The European Curriculum of Internal Medicine

Practical challenges of its implementation

Rijk O.B. Gans, MD, PhD

on behalf of the European Board of Internal Medicine
Members of the European Board of Internal Medicine

REINOLD GANS
President of EBIM

WERNER BAUER
EFIM

RUNOLFUR PALSSON
UEMS Section of Internal Medicine

JAN WILLEM ELTE
EFIM

MARK CRANSTON
EFIM

MARIA D. CAPPELLINI
EFIM

Ieva Ruza
Young Internists
Training Requirements for the Specialty of Internal Medicine

European Standards of Postgraduate Medical Specialist Training

European Board of Internal Medicine
Brussels Feb 22, 2016

Approved Oct 2016
Minimum requirements for training towards qualification as a specialist in internal medicine

Individual countries can add requirements according to their needs or tradition

No legal obligations

Three-part structure
1. Training requirements for trainees
2. Training requirements for trainers
3. Training requirements for training institutions
Implementation of the Curriculum

Survey:
  current status
  identification of barriers/gaps

European Certification in Internal Medicine

In-training self-assessment in Internal Medicine

Accreditation of Training Centers

Educational On-line Platform of IM

European Exam

Faculty training programs on demand
European Certification in Internal Medicine

On-line self-assessment

Document equivalence of training

→ Formal recognition at European level, if corroborated by training program director and National Authority
→ Diploma

Identify gaps in training compared to ETR

→ Guidance towards recognition at European Level
→ EBIM: identify common themes and provide educational material
Knowledge-based competencies: Clinical presentations and diseases (Appendix C)

- Clinical presentations and diseases that each internist should be able to diagnose and treat independently

- Clinical presentations and diseases for which the internist should be able to initiate a diagnostic and therapeutic plan, but where timely (sub)specialty consultation or referral is warranted

Knowledge-based competencies: Procedures (Appendix C)

- **Mandatory** procedures which all internists must be able to do

- **Optional** procedures which internists may require supervision when doing
Milestones and related EPA’s

- Milestones for internal medicine years 2 and 5 are provided (Appendix D)

- After completion of 2 years of an internal medicine training programme, the common trunk is completed
  - the trainee/internist should have achieved competency in the basic areas of internal medicine as defined by the milestones of year 2 and linked EPA’s

- The end of year 5 completes the minimum duration of a training programme in internal medicine
  - and the trainee should have achieved the competencies of an internist as defined by the milestones of year 5 and should be entrusted according to the linked end-of-training EPA’s
In-training self-assessment of Internal Medicine Curriculum

Work in progress
Accreditation of Training Centers

- Recognition by the National Authority
- On-line self-evaluation
- Co-signed by Program Director and formal representative(s) of Trainees

**EUROPEAN BOARD OF INTERNAL MEDICINE**

**Self-evaluation form for the Accreditation of Training Centres in Internal Medicine in Europe**

1.1 Name of Training Centre:
   - University affiliation: YES ☐ NO ☐
   - Name of University:
   - City:
   - Country:

1.2 Total number of beds for the entire hospital:
   - Total number for all inpatient medical specialties:

2.1 Related Hospitals or Institutions involved in the training program

<table>
<thead>
<tr>
<th>Name of Hospital/Institute</th>
<th>City</th>
<th>Number of inpatient beds</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Hospital/Institute</td>
<td>City</td>
<td>Number of inpatient beds</td>
<td>Level</td>
</tr>
<tr>
<td>Name of Hospital/Institute</td>
<td>City</td>
<td>Number of inpatient beds</td>
<td>Level</td>
</tr>
<tr>
<td>Name of Hospital/Institute</td>
<td>City</td>
<td>Number of inpatient beds</td>
<td>Level</td>
</tr>
<tr>
<td>Name of Hospital/Institute</td>
<td>City</td>
<td>Number of inpatient beds</td>
<td>Level</td>
</tr>
</tbody>
</table>

Level*: University (U), Teaching non-university (T) or District (D) hospital
Training requirements for trainers

- **Levels of trainers**
  - Director of the training programme
  - Educational supervisor
  - All physicians practising in a teaching hospital

- **Process for recognition as trainer**
  - Requested qualification and experience
  - Core competencies for trainers

- **Quality management for trainers**
Training requirements for training institutions

- Process for recognition as training center
  - Requirements for staff and clinical activities
  - Requirements for facilities and equipment
- Quality management within training institutions
  - Accreditation
  - Clinical governance
  - Manpower planning
  - Regular report
  - External auditing
  - Transparency of training programmes
  - Structure for coordination of training
  - Framework of approval
EBIM Educational and Learning Center

Educational Strategy

Act as guide;

Self-directed learning is emerging as the foremost educational method’ >80% physicians go to internet to locate medical information

Didactic presentations, distribution of printed material are largely ineffective in changing physicians practice and performance.

Questions arising from interacting with patients contextualise learning and triggers self-directed learning.

Competency refers to the ability to effectively find and translate high-quality knowledge into practice to positively impact patient outcomes.
On-line Community of Practice

- diagnostic challenges/reasoning
- gamification
- webinars/podcasts
- links to open sources educational material

Public Academy

EBIM Educational and Learning Center

E-platform of Professional Competence development for Internal Medicine

Point of care information that easily integrates in clinical practice

- comprehensive summaries based on systematic assembly of evidence (links)
- ‘filtered’ high quality evidence i.e. evidence-based synopsis based on systematic reviews and clinical practice guidelines
- decision support tools
- translate data into set of actions that follow the natural thought flow of physicians from diagnosis to treatment

Education ‘on demand’; use of just-in-time, (solving doubt about clinical management of a patient that a physician can apply in real time)

- clinical vignettes to understand the clinical applicability of evidence
- FOAM Free Open Acces Meducation (EMCrit), comprising of blog and series of podcasts
  - kidney podcast
  - WikiEM
Hi Rijk,

Sharpen your clinical reasoning with today's cases from adult medicine, primary care, and pediatrics.

Good luck!

ADULT

66-year-old man with encephalopathy

Author: Dr. Zaven Sargsyan, Physician, Baylor

Editor: Dr. Reza Manesh, Physician, Hopkins

2 symptoms, 1 medical history, 1 other finding, and 2 diagnostics are currently hidden.
EHA Campus
The new hematology platform designed for you!
ehacampus.ehaweb.org

The brand new platform for hematology professionals is here.
Visit the EHA Campus now!

This new platform is packed with learning tools, reviewed and designed for and by hematology professionals. Join the EHA Learning Community and be among the first to try it.

Features include:

- Easy to use
- Mobile-friendly
- Interactive and includes self-assessment opportunity
- Allows you to directly test what you learned, earn a certificate and EBAH credits
Faculty training
- programs on demand
- feedback
- EPA/WBA
- curriculum design
- Teaching on the run
A European Diploma examination in internal medicine was launched in 2006 and was discontinued in 2008 due to poor attendance. The examination was neither compulsory nor recognized by their national authorities. A survey carried out by the Young Internists Subcommittee of EFIM revealed that trainees did not feel the need to sit for the examination. Nearly all of those who responded said that they would apply to take the exam if it was endorsed by their national society. Relaunching the European Diploma examination in internal medicine is currently considered: RCP has been contacted.