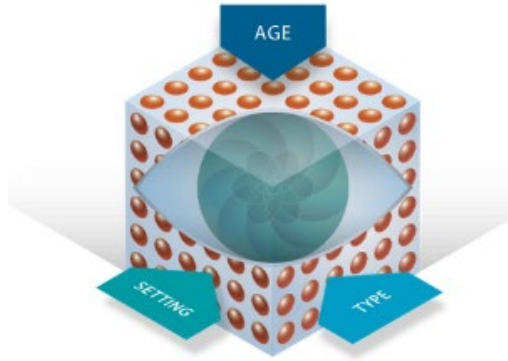




PROFILES

<http://www.profilesmed.ch/>



Approaching Health Professions Education Differently - the Case of PROFILES

Swiss TPH Spring Symposium 2019, Basel

Prof. Mathieu Nendaz, MD, MHPE

Faculty of Medicine, University of Geneva

On behalf of the working group on PROFILES implementation

Which driver do you chose?



A.

- I know the priority rules
- I know the signs
- I can calculate the breaking distance
- I am able to brake
- I am able to change gear
- I think it is good to follow driving rules
- I think we should be fair on the road
- ...

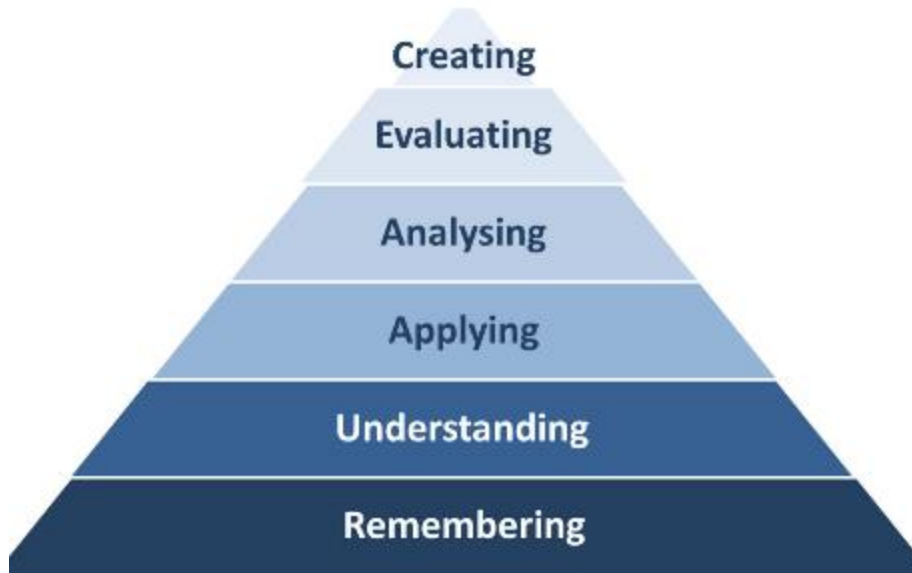
B.

While I was observed:

- I showed I could drive safely in a city
- I showed I could drive on a slippery road
- I showed I respected the driving rules and I drove with fair-play
- ...

Objectives (verbs)
Prescribed by teachers

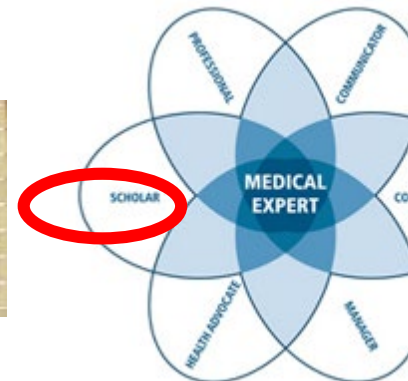
→ competences (acting)
→ realized by students



Bloom's taxonomy, <https://www.imperial.ac.uk>

Example: the student:

- . Knows principles of EBM
- . Knows the tools for literature search
- . Is able to use Pubmed
- . Is able to analyze an article
- . Is able to formulate a research question
-

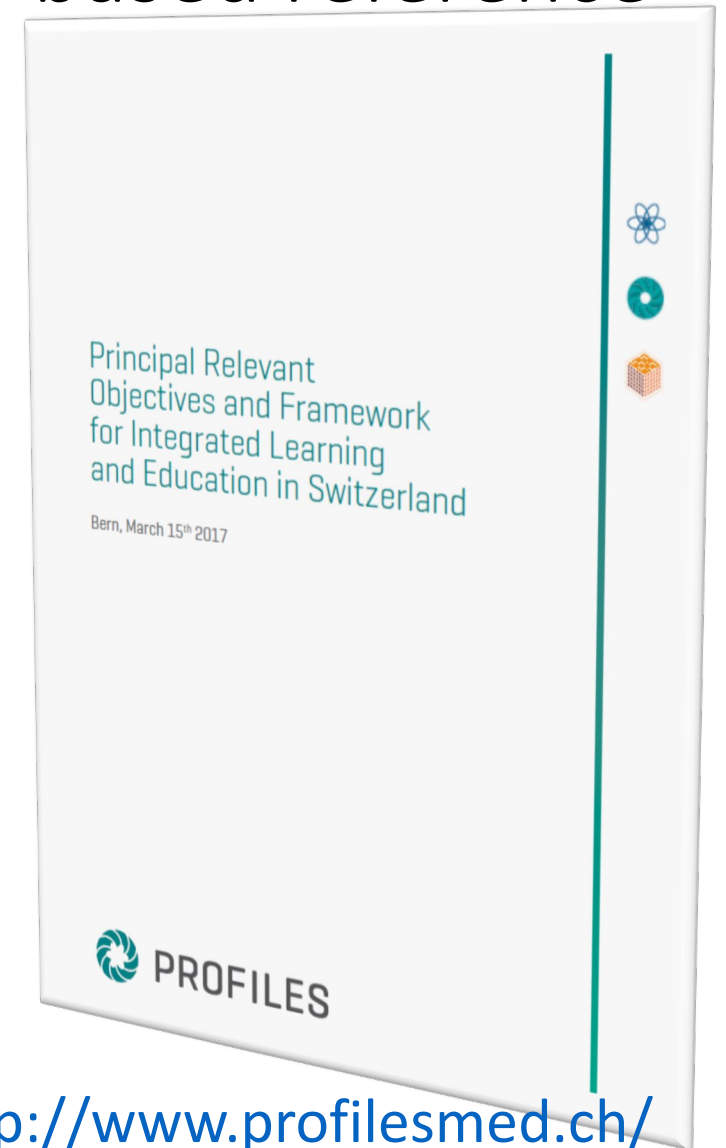


www.custommade.com

From SCLO to PROFILES: a competence-based reference



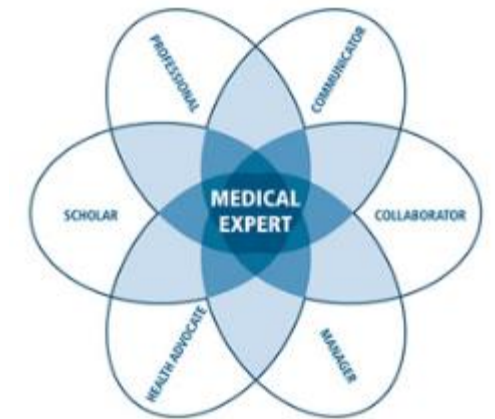
<http://sclo.smfk.ch/sclo2008/>



<http://www.profilesmed.ch/>

PROFILES: Structure and Principles

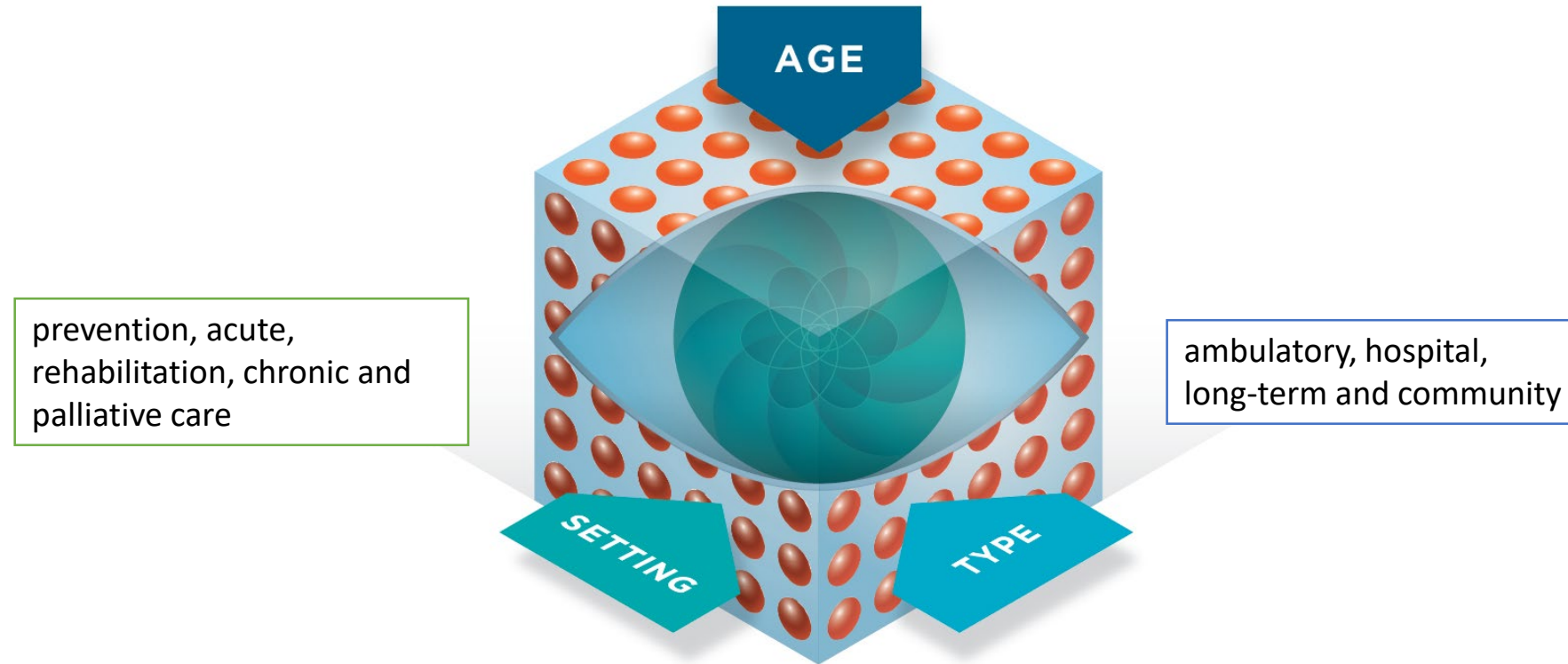
- 7 Roles/competences
- 9 EPAs (entrustable professional activities)
- Situations as starting points (SSPs) (265)



1	Take a patient's history
2	Assess physical & mental status
3	Prioritize a differential diagnosis
4	Order & interpret tests
5	Perform general procedures
6	Recognize & treat an emergency
7	Prescribe & develop management plan
8	Document and present a clinical encounter
9	Contribute to a culture of safety



At any age, in any setting or type of care



Which driver do you chose?

How do name list A. and list B.?



A.

- I know the priority rules
- I know the signs
- I can calculate the breaking distance
- I am able to brake
- I am able to change gear
- I think it is good to follow driving rules
- I think we should be fair on the road
- ...

B.

While I was observed:

- I showed I could drive safely in a city
- I showed I could drive on a slippery road
- I showed I respected the driving rules and I drove with fair-play
- ...

Which drivers do you choose?



A. COMPETENCES

- I know the priority rules
- I know the signs
- I can calculate the breaking distance
- I am able to brake
- I am able to change gear
- I think it is good to follow driving rules
- I think we should be fair on the road
- ...

B. DEMONSTRATED ACTIVITIES (EPAs)

While I was observed driving:

- I showed I could drive safely in a city
- I showed I could drive on a slippery road
- I showed I respected the driving rules and I drove with fair-play
- ...

EPAs



Competencies

- **Person** descriptors
- Knowledge, skills, attitudes, values

Entrustable Professional Activities (EPAs)

- **Work** descriptors
- Parts of professional practice
- Requiring several competences to be performed



**Can be performed with trust (autonomy)
by the trainees**



Clinical situations

Chest Pain



Actions / observable activities

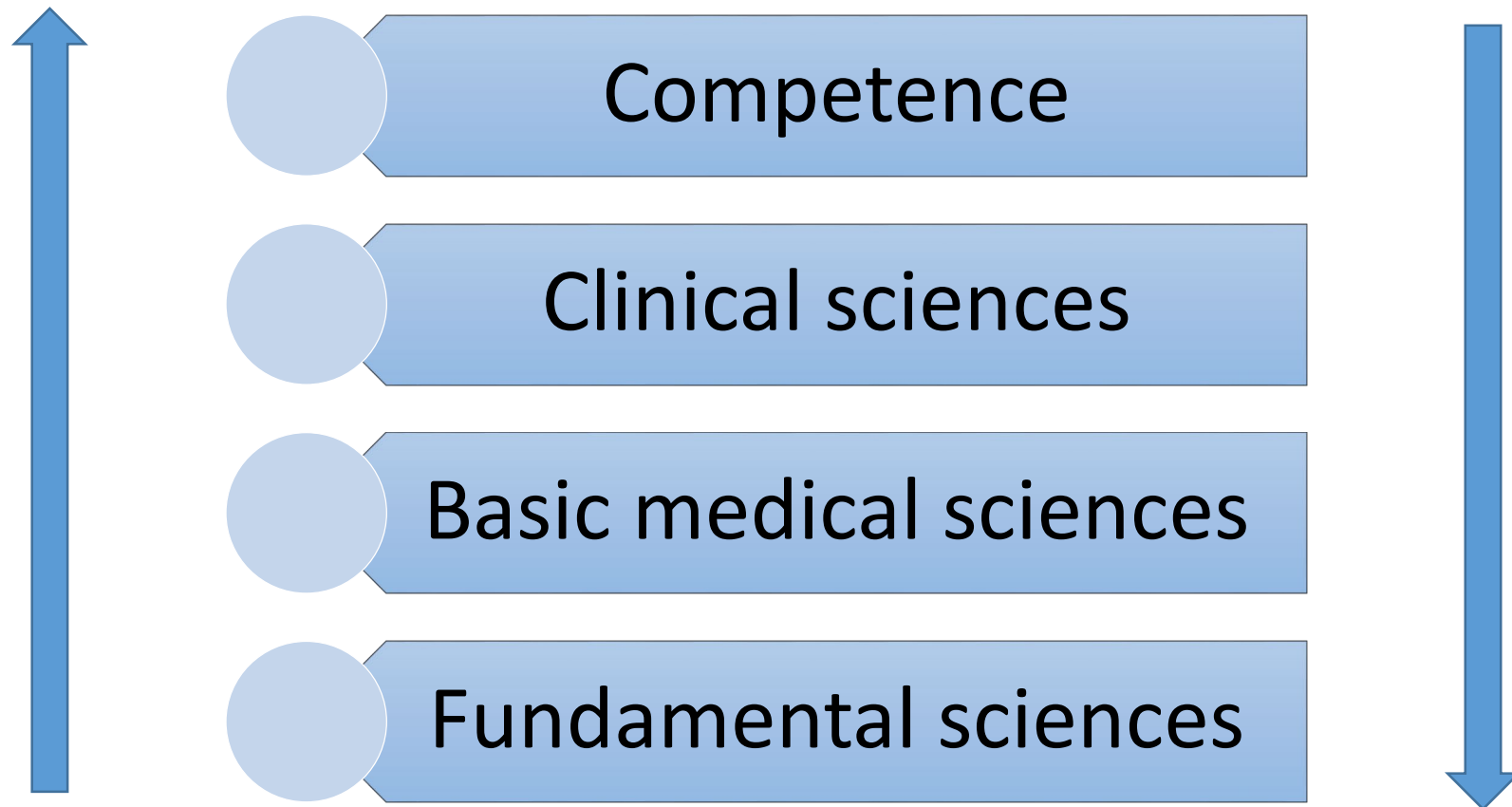
- | | |
|---|-------------------------------------------|
| 1 | Take a patient's history |
| 2 | Assess physical & mental status |
| 3 | Prioritize a differential diagnosis |
| 4 | Order & interpret tests |
| 5 | Perform general procedures |
| 6 | Recognize & treat an emergency |
| 7 | Prescribe & develop management plan |
| 8 | Document and present a clinical encounter |
| 9 | Contribute to a culture of safety |



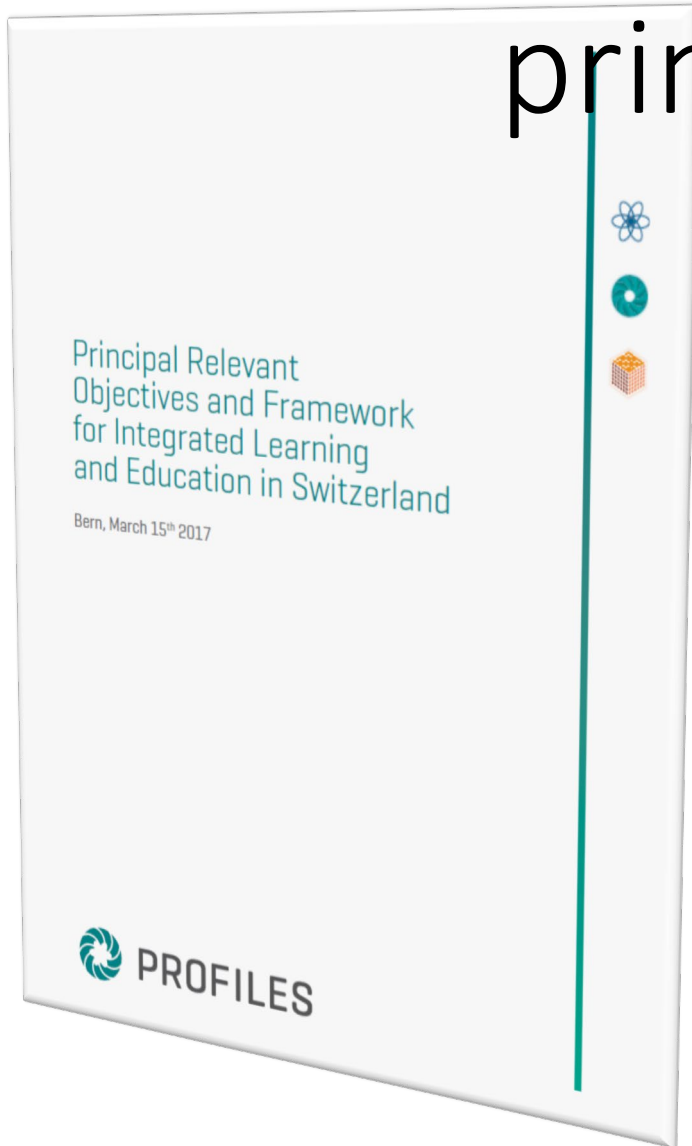
Requested
competences

*They can be assessed
individually along the
curriculum (exams, OSCEs,
etc.)*

Importance of keeping the link between competences and basic medical sciences



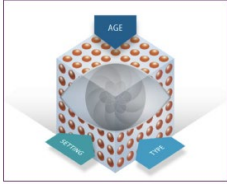
Implementation of PROFILES principles in our curricula



Elements to consider



PROFILES



An implementation guide
for the Swiss medical schools

By the Swiss Group for Implementing PROFILES
and the Vice-Deans of Education

Implementation: a guide to share

Christoph Berendonk, Silke Biller, Raphael Bonvin, Peter Frey, Waltraud Georg, Mathieu Nendaz, Tina Schurter, Marc Sohrmann

Curriculum
organization

Assessment

Helping
conditions

Implementation

Curriculum organization

Competence-based

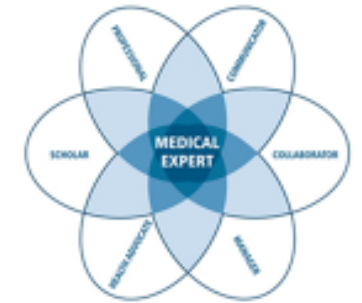
Integrated (not discipline-based)

Early and continuous clinical immersion in real setting (to allow for clinical assessment)

From Objectives (verbs) → to competences (acting)
Prescribed by teachers → realized by students

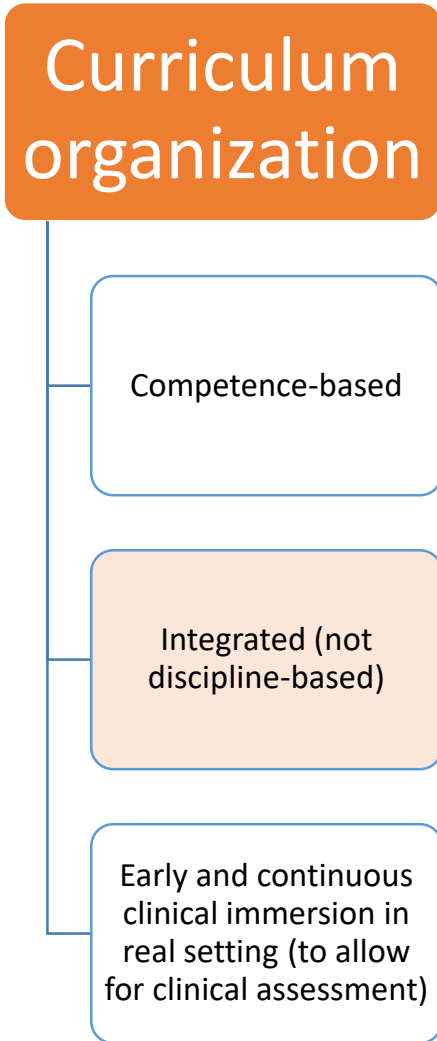


Bloom's taxonomy, <https://www.imperial.ac.uk>

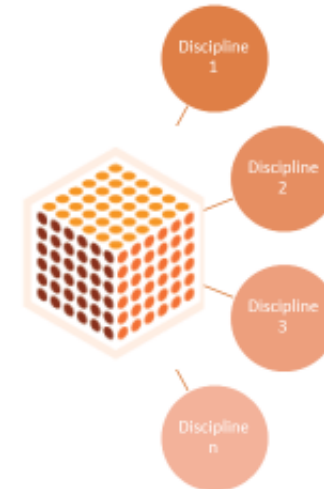


 ROYAL COLLEGE OF PHYSICIANS AND FELLOWS OF CANADA | CANMEDS

Implementation



Integrated curriculum: around themes or SSPs rather than around disciplines



Implementation

Curriculum organization

Competence-based

Integrated (not
discipline-based)

Early and continuous
clinical immersion in
real setting (to allow
for clinical assessment)



Conditions

Enough clinical bases

Enough supervisors

Faculty development (“teach the teachers”, “train the trainers”) programs

Enough time to carry out proper student supervision

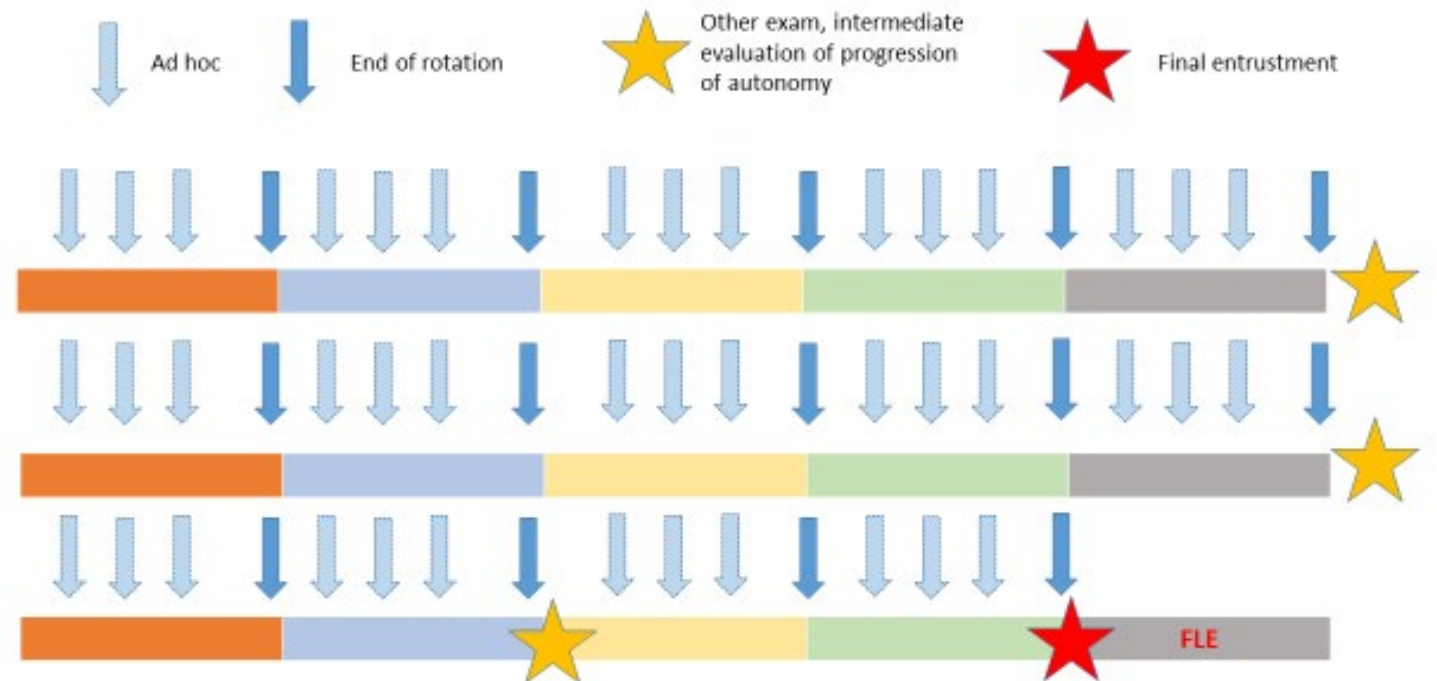
Implementation

Assessment

As a program of several types of assessment

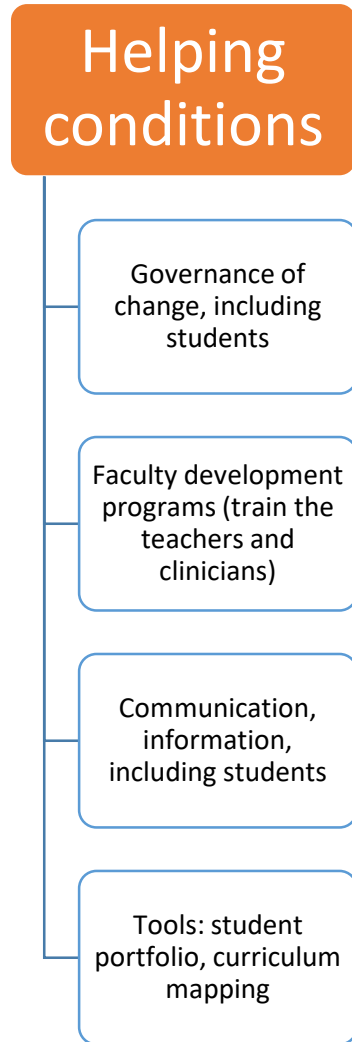
Strong clinical assessment

- Based on observation in real clinical setting
- Frequent and continuous
- By several supervisors

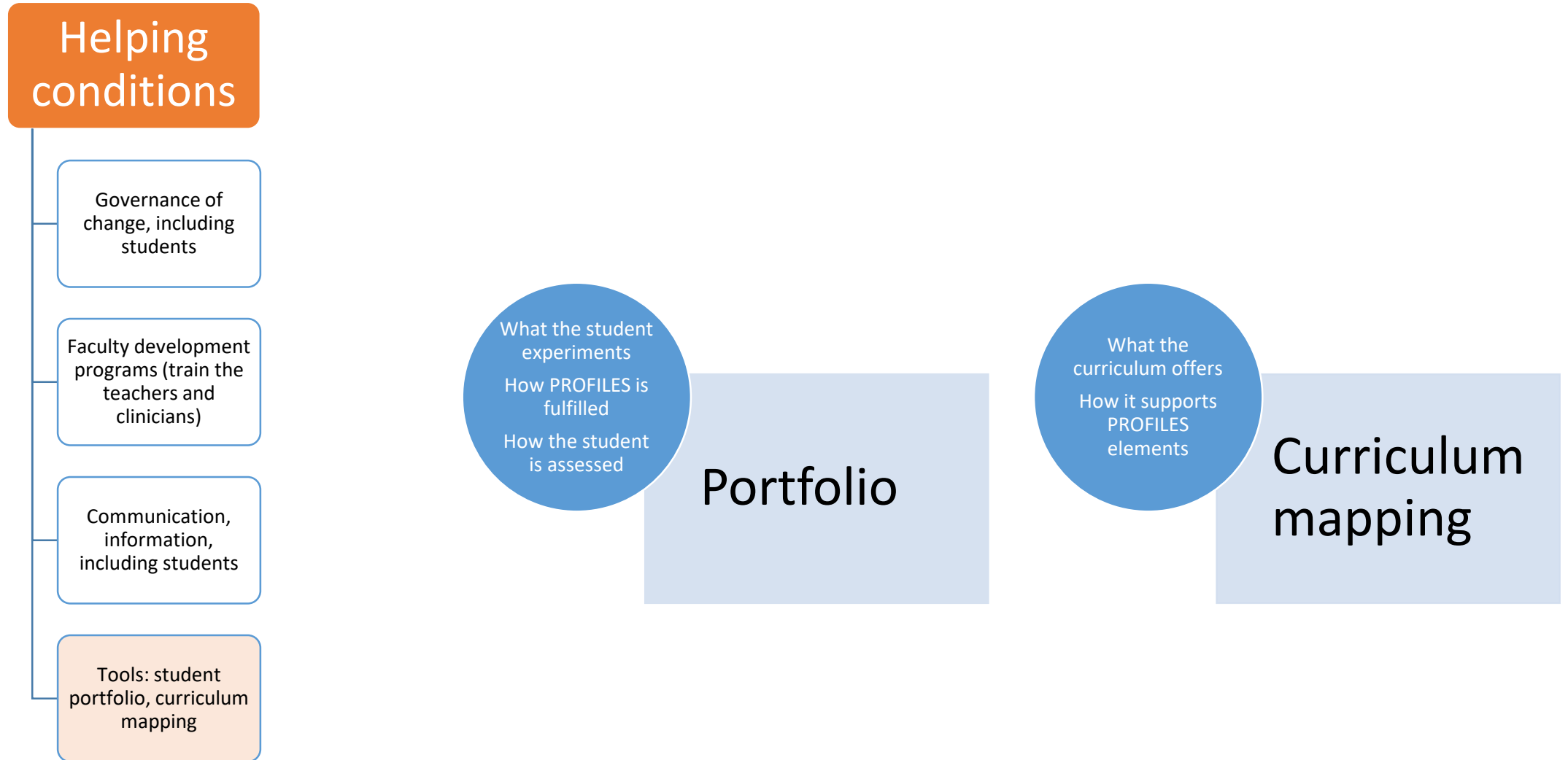


M Nendaz/2019

Implementation



Implementation

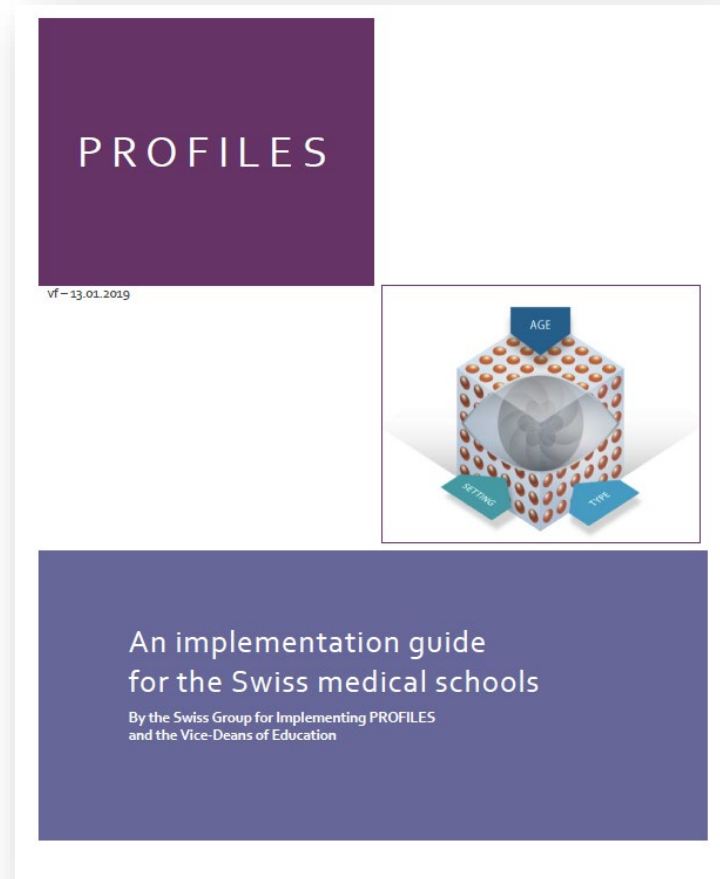


Conclusion

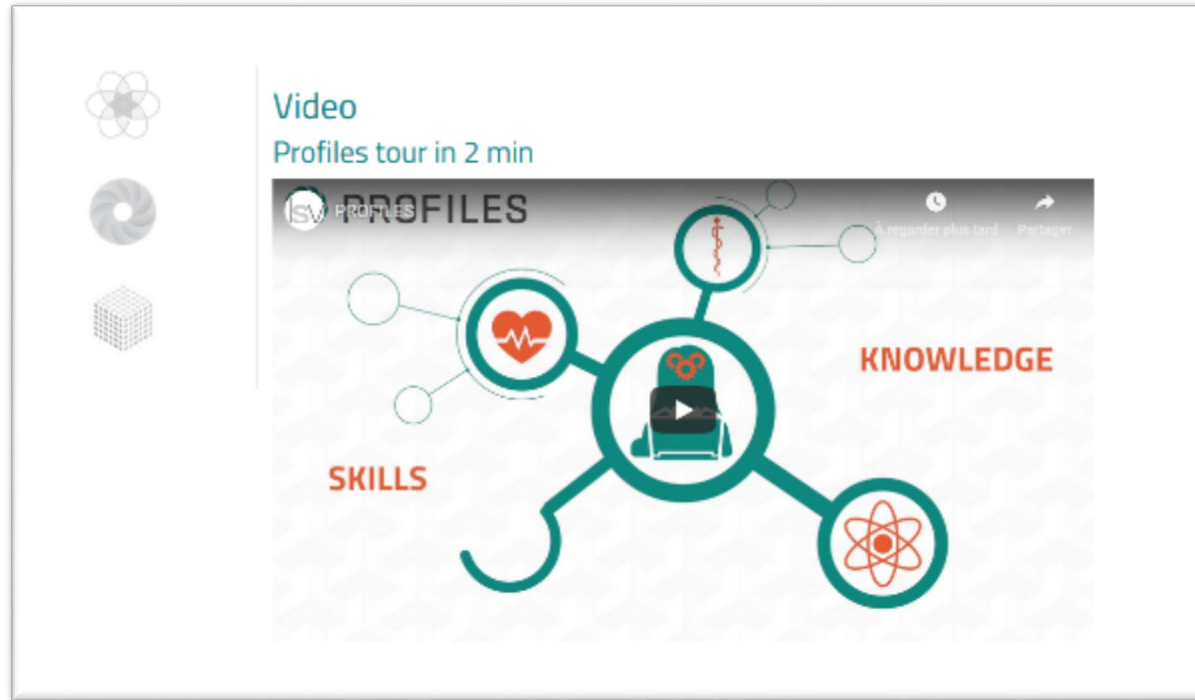
- **PROFILES: an opportunity**
 - To enforce competence-based curricula
 - To revise assessment system to programmatic approach
 - To enforce faculty development programs
 - To place medical education as a discipline to be trained

Anybody who believes that all you have to do to be a good teacher is to love to teach also has to believe that all you have to do to become a good surgeon is to love to cut.

Adam Urbanski Ph.D. (1946 - American Federation of Teachers, Vice President)



<http://www.profilesmed.ch>



Thank you !

Mathieu.Nendaz@unige.ch