity should be the highest purpose of medical education.

One of the major ways of promoting professional identity formation is to immerse trainees in a setting that embodies the highest values of the profession: excellence, collaboration, respect and compassion."

Educating physicians Cooke, Irby and O'Brien

The learning environment

Three broad components in any institution or setting:

- alignment with the institutional culture
- curriculum (both formal and informal)
- educational climate

Role modelling plays a key part to encourage or discourage job satisfaction, community, celebration and resilience.

The journey towards excellence

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Faculty development is a critical component

The fundamental flaw in the current competency-based assessment process may not be conceptual but, rather, related to implementation. Assessment requires dedicated time and committed relationships between learners and faculty. Without the investment in time to provide capable faculty assessors all of the checklists and evaluation forms will be of little value.

Sklar D. Acad Med 2015; 90(4): 395

Faculty development is a key element of encouraging and supporting the creation and maintenance of high quality learning environments. This requires support, recognition and rewards, balanced appropriately with clear duties and responsibilities.

The bigger picture

To improve quality and safety for patients, all organisations must work together more effectively.

"For professional regulators such as the Medical Council, the reports have demonstrated that we must see ourselves as a part of, not apart from, the systems in which doctors work.

Above all, it means much more effective sharing of information."

The state of medical education and practice in the UK. GMC (2013)

Finally, medical education needs a vibrant community of research and education practice

- Medical education is thriving because it is shaped and nourished within a community of practice of collaborating teachers, practitioners and researchers
- The values of this community of practice – inclusiveness, openness, supportiveness, nurture and mentorship - are key elements for its sustainability
- Dialogue between education practice (and its teachers) and education research (and its researchers) is indispensable

van der Vleuten C. Med Educ 2014; 48: 761

The Association for the Study of Medical Education

www.asme.org.uk

INMED and ASME are communities of practice which improve the quality of medical education by bringing together individuals and organisations with interests and responsibilities in medical education.

Their members have particular interests and expertise in medical education research and educator development.

Both are planning to hold their annual meetings in Belfast 5 to 8 July 2016