



Mahidol University  
Faculty of Medicine  
Siriraj Hospital



AMEE  
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2024

# From competency-based medical education to competency-based faculty development

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 EDUCATION  
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# Competency-Based Medical Education (CBME)



CBME is an outcomes-based approach to the design, implementation, and evaluation of education programs and to the assessment of learners across the continuum that uses competencies or observable abilities.

**The goal of CBME is to ensure that all learners achieve the desired patient-centered outcomes during their training.**

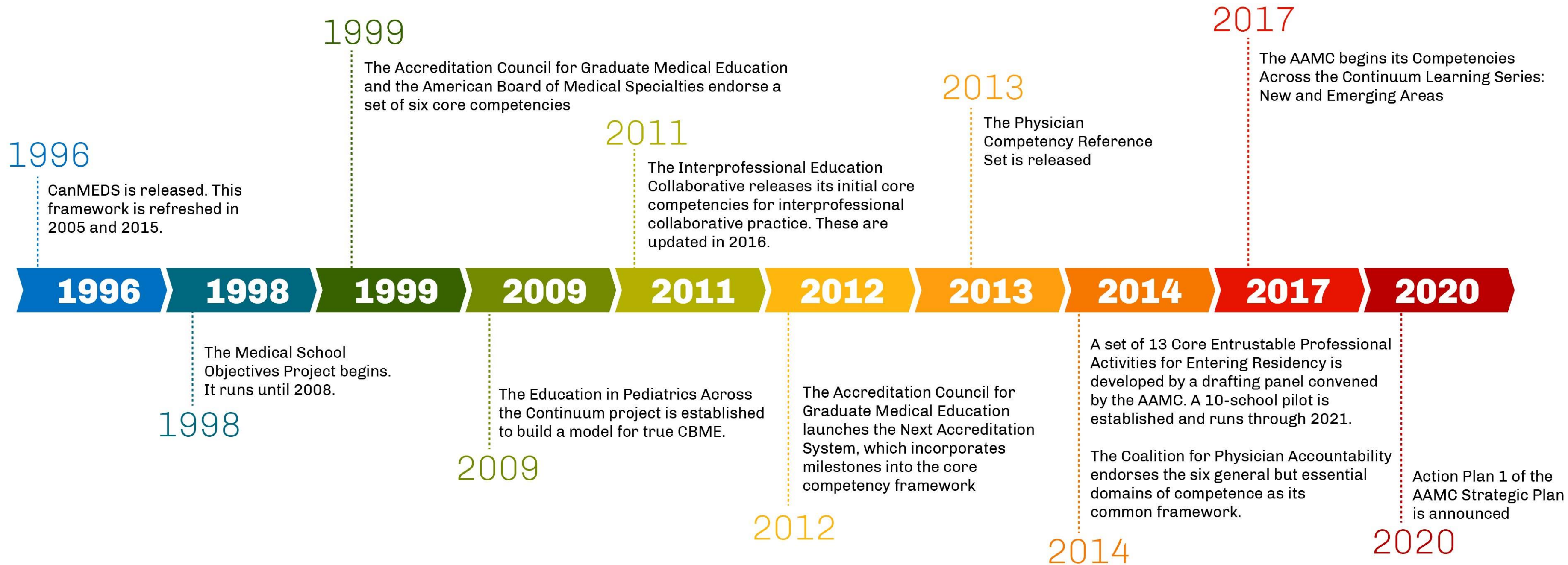


<https://www.aamc.org/about-us/mission-areas/medical-education/cbme>





# Highlights From the Development of CBME



<https://www.aamc.org/about-us/mission-areas/medical-education/cbme>

# POSTGRADUATE MEDICAL EDUCATION

## WFME GLOBAL STANDARDS FOR QUALITY IMPROVEMENT OF MEDICAL EDUCATION

The 2023 Revision

## + WFME

The standards are presented in eight areas:

1. Mission and values
2. Curriculum
3. Assessment
4. Postgraduate doctors
5. Teachers and clinical supervisors
6. Education and training<sup>9</sup> resources
7. Quality improvement
8. Governance and administration

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[https://wfme.org/wp-content/uploads/2023/03/WFME-STANDARDS-FOR-POSTGRADUATE-MEDICAL-EDUCATION\\_2023.pdf](https://wfme.org/wp-content/uploads/2023/03/WFME-STANDARDS-FOR-POSTGRADUATE-MEDICAL-EDUCATION_2023.pdf)



### Rules-based

Prescribes what result must be achieved and the specific methods for doing so



### Principles-based

Prescribes what result must be achieved but is neutral to the method



**Principles-based approach**

#### What are principles-based standards?

Principles-based standards are stated at a broad level of generality rather than being prescriptive. They address the components of the postgraduate programme, such as postgraduate doctor support, curriculum model, and the assessment system. But they do not say how support should be offered, nor what curriculum model should be adopted, nor what assessment methods should be used. They ask that the mission and values of the postgraduate medical education programme should be stated, but not what those should be. Those are contextual decisions for local responsible bodies. In this way, principles-based standards can meet the different needs of regulatory agencies and postgraduate medical education designers, providers, and managers around the world to prepare independent practitioners, whatever their resources, contexts, purposes, and stages of development.



## + Workplace-based Assessment (WBAs) in CBME

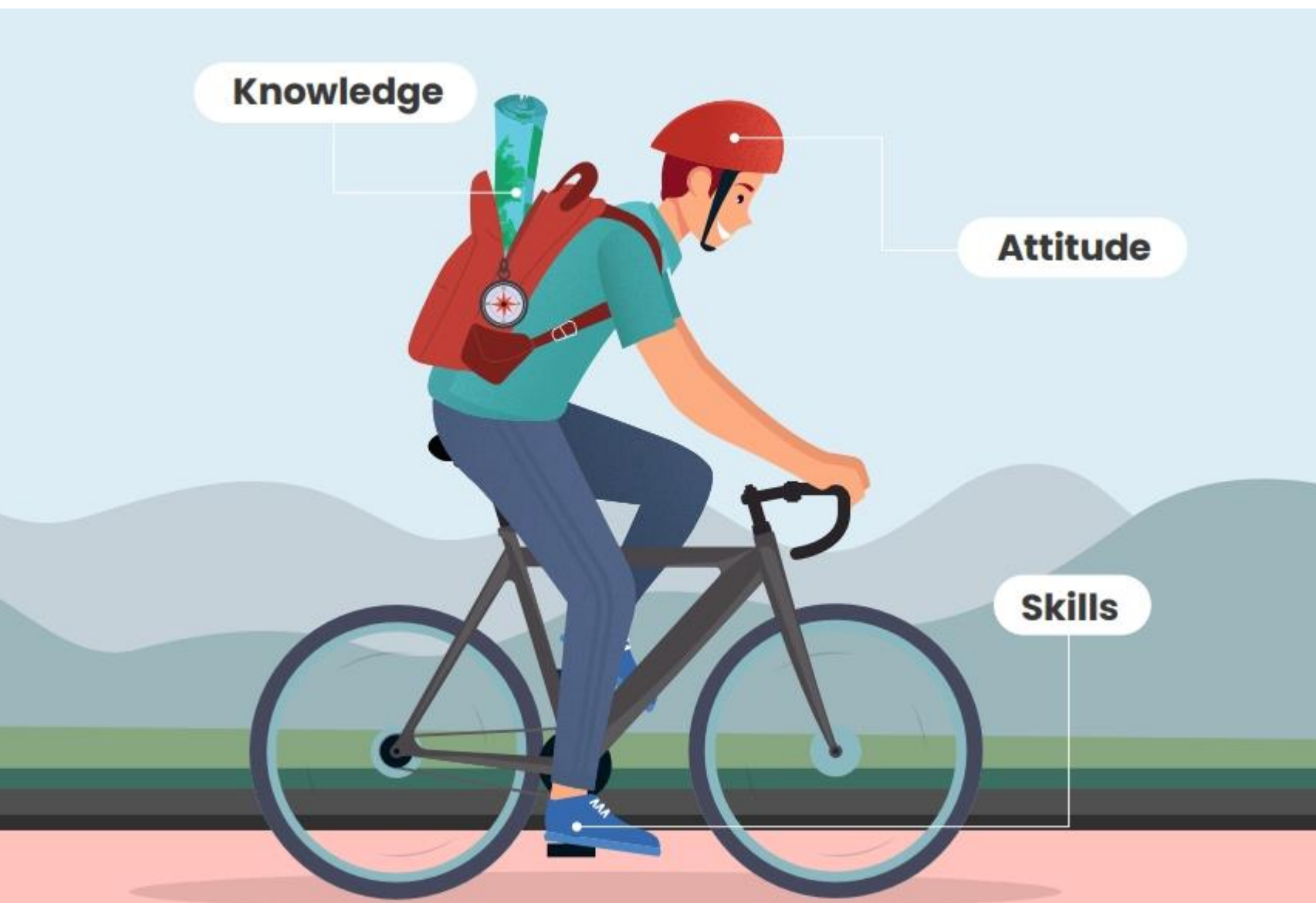


### Taking Multiple Snapshots

The main goal of WBA is to give trainees and trainers insight into how trainees are progressing in their learning journey.

Receiving feedback at multiple moments in time will help trainees progress faster.

[Learning-By-Doing-Magazine-Web.pdf](#)



## + Entrustable Professional Activities (EPAs) in CBME



EPAs was first used in medical education by Professor Olle ten Cate.

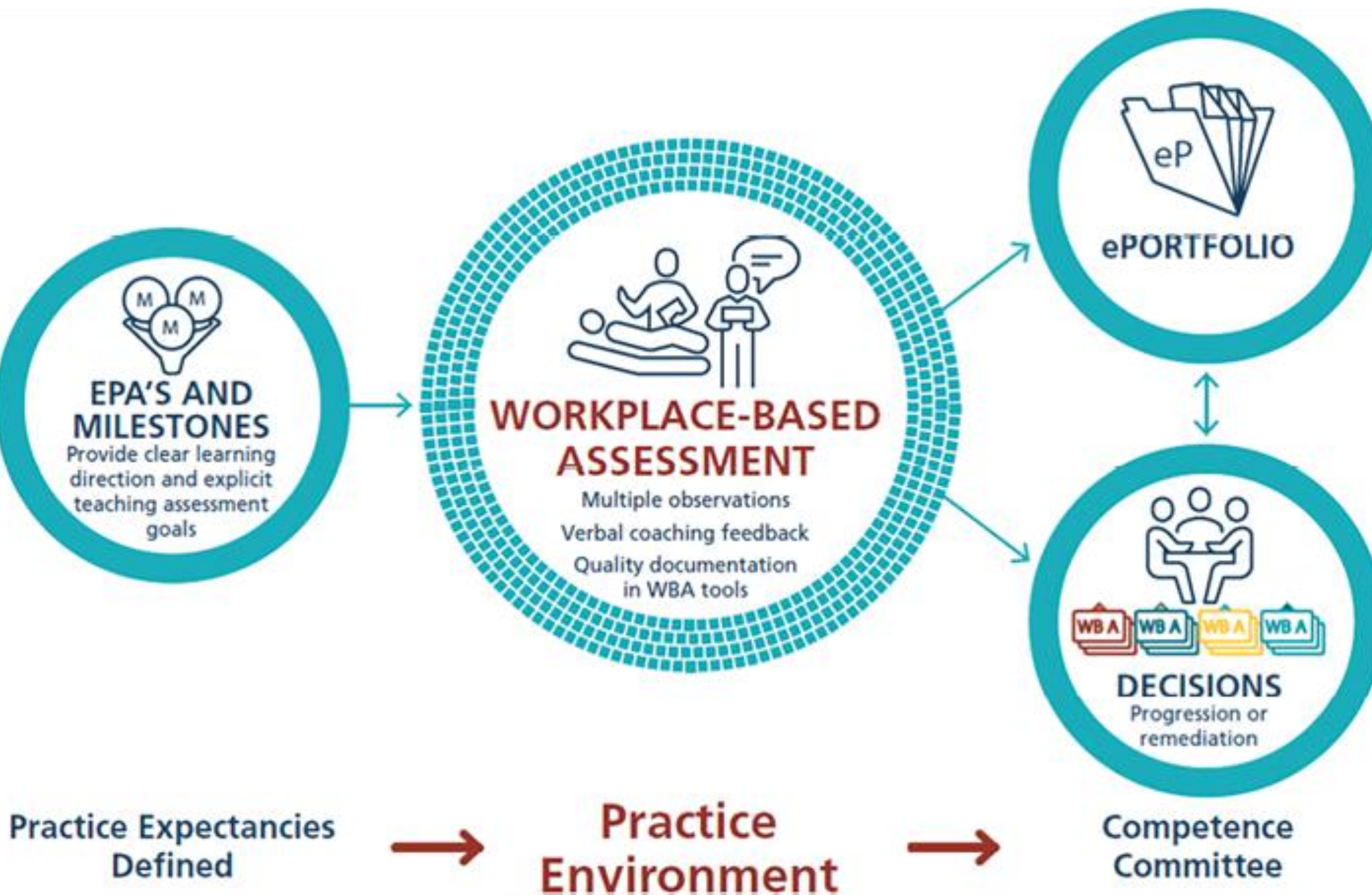
Evaluation a trainee's progress through EPAs bring medical education and medical practice closer together.

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## + Challenges of EPA- based program

- All member staff should buy in before signing off on EPA, in practice from the entire staff is often less possible.
- It is usually involve the trainees, trainers, and others to make a decision.
- Paper-based assessment is almost impossible to do it perfectly.



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The Reconcept EPA Portfolio app is a proven solution for training programs centered around Entrustable Professional Activities (EPAs).

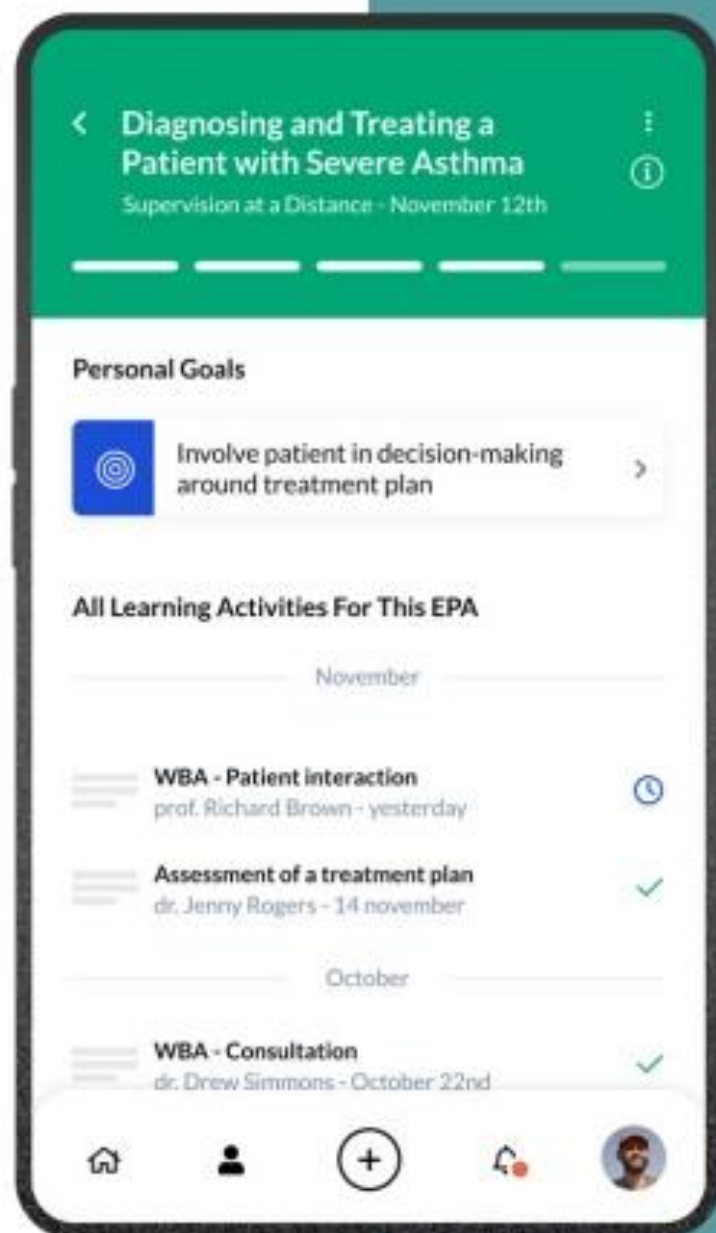
It includes all instruments needed to make practical training easy for both trainers and trainees:

- Workplace-Based Assessments on a smartphone, no admin after the fact
- Preloaded with your program's EPAs and relevant learning resources
- Relevant EPAs selectable per trainee
- Overviews of trainees' progress
- Portable between teaching hospitals
- Available on smartphone and PC

Our platform was developed in close collaboration with many Dutch educational experts and is used in all Dutch teaching hospitals.

#### Let's Learn From Each Other

If you are interested in Competency-Based Medical Education, we're inviting you to reach out to us. We are eager to learn about your program and your needs. By sharing insights and best practices, we believe we can learn from each other and improve medical education together.



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## Mobile Phones for education assessment

①

### Gather feedback anytime, anywhere

By having complete flexibility over when an assessment can take place, students are empowered to identify a greater number of opportunities to be assessed. This means more opportunity for observed practice, more feedback gathered and as a result, greater chance of improved performance.

②

### Feedback in the heat of the moment

Gathering feedback on a mobile or tablet device allows the student to take advantage of device functionality such as speech-to-text, video and audio feedback or simply typing feedback to make the feedback process more efficient. This allows the assessing practitioner to provide more in-depth feedback, add more narrative around the feedback and, as it's in the moment, more accurate and relevant feedback.

③

### Placing the student in the driving seat

With immediate feedback at their fingertips, students are able to easily view their progress, reflect on their performance, identify areas for improvement and develop an action plan.

[myprogress-guide-pdf.pdf](#)

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## EPAs-based program

### **A Supported-Autonomy Tool: using EPAs to support transitions of veterinary graduates and professionals to new work environments**

Robert Favier<sup>1</sup>, Harold Bok<sup>2</sup>, [Olle ten Cate](#)<sup>3</sup>

<sup>1</sup>IVC Evidensia, Utrecht, Netherlands. <sup>2</sup>Faculty of Veterinary Medicine, Utrecht University, Utrecht, Netherlands. <sup>3</sup>University Medical Center Utrecht, Utrecht, Netherlands

### **The Implementation of Entrustable Professional Activities in Residency Training in Switzerland**

Fabienne Schwitz<sup>1</sup>, Monika Brodmann Maeder<sup>2</sup>, [Eva K. Hennel](#)<sup>2</sup>

<sup>1</sup>Department of Cardiology, Inselspital, Bern University Hospital, University of Bern, Bern, Switzerland. <sup>2</sup>SIWF (Swiss Institute for Postgraduate Medical Education), Bern, Switzerland

### **Scaling Entrustable Professional Activities: Insights from a National-Level Software Pilot for the Emirati Board**

Teodora Ucenic<sup>1</sup>, [Fouzia Shersad](#)<sup>2</sup>, Ibrahim Balla<sup>1</sup>, Asma Fatima Syeda<sup>1</sup>, Alhanouf Khthail<sup>1</sup>, Mohammed Al Houqani<sup>1</sup>

<sup>1</sup>National Institute for Health Specialties, Al Ain, UAE. <sup>2</sup>National Institute for Health Specialties, UAEU, Al Ain, UAE



## CBME to CBFD

### **Enhancing Clinical Educators' Competence: Bridging Competency-Based Medical Education (CBME) to Competency-Based Faculty Development (CBFD)**

Yi-Ning Liu, Jung-Chieh Du, Ting-Fang Chiu, Ching-Po Lin, [Chih-Chien Cheng](#)  
Department of Education and Research, Taipei City Hospital, Taipei, Taiwan

### **Nationwide Tool Development for Competency-Based Program Evaluation in Taiwan – A Delphi Method Approach**

[Chien-Yu Chen](#)<sup>1</sup>, Hsin-Yi Chiu<sup>2</sup>, Shu-Liu Guo<sup>2</sup>

<sup>1</sup>Taipei Medical University Hospital, Taipei Medical University, Taiwan. <sup>2</sup>Taipei Medical University Hospital, Taipei, Taiwan

### **A faculty Development Workshop for Discourse on Entrustment-Supervision Scales in Dental Education**

[Sivakumar Arunachalam](#), Liang Lin Seow, Kirti Saxena, Ranjeet Bapat  
International Medical University, Kuala Lumpur, Malaysia



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# Thank + You

For Your Attention.

No conflict of interest



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