

# Integrated care: does it matter to the medical curriculum?

**Graz Conference – Innsbruck, April 24, 2015**

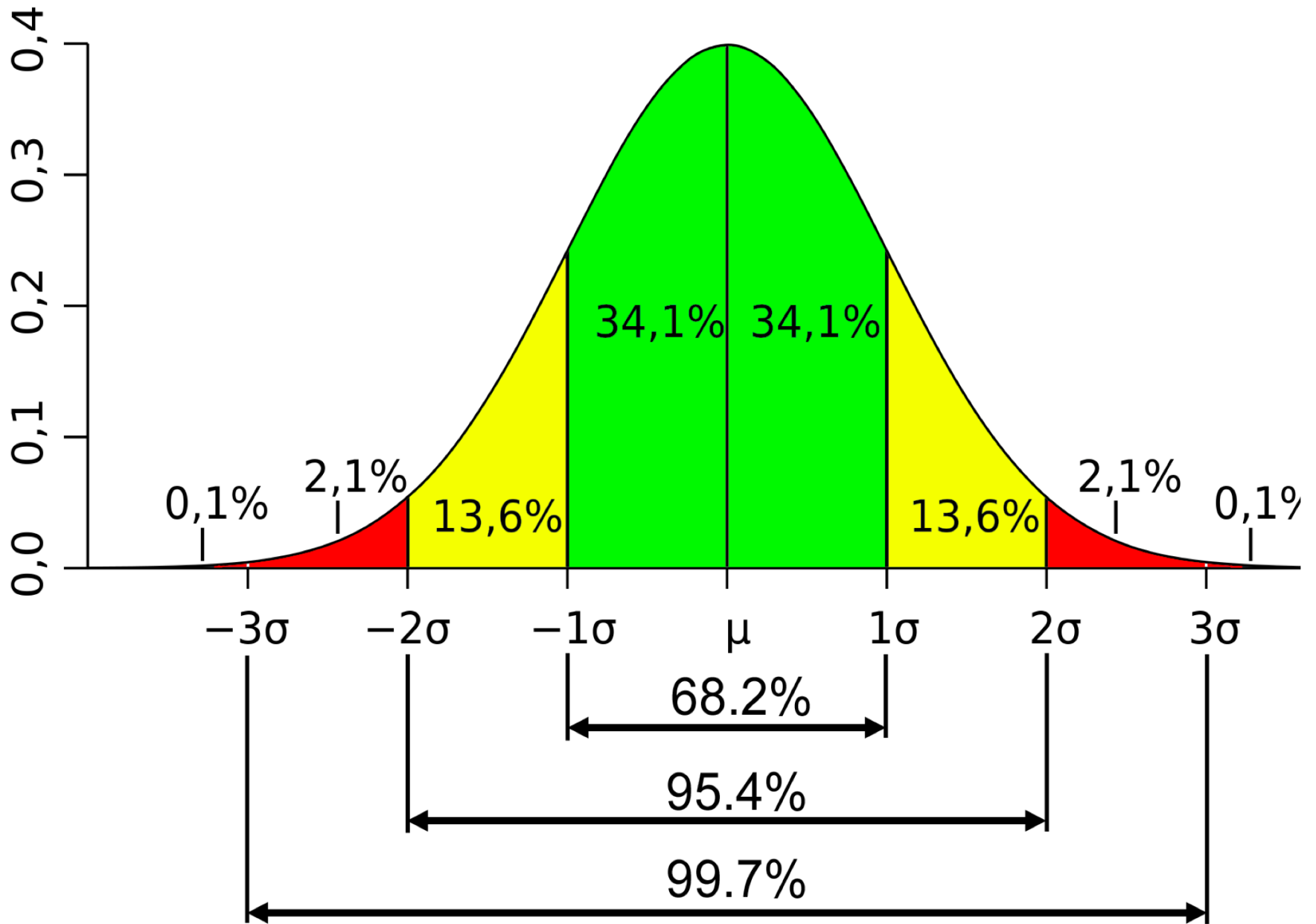
Prof.Dr. Liesbeth Borgermans  
University of Brussels, Belgium  
Faculty of Medicine and Pharmacy  
Department of Family Medicine & Chronic Care

# Key questions to discuss

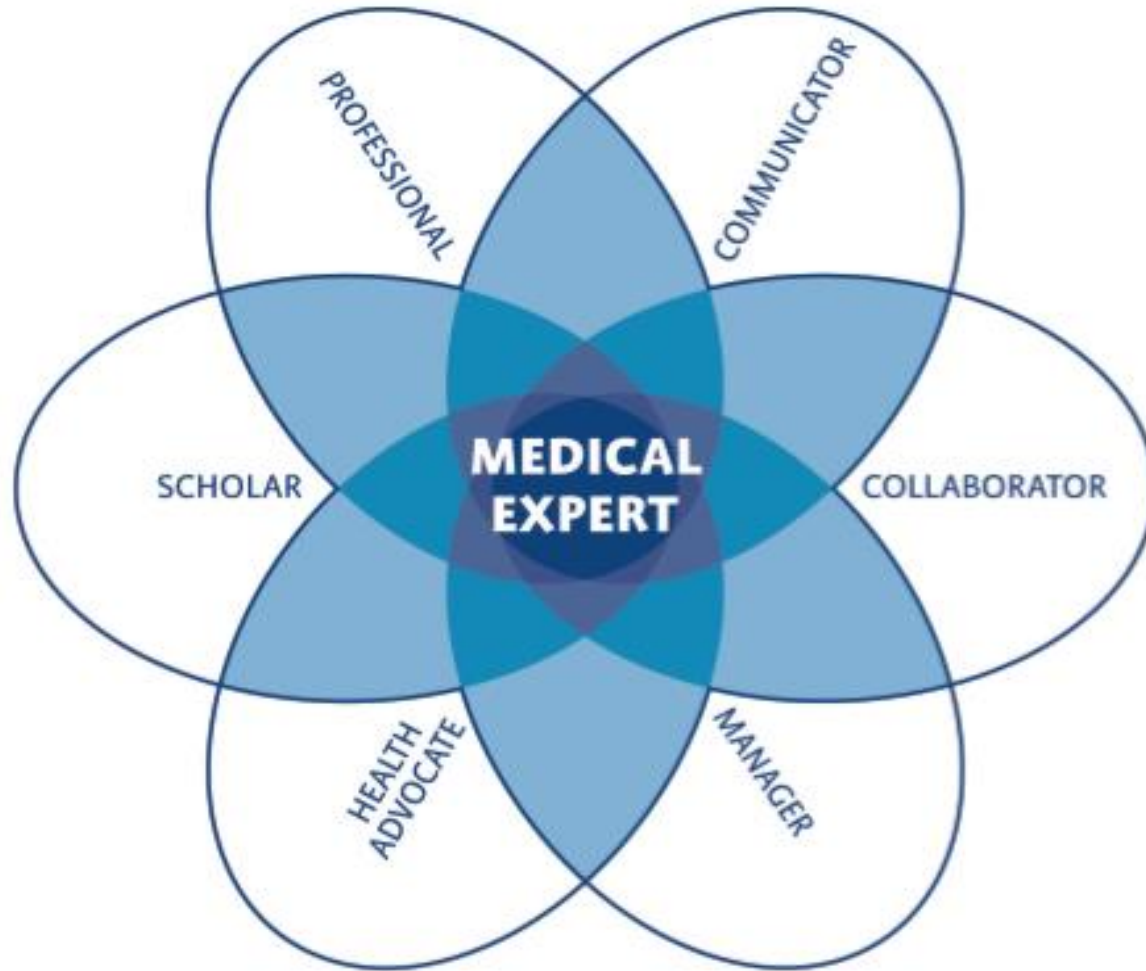
- ① Do we want to change the medical curriculum by adding more or specific courses on quality and integrated care?  
Yes/no, why?
- ② What axes from CanMEDS could be reinforced?
- ③ Who should we target?
- ④ What barriers and facilitators do we anticipate?

Patient-centered care according to  
Prof.Dr. Bas Bloem, Medical director,  
Parkinson Center Nijmegen,  
Department of Neurology, Radboud  
University Medical Center, Nijmegen,  
Nederland.

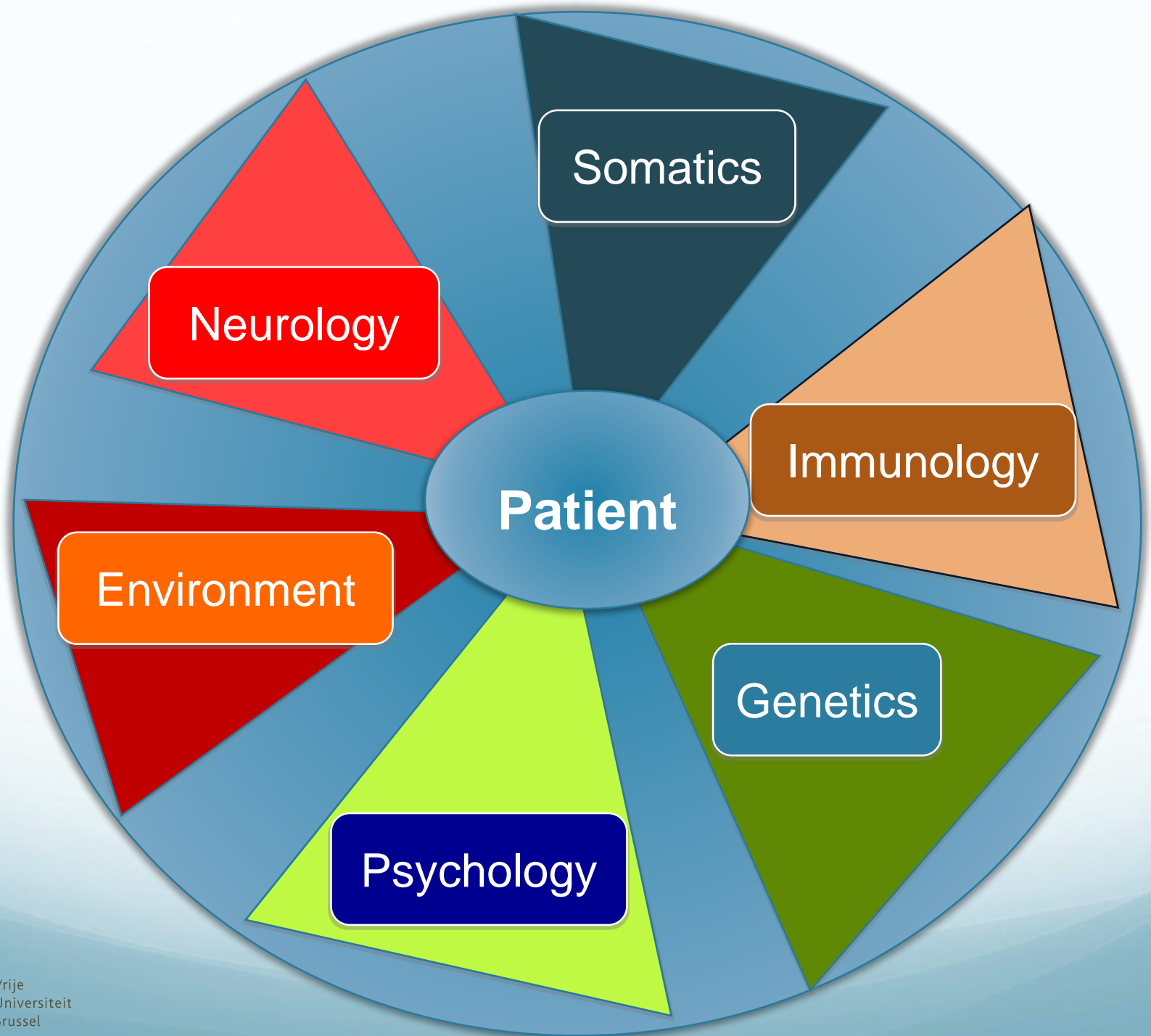
**TEDx**



	<b>Traditionalists/Veterans 1925-1945</b>	<b>Baby Boomers 1945-1964</b>	<b>Generation X 1965-1980</b>	<b>Generation Y/Millennials “Nexters” 1980-2002</b>
<b>Slogans</b>	“Keepers of the Grail” it’s Monday”	Invented “Thank God, don’t live to work”	“Work to live,	“Upcoming optimists”
<b>Values</b>	Logic and Discipline	Participation / Equity and work	Balance between life	Diversity / Morals
<b>Provide</b>	Stable environment	Personal challenges	Feedback	Structure
<b>Authority</b>	Respectful of authority	Nonauthoritarian	Dislikes close supervision	Respectful of Tradionalists
<b>Characteristics</b>	Conformers	Optimistic	highly Motivated	Can-do attitude
<b>Work Priorities</b>	No1 Priority - work	To be a star	Fun and flexible	Money
<b>Train</b>	Don’t rush things	Skill practice	Visual stimulation	Mentor programs
<b>Technology</b>	Unsure and resistant	Willing to learn	Technology savy	Technology superior
<b>Career Goal</b>	Build a legacy	Build a stellar career	Build a portable career	Build parallel careers



THE  
**CANMEDS**  
ROLES FRAMEWORK



- 1) Multidisciplinary and comprehensive assessments
- 2) Multidisciplinary care plans
- 3) Shared-care protocols
- 4) Coordinated care transitions
- 5) Coordinated home and community health
- 6) Task delegation
- 7) Co-location of services
- 8) Electronic data exchange
- 9) Tele-monitoring and mobile e-health applications
- 10) Shared methods to track care outcomes
- 11) Cross-training of staff to ensure staff culture, attitudes, knowledge and skills are complimentary
- 12) Involvement of patients in decision making (shared care)
- 13) Patient education/self-management/empowerment
- 14) Support interventions for caregivers