



# Addendum: A Glossary on some educational terms

In the present EURACT Educational Agenda, a lot of educational terms are used. In addendum we collected a short glossary on some of these educational terms. Some of the definitions are adapted from the TUNING project “tuning educational structures in Europe”, a European Socrates project, carried out by 100 universities, under the lead of Julia Gonzales, Duesto Spain and Robert Wagenaar, Groningen Netherlands 2003

Description of types of assessment is based on David Newble and Robert Cannon, *A Handbook for Medical Teachers*, Kluwer Academic Publishers Third edition 1996

The part of the medical curriculum that relates to all medical students, to give a sound basis for further vocational or specialty training. The European Union claims a minimum of six years of BME

Following the Bologna Declaration 1999 to create a “European Higher Education Area” by 2010, the first basic part in each curriculum should preferably have 3 years and 180 study points

Any and all ways by which a graduated physician continues to learn and change in practice in a lifelong learning scheme.

A process of planned and individually tailored learning in practice with a focus on the quality of care. CPD include the identification of learning needs, construction of a learning agenda, drawing a concrete learning plan, and controlling this in an educational portfolio format.

As it relates to lifelong learning, it can become a lifelong Personal Development Plan.

Voluntary adoption of suitable policies for the achievement of a common goal.

The “currency” used to measure students’ workload in terms of the notional learning time required to achieve specified learning outcomes

A system that facilitates the measurement and comparison of learning outcomes achieved in the context of different qualifications, programs of study and learning environments

An indicator of the relative demand of learning and of learner autonomy. It can be based on the year of study and/or on course content (eg. Basic, Intermediate, Advanced, Specialized.)

An indicator of the status of course units in the programme of study. It can be described as Core (major course unit), Related (unit providing instruments/support) and Minor (optional course unit)

A high level qualification which is internationally recognized as qualifying someone for research or academic work. It will include a substantial amount of original research work which is presented in a **thesis**. It is generally referred to as the degree awarded after completion of third cycle studies

A system for increasing the transparency of educational systems and facilitating the mobility of students across Europe through credit transfer. It is based on the general assumption that the global workload of an academic year of study is equal to 60 credits. The 60 credits are then allocated to course units to describe the proportion of the learners’ workload required to achieve the related **learning outcomes**. Credit transfer is guaranteed by explicit agreements between the home institution, the host institution and the mobile learner.

First higher education qualification taken by the learner. It is awarded after successful completion of first cycle studies which, according to the Bologna Declaration should normally last a minimum of three years or 180 ECTS credits.

## More GENERAL terminology

**Basic Medical Education**

**Bachelor Degree**

**Continuing Medical Education**

**Continuing Professional Development**

**Convergence**

**Credit**

**Credit framework**

**Credit level**

**Credit type**

**Doctorate or Doctoral degree**

**ECTS (European Credit Transfer System)**

**First Degree qualification**

# Terminology on educational Content

<b>(Initial) Master Degree</b>	Following the Bologna Declaration 1999 to create a "European Higher Education Area" by 2010, after obtaining first a bachelor degree, a second part in the curriculum leads to a master degree. It should have a minimum of 2 years and 120 ECTS- study points. For medical master studies, a clinical period of 3 to 4 years is accepted in many European countries. Obtaining a master degree normally include some form of master thesis.
<b>Master after Master or postinitial Master Degree</b>	Following the Bologna Declaration 1999 to create a "European Higher Education Area" by 2010, after obtaining an initial master, programs can give entrance to a postinitial master program. In this logic, specialty training should be considered a postinitial master program.
<b>Tuning</b>	Developing agreement and harmony by combining single sound into a common "tune" or pattern of sounds. It is used in the "Tuning project" to achieve a form of harmonization by finding points of convergence and common understanding.
<b>Vocational Training</b>	Syn.Specialty Training : the part of the medical curriculum that comes after the common basic medical education program for all medical students, and focus on the acquisition of the competences, required for the specialty discipline and related tasks in healthcare
<b>Attachments</b>	A period of longer attachment in a practice setting, also called "preceptorship" or "clerkship"
<b>Checklist</b>	A list of competencies to be mastered at the end of a training period, formatted as a clear defined list, checkable by the learner, by the teacher or by both, providing a constant overview of what is already mastered and what is still to be learned
<b>Competence</b>	The capability to successfully perform discrete observational tasks in a defined assessment environment, in isolation from actual work. In the Miller terminology, it includes the level of "knowing" (basic facts), "knowing how" (able to apply knowledge) and "showing how" (able to show skills) but it excludes the "doing" level, the performance in practice
<b>Elective course</b>	A course to be chosen from a predetermined list
<b>Learners</b>	Refers to students, as well as vocational trainees and all those who take part in the training programmes
<b>Learning outcomes</b>	Statements on what a learner is expected to know, understand and/or be able to demonstrate after completion of a process of learning. Learning outcomes are distinct from the <b>aims of learning</b> , in that they are concerned with the achievements of the learner rather than the overall intentions of the teacher. Learning outcomes must be accompanied by appropriate <b>assessment criteria</b> which can be used to judge that the expected learning outcomes have been achieved. Learning outcomes together with assessment criteria specify the <b>minimum requirements</b> for the award of credit, while <b>marking</b> is based on attainment above or below the minimum requirements for the award of credit.
<b>Mark</b>	Any numerical or qualitative scale used to describe the results of assessment in an individual course unit or module
<b>Objectivistic Learning</b>	Traditional Education model, based on knowledge transfer from teacher to learner. It is highly teacher centred. content is structured in handbooks, teaching is mainly focused on lecturing by experienced teachers, and behaviour copied from experienced role models.
<b>Performance</b>	The level of actual performance in clinical care and communication with patients in daily practice. It relates in the Miller terminology to the "doing" level. It is considered highly dependent on existing healthcare conditions and requirements, financial and structural opportunities, practice opportunities and support.
<b>Problem Based Learning</b>	Educational model that takes the problem of the patient and the doctor as the starting point for the learning curriculum. It is highly student centred, optimizes the use of pre-existing knowledge, and stimulate self learning and search strategies.

Educational model that puts the learning process of the student as the central point. Learning is seen as a process, highly dependent on pre-existing knowledge and on learning context. Teachers are mainly architects of the stimulating learning environment. Individual variety in learning strategies are stimulated

**Social Constructivistic Learning**

Refers to all professionals involved in an educational event as experts

**Teachers**

Syn. mentor, facilitator: a professional involved in the educational process as leader of the process, to guide and reflect to the benefit of the learner(s)

**Tutor**

All learning activities required for the achievement of the learning outcomes (i.e. lectures, practical work, information retrieval, private study, etc.)

**Workload**

## Terminology on Learning Methods

Teaching during working in clinical environment, in general practice / family practice / primary care setting. It can be organised with or without supervision.

**Clinical work / clinical practice under supervision**

Structured program of educational content, often presented in an oral format, supported by course material

**Courses**

Discussion session on a specific topic or case presentation, can be organised as a one to one session with tutor or supervisor, a peer group session, a small group session like a focus group or a Balint group, or it can be a large/temporary group session at seminars, lectures or workshops

**Discussion**

Combination of modular reflection packages, linking case studies, focused reflection, discussion forums, library search and/or reflection in one educational process

**Interactive (IT based) learning**

Provision of teaching content by presentation and explanation (possibly including a demonstration) by a lecturer

**Lecture**

Learning to perform a medical database search, including defining a clinical question, looking for medical evidence, critical reflection on evidence and implementation in practice

**Literature search**

Learning through reflective observation by a tutor/supervisor in different educational settings: sit-in with real patients or simulated patients

**Observation**

Learning through video-taped consultation of real patient or simulated patient (observation by oneself, tutor/supervisor, peers, etc)

Reading books, protocols, EBM information, novels, narratives, internet etc.

**Reading/studying**

On self eg by using a diary, videos, or in a participative reflection group

**Reflection**

Using the act of playing a role as a patient, as an accompanying person, as a doctor, as a nurse etc to derived educational insight in feelings, intentions and actions

**Role playing**

Working out a personal project or as part of a group in a defined format:

- audit project
- research project
- field work project

**Project work**

A period of instruction based on written or oral contributions by the learners

**Seminar**

Learning procedural skills in adapted specific settings like:

- doing procedures eg in a skills lab
- learning consultation skills by eg role playing
- learning (medical) database searching
- learning leadership skills by running an educational or targeted meeting

**Skills training**

Educational visit to a practice, to clinical premises, to social-welfare institutions, to health authorities etc.

**Study visit**

Supervision involves regular, ongoing structured meetings/sessions with and feedback from personal tutor/supervisor on various topics

**Supervision**

# Terminology on Assessment Tools and Methods

<b>Writing of patient studies, case studies..</b>	Educational activity, with a given task to provide a written description and/or reflection document, to get feedback from a tutor/supervisor
<b>Workshop</b>	A supervised session where students work on individual tasks and receive assistance and direction when needed
<b>Assessment</b>	The total range of written, oral and practical tests, as well as projects and portfolios, used to decide on the learner's progress in the course unit or in a module. These measures may be mainly used by the learner to assess his/her own progress ( <b>formative assessment</b> ) or by the teacher responsible to judge whether the course unit or module has been completed satisfactorily against the learning outcomes of the unit or module ( <b>summative assessment</b> )
<b>Assessment criteria</b>	Descriptions of what the learner is expected to do, in order to demonstrate that a learning outcome has been achieved
<b>Blueprint</b>	Bringing the relative importance of different clinical areas, covered in an assessment procedure in accordance with the large variety of cases and problems and their prevalence in real practice. In the broad range of GP problems, blueprinting is important, because of the problem of case specificity
<b>Case specificity</b>	Research has shown that learning in medicine is very much case-specific. Mastering a limited set of cases and/or problems does not guarantee the mastering of other cases, area's and problems, especially in a large field like GP.FM So assessment based on the handling of one or a few cases only gives a very restricted information on the competence of a candidate. Assessment with 10 small tasks of five minutes selected with a good blueprint generally gives much more valid information than one long case of 50 minutes.
<b>Essay method</b>	Written reflection on specific questions, in the extended response kind (describe what should be done for ...) or the restricted response kind (given this statement, describe this specific issue). Problem is the time needed and the low reliability.
<b>MCQ – MEQ method</b>	Multiple Choice Questionnaire: a format of objective measurement of the knowledge of the learner. Later adapted to other formats: Modified Essay Questionnaire, the Extended Matching type, etc.. MEQ includes clinical reasoning, not only knowledge testing
<b>Objective Test method</b>	Include a wide variety of test formats, in which the marking or the answer is objective. -true/false questions -Multiple Choice Questions -Context-dependent questions: where a degree of analysis is needed to find the answers -extended matching questions: more complex combination of themes, scenario's, wide range of possible options, sometimes in relation to specific conditions
<b>Observation method, direct</b>	Direct observation of performance on technical or interpersonal skills in the real, simulated or examination setting. -sit-in with real patient in clinical practice or simulated patients (SOO= simulated office oral) -video-taped consultation with real patients in clinical practice or simulated patients Valid method, but reliability is low. It can made more objective by the use of checklists, rating forms, and training the examiners
<b>Observation method, indirect</b>	Simulates direct observation -by using patient records (chart audit), medical certificates, progress reports -by using patient-case discussion
<b>Oral method</b>	Traditionally the most used method, with an high face validity, but very time consuming and unreliable. Remedies are standardisation of the content (by clear definition, by selection of a standard set, by using standardised patients etc), or reducing examiners inconsistency (rating sheets, multiplying examiners with independent marking)

Objective Structured Clinical Examination: a format of objective evaluation, focused on (complex) skills testing through lists of wanted and unwanted features in relation to the skill.

**OSCE method**

Assessment is done by peers and not by tutors/supervisors. Different formats can be used. One specific is the 360 degree assessment format, where at least 10 colleagues, health personnel and staff contributes to the assessment.

**Peer group assessment**

A portfolio is a summary of the major teaching activities and accomplishments, in relation with a Curriculum Vitae, including products and publications. It becomes a reflective or educational portfolio by adding a reflective part, where the learner reflects on the personal learning process.

**Portfolio, educational or reflective**

refers to the reproducibility of the scores on the assessment; high score reliability indicates that if the test were to be repeated over time, examinees would receive about the same scores on retesting as they received the first time. Unless assessment scores are reliable and reproducible (as in an experiment) it is nearly impossible to interpret the meaning of those scores – thus, validity evidence is lacking.

**Reliability**

Evaluation method to help student's understanding of own ability and performance. Criteria and standards are defined in a series of small group meetings by staff and students. Then students use the criteria to judge their own performance

**Self assessment method**

Judging by asking specific short answers on given clinical vignettes: what is the diagnosis, list two typical symptoms, ...)

**Short Answer method**

After a given variable amount of patient data follows a series of options, between which the learner has to select the requested answer. Two types: the Patient Management Problem and the Modified Essay Questionnaire on a broader field of possible options.

**Structured written answer method**

refers to the evidence presented to support or refute the meaning or interpretation assigned to assessment results. All assessments require validity evidence and nearly all topics in assessment involve validity in some way. Validity is the sine qua non of assessment, as without evidence of validity, assessments in medical education have little or no intrinsic meaning

**Validity**

# Contents

Introduction to the EURACT Educational Agenda	3
Overview of the core competencies, from the definition document, Short version, euract 2005	7
Referencing the EURACT Educational Agenda to other internationally used competency frameworks	9
EURACT Educational Agenda match to CanMEDS	11
Chapter 1. Primary Care Management	12
Chapter 2. Person Centredness	16
Chapter 3. Specific Problem Solving Skills	21
Chapter 4. Comprehensive Approach	25
Chapter 5. Community orientation	28
Chapter 6. Holistic Approach	31
Chapter 7. Essential Application features	34
Chapter 8. Synthesis and integration, the unique combination	38
Addendum: A Glossary on some educational terms	41