IFMSA PROGRAM FOR TEACHING MEDICAL SKILLS (TMS)

PROGRAM DESCRIPTION

BACKGROUND AND PROBLEM STATEMENT

Despite the fact that curricula contain different educational programs which should provide each aspiring physician to acquire the appropriate knowledge, skills and attitudes, there is often a gap when it comes to the clinical skills education, which makes learning process inadequate for our future needs. Students often experience that different medical practical skills are not encompassed deeply enough in medical curricula or are taught using outdated methods. That deficiency of regular clinical practice makes them intimidated by real-time situations, and makes them feel they are not competent enough for independent work right after graduation. Clinical skills education is often unstructured and unspecified, especially when it comes to soft skills. Rather than stating explicitly the skills needed, it's assumed that students would acquire them spontaneously during whole medical educations, and during their work with patients, which is not always the case.

TARGET GROUP(S) AND BENEFICIARIES

This program will directly target:
- **Medical students** – by ensuring learning opportunities for acquiring and practicing medical skills which will make them competent future physicians
- **Medical schools / faculties** – through advocacy on support from faculty members in quality assurance, resources and teaching, competency-based workshops and trainings recognition, and medical skills programs implementation in medical curricula.
  Medical students and medical schools will also be the first beneficiaries of the program, as well as:
- **Patients**, as they would receive better treatment and efficient medical care
- **Public health system**, since improving medical education means creating a high-quality health care system

LOGICAL FRAMEWORK OF INTERVENTIONS

End-goal and assumption

To enhance the competences of the future doctors by improving their practical skills, so they can fit the needs of their societies and provide good, efficient, and updated care to their patients.

Objectives

- Provide the students with opportunity for self-assessment of skills and competences acquired during regular clinical courses and possibility to express their needs when it comes to specific clinical skills education
- Advocate within the medical schools to provide support in quality assurance, teaching, and necessary resources for competency-based trainings and workshops

- Provide the students with opportunities of learning and practicing practical medical skills through non-formal education activities such as competency-based trainings, workshops and peer to peer education activities,
- Provide the students with opportunities such as trainings on communication skills, basic medical sign language etc., to help them handle different approach to range of patients, keeping in mind their cultural differences or possible disabilities,
- Assure quality of competency-based workshops and trainings by validating amount and quality of skills acquired after every activity using different assessment techniques
- Provide students with opportunities to involve in creating and delivering of medical skills trainings and workshops in their medical schools
- Provide students with competences and knowledge needed for reacting in adequate manner in emergencies through regular Basic and Advanced Life Support workshops and Emergency Care Trainings
- Advocate with the faculties on competency-based workshops recognition and their integration into the curriculum
- Provide support for all NMOs and medical schools who organize this type of non-formal education activities by supplying them with materials and proper methods, and teaching students involved how to organize peer-to-peer competency-based trainings.

Preconditions and backwards mapping

To accomplish the objectives of this program, and finally the end goal, it's necessary to work on organizing learning opportunities through non-formal educational and advocacy with the faculties to get the formal recognition of them.

Analyzing of the situation in specific medical school, through students' skills self-assessment and questionnaires, and using data collected to ensure activities are organized by current students' needs is the main step that should come at the beginning of every action plan. It's important not to skip this step because that will assure non-formal education will always remain relevant and useful.

While planning specific activities it's important to ensure trained qualified people which will deliver workshops and trainings, and assure all resources and support needed, whether from faculties or other stakeholders.

Competency-based trainings and workshops should be organized regularly, to ensure students have enough opportunities for practice and learning. Besides that it's important to work on promotion before every activity, so all students are informed of its existence.

Activities should be assessed right after performance, by participants, professionals involved in delivering and peer educators, to ensure quality, and use data collected for further advocacy with medical school and work that way on competency-based workshops and trainings recognition and quality assurance.

Amount and quality of skills acquired should be evaluated after every activity using different assessment techniques.

Advocacy with medical school faculties should start from the beginning of planning. It's important to advocate on support of these non-formal education activities, whether that support is provided by teachers' help with delivering and quality assurance, or provided materials, funding and other necessary resources. During advocacy data from the analysis from the beginning of the program and data from assessment should be used, especially during advocacy on integration of well-structured competency-based medical skills programs in curricula.

Milestone and indicators

In this part we'll focus on how to measure the effectiveness of this program, setting ways of assessing the objectives exposed above.

- **Outcome 1:** Students provided with regular opportunities for self-assessment of skills and competences acquired during regular clinical courses and possibility to express their needs when it comes to specific clinical skills education
  - **Indicator:** frequency of evaluation opportunities
  - **Population:** medical students
  - **Threshold:** regular questionnaires at the beginning of every school year

- **Outcome 2:** Quality of competency-based courses assured by the faculty
  - **Indicator:** amount and quality of skills acquired by students, results of post-assessment done by educators.
  - **Population:** medical students, professionals involved in delivering, faculty members
  - **Threshold:** pass on OSCEs or written and practical skills exam given after attendance at courses, increased results on skills self-assessment done after attendance by comparison with the one done before, positive results on post-assessment done by teachers or peer educators.

- **Outcome 3:** Students provided with opportunities of learning and practicing practical medical skills through competency-based workshops, trainings and peer to peer education activities.
  - **Indicator:** number and frequency of non-formal education activities
  - **Population:** medical students
  - **Threshold:** regular trainings and workshops maintenance, and evaluation.

- **Outcome 4:** Students provided with opportunities such as trainings on communication skills, basic medical sign language etc., to help them handle different approach to range of patients, keeping in mind their cultural differences or possible disabilities
  - **Indicator:** improved communication skills with patients
  - **Population:** medical students
  - **Threshold:** pass the OSCEs given after attendance (real-life situations simulation with range of patients), ability to teach peers this communication skills.

- **Outcome 5:** Students provided with opportunities to involve in creating and delivering of medical skills trainings and workshops in their medical schools
  - **Indicator:** students involvement and motivation
  - **Population:** medical students
  - **Threshold:** increased number of students involved in program, regular activities development and progress

- **Outcome 6:** Students provided with competences and knowledge needed for reacting in adequate manner in emergencies through regular Basic and Advanced Life Support workshops and Emergency Care Trainings
  - **Indicator:** students knowledge and ability to react in adequate manner in emergencies and lifethreatening situations
  - **Population:** medical students
  - **Threshold:** pass on OSCEs on emergency care and Basic and Advanced Life Support given after attendance, ability to further train medical students and population after the activity

- **Outcome 7:** Well-structured competency-based trainings and workshops integrated into the curriculum
  - **Indicator:** change of curriculum
  - **Population:** medical school
  - **Threshold:** well-structured medical skills activities integrated in medical school curriculum as regular course

- **Outcome 8:** Competency-based workshops and trainings recognized and supported by medical school
  - **Indicator:** medical schools acknowledgment of quality and support
  - **Population:** medical school
  - **Threshold:** Medical skills trainings as elective course in medical school, ECTS points provided for attendance at courses, workshops and trainings provided with necessary materials, rooming, funding and support in teaching and quality assurance

- **Outcome 9:** Support provided for all NMOs and medical schools who organize competency-based trainings and workshops by supplying them with materials and proper methods and teaching students involved how to organize peer-to-peer competency-based trainings
  - **Indicator:** number of NMOs and medical schools involved, number of medical students going through education, number of materials created
  - **Population:** medical students
  - **Threshold:** increased number of NMOs and medical schools involved in program, regular maintenance of educations organized for new peer educators and students involved, sufficient number of materials created according to current needs

Interventions

- **Capacity Building:**
  - Educations for peer educators on local and national levels, regarding soft and practical skills
  - Educations for students tutors / demonstrators which assist senior mentors during workshops and trainings
  - Attendance at medical education meetings, to participate in discussions with medical educators and students about clinical skills education and competency-based learning
  - Provide materials for delivering competency-based and soft skills trainings and workshops
  - Provide support for all NMOs and medical schools who organize competency-based trainings and workshops by providing them with materials and teaching students involved how to organize peer-to-peer competency-based trainings
- **Advocacy:**
  - Advocacy towards medical school to provide support and resources needed
  - Organize a symposium with the faculties' departments to expose the impact of the nonformal activities, such as competency-based courses to prove the importance of practical skills in development of the future doctors' competence
  - Advocacy efforts to include well-structured competency-based trainings and workshops into the curriculum.
- **Activities:**
  - Competency-based workshops and trainings on practical medical skills, such as basic surgical skills, different medical interventions, medical examination, announcing death,communication skills, etc.
  - Emergency Care Trainings and Basic and Advanced Life Support workshops
  - Soft skills trainings

Narrative

Despite the fact that curricula contain different educational programs which should provide each aspiring physician to acquire the appropriate knowledge, skills and attitudes, students often feel they are not competent enough when it comes to clinical skills, due to deficiency of clinical practice in regular clinical courses or unspecified and unstructured soft skills education.

To tackle this problem, this program aims to achieve ultimate goal of increasing competency in future physicians by organizing regular learning opportunities – competency-based workshops and trainings, and through that opportunities increase both knowledge and competences of students practical and soft skills.

Although most effort is put on development of high-quality practical skills courses, capacity building and quality assurance, simultaneously should be worked on advocacy towards medical schools as well, and work on recognition of competency-based workshops and trainings, its implementation in curriculum, and advocate on support from faculty members regarding funding, resources, quality assurance and teaching.

ORGANIZATIONAL CONTEXT AND RESOURCES NEEDED

Any program that aims to tackle gaps in medical educational process needs to have good insight in real situation on medical school faculties, as well as the knowledge on medical education systems and curricula which will enable him view on possible opportunities where non-formal education could step in. In gaining that knowledge and collecting data from assessment of transnational and national projects that existed before and were aiming to tackle some of the objectives similar to this program, SCOME should be our main associate, and help us in achieving greater impact.

IFMSA, regarding its many official collaborations with Medical Education organization, as well as various healthcare professionals, could help this program with capacity building, by organizing different trainings on non-formal education and teaching methods, such as Training on Medical Education Trainers, or various workshops with medical education professionals.

Besides qualified and well trained participants which will take role of peer educators, and highly planned and prepared non-formal activities, materials and funding should be assured as well, in order for good programs maintenance, quality assurance and accessibility to all medical students. That is the reason for active work on advocacy towards different stakeholders, from the beginning of work on this program, and in these efforts Liaison Officers could help us, regarding many collaborations with external partners.

In order to make changes within the existing medical school curriculum good communication with medical school faculty is required, as well as the data collected from non-formal education assessment and statistical data given from increased knowledge and exam results after attendance on various organized workshops and trainings.

Since one of our main objectives is integration of competency-based trainings and workshops in curriculum, greater effort should be put towards advocacy on medical schools. Always taking in count the students needs, to keep non-formal activities updated.

ANNEX
Backwards mapping

https://docs.google.com/document/d/1-EyyG5PkQn7cfl3gfuhmIHU6QdCM8zYuM54qKOFaX8g/edit