

# Care Management in Postgraduate Medical Education in the Netherlands: Methods of assessment.

No registrations found.

<b>Ethical review</b>	Positive opinion
<b>Status</b>	Pending
<b>Health condition type</b>	-
<b>Study type</b>	Observational non invasive

## Summary

### ID

NL-OMON24475

### Source

Nationaal Trial Register

### Brief title

CaMPMEN\_3

### Health condition

Manager, health management, care management, competency, CANMEDS.

## Sponsors and support

**Primary sponsor:** Atrium Medical Center, Heerlen

**Source(s) of monetary or material Support:** Atrium Medical Center, Heerlen

## Intervention

## Outcome measures

### Primary outcome

Stage 1:

Obtain a good understanding of the content and quality of current existing and current used

instruments to measure the management competence for residents.

#### Stage 2:

Assessment of experts' perceptions of the current assessment tools and their perceptions of the conditions an instrument must meet to be a reliable, suitable instrument to measure management competence for residents.

#### Stage 3:

Obtain a good understanding of the experts' perceptions of the content and the quality of the current existing and current used instruments to measure management competence and their perceptions of the conditions an instrument must meet to be a reliable, suitable instrument to measure management competence for residents.

### **Secondary outcome**

N/A

## **Study description**

### **Background summary**

#### Background:

Postgraduate medical training programs are expected to prepare trainee physicians to practice adequately in the current health care environment. This mandate is reflected in the seven CANMEDs competencies namely: medical expert, collaborator, communicator, scholar, professional, manager and health advocate. Unfortunately, the background of these competency descriptions is based on the premise that health care is provided within a managed (or controlled) care environment. Recently, it has become evident that the part of the reason why the implementation of the reformed Dutch postgraduate medical curricula of pediatrics and obstetrics and gynecology experienced some hindrance is related to (the complexity of) several unpredictable factors within the clinical learning environment. The hospital setting where clinical learning takes place is systematically subjected to continual change and situations that are difficult to predict and/or control.

Besides the basic clinical knowledge and (problem-solving) skills that residents have to acquire during their training, the reformed postgraduate curricula for medical specialists spans other areas of medicine that are considered to be essential for their professional development. Some of these areas include health care systems, organization, population health, patient-physician communication, ethics, quality assurance and improvement and practice management. In a recent synthesis by Halpern et al., 10 medical domains regarded as important for the practice of medicine were identified, and were classified under the term

'care management'. This concept of care management provides an operational description of how physicians' managerial skills are translated into clinical responsibilities and at the same time, how they relate to the six other professional responsibilities. Hence, care management as described here incorporated the elements of the CANMEDS competency 'manager' as represented in the curriculum of the Dutch postgraduate medical training. In the current postgraduate medical training, the implementation and further development of the competency as manager has not received a lot of attention as compared to the attention devoted to the competencies 'medical expert' and 'professional'. As good managerial skills are important for effective clinical practice, it is important that sufficient attention be given to developing this competency during the (postgraduate) medical training and also to how this competency can be reliably assessed and demonstrated as being attained in postgraduate medical trainees.

### **Study objective**

To determine the current views of medical residents and educators on current assessment methods of care management competencies and potential assessment tools that can be used to improve care management evaluation.

#### **PHASE 3:**

1. Literature review to determine the content and quality of reliable measurement instruments (that can be) used to evaluate care management competencies in medical residents;
2. (Delphi study): Based on the findings of the literature review, evaluate experts' perceptions of the reliability and effectiveness of current assessment tools used to assess care management competencies. Also, determine the minimum requirements for an effective assessment strategy in evaluating care management competencies in residents;
3. (Qualitative research): Interview a focussed group of medical education experts' in order to identify the level of satisfaction with currently used assessment tools in care management. Also, determine which specific care management competencies are, in their perception, under-assessed and obtain expert recommendation on the best instruments to assess care management competencies.

### **Study design**

Stage 1: 10-09-2012 to 7-12-2012;

Stage 2: 28-09-2012 to 25-01-2012;

Stage 3: 26 October 2012.

## **Intervention**

Phase 1: (NTR1925)

1. Questionnaire survey.

Phase 2: (NTR 2550)

1. Workshop on care management competency development;
2. Self-evaluation;
3. Assessment of changes in attitude or behaviour.

Phase 3:

- 1: Literature review;
- 2: Questionnaire survey;
- 3: Focussed Interviews.

## **Contacts**

### **Public**

Dept. of Paediatrics, Atrium Medical Center Parkstad  
Henri Dunantstraat 5  
Jamiu O. Busari  
Dept. of Paediatrics, Atrium Medical Center Parkstad  
Henri Dunantstraat 5  
Heerlen 6401 CX  
The Netherlands  
+31-45-5767222

### **Scientific**

Dept. of Paediatrics, Atrium Medical Center Parkstad  
Henri Dunantstraat 5  
Jamiu O. Busari  
Dept. of Paediatrics, Atrium Medical Center Parkstad  
Henri Dunantstraat 5  
Heerlen 6401 CX

## Eligibility criteria

### Inclusion criteria

1. Medical specialist in teaching hospitals;
2. Experts in the theory and methods of education;
3. Physician leaders/hospital CEO's.

### Exclusion criteria

1. Medical students;
2. Lack of experience in medical or educational fields.

## Study design

### Design

Study type:	Observational non invasive
Intervention model:	Parallel
Allocation:	Non controlled trial
Masking:	Open (masking not used)
Control:	N/A , unknown

### Recruitment

NL	
Recruitment status:	Pending
Start date (anticipated):	10-09-2012
Enrollment:	40
Type:	Anticipated

## Ethics review

Positive opinion

Date: 18-09-2012

Application type: First submission

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

Register	ID
NTR-new	NL3463
NTR-old	NTR3615
Other	METC Atrium : 12N102
ISRCTN	ISRCTN wordt niet meer aangevraagd.

## Study results

### Summary results

1. "Medical residents perceptions of the need for management education in the postgraduate curriculum: a preliminary study" J.W.M. Brouns, L. Berkenbosch, F.D. Ploemen-Suijker, I.C. Heyligers, J.O. Busari, Int J Med Educ 2010, 1:76-82  
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2. "Physicians as managers of health care delivery and the implications for postgraduate medical training: a literature review" J.O. Busari L. Berkenbosch, J.W.M. Brouns, Teaching and Learning in Medicine, 2011, 23(2): 186-96  
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3. "How Dutch medical residents perceive their competency as manager in the revised postgraduate medical curriculum" L. Berkenbosch, J.W.M. Brouns, I.C. Heyligers, J.O. Busari,

Postgraduate medical journal, 2011,Oct; 87(1032):680-7

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4. "How do medical Specialists' perceive their competency as physician-managers?" M. Bax, L. Berkenbosch, J.O. Busari. International Journal of Medical Education, 2011, 2:133-9

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5. "How Dutch medical specialists perceive the competencies and training needs of medical residents in health care management" L. Berkenbosch, M. Bax, I.C. Heyligers, A.M.M. Muijtjens, A.J.J.A. Scherpbier, J.O. Busari, Medical Teacher (in press)

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6. "Management and leadership development in health care and the challenges facing physician managers in clinical practice", J.O. Busari (2012) International journal of clinical leadership (in press).