Attachment 3: Competency framework for postgraduate medical educators in postgraduate medical training

Competency domain	**Subcompetencies** *Competent postgraduate medical educators…*	**Learning objectives** *Competent postgraduate medical educators demonstrate these subcompetencies by…*	**Application examples** for practical implementation at the postgraduate training site	**Implementation examples** for the delivery of train-the-trainer courses
Educational practice in medicine (the necessary medical expertise is prerequisite)	• are able to select appropriate learning objectives	• taking into account the requirements for acquiring competencies (cognitive, methodological and practical), as specified in the specialist training regulations (WBO) when developing the continuing education curriculum • guiding medical doctors in postgraduate training in prioritising the knowledge and skills required for patient care according to the situation and applying this knowledge and these skills under supervision within the scope of entrusted activities • selecting suitable settings with patients for independent care by doctors in postgraduate training in accordance with their training status	• Develop a specific training curriculum that integrates medical competencies and is aligned with entrustable professional activities (EPA) • Define the stages of educational level by milestones for the duration of the postgraduate medical training, whilst addressing the entrustment level for the EPA • Communicate the curriculum and integrate it into the e-logbook • Identify and plan clinical teachable moments in line with the learning objectives of the postgraduate medical training • Design a continuing professional development concept based on the learning objectives of the postgraduate medical training and integrate it into the training curriculum	• Describe the transition from undergraduate to postgraduate medical training (NKLM graduate profile) • Establishing references to the specialist training regulations and their content • Explain the competency-based approach • Explain the medical competency roles (CanMEDS, NKLM) • Teach the EPA concept for undergraduate and postgraduate medical training • Reflect on and develop one's own postgraduate medical training curriculum (e.g. in preparation for the course) • Identify specific content or EPA that should be taught or entrusted as a priority • Communicate the relevance of a postgraduate medical training curriculum using a blueprint, reflection and feedback
	• are able to didactically and methodologically design teach-learn processes that are conducive to learning	• considering evidence from learning psychology and learning physiology to facilitate learning and increase competence • analysing and designing situation-appropriate learning processes, considering the context and using suitable methods and media	• Design clinical teach-learn situations, such as workplace-based knowledge transfer during physician rounds, procedures, surgical interventions, clinical skills training, etc., while taking didactic principles into account and balancing these with the simultaneous provision of patient care • Deliver internal continuing professional development courses (e.g. case discussions, journal clubs, cardinal symptom-orientated seminars)	• Make it transparent in the learning process that (clinical) skills encompass different components of knowledge, skills and attitude • Teach the fundamentals of educational psychology, such as learning theory (constructivism), information processing (short-term and long-term memory), cognitive apprenticeship, clinical reasoning, etc. • Teach didactic principles and structuring aids such as the SMART criteria, teachable moments, etc.

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			• Develop teaching, learning and examination materials to promote competency development, using AI where appropriate • Apply activating methods conducive to cooperation and stimulating to reflection, e.g. peer feedback, clinical teachable moments, sequential written reflection (e-logbook), or project groups for doctors in postgraduate training on current topics in patient care at the postgraduate training site	• Train methods for structured patient presentations and teach clinical skills such as one-minute preceptor, SNAPPS, ISBAR, SOAP, Peyton, etc. • Raise awareness to the fact that continuing professional development courses are relevant to acquiring and maintaining competency (internal and external)
	• assess and monitor the learning progress of medical doctors in postgraduate training in terms of knowledge, skills and attitudes in an appropriate manner	• applying formative and, where appropriate, summative evaluation methods in a targeted and workplace-based manner • using a blueprint to align exams along the postgraduate medical training curriculum and set interim targets or milestones • transparently communicating rules on assessment and supervision • providing regular and structured feedback on the doctor's learning progress in the context of routine situations or specific assessments	• Develop a competency-based longitudinal examination concept for a subject-specific series of workplace tests leading to specialist qualification • Selection of the examination method: Workplace- and task-based, using the extended Miller Pyramid, e.g. Mini-CEX, DOPS for practical skills or procedures, continuous observation of entrusted tasks (EPA) • Obtain 360° feedback, including video documentation where appropriate • Appropriately assess the doctor's examination performance, including a 'fail' where appropriate • Evaluate the stages and milestones of the training level, provide feedback and identify specific next steps (e.g. with logbook entries)	• Introduce formative and summative assessments • Introduce workplace-based assessment (Mini-CEX, DOPS and EPA) • Practically implement Mini-CEX and/or DOPS with assessment of a clinical situation using videos • Explain the feedback structure and rules, and their relevance to competency acquisition • Practical training in structured feedback, e.g. through role plays using videos depicting clinical situations
	• entrust the medical doctors in postgraduate training with tasks in line with their prior knowledge and skills	• not over- or underchallenging doctors in postgraduate training • considering patient safety	• Align with the requirements of the WBO by selecting suitable patients and procedures for supervised care or delivery by doctors in postgraduate training according to their documented level of competency – ideally supported by verified EPA and professional feedback	• Point out the training logbook • Select exemplary postgraduate medical training content or EPA according to the curriculum • Discuss delegation decisions and behavioural anchors for EPA • Outline development of one's own EPA

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			• Select clinical situations and treatment scenarios to achieve learning objectives or milestones based on relevance, frequency, urgency and exemplarity • Provide guidance through targeted training courses on the writing of medical reports, discharge summaries and findings reports	• Simulate the writing of medical reports, discharge summaries and findings reports • Discuss appropriate teaching strategies regarding the benefits and limitations of AI in the context of patient care
Learner-centred approach	• create a learning-conducive atmosphere and environment • support the learning process of doctors in postgraduate training commensurate with their individual abilities and needs	• valuing the contributions of doctors in postgraduate training • encouraging doctors in postgraduate training to ask questions and express differing opinions • showing a clear interest in the increased competency of the doctors in postgraduate training • providing individual, structured and constructive feedback on the development of the doctors in postgraduate training, accepting such feedback oneself and identifying specific areas for improvement • monitoring whether there are any learning difficulties and supporting the doctors in postgraduate training in overcoming them • facilitating self-reflection, including on a personal and emotional level	• Design clinical teach-learn settings at regular intervals • Demonstrate willingness and openness to questions, seek feedback on one's own role as postgraduate medical educator, foster a culture of learning from mistakes and get doctors in postgraduate training involved, and promote an open and positive approach to one's own mistakes • Ensure there are sufficient responsible staff for postgraduate medical training, taking into account the number of doctors in postgraduate training • Conduct regular, structured feedback and postgraduate medical training consultations with the doctors in postgraduate training, and obtain the corresponding information from other supervisors for this purpose (360° feedback) • Encourage doctors in postgraduate training to set goals out in writing • Communicate the shared responsibility for postgraduate medical training to the doctors in postgraduate training • Encourage doctors in postgraduate training to critically examine their learning progress, e.g. by having them write reflection reports	• Establish a culture of learning within the course by engaging the postgraduate medical educators, using small-group work and mutual feedback; transfer this to the postgraduate medical training • Practical training in structured feedback, e.g. through role plays using videos depicting clinical situations • Reflect on one's own attitude towards teaching and learning from mistakes during discussions on entrustment decisions • Exercise involving written reflection, e.g. in preparation for the course • Point out the training logbook • Point out that goals should be set during postgraduate medical training consultations

	• activate existing prior knowledge	• considering the prior knowledge and motivation of the doctors in postgraduate training, including consideration of the NKLM graduate profile	• Use methods to activate prior knowledge, e.g. brainstorming, case studies	• Reference the fundamentals of learning psychology (see above) • Activate the prior knowledge of the postgraduate medical educators in the train-the-trainer (TTT) course to facilitate modelling and jointly develop practical examples
Social and communication skills	• are able to communicate in a target audience-appropriate, situation-specific and results-focused manner	• communicating in an objective-focused and target audience-appropriate manner • being willing and able to recognise difficult situations and conflicts and resolve them constructively • observing aspects of gender, diversity and (inter-)cultural characteristics	• Apply conflict resolution models, e.g. TZI, CALM, structured employee reviews	• Point out the design and conduct of postgraduate medical training consultations, within the scope of simulations etc. • Point out target audience-appropriate communication during feedback exercises (see above) • Simulate (inter-)cultural doctor-patient interactions
	• establish a working environment conducive to learning and cooperation	• treating doctors in postgraduate training, patients and colleagues with respect • being mindful of group dynamic processes in teaching situations and responding appropriately • creating a supportive culture of feedback and being able to give and receive constructive feedback oneself	• Conduct peer coaching sessions • Implement 360° feedback	• Peer discussion of current and challenging experiences as postgraduate medical educators, using concrete practical examples • Simulate teaching situations and feedback
	• are able to apply didactic and methodological aspects of teaching and learning processes in a communicative manner	• formulating expectations, (learning) objectives, milestones and work assignments in clinical routine in a transparent, comprehensible and unambiguous manner • recognising and utilising opportunities for valuable learning experiences (teachable moments)	• Reach an agreement on the acquisition of clinical knowledge and the competency development • Ask the doctors in postgraduate training questions that promote deep learning • Stimulate interest among the doctors in postgraduate training in patient cases and clinical questions, highlight their relevance, and emphasise key learning moments • Formulate constructive feedback	• Communicate the meaning and structuring of regular postgraduate medical training consultations with structured feedback • Practise concrete feedback scenarios, e.g. using simulation doctors in postgraduate training • Utilise learning-conducive AI and AI-supported simulations

Role modelling and professionalism	• ensure consistency between teaching and learning objectives and their own professional conduct	• examining the role, image and expectations placed on doctors, and reflecting on these aspects in the context of their own attitudes and behaviour • observing ethical and legal standards and values and, where appropriate, making these transparent • paying particular attention to the dual role as a doctor and postgraduate medical educator when interacting with patients and doctors in postgraduate training especially during clinical, workplace-based teaching	• Integrate ethical principles into teaching and patient care, e.g. by using non-judgmental and non-coercive language • Show compassionate respect for patients' dignity, e.g. avoid patient stigmatisation • Set an example of respectful behaviour towards colleagues across all healthcare professions • Highlight decision-making structures and conflicts; e.g. switch to meta-communication to clarify the situation • Apply the principles of evidence-based medicine	• Address the aspect of role modelling at various points in the course and practise/reflect on it (feedback, methods, culture of learning from mistakes)
	• convey the need to reflect on one's own attitudes and behaviours in the context of professional requirements and expectations	• encouraging doctors in postgraduate training to engage with their own professional self-image • strengthening personal responsibility of doctors in postgraduate training for their own learning progress • appropriately pointing out to doctors in postgraduate training any unprofessional behaviour in interactions with patients • responsibly taking suitable measures to draw the attention of doctors in postgraduate training to any competency deficits and encourage them to make changes	• Discuss professional development with the doctors in postgraduate training • Address inappropriate behaviour by doctors in postgraduate training	• Point out feedback and postgraduate medical training consultations, to be prepared for by both postgraduate medical educators and doctors in postgraduate training • Train in handling challenging conversations using simulated doctors in postgraduate training • Design suitable workplace-based assessments to identify potential shortcomings in professional conduct and the trainee's development needs
	• are prepared to engage in critical self-reflection and lifelong learning	• analysing their strengths and weaknesses and using these to set professional development goals • dealing openly with one's own mistakes and use them to foster further development	• Speciality-specific peer coaching • Point out options to participate in professional development curricula • Make one's (own) postgraduate medical training portfolio visible • Demonstrate how critical events are handled; deal openly with errors	• Reflect on one's own role as a postgraduate medical educator and on the postgraduate training curriculum, e.g. as part of the preparatory task • Point out various curricula offered by the state medical associations and educational training at the medical faculties

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			• Reflect on behaviour, particularly with regard to model-based learning • Establish the 'My Favourite Mistake' method at one's own institution • Establish a constructive culture of learning from mistakes and lead by example	• Explain the principle of lifelong learning, including for postgraduate medical educators, when presenting the competency development model
Reflection and advancement of personal teaching practice	• reflect on their personal teaching practice	• using various forms of self-reflection • supporting and utilising various forms of evaluation • using academic concepts and literature searches for one's own professional development and that of the postgraduate medical training • being keen to recognise and accept one's own mistakes and to seek constructive solutions	• Written reflection • Make 360° feedback transparent • Actively seek feedback on one's own personal teaching practice, e.g. in management, team or postgraduate medical training consultations with the doctors in postgraduate training • Actively support the evaluation of postgraduate medical training by the state medical associations • Actively support the evaluation of postgraduate medical training by doctors in postgraduate training • Conduct structured, two-way performance reviews • Study current literature on medical education and document the findings in the teaching portfolio • Medical education coaching • Conduct and support research into postgraduate medical training	• Reflect on one's own role as a postgraduate medical educator and on the postgraduate training curriculum, e.g. as part of the preparatory task and at the end of the course (e.g. 'what do the postgraduate medical educators take away from the course?', 'what should be implemented in future as part of the postgraduate medical training for which they are responsible?') • Peer exchange during educational training and, in particular, at the follow-up meetings for postgraduate medical educators • Point out the state medical associations' evaluation on postgraduate medical training
	• are continuously developing their personal teaching practice	• making use of opportunities for didactic professional development • setting targets for the development of their teaching skills and monitor their progress towards these targets • trying out different teaching methods and materials • acquiring specific skills for using AI and LLMs	• Educational practice in postgraduate medical training, e.g. keeping abreast of and, where appropriate, attending national and international training courses/workshops, as well as the GMA and AMEE annual conferences • Follow activities and events within one's own professional society relating to teaching and postgraduate medical training, and participate or engage as appropriate	• Hands-on experience of various methods during the course • Point out various curricula offered by the state medical associations and educational training at the medical faculties to expand the portfolio of methods • Reference follow-up meetings with thematic emphasis for postgraduate medical educators

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			• Gather information about and orientation along the requirement catalogues / learning objectives of a medical education certificate • Expand the range of teaching methods through participation in follow-up courses after the basics course • Further develop the postgraduate medical training agreement at the postgraduate training site	• Point out potential local networking among postgraduate medical educators • Present continuing postgraduate medical training agreements and discussing them with colleagues • Demonstrate ways in which AI and LMMs can be used for research and development, and practise 'prompting', for example
Systems-related teaching and learning	• utilise or create institutional frameworks that support teaching and learning	• aligning the planned and assessed curriculum – in terms of learning objectives and examinations – with the competency objectives of the WBO and its teaching content ("constructive alignment" = outcome-oriented didactics) • using the institution's own resources to improve teaching and learning conditions • assessing the framework conditions for the use of AI and LLMs at one's own institution	• Make the blueprint for learning objectives, teaching content and methods, and assessment formats and tasks transparent in accordance with the WBO • Consider NKLM and the catalogue of medical exam topics, including the graduate profile for medicine and its further development, etc., when designing the postgraduate medical training curriculum • Organise rooms and times for self-study for the doctors in postgraduate training • Make learning materials available, e.g. on e-learning platforms • Post information about existing resources, e.g. simulation and training rooms, e-learning platforms • Fund external continuing professional development courses and grant leaves of absence to doctors in postgraduate training • Offer and facilitate continuing professional development courses • Establish a mentoring programme with trained and interested specialists and senior consultants as mentors	• Explain the relevance of an internal continuing professional development concept and have the physicians authorised to provide postgraduate training gather examples (skills training, thematic continuing education courses, targeted external continuing education courses, etc.) • Analyse exemplary workflow at the postgraduate training sites to identify opportunities for integrating teachable moments into routine practice

			• Develop structures at one's own postgraduate training site and, where appropriate, cooperate with other postgraduate training sites (e.g. for rotation planning and collaborative medical training network programmes) • Establish a constructive culture of learning from mistakes • Actively design interprofessional teaching-learning settings whilst ensuring that patient care continues in parallel	
	• comply with the legislation governing postgraduate medical training	• being familiar with the relevant laws and regulations • implementing the standards and requirements in their work	• Apply the German Basic Law, the German Healthcare Professions Act, the medical licensing regulations, the specialist training regulations (WBO), the Code of Medical Practice and the AI Act as to the postgraduate medical training • Clarify liability issues, e.g. regarding independent medical practice during measures and surgeries performed by junior doctors, using relevant Federal Court of Justice judgements as examples • At the start of a postgraduate medical training section, instruct trainees about their rights and obligations (e.g. on-call duties, locum tenens rules in the absence of the physician authorised to provide postgraduate training) • Overview of organisational framework conditions, such as funding for postgraduate medical training, state-specific funding conditions set by the statutory health insurance companies, the state medical associations, relevant ministries and other funding sources	• Point out the state medical associations' offers/modules concerning the tasks and duties of the physicians authorised to provide postgraduate training, as well as the legal framework governing postgraduate medical training • Identify areas of responsibility and contact persons • Note that the focus of the event is on didactic methods for designing a postgraduate medical training

			• Document the postgraduate medical training (e-logbook, requirements for conferral of the postgraduate certificate) • Point out the significance of up-to-date information on the organisation and developments in postgraduate medical training	
	• consider the structures and processes within their postgraduate training site • participate in the self-governance of postgraduate medical training processes	• knowing and considering the teaching-related structures, responsibilities and decision-making processes within their own institution • knowing the requirements for the use and monitoring of AI and LLMs at their own institution and within the healthcare system • participating in overarching curricular planning processes and actively contributing to the design of the teach-learn environment • being prepared to support and help shape curricular innovations • supporting and promoting the evaluation of postgraduate medical training	• Use and outline one's own information channels for coordination with the doctors in postgraduate training • Demonstrate one's own leadership skills and change management capabilities for continuing professional development • Help shape the continuing professional development curriculum • Transparent handling of evaluation results, e.g. publication for doctors in postgraduate training • Involvement in quality assurance processes, e.g. site visits to continuing professional development venues	• Analysing workflows at continuing professional development (CPD) venues as examples for integrating learning opportunities into everyday practice • Planning rotations as an example • Highlighting the importance of designated contact persons and, where appropriate, mentors for doctors in postgraduate training • Encourage the development and communication of a best-practice curriculum for postgraduate training • Promote the co-design and delivery of educational training courses as tandem lecturers
	• take social and political developments into account in their continuing professional development planning	• taking foreseeable demographic trends into account • taking into account aspects and developments relating to the healthcare system, healthcare provision and professional policy • taking into account the opportunities and risks associated with patients' use of AI	• Specific case selection, e.g. home care for the elderly, demographic change, outpatient care • Take into account interprofessional care of patients • Take into account the needs and attitudes of (young) doctors in postgraduate training, e.g. regarding working time arrangements, interactions with patients and colleagues, taking on responsibility, etc.	• Point out follow-up meetings with thematic emphasis for physicians authorised to provide postgraduate training • Point out potential local networking among physicians authorised to provide postgraduate training • Promote the co-design and delivery of educational training courses as tandem lecturers

Abbreviations:

- AI: Artificial intelligence
- AMEE: International Association for Health Professions Education
- CALM: Contact, Appoint, Look ahead, Make a decision
- CanMEDS: Physician Competency Framework of the Royal College of Physicians and Surgeons of Canada
- DOPS: Direct Observation of Procedural Skills
- EPA: Entrusted professional activities
- GMA: DACH Association for Medical Education
- ISBAR: Identify, Situation, Background, Assessment and Recommendation
- LMM: Large language model
- Mini-CEX: Mini clinical evaluation exercise
- NKLM: National competency-based catalogue of learning outcomes for medicine
- Peyton: Four steps to learning practical skills
- SMART Criteria: Specific, Measurable, Attainable, Relevant, Time-bound
- SNAPPS: Summarise, Narrow, Analyse, Probe, Plan, Select
- SOAP: Subjective, Objective, Assessment, Plan
- TCI: Theme-centred interaction
- TTT: Train-the-trainer
- WBO: specialist training regulations