

COMPETENCY-BASED POSTGRADUATE MENTORED CLINICAL PRACTICE: CAN WE BRIDGE THE GAP BETWEEN SCIENCE AND CLINICAL PRACTICE?

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OBJECTIVE

- Overview competency based MCP
- Example of assessing an intervention (groups)
- Translation into Dutch situation



CONFLICT IN MENTORING ??

Expertise

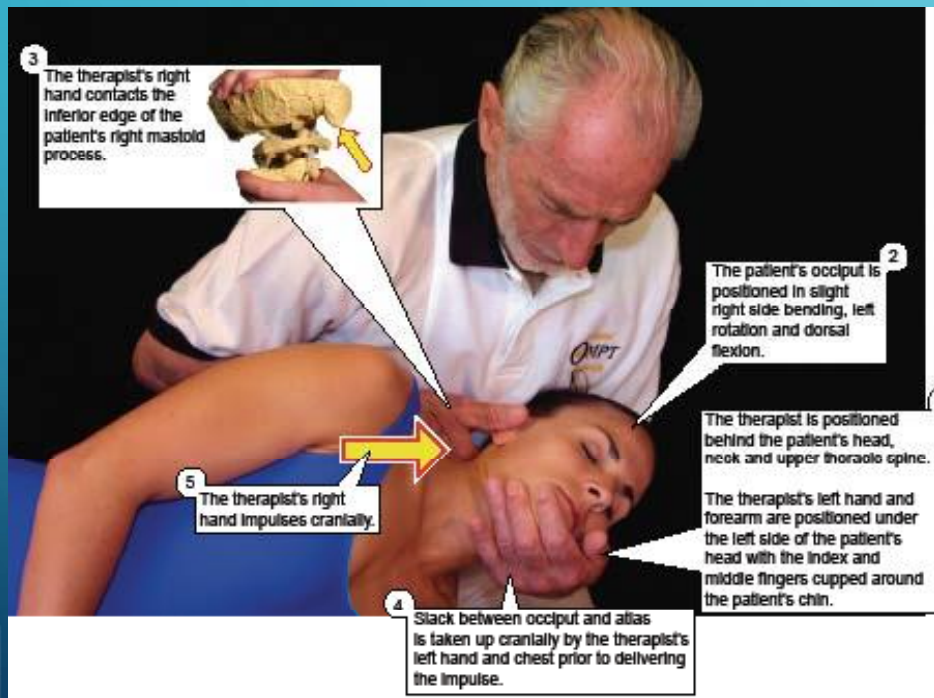


vs

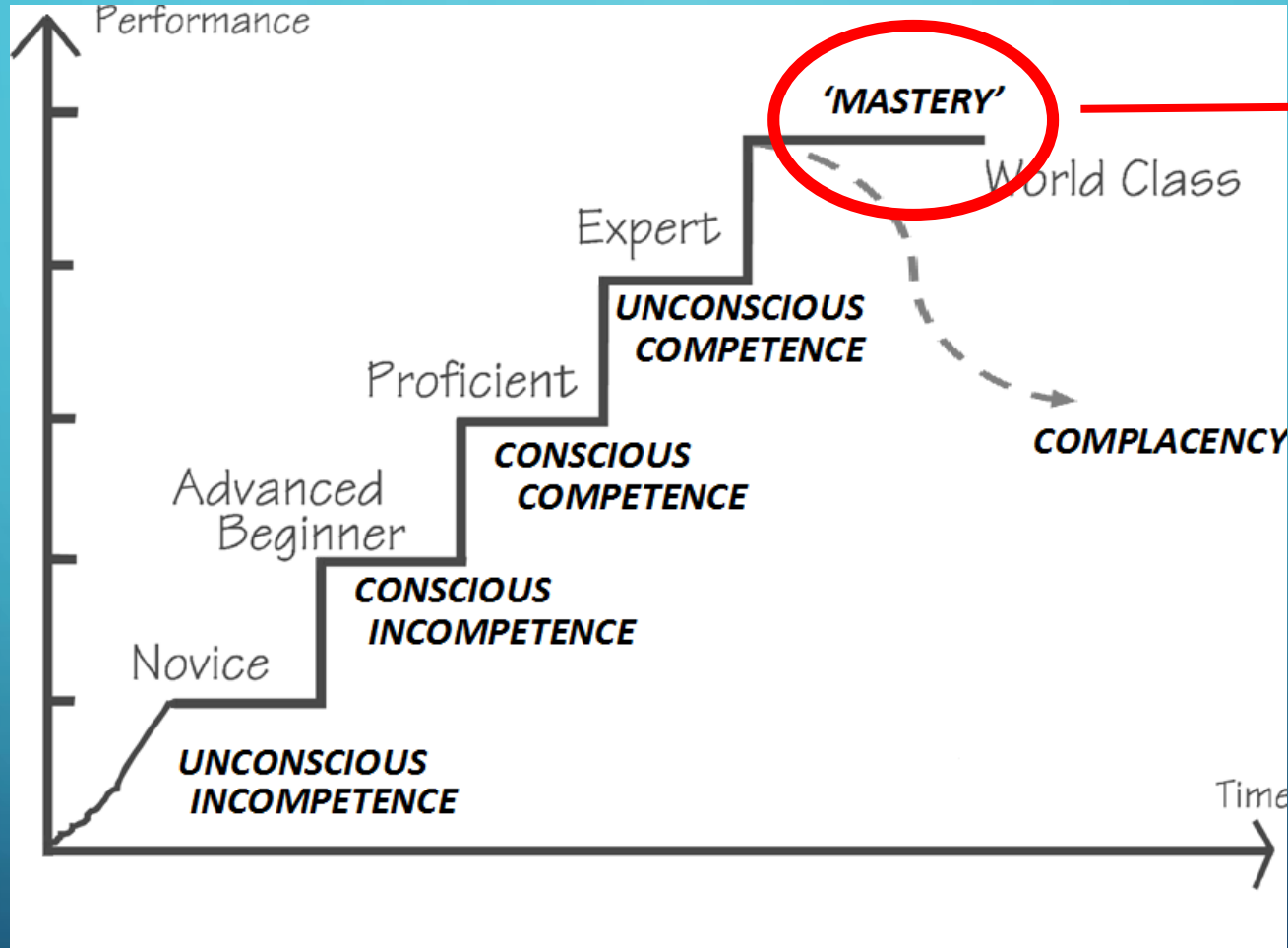
Competency



Sufficiency of knowledge and skills that enable a person to act effectively (successfully) in a situation



Competency



EUROPEAN QUALIFICATION FRAMEWORK

	Knowledge	Skills	Competence
Level 7 ^[3]	<p>Highly specialised knowledge, some of which is at the forefront of knowledge in a field of work or study, as the basis for original thinking and/or research</p> <p>Critical awareness of knowledge issues in a field and at the interface between different fields</p>	<p>Specialised problem-solving skills required in research and/or innovation in order to develop new knowledge and procedures and to integrate knowledge from different fields</p>	<p>Manage and transform work or study contexts that are complex, unpredictable and require new strategic approaches; take responsibility for contributing to professional knowledge and practice and/or for reviewing the strategic performance of teams</p>



THE STUDENT, MENTEE;

- Has the knowledge and skills.
- Is capable to act under full supervision
- Can act under partial supervision (reactive)
- Can act without supervision
- Can give supervision to others
- Can add science and evidence into clinical reasoning
- Can act as a reflective practitioner



AMBITIONS ??



Nine Dimensions of Reflective Practice

Strategies to use in your practice

1. Study your teaching for personal improvement
Reflect regularly

2. Evaluate your teaching using Research
Action research

3. Link theory with practice
Use the literature

4. Question your personal theories and beliefs
Critical analysis

5. Consider alternative perspectives and possibilities
Learning conversations

6. Try out new strategies and ideas
Innovation

7. Maximise the learning potential of students
Inclusive practices

8. Enhance the quality of your teaching
Effective practice

9. Continue to improve your teaching
Professional learning



by attribution Bronwyn Hegarty 2013

COMPETENCY BASED POST GRADUATE TRAINING,

Use of entrustable professional activities EPA's \approx
competencies and activities are related.

EPA's are those professional activities that together
constitute the mass of critical elements that operationally
define a profession

Ten Cate O, Scheele F 2007 Competency-Based Postgraduate Training:
Can We Bridge the Gap between Theory and Clinical Practice. *Academic Medicine* 87(6):542-7⁹



HOW DO WE ASSESS THIS ??

		Care of patient	History taking	P/E	As	Clinical reasoning	intervention	reassessment	
		Complicated pregnancies		Uterine at. neonate	Tran. delivery	P. delivery	S. as low risk		
ACGME competencies†	The ability to provide adequate <i>patient care</i>	●	●	●	●	●	●	●	The overall assessment of competencies is not actually done. In stead, their presence is inferred from the assessment of sufficient EPAs.
	The possession and ability to apply <i>medical knowledge</i>	●	●	●	●	●	●	●	
	The ability to <i>learn from clinical practice and to improve it</i>				●	●			
	The possession and ability to apply <i>interpersonal and communication skills</i>		●		●	●			
	The ability and commitment to carry out <i>professional responsibilities</i>	●		●		●			
	The awareness of and ability to operate optimally within the <i>context, system, and resources of health care</i>					●		●	
		EPAs are the focus of assessment, by observation, ratings or otherwise							

VIDEO

- Module TMJ (5 EC's)
- Student has to write a case report using the HOAC structure
- Video

Three competencies – diagnose

intervention

communicate and collaborate

The Hypothesis-Oriented Algorithm for Clinicians II (HOAC II): A Guide for Patient Management

[Jules M Rothstein, John L Echternach and Daniel L Riddle](#) PHYS THER 2003

IFOMPT Teachers Meeting, Hoge School Utrecht, The Netherlands

27 September 2014



Q

Score the competence; the ability to provide optimal patient care for the activity: intervention on a scale

1. Fail
2. Not sufficient
3. Sufficient
4. Good



MASTER MCP UNIVERSITY OF APPLIED SCIENCES UTRECHT



S e m e s t e r 1

S e m e s t e r 2

Modulair curriculum van
opleiding master
Fysiotherapie,
specialisatie OMT per
september 2012

J a a r 1

1.Master in de beroepspraktijk 5 EC	3.Meten in de beroepspraktijk 5 EC
2.Screening binnen een biopsychosociale context 5 EC	

4.Diagnostiek bij patiënten met musculoskeletale klachten 5 EC	6.Specifieke diagnostiek in de manuele therapie 5 EC
5. Onderbouwen van de beroepspraktijk 5 EC	

S e m e s t e r 3

S e m e s t e r 4

J a a r 2

7.Theorieën en modellen 5 EC	9.OMT lumbar spine and lower extremity 5 EC
8.OMT cervical spine and upper extremity 5 EC	

10.Klinisch redeneren 5 EC	11A.TMJ 5 EC
	11B.Pelvic girdle 5 EC
12.Zorginnovatie 5 EC	

S e m e s t e r 5

S e m e s t e r 6

J a a r 3

13.Zorgevaluatie 5 EC	15.Complexe patiënt met musculoskeletale klachten 5 EC
14.MCP	

16.Master thesis 5 EC	
17 Masterproof	



MASTER MCP IN YEAR 3

Positive score in every module of year 1 and 2

year 3

Semester 5

Zorgevaluatie
5 EC

Specialistische module
5 EC

MCP 8 days
5 EC

Semester 6

Masterthesis
10 EC

Masterproof
5 EC

Final exam

MCP 12 days OMT (IFOMPT days)



Model 2014. R. van Peppen, J. Rehorst

HOW ORGANISED ??

MCP Master (8 days)

- 15 selected private practices
- Mentors level Master or PhD
- Mentors are by contract connected to the programme
- Mentors are obliged to attend two reflective meetings per year
- Mentors are entitled to 60 euro's per day supervision
- Mentee's sign a MCP contract
- Mentee's set specific goals and ambitions for the period



OBJECTIVE; COMPLEX PATIENT PROBLEMS

- *Unpredictable health situations*
- *Multiple problems, comorbidity f.e.)*
- *multi-/interdisciplinairy cooperation.*



2. Waardering door stagebegeleider van het functioneren van de student bij de drie kenmerkende beroepssituaties

Gegevens stageadres		Gegevens student		Gegevens opleiding master Fysiotherapie	
Naam stageadres		Naam student:		Naam examiner:	
Naam stagebegeleider:		Specialisatie:		E-mail:	
Datum beoordeling:				Telefoon:	
Opdracht	Kenmerkende beroepssituatie 1. Onderzoeken van een (bij voorkeur nieuwe) patiënt of een patiënt die reeds onder behandeling is met een verandering in de hulpvraag (D)	Kenmerkende beroepssituatie 2. Behandelen van een patiënt met specifieke aandacht voor het bevorderen van de gezondheid.		Kenmerkende beroepssituatie 3. Samenwerken met patiënt en formele en informele zorgverleners (D)	
Competentie(s):	Diagnose	intervention		Collaborate	
Dimensies ↓	Criteria met score (S = slecht, O = onv, V = vold, G = goed)	Score	Criteria met score (S = slecht, O = onv, V = vold, G = goed)	Score	Criteria met score (S= slecht, O= onv, V= vold,G = goed)
Methodisch handelen	Kan onderzoek planmatig en doelgericht aanpakken, laat een juiste volgorde in denken en handelen zien (niet chaotisch).				
Gefundeerd handelen	Kan keuze voor meetinstrumenten onderbouwen op basis van theorie en evidence.		Kan keuzes in de behandeling onderbouwen op basis van theorie en evidence		Kan in de samenwerking de eigen keuzes voor meetinstrumenten (onderzoek) en behandelingen onderbouwen op basis van de juiste theorie en evidence
Resultaatgericht handelen	Kan metingen met voldoende routine, op de juiste wijze en nauwkeurig uitvoeren.		Voert behandeling: • zo uit dat het resultaat heeft; • in voldoende tempo.		
Communicatief handelen			Kan tijdens behandeling van complex fysiotherapeutische probleem helder (taalgebruik) en professioneel (bejegening) communiceren met patiënt/familie, met aandacht voor gezondheid bevorderen.		Kan diagnose en behandelplan kernachtig en inhoudelijk juist (vaktaal) noteren (schriftelijk) en bespreken (mondeling).
Creatief handelen			Werkt op originele wijze de oefenstof uit Komt met goede ideeën en oplossingen		
Kritisch handelen	Formuleert juiste hypothesen en kiest de best passende instrumenten Analyseert het bewegingsprobleem en de onderzoeksresultaten goed.		Kiest passende strategieën en behandelmethodes		
Reflectief handelen	Kan eigen diagnostisch handelen beoordelen, toont inzicht in eigen werkwijze, komt zelf met verbeterpunten.		Kan eigen interveniërend handelen en handelen gericht op gezondheid bevorderen beoordelen, toont inzicht in eigen werkwijze, komt zelf met verbeterpunten.		Kan eigen handelen in het samenwerken beoordelen, toont inzicht in eigen presentatie, komt zelf met verbeterpunten.

KEY MESSAGE

- Objective MCP; reflective practitioner
- More focus on competencies than skills alone
- Transition process towards a competency based programme is challenging for mentees as well as mentors and organizers

