

# How does the new curriculum affect me?

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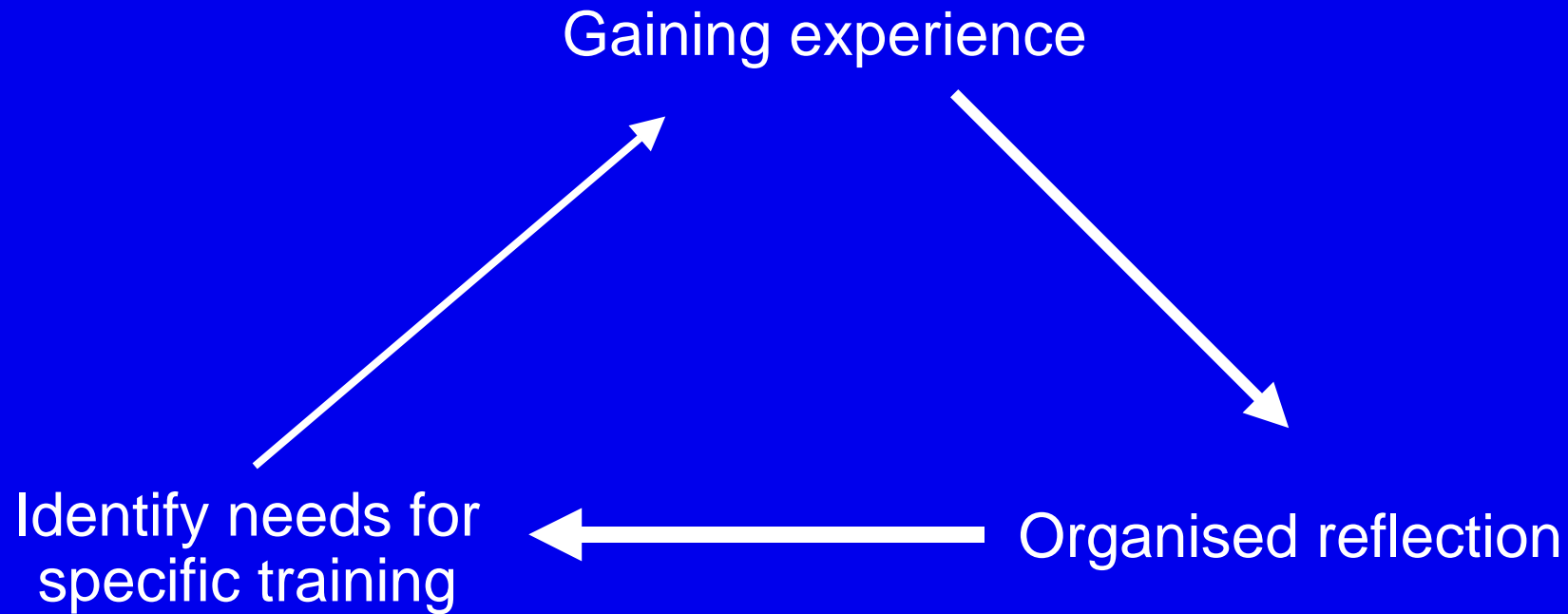
# Adults learn best when .....

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- The content is relevant and has meaning and purpose for everyday issues (need)
- The learner is actively involved (doing)
- Objectives are clearly defined and goals set
- Positive feedback is given
- Reflection on the learning experience is encouraged (digesting)

# Teaching cycle

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# Curriculum development

# What is a curriculum ?

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- outlines the learning objectives of a course
- defines the outcomes of training
- focuses on the end-product of the training period and the competencies required to practice as a consultant medical oncologist
- defines what the medical oncologist is accountable for and able to undertake in a responsible manner

# Curriculum

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- Define the learning objectives (intended outcomes)
  - Focuses on the end product of the training period
  - Defines the competencies required
- Elements of learning:
  - Knowledge
  - Skill
  - Attitude
- List appropriate teaching and assessment methods
  - Portfolio of methods rather than prescriptive
- Define the standards for competence
  - Against what will the trainee be assessed ?
- Who does what and who trains them ?

# Competence Ladder - Knowledge

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1. Understands the foundation principles of the knowledge
2. Demonstrates knowledge patterns and ability to synthesise new knowledge
3. Ability to apply learnt knowledge
4. Understands importance or relevance
5. Recollection of fact
6. No knowledge or understanding

# Competence Ladder - Skills

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1. Consistently performed successfully
2. Competent at a basic level
3. Performed independently
4. Performed under supervision
5. Observed
6. Never observed or performed

# Competence Ladder - Attitudes

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1. Consistently demonstrates appropriate attitudes
2. Occasionally demonstrates inappropriate attitudes

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A modular approach

# Clinical modules: essential

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Modules required for 6 months WTE

- thoracic malignancies
- breast cancer
- colorectal and anal cancer
- intensive

4 months in each of the following:

- gynaecological cancers
- upper GI cancer (stomach, oesophagus, liver, pancreas, biliary tract)
- urological (renal, bladder, prostate) \* [will become mandatory in 2-3 years]

Integrated modules

# Clinical modules: intensive

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6 months WTE

- lymphoma
- germ cell tumours
- leukaemia
- sarcoma (intensive treatments)
- radical therapy / high dose
  
- (6 months WTE)

# Clinical modules: optional

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Minimum of 1 module required:

- skin cancer
- sarcoma (non-intensive treatments)
- immunosuppression-associated malignancies
- head & neck cancer
- central nervous system cancer
- endocrine system tumours

Modules are not restricted by time and can be combined

# Integrated modules

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All modules required

- Essential communication skills
- Essential clinical skills
- Risk factors, screening and prevention
- Clinical research, ethics and economics
- Therapeutic modalities
- Psychosocial aspects of cancer
- Palliative care
- Managing health information
  
- Carcinoma of unknown origin
- Scientific basis of malignancy

# How much time ?

- Training in essential modules = 36 months
- Concurrent training does not double count
- Time in training is dependent on satisfactory assessment

## Whole Time Equivalent (quality not quantity) [THIS IS A MINIMUM]

- Attend a consultant ward round each week
- Be responsible for the management of inpatients with the condition
- Be responsible for the prescription of chemotherapy for patients with the condition
- Attend a multidisciplinary meeting where management decisions are made, and present patients on a regular basis. The frequency of meetings will be determined by local practice
- Attend an outpatient clinic which includes making decisions about systemic therapy

# What is assessment ?

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- Assessment consists of tests and observations that are used to determine how well the trainee has achieved the objectives defined in the curriculum
- It should be observer independent and determine whether the required standards of performance have been achieved
- Assessment must be competency-based, structured and interactive, with opportunity for discussion between the assessor and the trainee in order to provide feedback

# Assessment strategies: knowledge

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- Selection type questions
- Supply type questions
- Profile of the trainee
- Project or assignment
- Case presentation and discussion
- Case notes review
- Verbal question and answer
- Simulation of patients or situations

# Assessment strategies: skills

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- Direct observation
- Verbal question and answer
- Simulation of patients or situations
- Case presentation and discussion
- Project or assignment
- Supply type questions for clinical reasoning
- OSCE, OSLER, PACES
- Mini-CEX
- Reflective observations from team members

# Assessment strategies: attitudes

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- Direct observation
- Simulation of patients or situations
- **Reflective observations from team members (360)**
  - Multi-source feedback analysis tool
- Profile of the trainee
- **Patients views**

# Formative assessment

- The Concise Oxford Textbook of Medicine states that the cumulative risk of colon cancer for patients with extensive ulcerative colitis is about 7-15% at 20 years, with very little risk up to 15 years of disease. Provided no dysplasia is detected, the colonoscopy can be undertaken every 1-3 years.
- A number of other medical texts state that there is an increased incidence of colonic carcinoma and that the patients require regular screening, but none of the texts actually state the risk to an individual.
- Then a patient comes to see you and explains that she has had ulcerative colitis for 21 years and she is concerned about malignant change.

Q. What is her risk of developing colon cancer ?

1. If this patient undergoes surveillance with colonoscopy, what is her risk of colon cancer compared to the general population ?
2. How likely is she to require a colectomy ?

# Solution

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ulcerative colitis 17502

colitis, ulcerative 15213

tumour OR tumor, etiology OR aetiology,  
neoplasm OR neoplasms, pediatric OR paediatric

## Search term (79 entries)

- colorectal neoplasms/\*etiology/risk/epidemiology AND colitis, ulcerative/\*complications

# Formative assessment: MCQ

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When considering the use of pre-operative (neoadjuvant) medical treatment for early breast cancer:

- A. the need for mastectomy is avoided in the majority of patients
- B. there is a survival advantage when compared to adjuvant therapy
- C. there may be a slight increased risk of developing local tumour recurrence
- D. complete pathological remission post surgery is a predictor of survival
- E. endocrine therapy is a recognised option

Answer: F, F, T, T, T

# Formative assessment: MCQ – 1 best

Which one of these clinical scenarios is most likely to be the cause of Cushing's syndrome

- A. A basophilic pituitary adenoma in a 65 year old man
- B. An adrenal adenoma in a 47 year old woman
- C. An adrenal carcinoma in a 13 year old girl
- D. Ectopic ACTH production in a 55 year old non-smoking woman
- E. Large cell carcinoma of the lung if the patient has SVC obstruction

Answer: C

# Formative assessment: EMQ

**Theme:** Fatigue      **Question:** For each patient with fatigue, select the most likely diagnosis.

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|--------------------------------------|--|
| A. Acute leukaemia                   | H. Hereditary spherocytosis            |
| B. Anaemia of chronic disease        | I. Hypothyroidism                      |
| C. Congestive heart failure          | J. Iron deficiency                     |
| D. Depression                        | K. Lyme disease                        |
| E. Epstein-Barr virus infection      | L. Microangiopathic haemolytic anaemia |
| F. Folate deficiency                 | M. Miliary tuberculosis                |
| G. Glucose 6-phosphate dehydrogenase | N. Vitamin B12 deficiency              |

A 19-year-old woman has had fatigue, fever, and sore throat for the past week. She has a temperature of 38.3 C (101 F), cervical lymphadenopathy, and splenomegaly. Initial laboratory studies show a leukocyte count of 5000/mm<sup>3</sup> (80% lymphocytes, with many lymphocytes exhibiting atypical features). Serum aspartate aminotransferase (AST, GOT) activity is 200 U/L. Serum bilirubin concentration and serum alkaline phosphatase activity are within normal limits..

**(Answer E)**

A 15-year-old girl has a two-week history of fatigue and back pain. She has widespread bruising, pallor, and tenderness over the vertebrae and both femurs. Complete blood count shows haemoglobin concentration of 7.0 g/dL, leukocyte count of 2000/mm<sup>3</sup>, and platelet count of 15,000/mm<sup>3</sup>. **(Answer A)**

# Formative assessment: n from many

A 76-year old man presents with a 3 month history of cough, occasional haemoptysis and more recently has developed a diffuse headache which is dull and non-throbbing. He is diagnosed with lung cancer and cerebral metastasis.

What are the 3 most common presenting features of cerebral metastasis ?

- A. seizures
- B. headache
- C. nausea
- D. focal neurological dysfunction with upper motor neurone signs
- E. visual disturbance
- F. loss of coordination
- G. papilloedema
- H. cognitive dysfunction

Answer: B, D, H

# Multi-source feedback analysis tool

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- 360 appraisal
- Simple to complete sheet sent to at least 15 people
- Choice of inclusion is made by the trainee
- Feedback is collated by the appraiser
- 9 point scale for each attribute
- Useful for assessing attitudes and behaviours



# Feedback

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- Providing feedback is an integral component of the teaching process and is a core skill for any teacher
- Type and quality of feedback, and how it is given, can significantly contribute to the learning process and learner motivation
- Informs the learner how they are progressing towards their objective.
- The objective of the teacher to provide objective feedback with an appropriate balance between the good and bad features
- It must also be accurate in order to assist the learner to make progress with their learning
- Feedback is also important for the teacher to allow them to learn and improve their own skills, providing they are able to reflect upon their teaching experiences and continue to learn

# Example of assessment matrix

	Competent	Inadequate	Unacceptable
History taking and record-keeping	Precise, perceptive, comprehensive and sensitive questioning of the patient using focused questions that elicit the relevant and related features of the case and considers the context of the age and state of the patient and multicultural factors	Sometimes incomplete or unstructured questioning with omission of focused questions or related features such as family history or that does not consider the context including multicultural factors	Frequently incomplete, unstructured questioning that does not elicit the relevant or related features of the case, that lacks focused questions, or lacks sensitivity or consideration for multicultural factors
	Usually clear, legible and comprehensive documentation that is legible, dated and signed and perhaps includes all relevant communications with patients, relatives and colleagues	Often incomplete, inaccurate and/or poor documentation that lacks structure, clarity or legibility	Frequently incomplete, inaccurate and poorly documented, difficult to read and without structure

# Support documentation

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- An Introduction to Structured Training
- An Introduction to Training & Supervision
- A Guide for Training Programme Directors
- A Outcome-based Curriculum for Medical Oncology
- Assessment of Specialist Registrars in Medical Oncology
- A Guide to Teaching and Assessment Strategies
- Glossary of Terms

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# Timetables

# Job plans for trainees

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- Ward round
- Outpatient clinic (new and follow up patients)
  - min. 2 with heavy inpatient workload
  - > 4 per week requires justification
- Prescribing of chemotherapy
- Care of inpatients
- Attendance at MDT
- 1 day protected (half day min.)
  - Audit
  - Research
  - Teaching (providing and receiving; UG, PG, HCP)
- On call

# On call requirement

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- On call represents:
  - Thinking time
  - Diagnosing a problem
  - Emergencies
  - Decision making
- Regular fixed commitment
- 3 out of 4 years of clinical training

# Current tasks

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- Curriculum document
  - Currently being re-written
  - Contribution welcome
  - Refine learning objectives, teaching and assessment methods
- Define outcomes and markers of competence
  - Complete assessment matrix for each competency
  - Define assessment methods and application
  - Refine college preferred methods
    - Mini-CEX
    - Case note review
    - Knowledge-based assessments
    - Patient views
    - 360° appraisal/assessment

# Current tasks

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- Implementing the curriculum
  - What problems will there be ?
  - What documentation is required ?
  - Rotation planning
  - Will this make better, more able consultants ?
- Assessing progress
  - Use of assessment forms
  - Training record
- Defining roles and responsibilities
  - RSA, TPD
  - What training will be required and who will provide it ?

# Summary

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- Powerful learning strategies that can promote long term retention and transfer are more important
- It is what the learners do that determines what and how much is learned
- You need to look for evidence when evaluating claims about what works in education
- There is more to teaching than the broadcasting of facts
- Assessment must compare ability against defined criteria for competence
- Quality assurance is important in the development of specialist training