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To: Residents, College of Medicine staff, faculty, program directors, program administrative assistants, Ministry of Health, SMA, CPSS, PAIRS, RHA CEO & CMO, U of S Provost

From: Anurag Saxena, MD, M.Ed., MBA, FRCPC. Associate Dean, Postgraduate Medical Education, College of Medicine, University of Saskatchewan

This newsletter is the second in the communication series from the PGME office to provide information on ongoing change efforts to implement competency-based medical education (CBME) in the specialty programs. The Competence by Design (CBD) initiative is the Royal College of Physicians and Surgeons of Canada (RCPSC) version for specialty programs and is a hybrid of CBME and time as a resource. Triple C Competency-based curriculum is the CFPC's version for family medicine residents and is already implemented in Family Medicine and continues to get refined.

Contents:

Single Point of Contact for all CBME inquiries

In response to your suggestions, a central point of contact for all CBME/CBD related questions / concerns has been established: email account (cbe@usask.ca)

Please use this to send any questions or comments.

Update from the Royal College

At the November 25th Conjoint Meeting of the Committee on Specialty Education and the Postgraduate Deans, it was collectively decided that the initial rollout of CBD in July 2017 will be only for two programs across the country:

1. Anesthesiology
2. Otolaryngology Head and Neck Surgery.

Local Implementation in Saskatchewan

As mentioned in the last newsletter, CBD implementation at the University of Saskatchewan is guided by three principles: collaborative endeavor, distributed leadership and change mechanisms tailored to developmental readiness. The implementation framework has ten workflow streams (see following figure). The implementation activities are managed by project management methods. The launch and ongoing course corrections are informed by program evaluation at multiple stages, including an initial needs assessment done a few months ago.

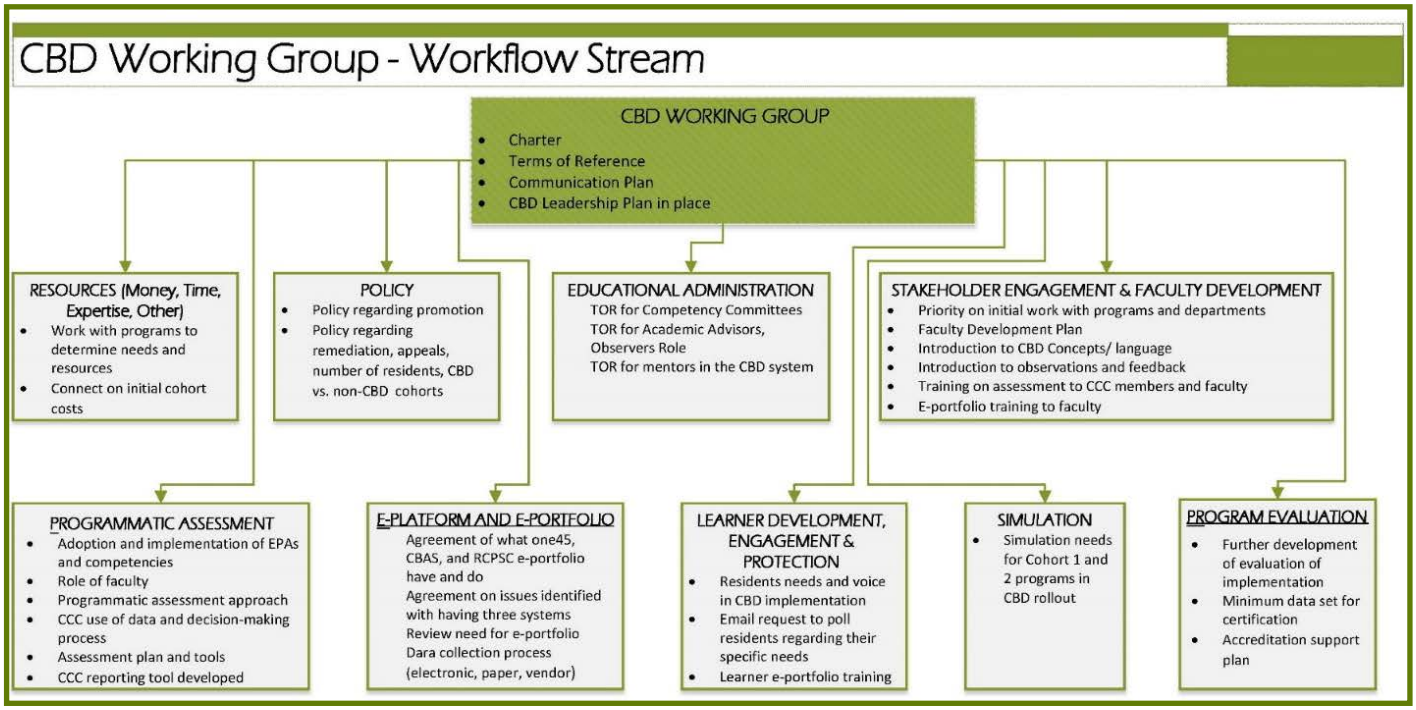


Figure: CBD Working Group – Workflow Stream

A. Work done to date by the working groups:

Dr. Betty Rohr (306-966-8548 betty.rohr@usask.ca) is the overall project coordinator for work through the CBD working group and its ten workflow streams. She is currently assisted by Ms. Reola Mathieu (306-966-5557; reola.mathieu@usask.ca) in this work. I would like to thank Ms. Maureen Lumbis, who has since moved to another portfolio, for her contributions in supporting this work.

Table 1: Working Group Membership and Work done to date

	Working group	Co-Leads	Members	Work done to date
1)	**Resources**	Dr. Jon Dean Ms. Shelley Christianson	Dr. Anurag Saxena Dr. Kathy Lawrence Ms. Jennifer Beck	obtaining information on initial cohort costs reviewing Needs Assessment Survey
2)	**Policy**	Dr. Kathy Lawrence and Dr. Anurag Saxena	Dr. Matthew Nicholson Dr. Guillaume Leclair Dr. Aleksandra Pajic	Obtaining policy documents to review from Family Medicine and other universities
3)	**Educational Administration**	Dr. Mateen Raazi and Dr. Marla Davidson	Dr. Heather Ward Dr. Kathy Lawrence Dr. Karen Laframboise Dr. Sara Schmid Ms. Sheralyn Norton Ms. Sherri Duggan	Competency Committee Terms of Reference Recommendations
4)	**Stakeholder Engagement & Faculty Development**	Dr. Sharon Card and Dr. Anurag Saxena	Dr. Kathy Lawrence Dr. Mateen Raazi Dr. Susanna Martin Dr. William Dust Dr. Vern Bennett Dr. Cathy MacLean Dr. Uzair Ahmed Dr. Betty Rohr	Initial conversations as to who are the stakeholder and potential engagement mechanisms to develop more robustly

Working group	Co-Leads	Members	Work done to date
5) Programmatic Assessment,	Dr. Heather Ward and Dr. Ope Okunola	Dr. Susanna Martin Dr. Kathy Lawrence Dr. Marla Davidson Dr. Ian Jorgenson Dr. Vern Bennett Dr. Kim Sanderson Dr. Daniel Altman	Reviewing various forms of anchors to propose standard for specialties. Drafting assessment philosophy document Developing Programmatic Assessment flowchart Creating a FAQ document Gathering documents on tools and data used for Programmatic Assessment
6) e-Portfolio	Dr. Kylie Kvinlaug, Ms. Marianne Bell, and Ms. Marg Lens	Dr. Mateen Raazi Dr. Sandi Dumanski Mr. Mark Drapak Ms. Sheralynn Norton Ms. Shelley Christianson	Evaluated pros and cons of different systems (one45, RC Mainport e-portfolio, CBAS) It was determined the RC Mainport e-portfolio would be the best option to move forward with, keeping One45 as our back-up option. e-portfolio will be available for field testing after November 25. Plan to field test RC e-portfolio with Anesthesiology and other second phase programs following close behind (? GIM or Surgical Foundations).
7) e-Platform	Merged with group 6		
8) Learner Development Engagement, and Protection	Dr. Sharon Card and TBD	Dr. Kathy Lawrence Dr. Dilip Gill Dr. Mark Elliott Dr. Rochelle Jalbert Dr. Kim Sanderson	This group plans to tap into Academic Half Days to reach out to programs, residents and faculty. Need to recognize the different readiness levels. Working on getting content and developing a needs assessment, starting in February.
9) Simulation	Dr. Brent Thoma and Dr. Jeffrey Gu,	Dr. Kish Lyster Ms. Marianne Bell Dr. Trustin Domes Dr. Joann Kawchuk	Discussed scope of simulation with respect to needs and environmental scan conducted. Discussed comparisons across sites and nationally. Plan to include Anesthesiology (Ian Jorgenson) in next meeting and focus on their simulation needs. Plan to determine simulation needs for resources to recommend to Resources Working Group.
10) Program Evaluation and Scholarship	Dr. Anurag Saxena and Ms. Tanya Robertson-Frey	Dr. Kathy Lawrence Dr. Heather Ward Dr. Jaysen Wesolosky	Discussed importance to evaluate the implementation of CBD; how to best evaluate outcomes once CBD has been implemented and the need for baseline data. Will build a logic model pertaining to anticipated outcomes of CBD. Will brainstorm possible short and medium term outcomes that take into account various stakeholders. Discussed importance to collect information from each of the CBD small working groups regarding progress to date, decisions made, changes to original plans, etc. To develop plan to promote Scholarship related to CBD

B. Joint workshop on CBD by the University of Saskatchewan PGME office and the Royal College of Physicians and Surgeons of Canada

Saturday November 5, 2016 Workshop: Close to 100 University of Saskatchewan residents, faculty, and staff committed a good portion of a warm November weekend to attend this workshop. This workshop had interactive presentations in the morning and small group work according to either developmental readiness or stakeholders in the afternoon. The visiting RCPSC team had an opportunity to connect with the senior leadership representatives of the Saskatoon, Regina Qu'Appelle, and Prince Albert Parkland Health Regions, the College of Physicians and Surgeons of Saskatchewan, College of Medicine and PAIRS.

Figure: Dr. Ken Harris at the November 5, 2016 Workshop

Table 2: Overview of November CBD Workshop

RCPSC Presenters and facilitators	PGME Presenters and facilitators
Dr. Ken Harris: the Executive Director of Specialty Education and Deputy CEO for the Royal College of Physicians and Surgeons of Canada. *Salient points*: Drivers for change include: a) Preparedness to enter practice b) Age of accountability c) Public concern about competence d) Failure to fail e) Process and time based education f) Aging system of education g) Preparedness for ongoing learning	**Dr. Mateen Raazi:** Faculty, Anesthesiology *Salient points:* EPAs – Entrustable Professional Activities can be simply looked at as a key clinical task that is observed and reported on. **Dr. Sharon Card:** Faculty, General Internal Medicine *Salient points:* each specialty faces some unique challenges with transitions and site opportunities and CBD may look slightly different for each program
Dr. Farhan Bhanji: Associate Director, Assessment for the Royal College of Physicians and Surgeons of Canada, Program Director of the McGill University Fellowship in Medical Education, Associate Professor of Pediatrics. *Salient points*: The importance of programmatic assessment. He used the 'elephant and blind men analogy' to illustrate the need for multiple in-the-moment data points collected over a resident's training program. 	**Dr. Heather Ward**: Program Director General Internal Medicine *Salient points*: There is a need for change in assessment – as echoed in the literature, our discussions, recent accreditation process, and resident experiences. Think about the final outcome of assessment – '*would you trust the resident to look after you or your family members*'. We need to think about how we can improve our assessment practices?
Dr. Jolanta Karpinski: Associate Director, Specialties Unit at the Royal College of Physicians and Surgeons of Canada, a Clinician Educator, and a nephrologist at the Ottawa Hospital *Salient Points*: some lessons learned along the journey of implementing CBD: a) building the plan as in the cohort rollout plan; b) working the workshops and rethinking how programs work in CBD; c) trying things on—new tools or new structures like the Competence Committee. What does CBD mean to you? ▪ Most disciplines are in "the meantime" • Learning about CBD, getting ready ▪ Some disciplines are in the middle of their design, coming to workshops • Three day workshops – at least twice – develop Stages, EPAs, Assessments etc • Starting to think about next steps, what can I do now? ▪ Some disciplines are getting ready to implement • Testing some EPAs, assessments (field tests) • Setting up Competence Committees • Soon: setting up Portfolio	**Dr. Anurag Saxena:** PGME Associate Dean *Salient points:* The CBD implementation is ready to go live – and drew upon the analogy to surfing and catching the wave at the right point – when it is high for a thrilling ride and the best returns. To optimally learn from 'wave trainers' from the Royal College and local champions. Also, be careful so as not to get caught in the undertow.  *Taken from pdclipart.org*
Ms. Rhonda St. Croix: Change initiative advisor at the Royal College of Physicians and Surgeons of Canada *Salient points*: change is a process and when it involves human systems that involves struggles and discomfort. We need to be able to address doubts and questions. Ways to mitigate the change to be smoother is to go within –the importance to see yourself in it -- own it, make your own story, foster local champions.	

Key themes from the small group sessions:

Some fears and questions	▪ Ensure learner's privacy of data points in e-portfolio ▪ If there are remediation, what does that look like with this model?
Some why and clarification	▪ Goal is to make judgements that are currently occurring about resident performance more explicit ▪ Establish the why ▪ Keep checklist for transition – what do I keep/ What do I need to do differently
Need for support	▪ Rework ACFPs ▪ Need a CBD office and PGME support
Need for engagement/training	▪ Faculty Development o Critical and a huge challenge o Need champions within each discipline o Need to embed faculty development in grand rounds, be part of ongoing teaching ▪ Show us how it is going to look like for my role ▪ Foster champions within program
Need for collaboration and teamwork	▪ Mentorship between programs other centres ▪ Coordination and communication between Family Medicine and specialty programs
What can we do now	▪ Start education now on ▪ Create a culture of CBME before the EPA's arrive

Sampling of participant comments to "what was a main take-away?"

I now have a baseline knowledge of CBD, a sense of how it will impact training programs and impact on faculty.

I wish there was more information about what we will need to start doing, what the timeline is expected and what is expected of my role.

I am hoping to start incorporating some of the more general aspects (example: Faculty Advisor) now in preparation for the big day.

Establish dialogue with other programs to create a support mechanism as we all seem to be at the same level of what CBD really means for the PA role.

There are a lot of tools and resources in place on the RC website to better understand the process for this program change.

Its important to keep the lines of communication open and keep an open mind as we shift our thinking to facilitate the new program.

We are going to have even happier residents, serve our patient's needs better and move up in the national rankings.

being proactive vs reactive, Starting to think about what our needs as a program are as we begin the process of transitioning to CBD

The critical need to develop connections between different programs locally.

Was good to have the benefits of CBD reiterated. It helps to have the "Why" strongly stated.

*A **big thank you** to Dr. Betty Rohr and Ms. Maureen Lumbis from the PGME office and Ms. Alison Ryan from the RCPSC for attending to the logistics of this workshop and making it a success!*

C. U of S PGME to begin field testing

The U of S PGME will begin field testing some aspects of CBD including e-portfolio and Clinical Competency Committee decision-making. The intent within the design of the Royal College MAINPORT ePortfolio (Residency proto-type) is to capture observations, document individual and program learning plans, and generate learning analytics. It will be available, free for every accredited program in the system.
For more information on the MAINPORT ePortfolio, check out the http://www.royalcollege.ca/rcsite/cbd/resources/cbd-videos-webinars-e

At the U of S, we plan to commence piloting the e-portfolio with Anesthesiology, Internal Medicine, and Surgical Foundations as soon as it becomes available in February 2017.

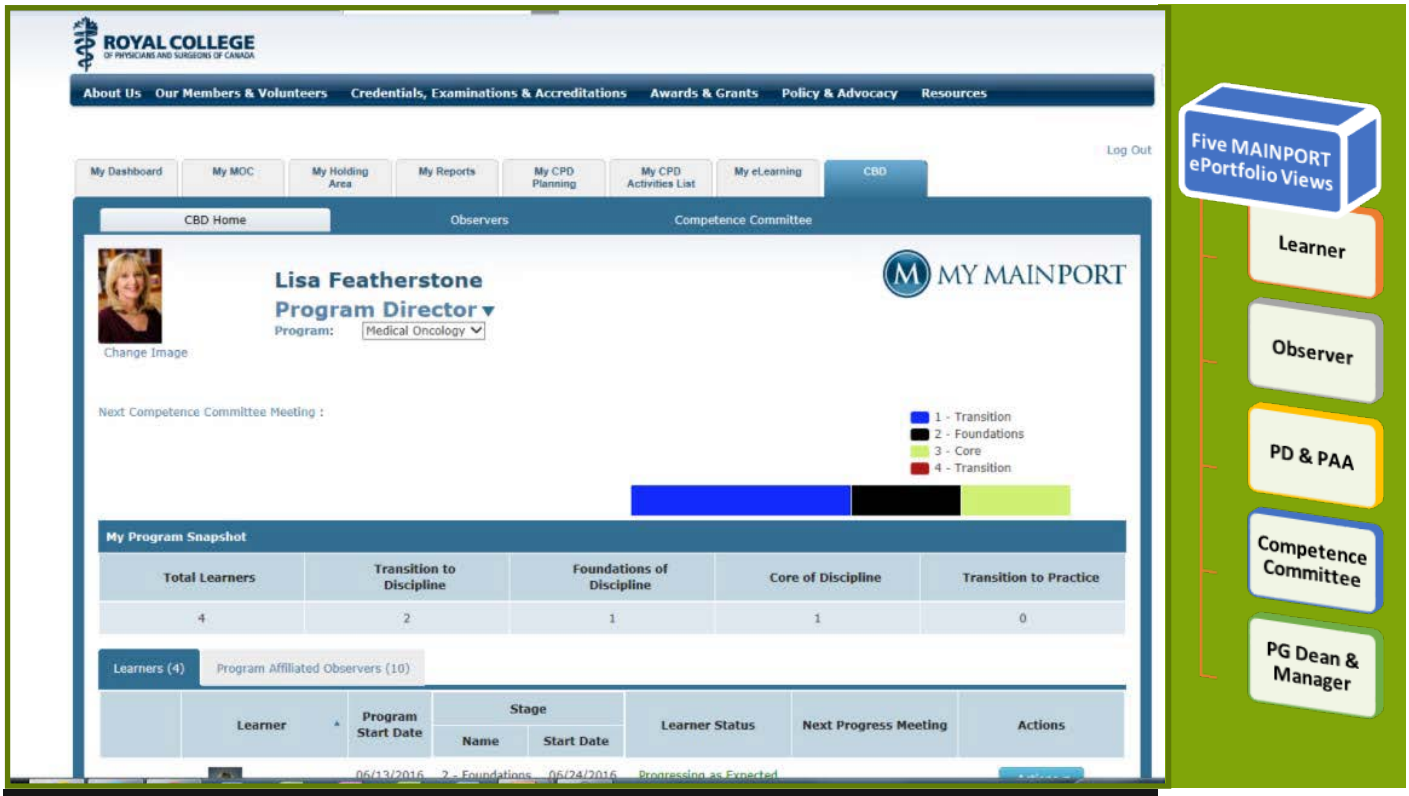
A snap shot of the eportfolio:

There are 5 views—Learner, Observer, PD & PAA, Competence Committee (CC), and PGME Dean and Manager. Each user will have with different levels of permission. Learners will own and track their progress as their dashboard view will give them infor-mation on what EPAs they are working on and what to plan for. They can potentially work on EPAs from different stages simultaneously. Assessments housed on the e-portfolio can be used for **formative and summative** decisions. Formative decisions can be based on one observation with the aim to coach and work with the resident's plan. The summative decisions made by the CC are based on multiple observations and multiple forms of assessment throughout the training program.

An ePortfolio is

"A purposeful aggregation of digital items – ideas, evidence, reflections, feedback which 'presents' a selected audience with a person's learning and/or ability"

Sutherland and Powell (2007) JISC



Program Director View of MAINPORT ePortfolio Residency prototype

Figure: Program Director View of MAINPORT ePortfolio Residency prototype. Source: Frank, J. & Tan. I. (June 2016). A demonstration of MAINPORT ePortfolio (Residency Prototype 1) [RCPSC Webinar]. Retreived from http://www.royalcollege.ca/rcsite/cbd/resources/cbd-videos-webinars-e

We will keep you informed of the developments and progress. In the meantime, if you have any questions, please do not hesitate to connect with us: cbe@usask.ca