

Common Trunk Working Group Minutes of the Meeting

Assessment is an integral part of teaching! Therefore, in the process of constructing a “syllabus” and/or a “curriculum” we need to think simultaneously about teaching and assessing – assessment has to be thought of as part of the teaching process and not something which is thought of only at the end of the process.

What paediatric information is considered essential? What is it that every paediatrician must know regardless of whether they are being taught or practice in America, Europe or Africa. Even within Europe, the training of Paediatricians is far from being uniform! Some countries have 10% practice and 90% training and for some countries it's the opposite – there's a great deal of variety.

GPEC – Global Pediatric Education Consortium (<http://globalpediatrics.org/home.html>)

GPEC is going to incorporate technologies that will allow paediatric program directors, or paediatricians in training to access and utilize the relevant topics, information, chapters, etc that is pertinent to each program regardless of geographic location

Nevertheless, the group felt that the GPEC bar was too high (or too specific) in certain areas. Some of the topics are topics that paediatricians only need to be familiar with, and not to actually manage them.

In fact the GPEC curriculum serves the purpose of extracting from it what is needed for the particular training program but also serves the basis for life-long learning.

Distinction between Curriculum and Syllabus:

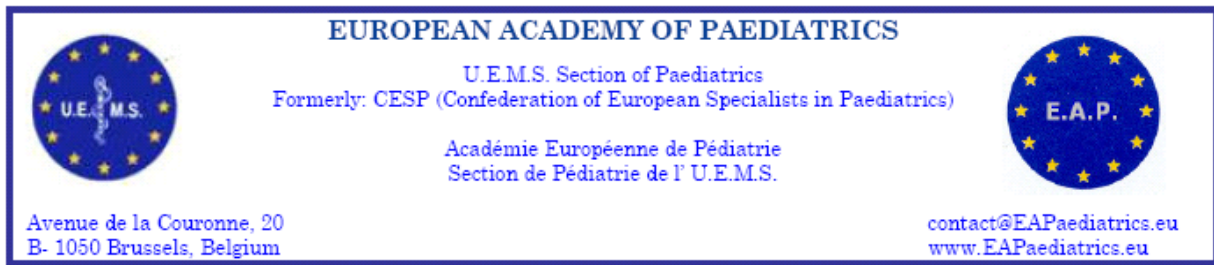
Curriculum – Describes the structure of an educational training program which includes the aims and objectives, the content (syllabus), teaching methods, assessment and educational strategies of the programme.

Syllabus – An outline which describes the “content” of required knowledge and competencies to be covered in a training programme.

These terms (“Curriculum” and “Syllabus”) belong to the glossary of terms that were passed to EUMS which is going to create a formal document out of it, so that everybody speaks the same language

If EAP concentrates on producing a curriculum – we're giving each country the opportunity to take out or put in things, because the curriculum is simple enough to add minute details.

The way it's done now – there's only one list so the minimum and maximum are together.



The GPEC proposal is universal because it can be used by anyone, anywhere – and every country can augment what is considered basic and/or fundamental for that country.

They would like to have a repetitive structure for each chapter – and have something short and each country can add to it.

Young doctors are not interested in long documents – needs to be short and precise.

GPEC – is very good but it's too much.

The syllabus from Alf is "relatively short" – need to look at it and take out the learning objectives from it. The point is to make it shorter.

Is the curriculum for the teacher (what should be taught and how?) or for the trainees (what they should know?)?

There seems to be a misunderstanding or a disagreement about this issue – also regarding the length of the curriculum.

The list is enormous – we need an evaluation of the element of "time" – how long does it take to be able to cover everything?

This is common trunk – not basic indicators – this is relevant mainly for hospitals and not private practices.

There's GPEC (Tenore is busy with that) and there is common trunk with EAP (Alf Nicholson is in charge of that) – it's two separate things.

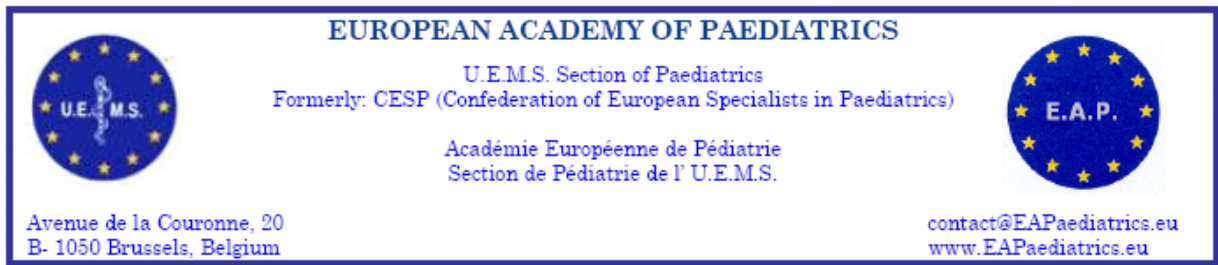
Tenore: In reality they are not two separate things! EAP and GPEC should be working very close together because they are both working towards the same goal: competently preparing a European or Global paediatrician to practice the best form of medicine, given the conditions under which he is being trained or is working.

There seems to be some kind of disappointment about the progress that has been made and that the only reference is to GPEC and not EAP Common Trunk which is supposed to be more basic.

There hasn't been any response in between the meetings, so there has been very little progress.

Initially there was a primary care curriculum and there was work done on it – then they stopped because they wanted to start with a common curriculum first, but it seems like it's part of the global curriculum now (Tenore says it isn't).

The EAP common trunk is a "skeleton" which can be increased and enlarged using the global common trunk.



The common trunk should include the basic for all – primary, secondary and tertiary care. But it should be the most minimal and basic, if you want more – go to the GPEC curriculum...

There's a need to go into detail, but there isn't enough time.

They were supposed to meet in February but several people from COSI could not come – so they postponed it.

One option is to answer the question: Which textbook is considered basic in your country?

And then if most countries have the same answer, that textbook can be considered the basis for the common trunk.

Requested more internet communication in between meetings. One doctor who put a lot of work into writing a proposal – and is disappointed not to have received any response.