PROFESSIONAL QUALIFICATION

Sebastian Roka
Vienna, Austria
Life time career

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Medical school</td>
<td>6 yrs</td>
</tr>
<tr>
<td>Surgical training</td>
<td>6 yrs</td>
</tr>
<tr>
<td>„on the job“</td>
<td>30-35 yrs</td>
</tr>
</tbody>
</table>

„half-life“ of medical knowledge ≈ 5 yrs. relevant medical knowledge after 30 yrs. ≈ 4%
Continuing medical education

- Keep medical knowledge „up to date“
- Expansion of medical knowledge and skills
- Transfer of innovation and science into daily practice
CME certificate

„collecting“ CME points

? Specificity of medical education
? Effectivity of CME
? Effectiveness in daily practice
? Scientific activity
? Consideration of needs in daily practice

CME certificates are insufficient means to proof MDs competence, they are a proof of attendance only.
Continuing professional development

Development of job-related competencies

- Updating, developing and enhancing how doctors apply their
  - Knowledge,
  - Skills and
  - Attitudes

- Required in their working lives
- Focus on improvement of daily practice
What is CPD?

CME (updating clinical knowledge)

+ achieving personal and professional growth
+ keeping abreast of and manage clinical organisational and social changes which affect professional roles in general
+ widening, developing and changing own roles and responsibilities
+ acquiring and refining the skills needed for new roles and responsibilities and career development
+ putting individual development and learning needs into a team and multiprofessional context

encompasses clinical, professional and managerial aspects
What is CPD not?

- something extra to become part of a professional body
- partaking in formal training courses
- something you have to take time out of work to complete
- learning activity with no impact on daily work or career development
CanMEDS Framework

- Started 1996
- Definition of competencies needed for all domains of medical practice
- Provide a comprehensive foundation for medical education
The CanMEDS Roles Framework

Royal College of Physicians and Surgeons of Canada
CanMEDS Framework

• Currently under revision (CanMEDS 2015)
• Special focus:
  • Patient safety
  • Intraprofessionalism
  • eHealth
• Competency milestones:
  • Applied within residency training
  • Practice throughout a physician’s career
ACGME Outcome Project

Accreditation Council for Graduate Medical Education
- Largest private accreditation agency
- 7800 curricula
- 110 specialties
- Programmes are evaluated every 3.7 years on average

Outcome Project – core competencies
- Patient care
- Medical knowledge
- Interpersonal and communication skills
- Practice-based Learning and Improvement
- Professionalism
- System-based Practice
<table>
<thead>
<tr>
<th>Country</th>
<th>Representative</th>
<th>Medical school</th>
<th>Medical training</th>
<th>Postgraduate training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portugal</td>
<td>A Silva</td>
<td>+</td>
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<tr>
<td>Norway</td>
<td>T Glomsaker</td>
<td>-</td>
<td>+</td>
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<tr>
<td>Finland</td>
<td>M Leidenius</td>
<td>-</td>
<td>+</td>
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<tr>
<td>Belgium</td>
<td>X Rogiers/ J Weerts</td>
<td>-</td>
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<td>+</td>
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<tr>
<td>Czech</td>
<td>F Antos</td>
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<tr>
<td>Germany</td>
<td>HJ Oestern</td>
<td>-</td>
<td>+</td>
<td>+</td>
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<tr>
<td>Switzerland</td>
<td>F Dubas/ D Hahnloser</td>
<td>-</td>
<td>+</td>
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<tr>
<td>Italy</td>
<td>A Barbarisi</td>
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<td>Austria</td>
<td>S Roka</td>
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<tr>
<td>Sweden</td>
<td>P Elbe</td>
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<td>+</td>
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<tr>
<td>Turkey</td>
<td>S Demirer</td>
<td>-</td>
<td>+</td>
<td>+</td>
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<tr>
<td>Malta</td>
<td>A Felice</td>
<td>-</td>
<td>+</td>
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</tbody>
</table>
Norway:
- Administration and leadership (1 week course)
- Voluntary leadership course provided by Norwegian Medical Association
- Compulsory team trainings for trauma care (BEST course)

Finland:
- Trainings at scientific conferences addressing all health care workers

Belgium:
- Master after Master, CANMEDS roles
Germany:
• Courses in soft skills provided by scientific and professional organizations
• Master in Health Care Economics or Health Care Management

Switzerland:
• Incorporated in surgical curriculum (communication and teambuilding)

Sweden:
• Incorporated in surgical curriculum (communication, leadership, quality work and medical science)
Turkey:

- Incorporated in surgical curriculum (clinical governance, being a member of the team, ethics and professionalism and teaching skills)
- Trainer evaluation courses

Malta:

- Incorporated in surgical curriculum
Mastertrainer course

ACGME Competencies

Medical Training Requirements

Department Specific Curriculum
goals

- understand and streamline learning processes within the organization
- define core curriculum for department based on ACGME competencies and medical training programs
- composed by the trainees, supervised by their trainers
- based on:
  - operating procedures
  - checkpoints
  - feedback
## Arbeitsblatt 4.3: Arbeitsanweisung Nr. 5 Patientenaufklärung
### VA Nr. 3 Patientenmanagement

<table>
<thead>
<tr>
<th>Pos.</th>
<th>Arbeitvorgaben</th>
<th>Verantwortlicher Mitarbeiter</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Was soll mit der AA erreicht werden? Lückenlose und rechtssichere Aufklärung</td>
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<tr>
<td>2</td>
<td>Qualitätsindikator für den Arbeitsprozess: Rechtssichere Unterschrift</td>
<td></td>
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<tr>
<td>3</td>
<td>Kennzahl, die die Prozessleistung benennt: 100% (keine Abweichung möglich)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Wo muss sie dokumentiert werden, wo müssen Abweichungen dokumentiert werden</td>
<td>Aufklärender Arzt</td>
</tr>
<tr>
<td>5</td>
<td>Dokumentation: Auf individuelles Aufklärungsblatt, wird in Akte abgeheftet</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Abweichungen: werden auf Aufklärungsblatt geschrieben und vom Patient unterschrieben</td>
<td></td>
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</tbody>
</table>

### Sachausstattung des Arbeitsplatzes (welches Material brauche ich?)
- Aufklärungsbogen, aktuelle Version (aus Intranet?)
- Materialwirtschaft, Pflege, Ärzte

### Durchführung der Tätigkeit
- Ruhige Atmosphäre
- 24h vor Eingriff/Prozedur muss Unterschrift erfolgen
- Immer eigene Formulierungen Freiheit übernehmen
- Beginn der Aufklärung deutlich vor 24h Frist beginnen
- Ausnahmen ggf. bei 
  - vitaler Bedrohung/Notfall →
  - dennoch auf Aufklärung vermerken, auch wenn keine Unterschrift möglich

### Besondere Hinweise für die Einarbeitung neuer Mitarbeiter
- Uhrzeit + Datum dokumentieren
- Bei Nicht-Einwilligungsfähigkeit, berechtigte Betreuungsperson aufklären
- Falls nicht vorhanden, gerichtliche Verfügung

### Begleitende Dokumente und Literatur

UEMS Berlin, 28.4.2015
### Checkliste Testatbewertung

<table>
<thead>
<tr>
<th>Abteilung:</th>
<th>Datum:</th>
<th>Testierte Kompetenz:</th>
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<td>Aufklärung des Patienten</td>
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**Continous checks and feedback**
Outlook

• change in the way of learning
  • problem-based learning
  • „blended“ learning
  • learning „on the job“
  • „feedback“

• Meet the demand of current and future generations
  • Generation Y, Z, ...

• CPD-programme for medical specialities within UEMS
„Learning what you even didn´t know you didn´t know!“

„The day you stop learning is the day you shouldn´t be doing the job“