

Trust in training: The new ESC Core Curriculum in Cardiology

Spring Summit – 5 March 2020

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Drivers to Change

Since 2013, Cardiology has changed:

- Increased demands on knowledge and technical skills (interventions)
- Understanding research and its impact on clinical practice
- Competence assessment
- Patient involvement

→ Focus on skills

→ Focus on assessment of competences in a clinical context

→ Involvement of trainees

→ Involvement of patients

ESC Core Curriculum Task Force [Validated by ESC Management Group]

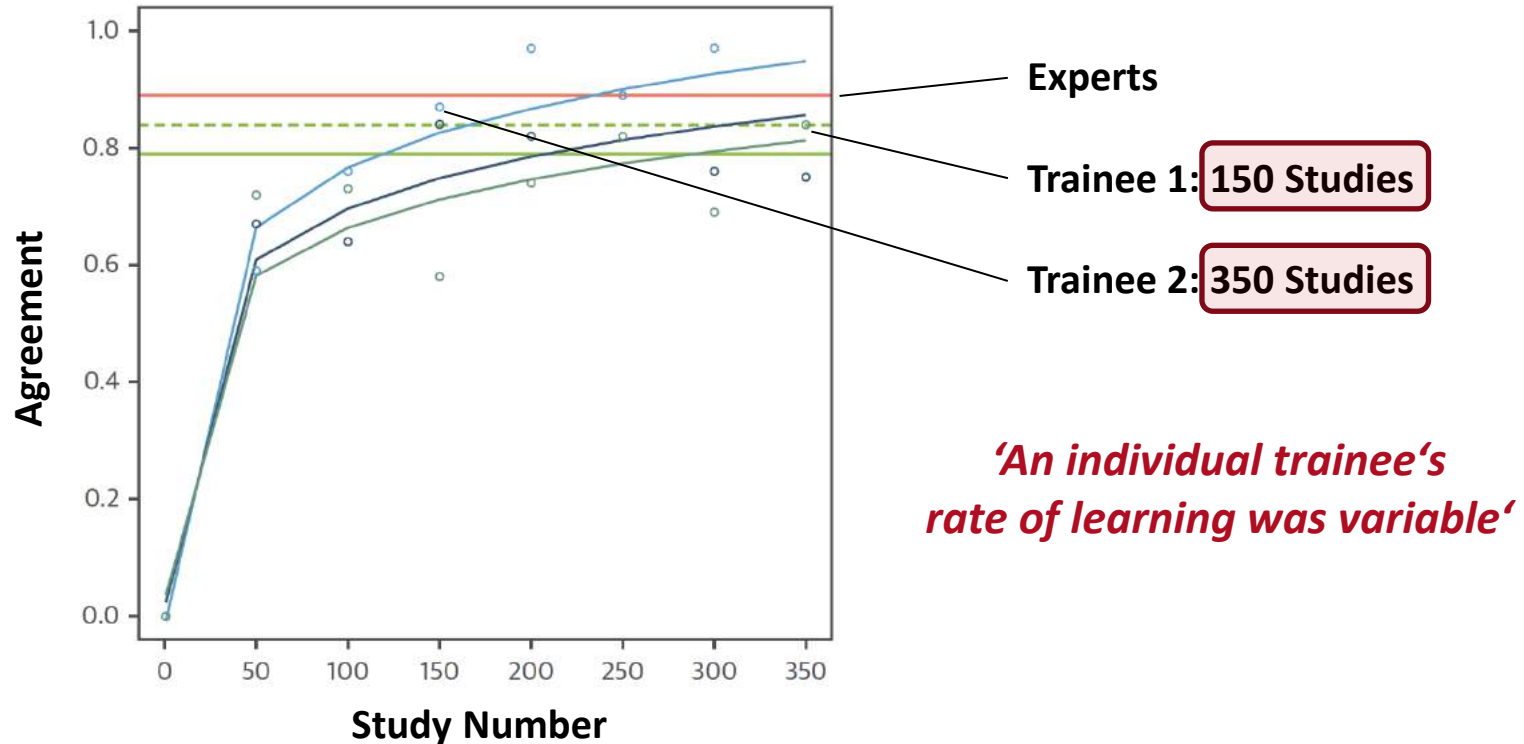
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ESC Core Curriculum Task Force [Validated by ESC Management Group]

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Individuals and Training

Abnormal Myocardial Perfusion Imaging



Training and Trust



*During training of an individual
the trainer develops an increasing degree of trust in the trainee's competence*

Entrustable Professional Activities (EPAs)

Entrustable Professional Activity (EPA)

Title

Description

CanMEDS Roles

Knowledge

Skills

Attitudes

Assessment Tools

Expected Level

- EPA = a unit of professional practice the trainee can execute in an independent manner at some stage of training
- EPAs enable assessment of clinically meaningful units of competence (e.g. 'assess a patient with chest pain')
- To complete an EPA successfully means that the trainer has developed trust in the trainee

Entrustable Professional Activities (EPAs)

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Description

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Attitudes

Assessment Tools

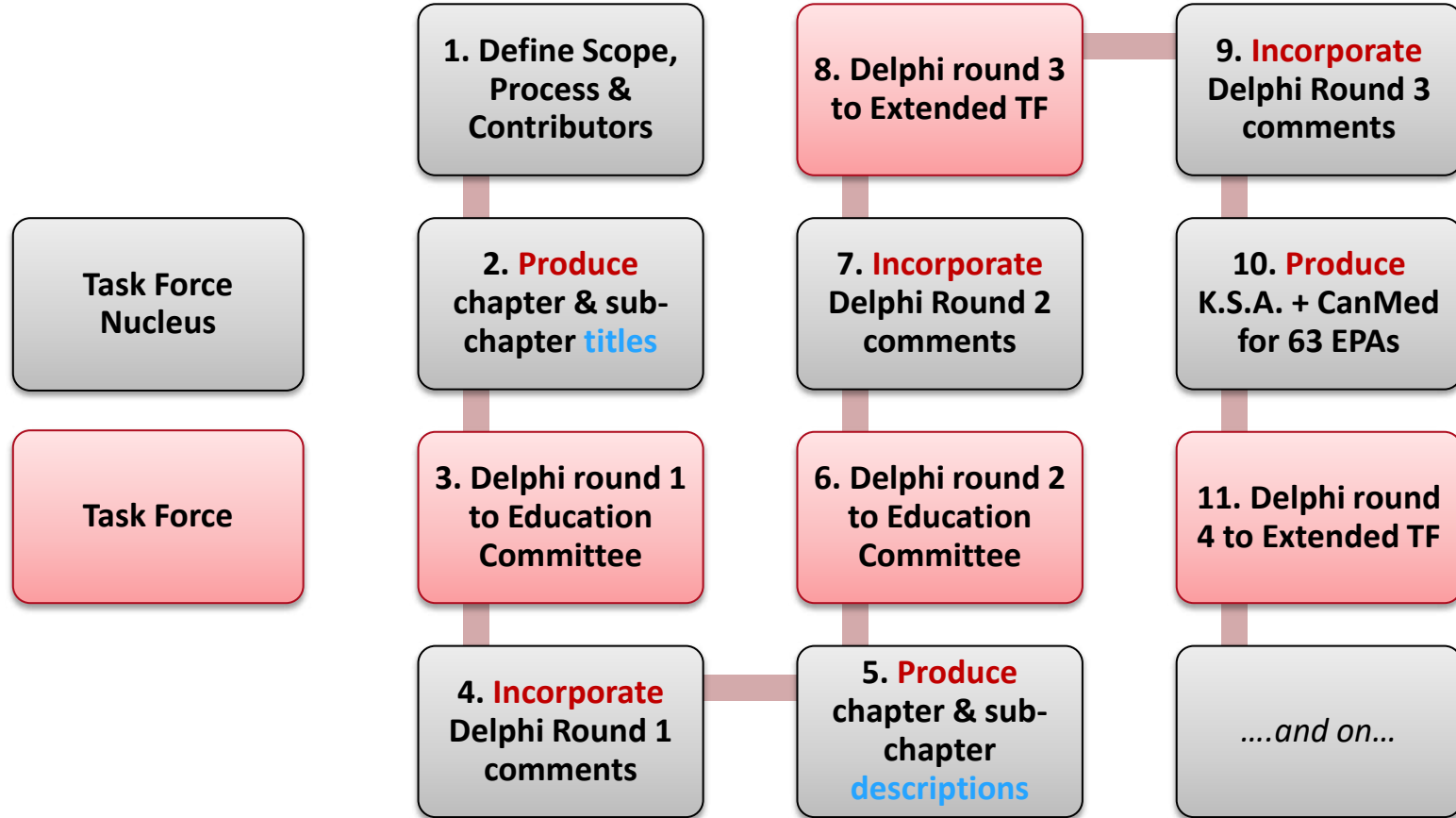
Expected Level

Our rationale for use of EPAs:

to generate the **necessary flexibility** for guiding and assessing trainees with **different abilities** and training needs

to promote a **holistic type of assessment** in the clinical setting focussed on the **clinical competence** of the trainee

Methodology: Delphi rounds to reach consensus



Updated Content Structure - Chapters

Chapter 1

The Cardiologist in the Wider Context

Chapter 2

Imaging

Chapter 3

Coronary
Artery
Disease

Chapter 4

Valvular
Heart
Disease

Chapter 5

Rhythm
Disorders

Chapter 6

Heart
Failure

Chapter 7

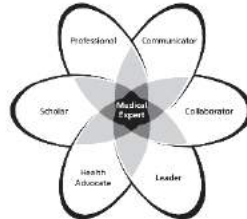
Acute
Cardiac
Care

Chapter 8

Prevention
Rehabili-
tation
Sports

Chapter 9

Cardiac
Patients In
Additional
Settings



CANMEDS

CanMEDS Physician Competency Framework Roles

Professional
Communicator
Collaborator

Leader
Health Advocate
Scholar

Frank JR, Snell L, Sherbino J, editors. CanMEDS 2015 Physician Competency Framework.
Ottawa: Royal College of Physicians and Surgeons of Canada 2015

Updated Content Structure - EPAs

Compilation

Draft ESC Core Curriculum content – Delphi Round 4 (16 Dec 19)

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Updated Content Structure - EPAs

4.1 Manage a patient with aortic regurgitation

Description
<p><u>Timeframe:</u> from diagnosis of aortic regurgitation until referral for surgical/interventional therapy</p> <p><u>Setting:</u> out-patient setting, in-patient setting, emergency department</p> <p><u>Including:</u> initial assessment based on clinical history and physical examination identification of causes and differential diagnosis performance and interpretation of basic diagnostic modalities interpretation of additional diagnostic modalities medical therapy</p> <p><u>Excluding:</u> performing interventional or surgical therapy</p>
CanMEDS-Roles
<ul style="list-style-type: none"> Medical Expert Communicator Collaborator Professional
Knowledge
<ul style="list-style-type: none"> List the causes of AR Describe the haemodynamics of AR Describe the pathophysiology of AR and its effect on the heart and circulation Describe the symptoms and clinical signs of AR Outline the natural history and prognosis of AR Describe the values and limitations of diagnostic modalities, in particular echocardiography, but also: <ul style="list-style-type: none"> ECG exercise ECG cardiopulmonary exercise testing chest X-ray cardiac catheterization coronary angiography cardiac CT cardiac MR Quantify the severity of AR and its effect on cardiac function Plan the follow-up under conservative management of a patient with AR Explain the current guidance on endocarditis prophylaxis Describe the indications, benefits, and risks of conservative, interventional, and surgical management Discuss the impact of aortic root dilatation, concomitant coronary artery disease and other comorbidities on the management and outcome of AR
Skills

<ul style="list-style-type: none"> Take a relevant history and perform an appropriate physical examination Select appropriate investigations Perform and interpret the following diagnostic modalities: <ul style="list-style-type: none"> ECG exercise ECG cardiopulmonary exercise testing transthoracic echocardiography Interpret the following diagnostic modalities: <ul style="list-style-type: none"> chest X-ray transoesophageal echocardiography stress echocardiography cardiac catheterization coronary angiography cardiac CT cardiac MR Decide on the strategy and frequency of follow-up Identify the appropriate timing for interventional or surgical therapy Optimize patient condition in preparation of interventional or surgical therapy Assess the benefits and risks of different therapeutic approaches
Attitudes
<ul style="list-style-type: none"> Allow adequate time for evaluation of symptoms using, when appropriate, the results of exercise testing Limit the investigations to those required to reach a definitive assessment and for planning a therapeutic intervention Educate the patient on the cause and likely natural history, and consequences of their AR Educate the patient on the necessity for compliance with regular follow-up Provide balanced, understandable, and appropriate information to the patient on the benefits and risks of different therapeutic approaches Involve the patient in all decisions relating to their care Commit to work in a Heart Team involving imaging specialists, interventional cardiologists, cardiac surgeons, anaesthetists, and nurses
Assessment tools
<ul style="list-style-type: none"> Testing knowledge on AR by oral and/or written examination Direct observation of skills with structured feedback Direct observation of attitudes with multi-source feedback
Related ESC Topics (ESC Topic List)
<ul style="list-style-type: none"> Topic List: 2.; 3.1.; 3.2.; 3.3.; 3.5.; 10.; 15.; 22.; 25.1.; 25.3.; 26.2.; 26.4.

Updated Content Structure – Entrustment Levels

Level 1: Trainee is able to **observe**

Level 2: Trainee is able to **perform the activity under direct supervision**
proactive, close supervision, supervisor in the room

Level 3: Trainee is able to **perform the activity under indirect supervision**
reactive, on-demand supervision, trainee has to ask for help, supervisor readily available, within minutes

Level 4: Trainee is able to **perform the activity under distant supervision**
reactive supervision available remotely, e.g. within 20-30min, on the phone or post-hoc

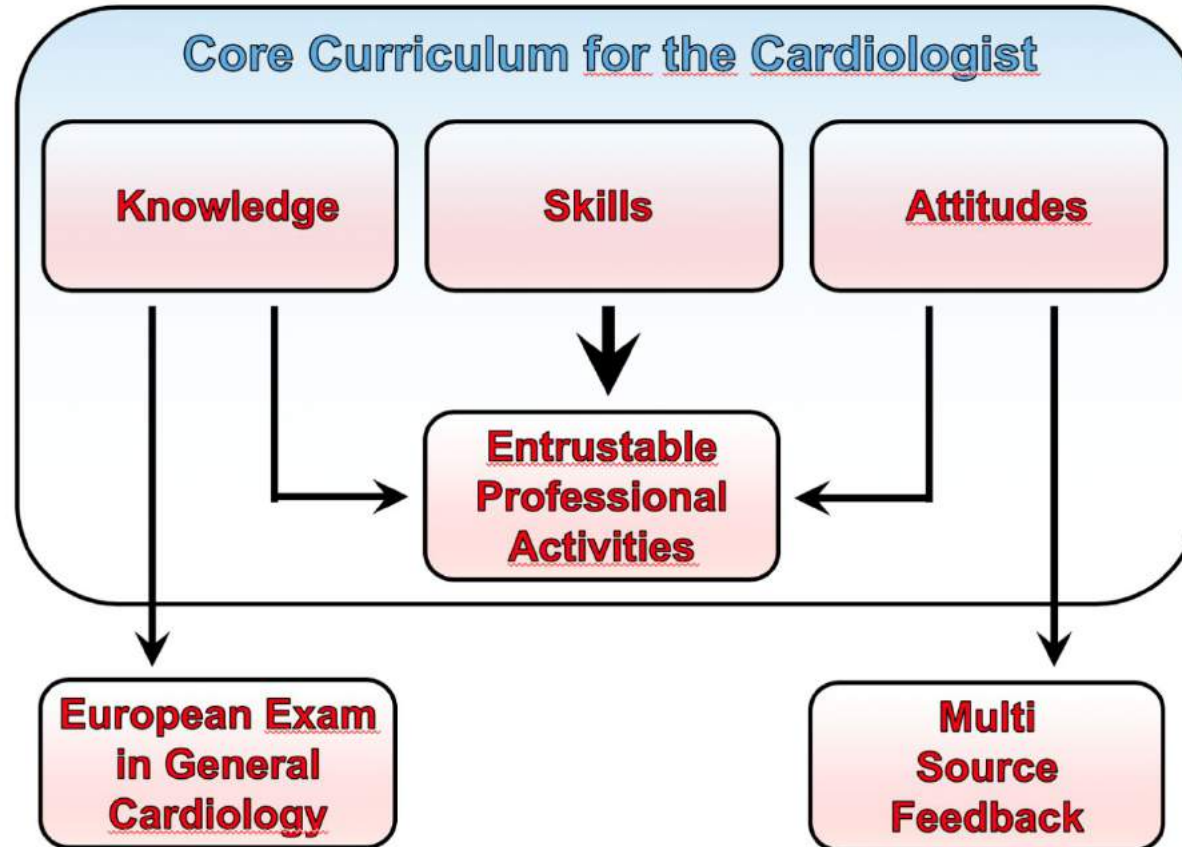
Level 5: Trainee is able to **supervise others** in performing the activity

Updated Content Structure – Entrustment Levels

EPA	Level of Independence				
	1	2	3	4	5
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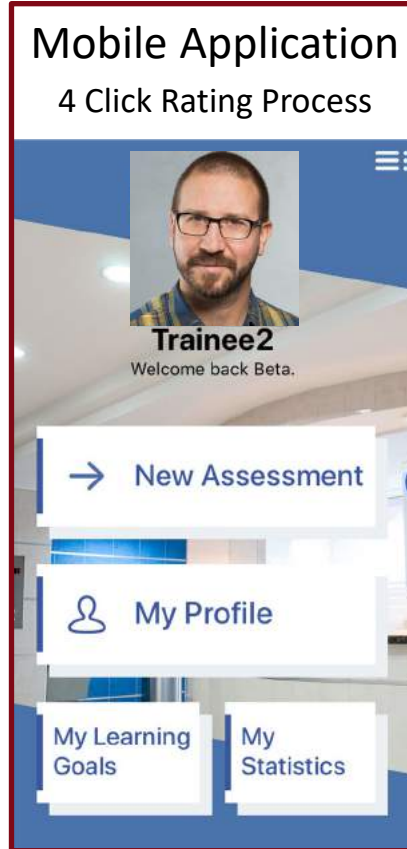
EPA and Assessment



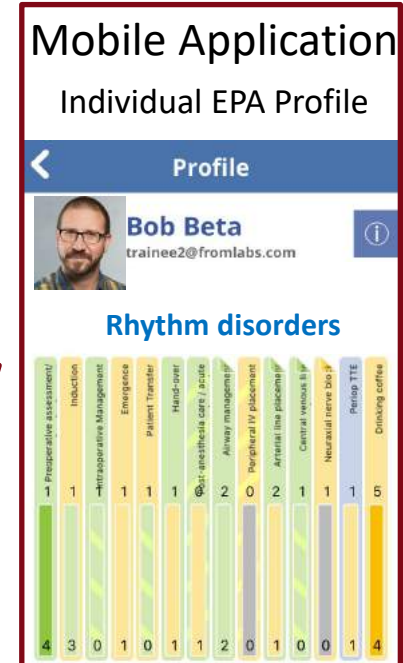
EPA and Trainer Trainee Interaction



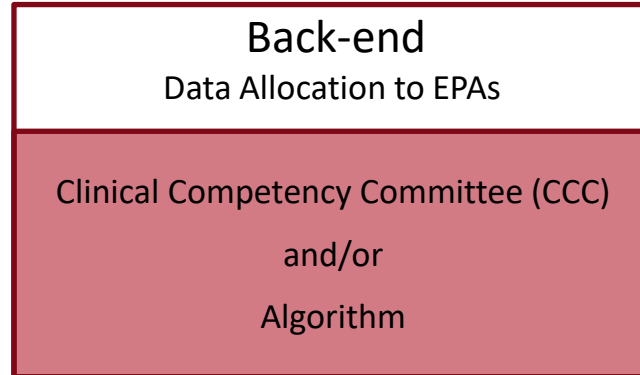
EPA-based Assessment Using Mobile Technology



Adjusted Teaching
And Supervision



EPA
Data
Point

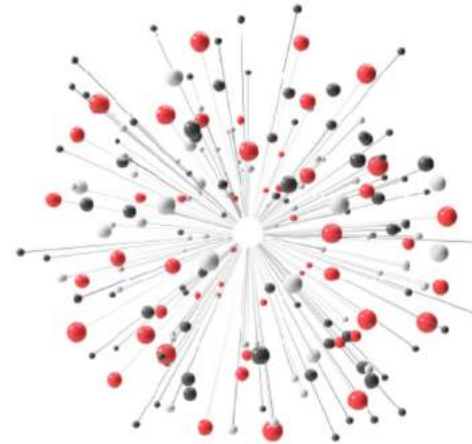


Publication of Core Curriculum 2020

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