

A. Basic sciences teacher

A is researcher at the Dept. of Immunology and teaches medical students. He gives a series of lectures to Bachelor students and is responsible for tutorials and labs in immunology. In addition, he supervises and assesses 3 Master students doing their research project in his lab.

The competences required for his educational tasks are all at micro level ('mi') and can be found in the corresponding columns of the tables. To aid legibility, the indication 'mi' has been omitted in the text below.

Domain Development (DEV)

A has developed his lectures, tutorials and labs when a new curriculum was implemented. He studied the principles and philosophy of the new curriculum. He discussed the contents of his lectures with the internist who teaches in the same lecture series; together they integrated the basic and clinical sciences. A used the learning objectives to develop his lectures and tutorials (DEV 1 – 4).

Domain Organization (OR)

As soon as he knows his teaching schedule, A reserves rooms and facilities (video-player) for his teaching activities. He organizes a meeting with teaching assistants to introduce them to the curriculum and its teaching principles and philosophy. He arranges research facilities for the Master's students and takes care of their daily supervision. He schedules his own meetings with the students in his calendar as well as time to prepare his teaching activities (OR 1 – 5).

Domain Execution (EX)

To keep his teaching up to date A follows the development in his own field and implements those in his lectures, labs and in the coaching of the research students. He distributes the contents of his lectures over the whole series. He asks feedback from students and colleagues and adapts his teaching accordingly (EX 1 – 4).

Domain Coaching (CO)

A meets weekly with his Master students and discusses the progress of their work; he is also available to the students if they encounter problems in between. A assists students during the labs in solving their problems (CO 1 – 4).

Domain (AS)

The assessment consists of a written exam at the end of the block for which A prepares questions. He gives feedback on the proposals and reports of the students' Master theses. For the final assessment he also takes into consideration the student's independence and dedication (AS 1 – 4).

Domain Evaluation (EV)

A frequently asks the students feedback about his teaching. He also attends formal evaluation meetings with students and colleagues (EV 2 – 3)

Professionalization

A is a well known immunologist and his professional competencies are beyond doubt. He is aware that though this is a prerequisite for his teaching it does not suffice. Therefore, he attended several educational workshops, e.g. 'designing multiple choice questions'. A is mostly a self-educated teacher and has developed educational instructions and lectures. By now he is experienced in the preparation of lectures. He has consulted his colleagues about his plans and appreciated their feedback which improved his lectures. A works on his teaching portfolio and prepares for an assessment to obtain a teaching qualification. He values the assessment in order to improve his educational competencies. A is proud of the students' formal evaluations which are increasingly positive. In the upcoming meeting with his superior he will propose to expand his teaching activities and will apply for the function of block-coordinator which will become available. He wants to focus on competency based teaching and learning and implement that in his teaching.

B. Coach of clinical students

B is resident in Pediatrics in a teaching hospital, where he coaches medical students during their first clinical experiences in his specialty. This implies that a new student joins him every 3 weeks to observe his patient encounters. C also seeks opportunities for the student to actively participate in the patient contacts. He organizes clinical tutorials for a group of medical students.

The competences required for his educational tasks are all at micro level ('mi') and can be found in the corresponding columns of the tables. To aid legibility, the indication 'mi' has been omitted in the text below.

Domain Development (DEV)

B aims to transform the working environment into a learning environment. He has read the learning objectives for the medical students and tries to create as many learning experiences as possible (morning report, consultation with colleagues, clinical conferences, etc). He is aware of the knowledge level and skills of the student and takes these into consideration (DEV 1-4).

Domain Organization (OR)

B has arranged that the secretary welcomes new students and plans a meeting in his calendar with each of them. She also plans the clinical tutorials and makes a schedule for the students at the clinic. B regularly checks with her about the arrangements (OR 1 – 4).

Domain Execution (EX)

The student joins B during ward rounds, grand rounds and outpatient clinics. On the ward he mentions remarkable patient findings, peculiarities in the contacts with the parents, explains the physical examination and discusses his findings. During his 3 weeks rotation the student runs a half day clinic 'independently', followed by a check by B. Because B, cannot be physically present all the time the student-patient contacts are videotaped and discussed afterwards. Once a week B discusses patients with a group of students from their 'own

practices' and once every 3 weeks he asks the students to teach each other about nutrition and taking the nutritional history (EX 1 – 3).

Domain Coaching (CO)

At the start of the rotation B has a short introductory meeting with the student. He tries to gather a general impression about the student and also asks him/her about his/her learning preferences, e.g. observing first or being active as soon as possible. In pediatrics the latter maybe difficult, but he will then try to create opportunities for the student. At the end of the rotation he explores the student's experiences. He specifically discusses the student's progress and how he/she can create his own learning environment in the daily practice, emphasizing that this an essential part of work place learning (CO 1 – 4).

Domain Assessment (AS)

B is not responsible for the summative assessment of the student, but does short clinical observations followed by feedback to the student. He also uses the videotapes the student has prepared and discusses those with him/her. He informs the director of the program about the student's progress and functioning (AS 1 – 4).

Domain Evaluation (EV)

At the conclusion of the rotation B asks how the student has experienced his coaching. He also participates in the departmental discussions about the student evaluations (EV 1 – 3).

Professionalization

B loves to become a pediatrician. His own training program takes a lot of time and energy, but also makes him aware of the importance of gaining experience. He learns a lot from the meetings and discussions with his clinical supervisors and actively gathers feedback about his own functioning. He participates actively in the task group for the innovation of the pediatrics training program and is convinced of the usefulness of a portfolio to document and reflect on the learning objectives and learning progress, especially when discussing the portfolio with others. He requires the same from the medical students, especially because

they enter the complete new world of a hospital. To be better prepared to coach students, C himself followed a training 'clinical teaching' organized in his hospital and he learned about work place learning in different clinical situations (morning report, bedside teaching, etc.). This made him aware of the characteristics of an effective coach and he improves his coaching competencies by instructing students and giving them feedback, which in turn stimulates him in his daily contacts with the students. He noticed that these coaching competencies also facilitate his patient contacts. He has signed up for the next training modules about feedback and coaching and about monitoring the progress of students. He finds the evaluation procedures in his department unsatisfactory and wants to improve the learning environment in the pediatric department. He has made an appointment with the program director to discuss his ideas about improving the learning environment.

C. Coordinator 'preclinical block'.

C is a gynecologist working in a university hospital. She is coordinator of a 10 weeks preclinical block, which includes various aspects of the reproductive cycle, such as sexuality, fertility, pregnancy, delivery and the (disrupted) development of the infant. She is responsible for the quality of the lectures, patient demonstrations, labs and student assignments within this block with 3 assessments.

The competences required for her educational tasks are all at meso level ('me') and can be found in the corresponding columns of the tables. To aid legibility, the indication 'me' has been omitted in the text below.

Domain Development (DEV)

As coordinator C was involved in the development of the block. She implemented the principles of the curriculum, such as integrated teaching in the lectures, workshops, labs and self study. She safeguarded the representation of the learning objectives in her block, correlated the assessment with the teaching and took care of the integration of the various components in the block. As coordinator she has an overview of the teaching and learning activities in her block (DEV 1 – 4).

Domain Organization (OR)

The coordinator has administrative support for the organization of the teaching activities, but has primary responsibility for recruiting teachers from various departments, solving miscommunications between teachers and other problems. She also schedules the teaching activities and evaluations (OR 1 – 5).

Domain Coaching (CO)

C has several young staff members teaching in her block, especially giving patient demonstrations and lectures in their specific fields of expertise. Because they have little teaching experience C talks with each of them about their ideas and feelings about teaching. She specifically asks them about the learning objectives they have for the students and discusses expected difficulties and fears about teaching and how to solve those. After their first teaching experiences C meets with the junior teachers again, individually or as a group,

and let them reflect on their experiences. She asks them whether they think they have met their objectives and what their plans are for the next teaching session. She also offers the junior teachers to attend one or more of their lectures to give feedback and asks which specific issues they want feedback on. After the block she has a final evaluation meeting with each of the junior colleagues in which they both reflect on the past period (CO 1 – 4).

Domain Assessment (AS)

C is responsible for one of the assessments of the block and discusses the other two with her colleagues. She finds it a tough job to collect the many questions from several teachers. In addition, she does the editing to safeguard that the contents are consistent with the learning objectives and the phrasing is clear and unequivocal (AS 2 – 4).

Domain Evaluation (EV)

As coordinator C leads the evaluation meetings with students and teachers. This usually results in a lot of useful feedback, which helps her to improve the block. Over the years this has resulted in substantial improvements and good evaluation scores (EV 1 – 3).

Professionalization

C is a highly valued clinical professor with a mind for teaching. She has a long educational experience and has given many lectures. The role of coordinator suits her very well. She has many ideas about improving her block, but notices that her teachers do not always appreciate that. She is interested in discussions about developing competencies, but has insufficient theoretical background to pursue this. She wants to explore the feasibility to expand her educational activities. She is getting older ... Should she go for a Master in Medical Education? This may not only help her to develop her own educational competencies, but might also improve her coaching of (starting) colleagues. She wants to maintain a good teaching atmosphere in which her profession can be taught. For the moment, she will follow a 6 day course in development of competence based education organized by her own medical school in collaboration with outside trainers. She wants to apply her newly gained competencies and become involved in new developments in teaching and learning in her own medical school.

She learns how to develop a digital teaching portfolio and started her own, including multisource feedback. She thinks it may help to overcome the resistance among other teachers if she can share her own experiences. It may also be a good instrument for the educational development of the staff in her department.

D. Program director in a teaching hospital

D is director of the internal medicine specialty training program in a teaching hospital. Four second year's residents follow rotations in his hospital: general internal medicine, cardiology, pulmonology, consultation service, out patient clinics and intensive care. D frequently consults the program supervisor in the university hospital as well as the supervisors of the subspecialties in his hospital. He organizes facilities for the residents to fulfill their training requirements. He discusses the progress of the residents with them

The competences required for his educational tasks are all at macro level ('ma') and can be found in the corresponding columns of the tables. To aid legibility, the indication 'ma' has been omitted in the text below.

Domain Development (DEV)

When D prepared for accreditation of the residency training program he studied the requirements for the training program, the clinical supervisors and director. He concluded that the program requirements had recently be adapted and include mandatory courses in the own department as well as regional courses. After the accreditation he first developed teaching activities in his own department. He aims to make the work place a learning place and started by preparing a format for the presentation of new patients by the resident during the morning report followed by feedback for the resident. He organized monthly journal clubs in which both residents and staff critically appraise recent literature. In staff meetings and informally on the wards, D asks his colleagues and the residents how they experience the learning climate in the department in general and the journal club and teaching activities in general (DEV 1 – 4).

Domain Organization (OR)

D has made arrangements with the program director in the university hospital about the number of residents coming to his department and their seniority. He has requested a Personal Development Plan from each of the residents in his department and asked their preferences for (sub) specialty rotations; he also wants to know which national training courses they want to follow and when. Together with the (sub) specialty supervisors he has

made a schedule that meets the residents' preferences as much as possible. He also has made arrangements with other departments, such as pathology, radiology and surgery for joint patient conferences. In addition, he asked staff from these departments if they are willing to give one or more tutorials for his residents about their specialty; he enquires about the logistic support they need. After these sessions D asks the staff about their experiences and suggestions for improvements; he also mentions the feedback form the residents to them. D asked his secretary to make a schedule for the journal club. During departmental staff meetings teaching is one of the standard items (OR 1 – 5).

Domain Assessment (AS)

If he compares the situation with his own residency D realizes that assessment has become much more explicit. The directors of training programs have together developed a learning portfolio for the residents. The latter already have experience with portfolios from their undergraduate program, but for the staff it is new. In collaboration with the University Hospital, D therefore organized special sessions for the staff to introduce them to the objectives and functions of a portfolio. In other sessions, the principles of assessment in general and of observation and feedback were discussed. In his own department he has arranged time and facilities to allow observations of resident – patient interactions, followed by feedback. D has scheduled meetings with each of the residents to discuss his/her progress based on the portfolio and takes care that all CanMEDS roles are addressed. After this meeting he documents his conclusions, presents them to the resident and the other supervisors. Together with the resident he makes an action plan for the next period. D also prepares questions for the National Board Exams (AS 1 – 4).

Domain Evaluation (EV)

To obtain accreditation as director of the residency training program in his department D has submitted all the required documents and has hosted a site visit. D was pleased to obtain the accreditation for his program. Since the first residents entered the program D has explored the quality of the program by frequently asking feedback from all those involved, such as the staff of his own and other departments in his hospital, staff from other hospitals involved in the

residency program, the nursing and other staff and sometimes patients. Semi-annually he systematically discusses the components of the program with the group of residents. In this meeting he also mentions the pressure of work for the residents. Where relevant he adjusts the program. For the renewal of the accreditation he will go through the same cycle of application again (EV 1 – 4).

Professionalization

D is an experienced internist who practices the full width of internal medicine. He remains up to date by reading international medical journals, in which he himself publishes as well. He actively participates in international conferences in his field. He enjoys facilitating and organizing the residency training program in his department and values the development of a nourishing teaching and learning environment. To get an impression about his success he frequently asks feedback from the residents and his clinical supervisors. To enhance his educational leadership he has followed the Teach-the-Teacher program in the University Hospital. He also reads educational journals and attended the Congress of the Association for Medical Education in Europe, where he participated in workshops about work place learning and evaluation. He is a stimulating factor in the Central Educational Committee of his hospital. He notices, however, that his enthusiasm for medical education and its implementation in the work place is not shared by all his colleagues. He therefore seeks personal coaching to initiate a culture change necessary to transform his staff into a teaching team. To remain in contact with the 'real world' (micro-level) he himself supervises residents in his department and clinics and directly observes the residents, followed by feedback. To compare his standards with those of his colleagues he discusses his observations and assessments with them.