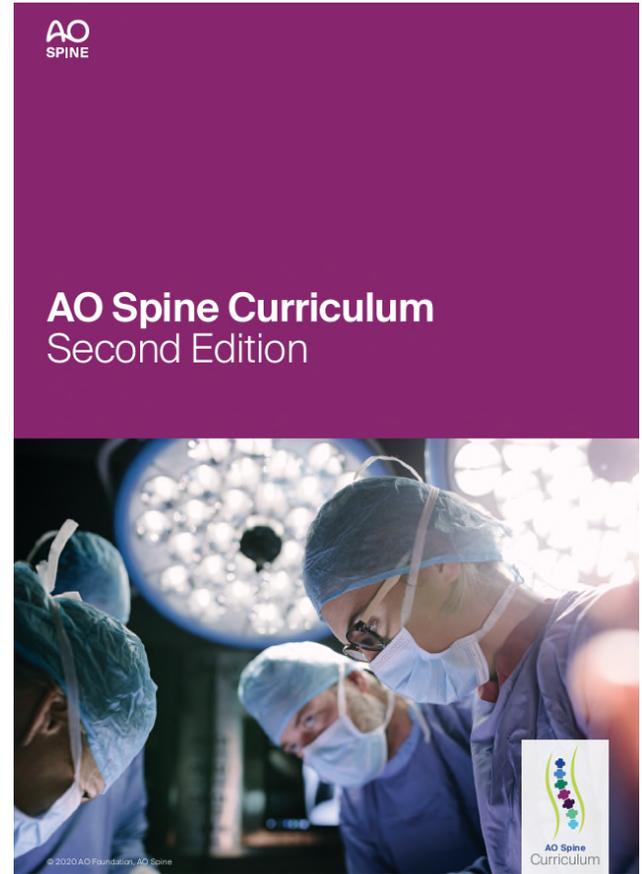




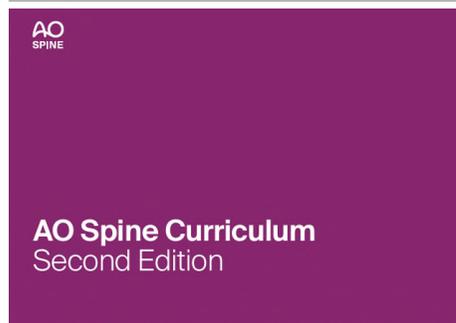
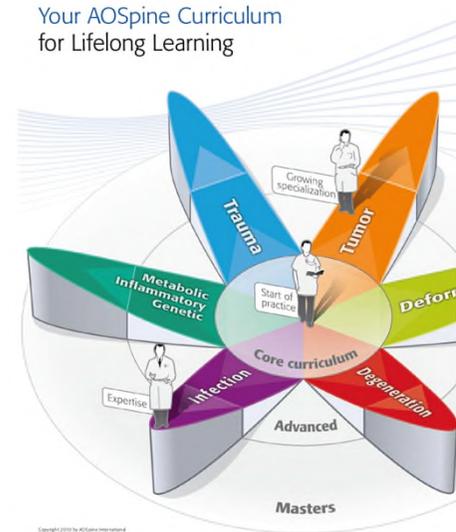
AO Spine Curriculum Launch

Bryan Ashman
AOSEC chairperson



Why did we integrate changes?

- First curriculum published in 2010
- Many changes in surgical practice and medical education in the last 10 years
- This second edition incorporates some of these changes to remain fit for purpose as a framework for continuing professional development (CPD) in the surgical management of spinal disorders.



Background – what has changed

Former

Competency based

- **Educational plan**—defines all learning activities
- **Faculty**—trained to deliver all content using our framework
- **Resources**—learning materials developed in response to surgeons' needs
- **Assessment**—identifies surgeons' needs and tracks their progress

New

- Focus on EPAs
- EPAs describe the units of day-to-day work of spine surgeons, being linked to the specific competencies that are required to perform this work
- Includes broader skills beyond medical and surgical expertise
- Allows planning for educational events with learning experience in the context of surgeon's workplace
- Each EPA is defined by key competencies in all of the pathology domains

Competence versus competency

- Competence is more than the sum of separate items of knowledge, skills, and attitudes (competencies)
 - “...the interaction between an individual’s abilities and the healthcare environment” (*Ten Cate 2010*)
- Competence is the broader holistic view of professional practice that encompasses critical thinking, judgement, and experience when choosing which competencies to apply to a given clinical situation. (*De Cossart and Fish 2005*)

The seven core Entrustable Professional Activities

1. Make a diagnosis
2. Formulate a treatment plan
3. Explain treatment options to patients
4. Collaborate with multidisciplinary teams
5. Perform an appropriate procedure when indicated
6. Review patient progress and prevent or manage complication
7. Participate in quality improvement activities

The curriculum and syllabus

- The curriculum will form the basis of the syllabus of the new AO Spine Global Diploma Training Program
- The EPAs and key competencies of the curriculum will be linked to educational resources and learning events on an online learning management platform

Implementation timeline

May

- Information to AOSEC, regional boards and wider AO Spine network (newsletter mid-May)

June

- Information to councils (through AOSEC member/ regional teams) and faculty members (faculty focus newsletter)
- Integration in faculty Education Programs (CEP, etc.)
- Finalizing guidelines for educational event planning

2021

- Implementation with Global Diploma Training Program (launched in Feb 2021)
- Global implementation for all educational events taking place in 2022 and considered already during ANA process 2020



Implementing the AO Spine curriculum

Contact and support:
education@aospine.org

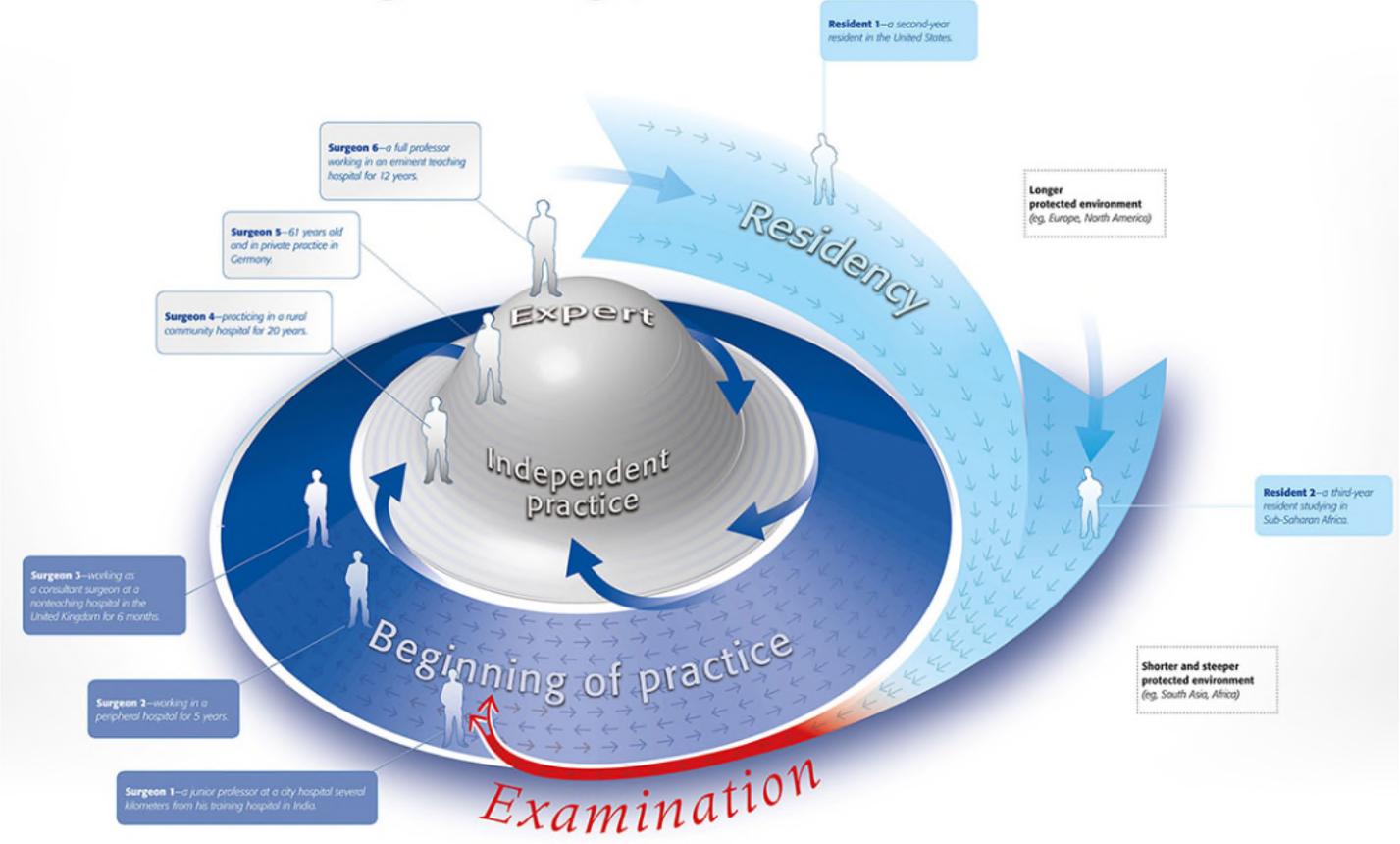
April 2020

5 steps in AOSpine Curriculum implementation

1. Identify the target audience
2. Select the pathology domain (s) to be covered
3. Select the EPA's to be covered
4. Select the key competencies to be covered
5. Create specific learning outcomes for participant level

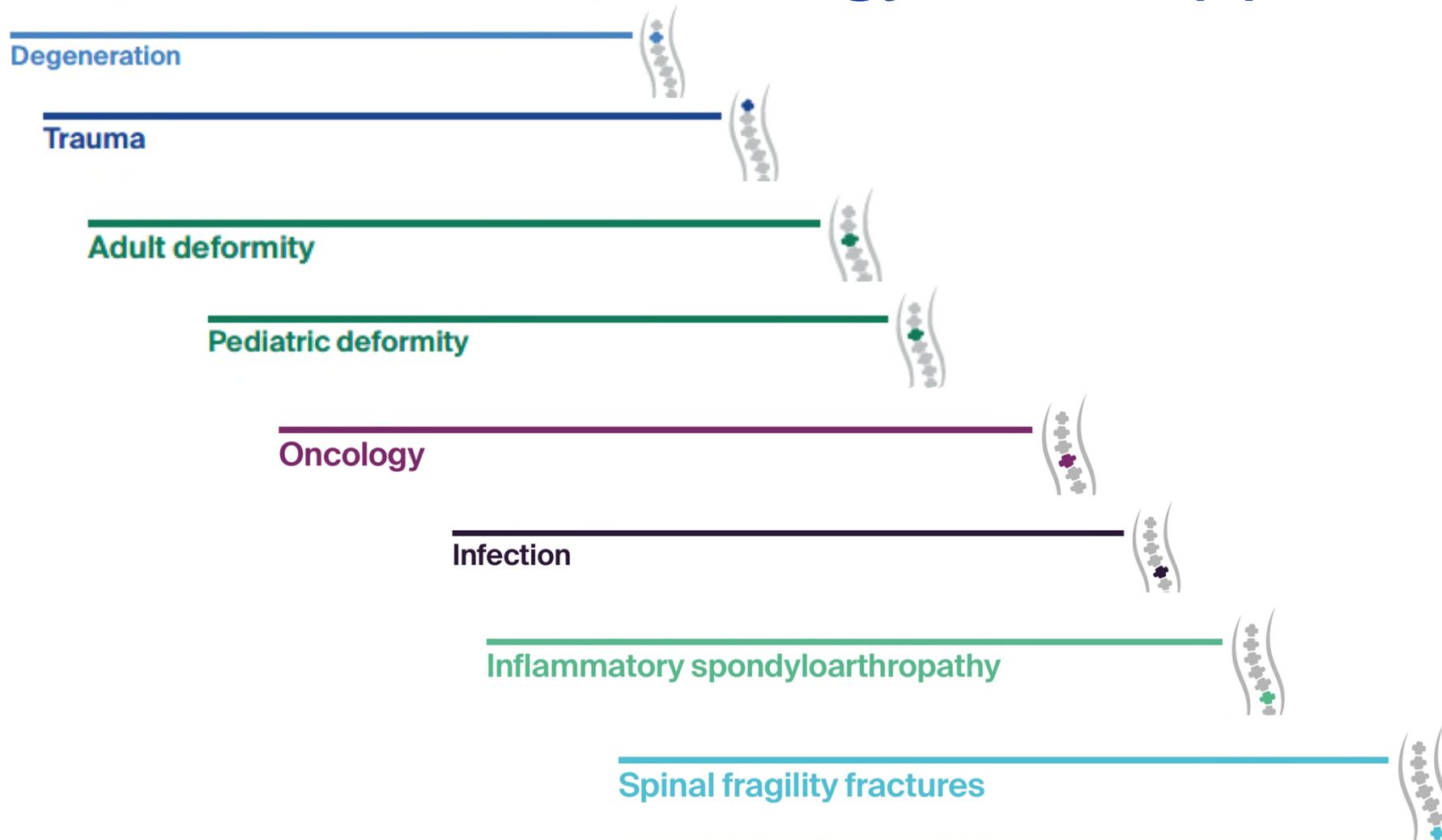
Step 1. Identify the learners and their stage of development

AO Education Institute Essentials The AO lifelong-learning path



Piet de Boer, Robert D Fox (2012) Changing Patterns of Lifelong Learning.

Step 2. Select the pathology domain(s)



Step 3. Select the EPA's

1. Make a diagnosis
2. Formulate a treatment plan
3. Explain treatment options to patients
4. Collaborate with multidisciplinary teams
5. Perform an appropriate procedure when indicated
6. Review patient progress and prevent or manage complication
7. Participate in quality improvement activities



Step 4. Select the key competencies

Trauma



EPA	Key competencies
Make a diagnosis	Examine the patient for a possible spinal cord injury and reexamine serially if a neurological deficit is found
	Suspect a spinal injury in the unconscious polytrauma patient
	Maintain spinal immobilization until spinal trauma is excluded
	Arrange appropriate imaging
	Recognize the radiographic features of instability and cord injury
Formulate a treatment plan	Classify the spinal injury using the AO Spine classification systems
	Use evidence-based decision-making for treatment of the spinal injury, including spinal cord injury management
Explain treatment options to patients	Describe the risks and benefits of surgical versus conservative management and consider the patient's preferences and expectations
Collaborate with MDTs	Be involved in rehabilitation planning
Perform appropriate procedures	Reduction/stabilization/decompression/fusion when indicated
	Use safety protocols to protect the patient and team members
	Preserve function at uninjured levels where possible
Manage or prevent complications	Postinjury, intraoperative, and postoperative
Participate in quality improvement	Perform surgical audit on outcomes and complications
	Enroll patients in a trauma registry/database

Step 5. Create the learning outcomes

- Each event is focussed on specific learning outcomes that describe what the learner can expect to take away for use in their daily practice



Where to find further information

Faculty members

Faculty
lounge

under development

AO Spine network

AO
Spine
website