

# Continuous competency development in healthcare education

PAST

## Overview



- A The patient is central
- B Quality of care
- C Healthcare education
- D Work-integrated learning
- E Competency development
- F Competencies
- F Behavioral indicators/assessment criteria to measure interprofessional communication

## Scoping Review

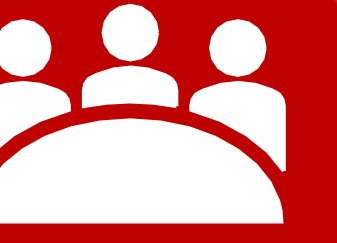
- Focus on students (n = 25/37)
- Focus on perceptions of ePortfolio users (n=32/27)
- Lack of role of ePortfolios supporting CPD
- Focus on practical, more technical aspect of ePortfolio use
- Lack of focus on interprofessional use of ePortfolios
- ePortfolios are being used by different populations, in different contexts with different objectives
- No ePortfolio contains all possible features

Choose a fitting ePortfolio

Develop a comprehensive ePortfolio with different context-specific features

→ (interprofessional) collaboration ↑

## Delphi Study



- The roles were fully covered by their key competencies.
- There was consensus about the relevance and clarity of all key competencies.
- There was no consensus about the measurability of two key competencies:
  - ✓ The healthcare professional manages career planning, finance, and human resources of the practice (leader)
  - ✓ The healthcare professional demonstrates commitment to society through recognition of and answering to society's expectations of healthcare (professional)

### Recommendations

- The CanMEDS competency framework is complete, relevant, and clear to support CBE in nursing, midwifery, and several allied healthcare educational programs.
- Consider implementing the framework at the level of key competencies to allow interprofessional collaboration and education
- Complement the key competencies with context-specific enabling competencies or behavioral indicators to optimize the measurability
- Take into account competency development before and after graduation, and within different educational levels

## Focus group interviews

### CBE in practice

Theory-practice gap

A CBE curriculum is developed while students and mentors are unaware of this curriculum:

- Students did not see the point of the predefined competencies
- Transfer of competencies to practice lacked

Absent overview of competencies

An overview of predefined competencies was hard to find

A lot of different competency frameworks in practice

This complicates WIL and competency development

Absent link between WIL steps

Lack of holistic picture and developmental aspect

Focus on technical competencies

Was seen during reflection, feedback, and assessment

While generic competencies are at least as important

Lack of holistic picture and developmental aspect

Problems with learning goals

No link with predefined competencies

Lack of guidance

Artificial formulation

Problems with reflection

Reflection on competency development lacks

No deep reflection:

- Assessment for learning ↔ assessment of learning
- Main incentive to learn is receiving a good grade
- Developmental aspects between internships lacks

Low quality of feedback

Lack of time

Fear to harm students

Lack of knowledge of the importance of feedback and how to give it

Hard to find overview of predefined competencies

Presence of more than one mentor

Subjective assessment

Development of a rubric

Help of a computer/algorithm

FUTURE

## Systematic review: interprofessional communication

Research question: What preferences do healthcare professionals have in the context of interprofessional communication?

Goal: to identify 'good and bad' practices and define a behavioral indicator list to assess interprofessional communication

	Results in 2018	Results in 2022	New results since 2018
WoS	643	935	292
PubMed	5444	6475	1031
Embase	4873	5908	1035
Cinahl	615	1074	459
Cochrane	180	231	51
<b>Total new results</b>			<b>2868</b>

2868 records to be screened in 2022

## Contact

Drs. Oona Janssens

Oona.Janssens@UGent.be

@OonaJanssens

Oona Janssens

www.sbo-scaffold.com

Supervisors: Prof. dr. Leen Haerens, Prof. dr. Martin Valcke, dr. Mieke Embo

Advisory committee: Prof. dr. Peter Pype, Prof. dr. Dimitri Beeckman

scaffold





