Education versus learning

Pim Teunissen
FORMAL CURRICULUM

competencies

epa

programmatic assessment - WBA
Competency-based medical education: theory to practice

JASON R. FRANK1, LINDA S. SNELL2, OLLE TEN CATE3, ERIC S. HOLMBOE4, CAROL CARRACCIO5, SUSAN R. SWING6, PETER HARRIS7, NICHOLAS J. GLASGOW8, CRAIG CAMPBELL9, DEEPAK DATH10, RONALD M. L. RICHARD11, KENNETH A.

1Royal College College of Ph
center, Utrecht
Maryland, Balt
Australia, 8Aus
University of C
of Dundee, Sc
Association of
6McMaster U
16Royal Coll
Surgeons of C

Nuts and Bolts of Entrustable Professional Activities

OLLE TEN CATE, PhD

A model for programmatic assessment fit for purpose

C. P. M. VAN DER VLEUGEL1, D. TIGELAAR3, L. K. J. EELKES1

1Maastricht University, The Netherlands, 3Utrecht U

Abstract

We propose a model for programmatic assessment for decision making.

The Power of Feedback

John Hattie and Helen Timperley

University of Auckland
DO our educational efforts SUPPORT LEARNING through WORK?
The role of generic competencies in the entrustment of professional activities
A nationwide competency based curriculum assessed

KA van Loon, PW Teunissen, EW Driessen, F Scheele.

Submitted for publication

“5139 entrustment decisions concerning 375 unique residents.

Generic competencies were mentioned in 0.5% of all decisions.”
“Students were expected to obtain feedback from mini-CEX and MSF. In the course of the programme students experienced more and more resistance to these instruments as they increasingly perceived the assessments as primarily summative rather than formative.”
One of the strongest inhibiting factors on the learning of communication appeared to be the current form of assessment by checklists. These checklists did not do justice to the qualities of doctor–patient communication the residents wanted to improve.

Like GP residents, surgical residents experienced an impeding effect of summative assessment on their communication learning.
Workplace-based assessment: a review of user perceptions and strategies to address the identified shortcomings

Jonathan Massie¹ · Jason M. Ali²

“It is clear that there is widespread negativity towards WBAs in the workplace. This has negatively impacted on the effectiveness of WBA tools as learning aids. This negativity exists in trainees but also to an extent in their trainers.”

“Insight gained from the literature reveals three dominant problems with WBA implementation: poor understanding as to the purpose of WBAs; insufficient time available for undertaking these assessments; and inadequate training of trainers.”
What’s wrong?

They’re not getting it?

Not enough time?

More faculty development?

OR

Students, registrars, consultants want to learn, but the formal curriculum leads to…
Learning

Education

Working
Approach to workplace learning is based too much on a didactic model of how learning *should* look like.

Start with an understanding of healthcare workplace’s intrinsic educational capacity.

Use educational concept and tools to get to safe, efficient, and transparent learning.