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

Troubleshooting your technique:

- One cardinal sign that too much slack is being taken up by the manipulating hand is discomfort on the mastoid process prior to the impulse.
- Furthermore, taking up too much slack with the manipulating hand may cause increased tension throughout the manipulating upper extremity which can "slow down" the speed of the impulse.
- If the amplitude of the impulse is too large, the manipulating hand may slide over the mastoid process during the technique resulting in an ineffective and potentially uncomfortable manipulation.
- Failure to support the head against the therapist's chest may result in unwanted flexion of the OA joint during the manipulation.

Note(s)

- During this manipulation the lower cervical spine remains in a neutral or slightly extended position.
- The author's have found both the side-lying and supine OA traction techniques to be helpful in reducing symptoms associated with cervicogenic headache.
Competency

EQF 7 level
### EUROPEAN QUALIFICATION FRAMEWORK

<table>
<thead>
<tr>
<th>Level 7[^3]</th>
<th>Knowledge</th>
<th>Skills</th>
<th>Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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</td>
<td>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</td>
<td>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</td>
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<tr>
<td></td>
<td>Critical awareness of knowledge issues in a field and at the interface between different fields</td>
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</table>
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 ??

Reflective practitioners this way

- How can I improve?
- How could I have done that better?
- Who could give me honest feedback?

Questions own practice and learns from others

Thinks deeply about practice and continues to learn and improve
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
COMPETENCY BASED POST GRADUATE TRAINING,

Use of entrustable professional activities EPA’s ≈ 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 ??

<table>
<thead>
<tr>
<th>ACGME competencies†</th>
<th>Care of patient</th>
<th>History taking</th>
<th>P/E</th>
<th>Clinical reasoning</th>
<th>Intervention</th>
<th>Redressment</th>
</tr>
</thead>
<tbody>
<tr>
<td>The ability to provide adequate patient care</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>The possession and ability to apply medical knowledge</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>The ability to learn from clinical practice and to improve it</td>
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<td></td>
</tr>
<tr>
<td>The possession and ability to apply interpersonal and communication skills</td>
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<td></td>
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</tr>
<tr>
<td>The ability and commitment to carry out professional responsibilities</td>
<td>●</td>
<td>●</td>
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</tr>
<tr>
<td>The awareness of and ability to operate optimally within the context, system, and resources of health care</td>
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</table>

EPAs are the focus of assessment, by observation, ratings or otherwise.

The overall assessment of competencies is not actually done. Instead, their presence is inferred from the assessment of sufficient EPAs.
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
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
Modulair curriculum van opleiding master Fysiotherapie, specialisatie OMT per september 2012
MASTER MCP IN 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

Positive score in every module of year 1 and 2

MCP 12 days OMT (IFOMPT days)

Model 2014. R. van Peppen, J. Rehorst

IFOMPT Teachers Meeting, Hoge School Utrecht, The Netherlands

27 September 2014
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-/interdisciplinary cooperation.
## 2. Waardering door stagebegeleider van het functioneren van de student bij de drie kenmerkende beroepssituaties

<table>
<thead>
<tr>
<th>Competentie(s)</th>
<th>Diagnose</th>
<th>Intervention</th>
<th>Collaborate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gegevens stageadress</strong></td>
<td>Gegevens student</td>
<td>Gegevens opleiding master Fysiotherapie</td>
<td></td>
</tr>
<tr>
<td>Naam stagebegeleider:</td>
<td>Naam student:</td>
<td>Naam examinator:</td>
<td></td>
</tr>
<tr>
<td>Datum beoordeling:</td>
<td>Specialisatie:</td>
<td>E-mail:</td>
<td></td>
</tr>
<tr>
<td><strong>Opdracht</strong></td>
<td>Kenmerkende beroepssituatie 1. Onderzoeken van een (bij voorkeur nieuwe) patient of een patient die reeds onder behandeling is met een verandering in de hulpvraag (D)</td>
<td>Kenmerkende beroepssituatie 2. Behandelen van een patient met specifieke aandacht voor het bevorderen van de gezondheid.</td>
<td>Kenmerkende beroepssituatie 3. Samenwerken met patient en formele en informele zorgverleners (D)</td>
</tr>
<tr>
<td><strong>Competentie(s):</strong></td>
<td><strong>Diagnose</strong></td>
<td><strong>Intervention</strong></td>
<td><strong>Collaborate</strong></td>
</tr>
<tr>
<td><strong>Methodisch handelen</strong></td>
<td>Kan onderzoek planmatig en doelgericht aanpakken, laat een juiste volgorde in denken en handelen zien (niet chaotisch).</td>
<td>Kan keuzes in de behandeling onderbouwen op basis van theorie en evidence.</td>
<td>Kan in de samenwerking de eigen keuzes voor meetinstrumenten (onderzoek) en behandelingen onderbouwen op basis van de juiste theorie en evidence</td>
</tr>
</tbody>
</table>
| **Gefundeerd handelen** | Kan keuze voor meetinstrumenten onderbouwen op basis van theorie en evidence. | Voert behandeling:  
• zo uit dat het resultaat heeft;  
• in voldoende tempo. |  |
| **Resultaatgericht handelen** | Kan metingen met voldoende routine, op de juiste wijze en nauwkeurig uitvoeren. | Kan bijdragen aan 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): |
| **Communicatief handelen** |  |  |  |
| **Creatief handelen** |  |  |  |
| **Kritisch handelen** | Formuleert juiste hypotheses en kiest de best passende instrumenten. Analyseert het bewegingsprobleem en de onderzoeksresultaten goed. | Kiest passende strategieën en behandelmethode |  |
KEY MESSAGE

• Objective MCP; reflective practitioner

• More focus on competencies then skills alone

• Transition process towards a competency based programme is challenging for mentees as well as mentors and organizers