



**Postgraduate education should not be in a silo
It should be part of a continuum
from undergraduate education to CPD.**



Madalena Patricio



OUTLINE

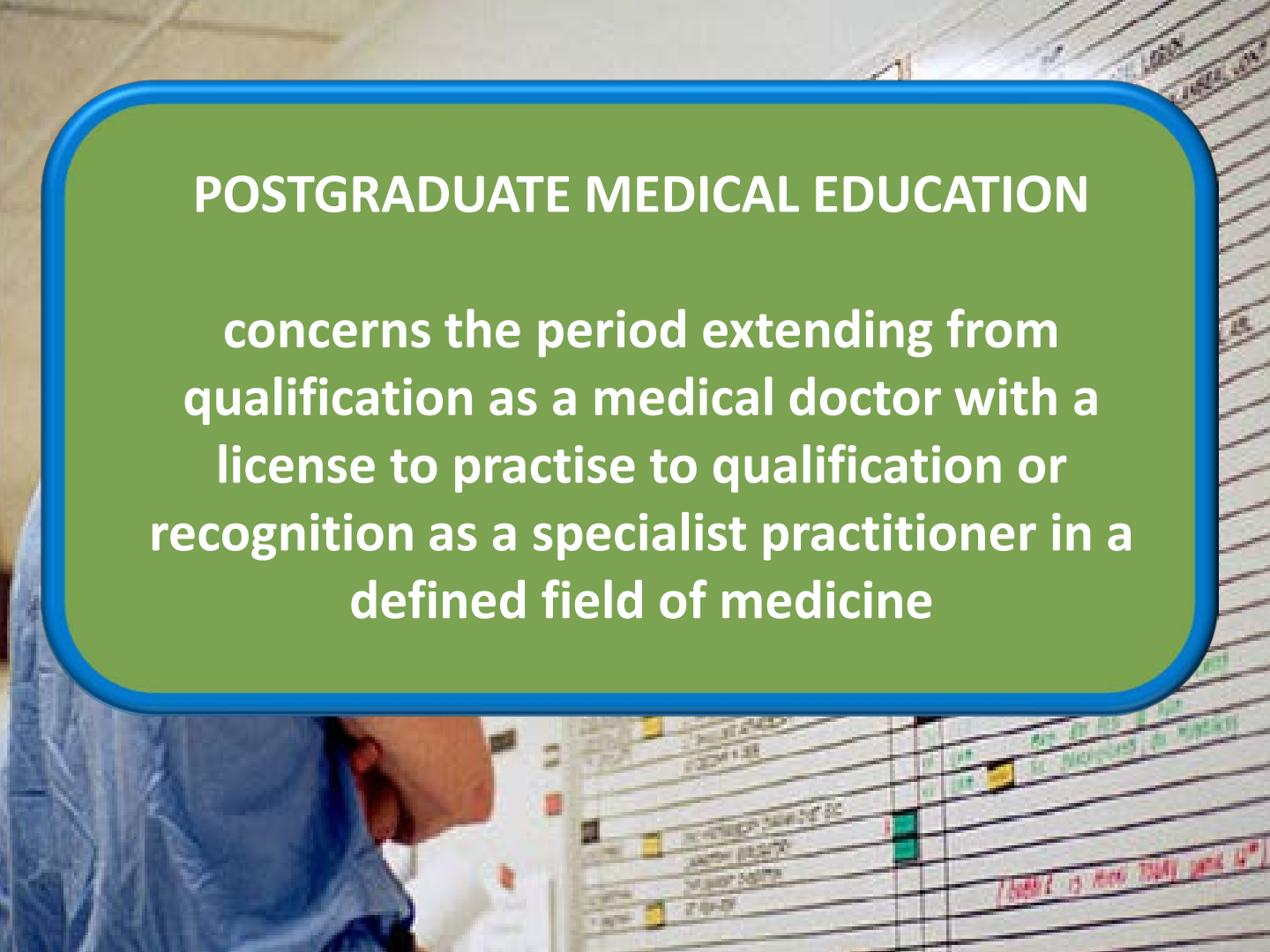
- 1 . Definition and WFME Standards**
- 2. Challenges & the changes we need**
- 3. Golden opportunities**
- 4. Final messages**

Part I

Definition and WFME Global Standards

POSTGRADUATE MEDICAL EDUCATION

concerns the period extending from qualification as a medical doctor with a license to practise to qualification or recognition as a specialist practitioner in a defined field of medicine



**WFME is offering the trilogy the
Global Standards**

www.wfme.org

Postgraduate medical education

- 1. Mission and Outcomes**
- 2. Training Process**
- 3. Assessment of Trainees**
- 4. Trainees**
- 5. Staffing**
- 6. Training Settings and Educational Resources**
- 7. Evaluation and Training Process**
- 8. Governance and Administration**
- 9. Continuous Renewal**

Postgraduate Global Standards

Organized in 9 Areas

They are fundamental to quality assurance and the basis for accreditation process



I will not give recipes
Just some challenges and
proposals for changes

Part II

Postgraduate challenges
The changes we need

Exciting developments in Postgraduate health professions education



postgraduate

... is facing one of its most challenging times because of the complexity of undergoing challenges with implications in Health Care

Exciting developments in health professions postgraduate education

Continuum of education

Priorities not aligned

New approaches to training

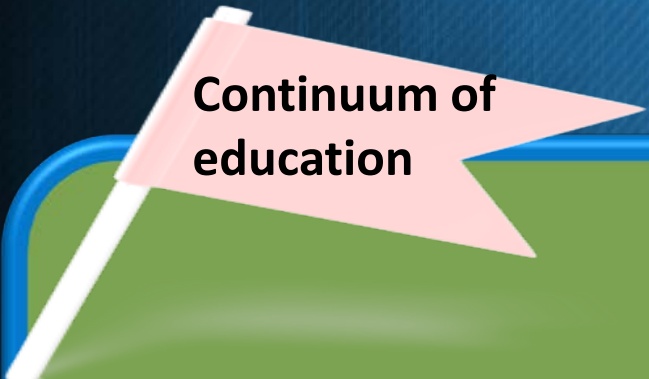
A culture of evidence

New Work place environment

Golden opportunity to reinforce competences

Golden opportunity to reinforce competences





**Continuum of
education**

A continuum of education
Health and education
aligned priorities

Medical education structure in 3 cycles is frequently acting in silos, preventing the continuum of education

Under
graduate

Post
graduate

CPD



Medical education structure in 3 cycles is frequently acting in silos, preventing the continuum of education



A continuum of education



The fact that Undergraduate and Postgraduate training are frequently not depending on the same Ministry (Health or Education) make things more difficult



**Non Aligned
Priorities**

The major problem is that
priorities are frequently not
aligned



N° 4 • OCTOBER 2001
ISSN 1548-0697

- 1 Medical schools and health care: Where is the synchrony?
- 2 Editorial: A people's affair
- 4 Promoting international collaboration to enhance the quality of health care
- 5 Publications
- 6 Accreditation and development of medical schools: a global project
- 9 New Journal: The Meducator
- 16 www.who.int/meducator

Towards Unity for Health

COORDINATING CHANGES IN HEALTH SERVICES AND

This was the scenario in undergraduation already more than a decade ago

- 30 **HI-Fest at WHO**
- 30 **Diary dates**
- 30 **UNISOL congress in Nairobi**
- 31 **Till we meet again / Au revoir**
- 31 **Addresses**

ers in these efforts.

A recent publication of the WHO, a working paper entitled, *Challenges and opportunities for partnerships in health development*, placed proper emphasis upon the integration of health care delivery services and the need for a comprehensive approach in delivering these services. Multiple references on page 48 and page 56 challenge medical educational institutions as

the appropriate sites and locales for the educational focus in these coordinated efforts (1).

Similarly, much has been written about the need for a linkage between medical education and the health of the population. Descriptors to identify this issue are reflected in the references cited (2,3,4,5,6,7). Each of these articles attempts to indicate and define the

continued page 3 ►



INTER-COUNTRY MEETING ON STRENGTHENING MEDICAL EDUCATION IN
THE EASTERN MEDITERRANEAN REGION

Medical education and health care priorities are not always aligned

The production of health professionals in particular physicians in the required numbers and of adequate quality is essential for any well performing health system. It is estimated that more than three hundreds colleges, faculties or schools of medicine are operating in the 22 Member States in the Eastern Mediterranean Region (EMR). In recent years, there has been a substantial increase in the number of medical schools, which has led to significant expansion in the medical workforce in the EMR. The physician population density rose significantly from the year 1990 to the year 2013 with the exception of Group 3 countries.

Health system strengthening has been identified as one of the five strategic priorities for the

A continuum of education
medical education implies
a new way of
treating our students

FT Digital Business

We have now different students with new potentialities, new rights new expectations and new agendas

They are the future

And they're coming soon to a workplace near you



Today's medical students



DOCTORS OF FUTURE

Autumn Assembly 2015

**This was what I learned from
EMSA 25th General Assembly,
Berlin, 2015**



**This means that students
should start thinking on
Postgraduate and CPD the
day they started their
Medical School**



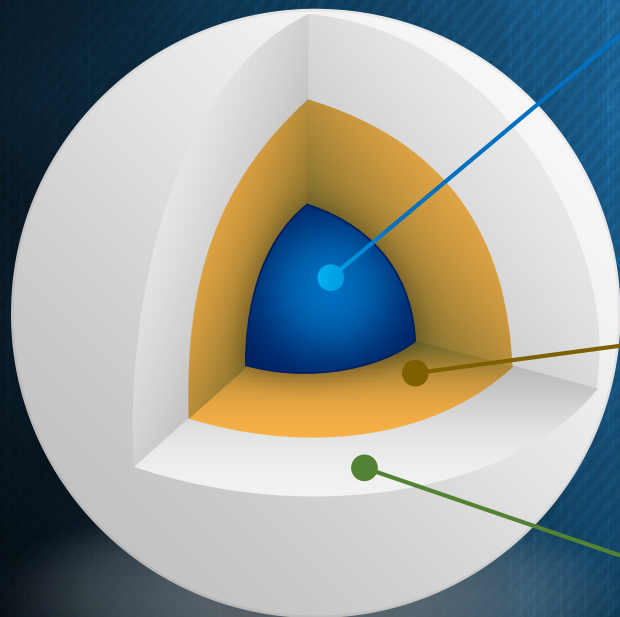
**A new
culture**



A new postgraduate
culture is needed

Having Residents practicing the dimensions of an outcome based education curriculum

Outcome-Based Education



Doing the right thing

What the doctor is able to do

- Clinical skills
- Practical procedures
- Investigations
- Patient management
- Health promotion
- Communication
- Information handling

Doing the thing right

How the doctor approaches their practice

- Scientific understanding
- Attitudes & ethics
- Decision making

The right person doing it

The doctor as a professional

- Role of the doctor
- Personal development

Having Residents



Doing the right thing

Doing the thing right

The right person doing it

Having Residents
practicing the dimensions of a
global curriculum

**Sound
KNOWLEDGE
of global
issues**



**SKILLS for
working in an
international
context**



**VALUES
for a
global
citizen**



Having Residents
practicing the dimensions of a
Social accountability doctor



Global Consensus for
Social Accountability



**New approaches
to training**



**New approaches to
postgraduate training**

Education is kept globally static, unable to encompass the tremendous changes in health care practice



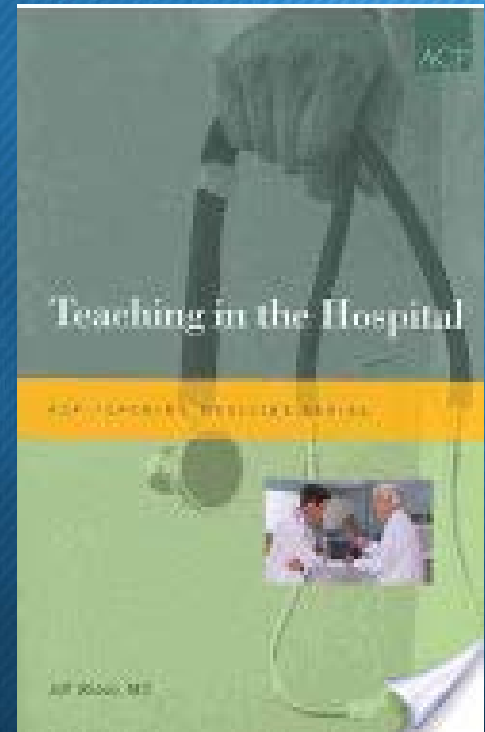
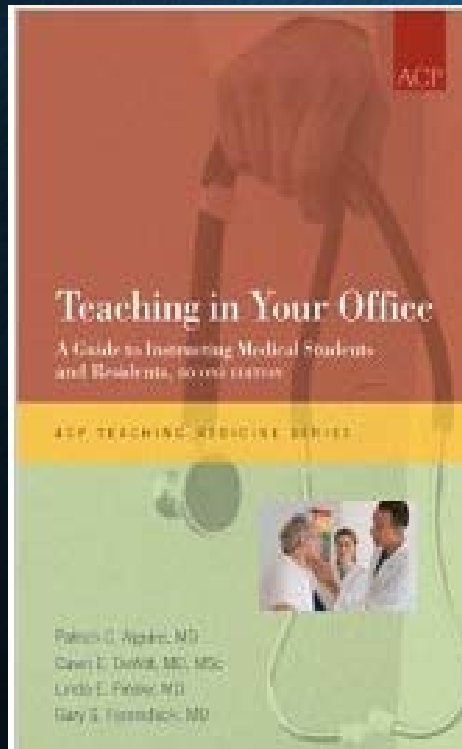
Medicine



Education

**A reflective practitioner is
needed**

Two helpful references from the American College of Physicians



Critical Elements

1

Describing rationale for the observation

You should watch me do this

2

Declaring what learner should observe

Watch how

3

Reviewing what was observed

What did you see happen in the session

4

Allowing learner opportunity to practice

When do you see next patient? I want ...

Critical Elements

Justify, Anticipate, Review, Practice

1

Communicating expectations

2

Selecting appropriate patients

3

Stimulating interest enthusiastically

4

Interacting skilfully with patients

5

Offering role models of desired behaviours

6

Involving learner in teaching process

7

Limiting the number of teaching points

8

Giving feedback

IN THE WARD 'TO BE A SHADOW' IS NOT ENOUGH

Physicians need to “*go beyond the mere accumulation of experiences*”

BECOMING A PHYSICIAN

(van de Wiel et al., 2011)

Reflection...

Reflection...

Reflection...

Permanent feedback
is needed

```
graph LR; A[Feedback] --> B[Life Long Learning]; B --> C[Humanisation];
```

Feedback

**Life Long
Learning**

Humanisation

Feedback



Towards their future

Self assessment as part of feedback

Focus on what can be changed

Focus on describing behaviours

Give limited feedback, timely, specific

Set expectations



**A culture of
Evidence**




**We also need a culture of
Evidence to inform decisions
on training**

40

BEME - BEST EVIDENCE MEDICAL EDUCATION
Mais de 40 revisões Sistemáticas já publicadas


BEME Guides

The effectiveness of portfolios for post-graduate assessment and education: BEME Guide No 12

Claire Tochel  Alex Haig, Anne Hesketh, Ann Cadzow, Karen Beggs, Iain Colthart & ...show all

BEME Guide

A BEME (Best Evidence in Medical Education) review of the use of workplace-based assessment in identifying and remediating underperformance among postgraduate medical trainees: BEME Guide No. 43

Aileen Barrett  Rose Galvin, Yvonne Steinert, Albert Scherpbier, Ann O'Shaughnessy, Mary Horgan



BEST EVIDENCE MEDICAL EDUCATION



A best evidence systematic review of interprofessional education

M Hammick
D Freeth
I Koppel
S Reeves
H Barr

BEME GUIDE 9



The BEME Collaboration

The Best Evidence Medical Education (BEME) Collaboration is an international group of individuals, universities and professional organisations committed to the development of evidence informed education in the medical and health professions. [read more](#)

www.bemecollaboration.org



Published Reviews

BEME systematic reviews are
highest-standard, peer-reviewed



Preparing a BEME Review

Systematic reviews are currently in



News

You also have AMEE Guides

Original Article

AMEE Medical Education Guide No. 7.: Task-based learning: An educational strategy for undergraduate, postgraduate and continuing medical education, Part 2

R. M. Harden, Jennifer M. Laidlaw, Jean S. Ker & Helen E. Mitchell

Pages 91-98 | Published online: 03 Jul 2009

**Formative assessment and feedback
are powerful means for**

J
¹Foundation for Advancement of International Medical Education and Research, Philadelphia, USA, ²University of Cape Town,
South Africa

**Faculty development is critical to the
quality and effectiveness
Encourage its participation is crucial**

A
assessment methods, characterize the nature of feedback, examine the effect of faculty development on its quality, and summarize

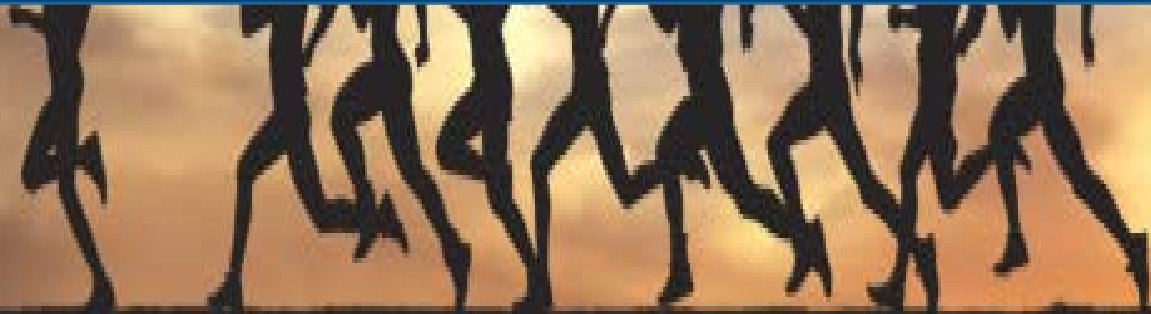


**New environment
Is needed**

A New environment is needed

Collaboration is needed
not only competition

The irrational competition of stakeholders
is preventing them from collaboration



The background of the slide features a complex arrangement of interlocking gears in various sizes and shades of gray. Several hands, rendered in a stylized orange and blue color scheme, are shown interacting with the gears. Some hands are positioned as if they are holding or adjusting the gears, while others are simply placed near them. The overall composition suggests a theme of interconnectedness and mechanical complexity.

Students

Politicians

Governments, politicians and stakeholders is preventing collaboration as they frequently act as isolated bodies.

Governments

Stakeholders

Part III

Golden opportunities to
reinforce competencies



Leadership

Professionalism

Humanism

ONE KEY REFERENCE

ONE KEY SENTENCE

THE LANCET REPORT, 2010

The Lancet Commissions



THE LANCET

Health professionals for a new century: transforming education to strengthen health systems in an interdependent world

Julio Frenk*, Lincoln Chen*, Zulfikar A Bhutta, Jordan Cohen, Nigel Crisp, Timothy Evans, Harvey Fineberg, Patricia Garcia, Yang Ke, Patrick Kelley, Barry Kistnasamy, Afaf Meleis, David Naylor, Ariel Pablos-Mendez, Srinath Reddy, Susan Scrimshaw, Jaime Sepulveda, David Sarwadda, Huda Zurayk

Executive summary

Problem statement

100 years ago, a series of studies about the education of health professionals, led by the 1910 Flexner report, sparked groundbreaking reforms. Through integration of modern science into the curricula at university-based schools, the reforms equipped health professionals with the knowledge that contributed to the doubling of life span during the 20th century.

Redesign of professional health education is necessary and timely, in view of the opportunities for mutual learning and joint solutions offered by global interdependence due to acceleration of flows of knowledge, technologies, and financing across borders, and the migration of both professionals and patients. What is clearly needed is a thorough and authoritative re-examination of health professional education, matching the ambitious work of a century ago.



Lancet 2010; 376: 1923-58
Published Online
November 29, 2010
DOI:10.1016/S0140-
6736(10)61854-5
See Comment pages 1875
and 1877
*Joint first authors
Harvard School of Public
Health, Boston, MA, USA

1

INFORMATIVE LEARNING
acquiring knowledge and skills

Experts

2

FORMATIVE LEARNING
socializing students around values

Professionals

3

TRANSFORMATIVE LEARNING
developing leadership attributes

*Enlightened Change
Society Agents*





... How the graduate exercises this capacity is an **individual prerogative.**

LEADERSHIP

Linking Professionalism to Humanism:

- What it means
- Why it matters



LEADERSHIP

1

Humanism (Values)

Denotes an intrinsic set of deep-seated convictions about one's obligations towards Others

2

Professionalism (Behaviours)

Behaving in accordance to a set of normative values and expectations

```
graph LR; A[Self assessment] --> B[Critical Thinking]; B --> C[Life Long Learning];
```

**Self
assessment**

**Critical
Thinking**

**Life Long
Learning**

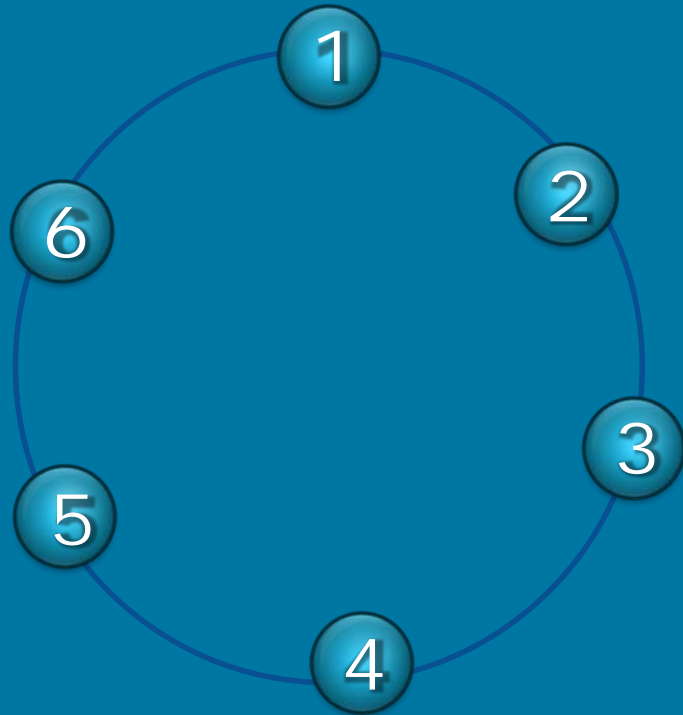
```
graph LR; A[Team work] --> B[Progressive autonomy]; B --> C[Inter / Multi disciplinarity];
```

Team work

**Progressive
autonomy**

**Inter / Multi
disciplinarity**

1. Teamwork to share resources
2. Teamwork to share innovations
3. Teamwork to add value
4. Teamwork to share evidence
5. Teamwork to solve problems
6. Teamwork to build excellence



Tensions between autonomy and supervision

1

From medical trainer

Imperative for quality care but a need to grant graduated autonomy to learners

2

From Resident

Behaving in accordance to a set of normative values and expectations

Whatever you do,
try to achieve EXCELLENCE





AMEE is offering **ASPIRE**

a Global international initiative to recognise and reward **EXCELLENCE** in a medical school

www.aspire-to-excellence.org



ASPIRE

Excellence
defined in
6 areas



Assessment



Students engagement



Social Responsibility



Staff Development



Simulation



Curriculum Development

2017

Pilot 20

ASPIRE

One more area?

Excellence in
Medical Education.
Should your school
be recognised?



Post-graduation

Part IV

Final messages

We have been through several challenges and areas of potential changes

Exciting developments in health professions postgraduate education

Continuum of education

Priorities not aligned

New approaches to training

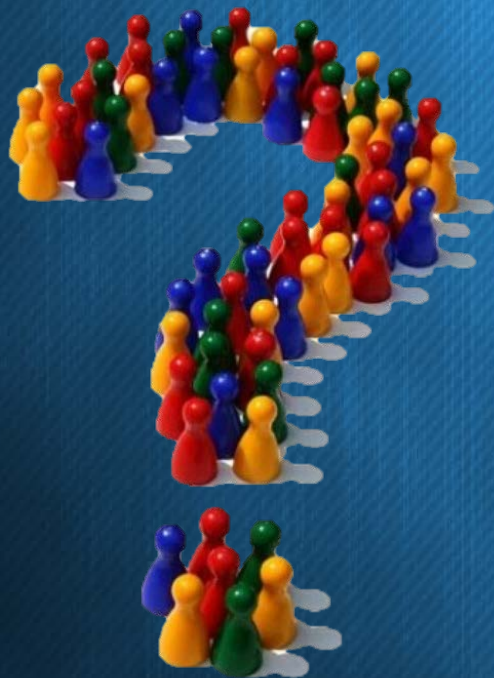
A culture of evidence

New Work place environment

Golden opportunity to reinforce competences

Golden opportunity to reinforce competences





ASSESSMENT

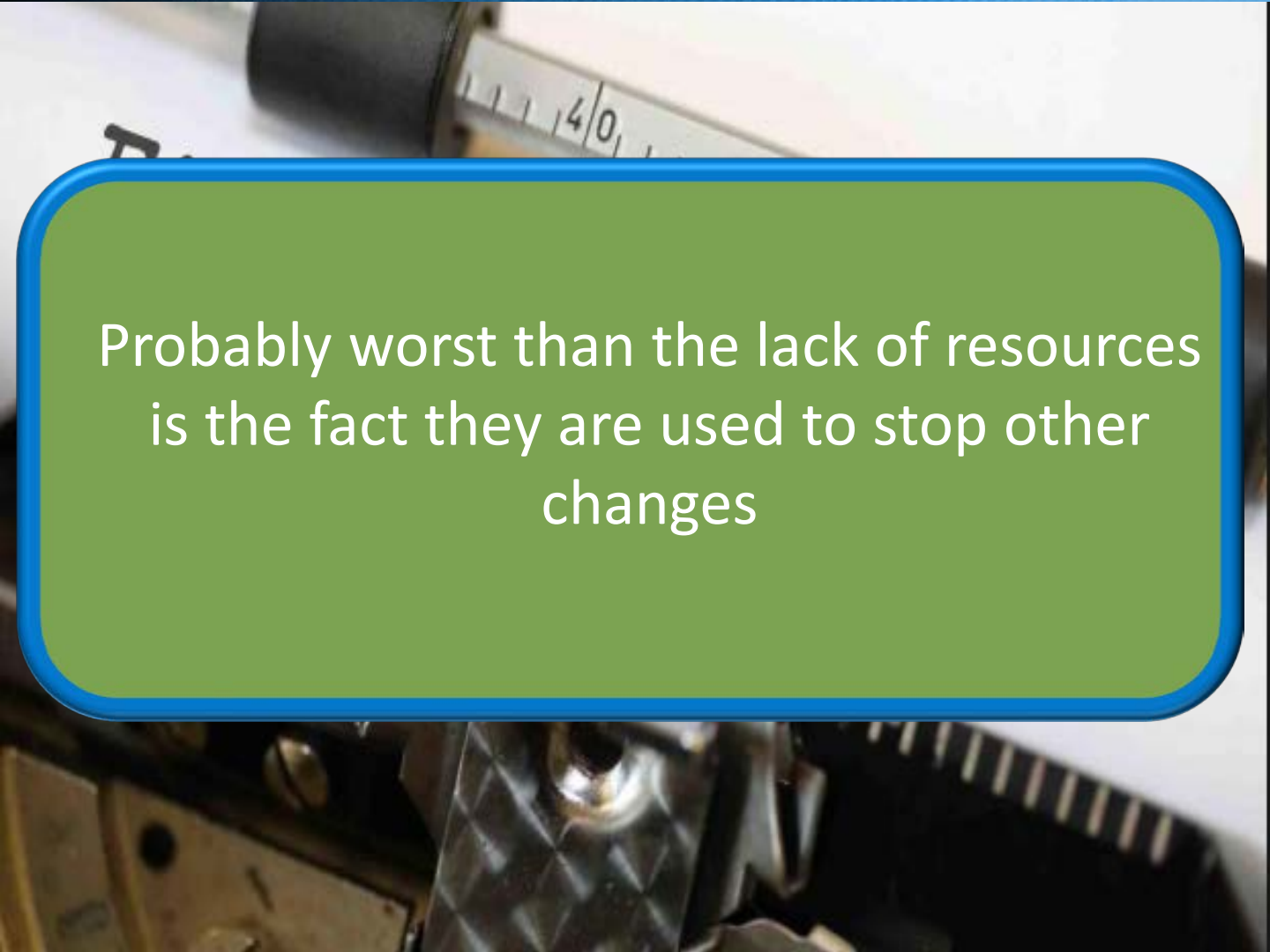
You must use the power of
assessment

ASSESSMENT is not different
from other competences to be
assessed

Residents must be assessed using
the **outcome-based competences
model** proposed by

Harden in 2007

Multisource feedback is needed to
assess autonomy of post-graduate
students



Probably worst than the lack of resources
is the fact they are used to stop other
changes

Medical education can never forget
that its ultimate goal is to improve
healthcare

Health Care priorities should
underlie all areas of postgraduate
training

One thing is sure
Postgraduate training if it is to
succeed, will need to recognize
and be committed to 'teamwork'

Engage you residents



to elaborate

to think

to feel

to do

TIME IS NEEDED

**TO PLAN, IMPLEMENT, EVALUATE, AND
IMPROVE**

BUT YOU MUST START TODAY

if you want changes to occur





Postgraduate Training

A photograph of a cable-stayed bridge with two tall white pylons and numerous stay cables, spanning across a blue body of water under a clear blue sky.

*Crossing the bridge
from*

**Under
graduate**

CPD

**For those who are interested in
PGME**

AMEE CAN HELP

amee

An International Association
for Medical Education

Guides
Practical advice on topical issues
Research, Assessment, Curriculum Planning, Teaching and Learning, Educational Theory

Medical Teacher
International Journal of all medical professions
Designed for the general practitioner

ESME
AMEE-ESME Courses
Certificate in Medical Education
Face to face and online
Range of topics

Conferences
Present and be inspired
Network with those at the cutting edge

Membership
Join AMEE and apply for Associate Fellow or Fellow

ASPIRE
www.aspire-amee.org
Evidence, insight, research, inspiration, progress of excellence in medical education

beme
www.bemecolaboration.org
Best Evidence Medical Education
Systematic reviews of education and healthcare research

amee MacEdPublish
www.ameedepublish.org
Post-publication peer review

MedEdWorld
www.mededworld.org
Learn, connect, debate
A global online medical education community

Be part of the
international medical
and health professions
education community

Join now as an individual
or institutional
member

www.amee.org

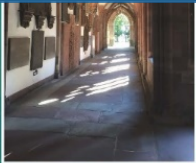
Scottish Charity 50031618

AMEE Guides
BEME Guides
SIGS or Forum of discussion
MedEdWorld
MedEdPublish
AMEE Committee in PGME
Annual Conferences



BE WELCOME TO AMEE 2018

In Basel or web streaming



www.amee.org | amee@dundee.ac.uk



**UNIVERSITÉ
DE GENÈVE**



Universität
Basel

SIWF
ISFM



Universität
Zürich



Haute école de santé
Genève

Unil
UNIL | Université de Lausanne



AO Foundation

h e d s
Haute école de santé
Genève

U
UNIVERSITÉ DE GENÈVE
UNIVERSITÉ DE LAUSANNE
UNIVERSITÉ DE ZÜRICH

AMEE2018

10
CIEM
Congreso
Internacional
Educativo
Multidisciplinario



patricio@medicina.ulisboa.pt
www.ameee.org



Madalena Patricio