

# Care Management in Postgraduate Medical Education in the Netherlands: Assessing needs, developing strategies, evaluating outcomes.

No registrations found.

<b>Ethical review</b>	Positive opinion
<b>Status</b>	Pending
<b>Health condition type</b>	-
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON26951

### Source

Nationaal Trial Register

### Brief title

CaMPMEN\_2

### Health condition

Care management, Specialist registrars, Competency, Postgraduate training, Manager

## Sponsors and support

**Primary sponsor:** Atrium Medical Center

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

## Intervention

## Outcome measures

### Primary outcome

Based on the findings of the first Phase of this study (NTR1925):

1. Design and develop a feasible and suitable intervention to address the perceived needs of trainees in care management;
2. Assess the impact of the intervention on trainees:
  - A. Perceived satisfaction of the intervention;
  - B. Behaviour and attitudes in care management.

## **Secondary outcome**

Develop a curriculum on care management for the national postgraduate training programme.

# **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'. This is remarkable bearing in mind that good managerial skills are equally important as are the other competencies for good clinical practice.

## **Study objective**

### **PHASE 2:**

1. Evaluate medical specialists' perceptions of the concept of care management (in medical education);
2. Based on our findings from the phase 1 study, develop an educational intervention to promote and improve the implementation of care management in the curriculum of postgraduate medical education;
2. Evaluate the impact of the designed intervention through:
  - A. Trainees' perceived satisfaction of the intervention;
  - B. Observable changes in trainees behaviors and attitudes.

## **Study design**

End of Phase 2: 01 October, 2012.

## **Intervention**

### **Phase 1:**

1. Questionnaire survey.

### **Phase 2:**

1. Workshop on care management;
2. Self evaluation;
3. Evaluation attitude or behaviour change.

## Contacts

### Public

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## Eligibility criteria

### Inclusion criteria

Medical specialists in teaching hospitals.

### Exclusion criteria

Medical students.

## Study design

### Design

Study type: Interventional

Intervention model: Parallel

Allocation:	Non controlled trial
Masking:	Single blinded (masking used)
Control:	Active

## Recruitment

NL	
Recruitment status:	Pending
Start date (anticipated):	01-09-2010
Enrollment:	200
Type:	Anticipated

## Ethics review

Positive opinion	
Date:	02-10-2010
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	NL2441
NTR-old	NTR2550
Other	METC Atrium Medisch Centrum : 10-N-83
ISRCTN	ISRCTN wordt niet meer aangevraagd.

## Study results

### Summary results

1. 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. (Accepted) Teaching and Learning in Medicine, 2010.<br>
2. How Dutch medical residents perceive their competency as manager in the revised postgraduate medical curriculum. L. Berkenbosch, J.W.M. Brouns, J.O. Busari. Submitted.<br>
3. Dutch medical residents perceptions of the need for management education in the revised competency based postgraduate curriculum. J.W.M. Brouns, L. Berkenbosch, J.O. Busari. Submitted.