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To: Residents, College of Medicine staff, faculty, program directors, program administrative assistants, Ministry of Health, SMA, CPSS, RDoS, 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 fifth 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 of CBME implemented for family medicine residents.

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Single Point of Contact for all CBME inquiries

Message from Associate Dean, PGME: Dr. Anurag Saxena

Anesthesiology is now six months into the Competence-By-Design model of education. As with any new initiative, bumps in the road are expected. Changes are being made by the program director, Dr. Ian Jorgensen, to include narratives and ensure appropriate information is available to make timely decisions about progression.

Forthcoming changes to the e-portfolio include steps to provide robust data analytics. The e-portfolio app is being found to be most useful for recording daily feedback.

The programs tentatively scheduled to go live next July (2018) at our institution include: Nephrology, Emergency Medicine and Surgical Foundations. Work is on schedule to get these programs up and running by the launch date.

A mythbuster document developed under the auspices of the RCPSC has been shared with the College of Medicine community. Initial limited feedback is very encouraging. It is accessible at the following link: http://www.royalcollege.ca/rcsite/documents/cbd/cbd-myths-infographic-e.pdf

On the following page, you will see the PGME's schedule for launching programs that will guide the implementation in coming years and ensure that the programs going live next year are ready. See the following link for better view: https://medicine.usask.ca/documents/cbd/4ProgramDevelopmentSchedule.pdf

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

CBD implementation timelines: Programs expected to go live July 01 of a calendar year

		July	August	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June
Year (minus 2)	Resources	Initiate discussions on financial and time resources between the Dept. Head, PGME office, Central Finance, PD; include in the next budget											
	Educ. Administration			Encourage programs to adopt CCC language and decision making processes (encourage replacing RAS with CCC)									
	Faculty Development	Utlize Fac Dev division / PGME office / and other local-national expertise for sessions on coaching, feedback, supervision, assessment, use of eportfolio											
	Assessment						Workshops on assessment processes and tools						
	Teaching and Learning						Workshops on curriculum design, including mapping						
	eportfolio									Disseminate information on eportfolio			
	Learner engagement		Idenitfy a Resident CBD lead and ensure involvement in ongoing work						Grand rounds on CBD				
	Simulation				Initiate discusions on simulation needs; Coordinate with Simulation								
	Program Evaluation								Workshops on program eval principles				
Year (minus 1)	Resources	Finalize agreements on financial and time resources between the Dept. Head, PGME office, Central Finance, PD, CBD lead (if appointed); secure resources											
	Educ. Administration	Create a CCC and adopt terms of reference and procedure for using assessment data and decision making											
	Faculty Development	Continue to utlize Fac Dev division / PGME and other local/national expertise for sessions on coaching, feedback, supervision, assessment, use of eportfolio											
	Assessment		Finalize EPAs locally		Finalize assemment map and tools								
	Teaching and Learning			Develop a curriculum map									
						Develop learning experiences: rotations / simulations / teaching sessions						Finalize schedules	
	eportfolio	Identify specific users for categories			Training on eportfolio using generic templates / launched programs templates				Continue training on program-specific eportfolio when available				
	Learner engagement			Engage learners, education on CBD essentials, learner protection									
	Simulation	Determine additional simulation needs and work with Simulation portfolio to ensure smooth transition											
	Program Evaluation								Finalize program evaluation plan, tools, analysis of data				
Year 0	Go live	Continued support through PGME office and programs already in CBD mode; ongoing CQI through program evaluation data											

Update from the Royal College

Six programs are in progress to launch their first Competence by Design (CBD) cohorts on July 1, 2018: Emergency Medicine, Forensic Pathology, Medical Oncology, Nephrology, Surgical Foundations, and Urology.

Users of the Royal College ePortfolio will be pleased to know of the release of the Resident ePortfolio iOS app available through Apple iTunes (Royal College Res ePortfolio). The mobile app is an extension of the Resident ePortfolio system and only has a subset of the Learner and Observer roles and functions to facilitate Observer and Learner interactions. In addition, a reminder to Resident ePortfolio users with cellphones that the website mobile responsive design will automatically align for the smaller screen sizes.

Update on Local Implementation in Saskatchewan

We have updated the Competence Committee and CBD Role Descriptions Guidelines document. It is available on the University of Saskatchewan CBD/CBME Website. A reminder that the site provides a place to house local documents to aid with CBD implementation. Check out the resources as well as links to key CBD/CBME external/national resources.

Visit the site at https://medicine.usask.ca/faculty/competence-by-design.php

We have developed four modules for CBD/CBME Faculty Development

- *ePortfolio*
- *Clinical Supervision*
- *Coaching*
- *Observation and Feedback in work-based setting*

The modules are available for use within the programs to modify or take excerpts –
You may want to deliver them over an academic half day, in short 5 to 10 minutes chunks at division/department meetings, or in a grand round.
Let us know if you want us to assist you to customize them for your needs.

Four CBD/CBME Takeaways from Quebec City at International Conference on Residency Education (ICRE) 2017

College of Medicine provided funding for over 20 Program Directors, Program Administrators, and staff to attend the ICRE conference held from October 18 to 21st in Quebec City. It was a great learning experience as well as opportunity to network and share practice tips. Much of the learning centred on changes occurring as residency education focuses on competence-based medical education. Comments from a number of attendees are below within the following four takeaway themes:

1. **CBME/CBD Implementation takes teamwork**

   - *Communication and collaboration is paramount to success*
   - *Invest in attending workshops, conferences, webinars*
   - *Prepare - introduce different tools early i.e. entrustment scales, direct observations, multi-source feedback so when implementation does happen program are familiar with the process-*
   - *Queen's went live with CBME in 29 programs in 2017 utilizing eight componnets to implementation:1) focus on competence not time; 2) amalgam of competencies, EPAs, and milestones; 3) curriculum reform for every program, 4) develop assessment tools that match EPAs, 5) robust digital approach to self reflection and tracking; 6) faculty development, 7) technical development; and, 8) scholarship.*

2. **Let the Residency Program Committee (RPC) work for you:**

   - *Changes to structure of RPC in anticipation of change to a competence committee*
   - *RPC to review Competence Committee decisions*

3. **Change and What can we do in the meantime**

   - *Add work slowly, remove work fast*
   - *Leverage strengths*
   - *Value what has been done*
   - *Empower and protect key persons*
   - *Give choices and build trust*
   - *Focus on easy wins, stay positive & optimistic*
   - *Change is social – social connection/discussion is 14 times more effective than written word…*

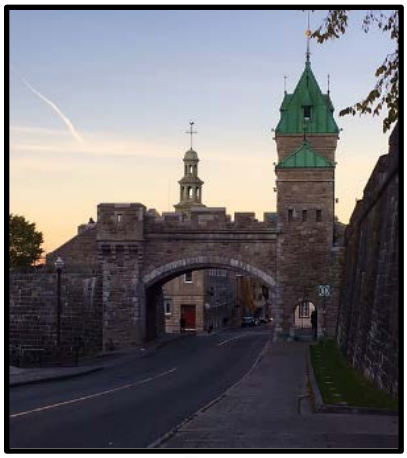
4. **Coaching- important topic and especially for CBME**

   - *Loved to learn more on the vdeo-based coaching techniques used in OR*
   - *Trust and entrustment decisions fundatmental to the relationship between trainer/trainee*
   - *Faculty need to know how to transition froam judge to coach who provides observations and feedback*
   - *One of the core concepts is the fixed vs. growth mindset. Being able to cultivate a growth mindset (learning for improvement, as opposed to learning for achievement and reward*
   - *All surgeons need lifelong coaches – Federer still has a coach. All surgeries are potentional teaching opportunities.*
   - *the concept of surgical coaching was an important topic. It focused on regular (case by case) delivery of constructive feedback based on a plan made pre-operatively dealing. The coaching needs to be timely (same day) specific (focused on one or two topics throughout a particular case), and balanced (even master surgeons have been enlisting coaches to critique them with a set of eyes not their own). This approach would be a very beneficial professional and educational tool in our surgery programs*
   - *using mentorships to teach coaching as a skill to surgical educators*

A Program Administrator Assistant Experience of ICRE and Queen's conference by Alisa Worobetz, Surgical Foundations

Thank you to the PGME office for financially supporting my participation in both ICRE in Quebec City and the CBME Conference in Kingston.

International conference on residency education (ICRE) 2017, October - Quebec City



What a fantastic learning experience to attend my first ICRE Conference!

As one of the newest employees to Surgical Foundations, I went to the conference believing that I would be the least knowledgeable person there; but I soon learned that many others felt the same way and we were all there to learn.

Main takeaways of ICRE:

- Residents are going to be playing a huge part in the CBD transition and an important role to rolling out CBD.
- Key to rollout is to determine our stakeholders and encourage them to be CBD Champions
- PAAs important to CBD Implementation. I heard several times that PAAs are going to be a very important part of the implementation of CBD. We will need support in our learning and that an investment in our training is going to be crucial. Faculty, learners, and committee members are going to have to learn how to use tools like ePortfolio, The PAAs will need to learn and understand the various stakeholder points of view so that we can help with this change as best as we can.
- The following quote, shared at the opening plenary, stuck with me: *"People don't resist change. They resist being changed."* - Peter Senge. It will be important that we look for innovative ways to make changes instead of looking for ways why these changes will not work.

Queen's University CBME Conference 2017 November - Kingston Ontario

What a fantastic conference!
(Even if you do have to take the equivalent of a paper airplane to reach Kingston from Toronto!)

Informative - ✓
Practical - ✓
Truthful - ✓

The main takeaways from this conference were:

- Faculty support and development are/will be essential to the success of such: a transition.
- CBD will be "resident driven". (There was an emphasis on this).
- The value of having Educational Consultants was stressed by many of the presenters.
- IT (this can potentially include the use of ePortfolio and its development) support will be crucial. It can potentially be one of the biggest roadblocks.
- Early engagement of faculty and residents is important
- Dr. David Taylor – Two Thumbs up!

We heard numerous great speakers at this conference, but my favourite was Dr. David Taylor. He is the Program Director for Core Internal Medicine at Queen's University. He spoke about the challenges that will be faced when implementing CBME. One of his suggestions was to "make your skeptics your allies", and he spoke about the importance of getting the Division Chair on Board. His humorous delivery of the informative message/information was appreciated. If you ever get the chance to hear him speak….Do it! You will not be disappointed

CBD Resident Summit by Dr. Cheyenne Lawton, Dr. Haven Roy, and Dr. Julian de Ciutiis

The Royal College, Resident Doctors of Canada (RDoC), and the Fédération des médecins résidents du Québec (FMRQ) sponsored a Resident Summit on December 7th in Ottawa. Three resident representatives attended from the University of Saskatchewan. The following is an overview of their experience:

From Dr. Cheyenne Lawton. PGY1 Internal Medicine, Saskatoon:

The CBD summit was full of informative presentations and dynamic conversations between Canadian residents, and The Royal College of Physicians and Surgeons of Canada. This day clarified misconceptions, shared information on current strengths and struggles of implementing CBD, and got me very excited for the potential that CBD has to improve resident training. Here are some of the top points that I took away from the summit:

1. Assessments should be a snapshot of how you performed in that moment, not a prediction of how you will function in the future, or the attending's general comfort level when it comes to supervision/autonomy. Many residents voiced concerns that attendings were hesitant to give a full score (even if the resident performed at a level that the attending did not need to be there), because they would never under any circumstance leave a resident (or resident at that level of training etc.) to do this unsupervised. This is an incorrect interpretation of the assessment criteria.
2. The number of observations for each EPA is a suggestion, not mandatory. Committees have the freedom to determine if a resident may need more or less observations for a given EPA.
3. After the resident has requested an assessment for an observation, it is up to the attending to complete that assessment, and not the responsibility of the resident to have to keep asking the attending to complete it. Attendings will be accountable to their department head for outstanding assessments (not the resident's program director), and outstanding assessments will be an accreditation issue as per The Royal College.
4. Changing to CBD is anticipated to improve the quality of feedback received and will not change the length of training for the majority of residents. Exceptional cases may have the occasional resident advancing through their training faster, but this will be the exception.
5. Assessments are designed to be *for* learning, not *of* learning: meaning that targeted feedback will help guide ongoing resident learning, with subsequent observations following up to see how the resident is doing over time. It is anticipated that focused assessments will help residents needing more help/training so that this may be remediated before they have to be held back, and allow residents who are performing above average to improve their skill sets even further by having more time to work on other skills under the guidance and mentorship of staff physicians.

From Dr. Haven Roy. PGY2 General Surgery, Saskatoon:

Competence by Design (CBD) is the Royal College of Physicians and Surgeons of Canada's practical plan to implement CBME, or Competency Based Medical Education, which is an educational philosophy. This philosophy shifts the focus away from time and towards competence. A specialty's professional scope is broken down into Entrustable Professional Activities (EPAs) in this educational model, and Residency is the process of slowly gaining the ability to perform these EPAs independently. Through intentional and focused episodes of exposure and feedback, residents meet milestones, which eventually lead to meeting EPAs. Assessments are to occur more frequently and with greater specificity than in the previous model. Progression through residency is tied closer to assessment than it is to time in the CBME philosophy. The Royal College sets recommendations/general requirements and oversees the implementation of the program, but all of the details are decided locally by each residency program.

In all the constituencies that have trialed or adopted the CBME philosophy around the world, the vast majority of residents complete their training in the same amount of time as those serving in a more traditional model. Theoretically, more intense feedback identifies and helps to overcome obstacles to progression early, before they become too onerous to tackle. It also allows focus to shift to areas of greater need or interest, should they be present. The "work" component of residency continues to be a requirement, and those in service heavy disciplines do not note significant changes in the time they are spending on each rotation.

Practically, there are significant challenges to the rollout of CBD in Canada. Currently, ENT and Anesthesia are the only programs in Canada, which have instituted CBD for their new residents, and the early feedback is very mixed. The numbers of assessments required is a BIG concern nationally, in terms of time, technical capabilities, and organization required. The Royal College recommends 30-40 EPAs for a 5-year residency but some programs are currently requiring many more than this. Buy in amongst faculty who are needed to do the assessments has been a big issue as well. There is a pervasive feeling among some that the current system already provides an adequate feedback mechanism, as well as opportunity to remediate or relocate those who require it. The level of feedback residents in these programs are receiving is greatly appreciated, and residents feel their training is better for it. However, the level of fatigue and despair over the current challenges is equally high.

In order to successfully navigate the progressive rollout of CBD by each residency program over the coming years, all residents AND faculty need to be involved in and apprised of planning and implementation in order to maximize the potential advantages and minimize hurdles such as assessment overload, technical issues, and apathy.

From Dr. Julian de Cuitiis. PGY2 Physical Medicine & Rehabilitation, Saskatoon:

The Competence by Design Summit was as substantial meeting where residents from various disciplines from across Canada were able to share their experiences with CBD and discuss the future of resident training in Canada. The meeting was quite a success and in response to resident observations, several key recommendations for CBD were made. In response to residents in certain programs having an unobtainable amount of observations, a recommendation was made that the number of EPAs, milestones, and observations should reflect a balance between practicality and comprehensiveness. Further, a recommendation that faculty members on both on-service and off-service rotations providing feedback on EPAs should receive adequate faculty development both prior to CBD implementation and on an ongoing basis was made. Also, academic promotion as directed by the CBD Competency Committee should be objective, transparent, comprehensive and flexible, relying not only on the raw number of observed clinical experiences. Although there are some ongoing issues that are being addressed, CBD offers an exciting future for resident training and ultimately for patient care.

Faculty Development by Dr. Cathy MacLean, Director of Faculty Development College of Medicine

What is Faculty development?

Faculty Development is a broad range of activities that we use to renew or assist faculty in their roles. These activities are designed to improve an individual's knowledge and skills in teaching, education, administration, leadership and research.

From AFMC FD Network group, 2017

Who is in the Faculty Development office at U of S?

There is a team in Faculty Development consisting of physicians, medical educators and admin support in Saskatoon and Regina. Our contact information is http://medicine.usask.ca/department/schools-divisions/faculty-development.php#Contact .

What is the role of Faculty Development in the College of Medicine?

In 2017, Faculty Development organized regular centrally delivered but distance accessible Faculty Development sessions in addition to collaborative events done with Departments such as Obstetrics/Gynecology, Physical Medicine, Pathology, Psychiatry, etc.
We have hosted several sessions in 2017 about competency based medical education on topics such as: Proven approaches to Change Management, Safe Clinical Learning environments, Feedback and how to improve Narrative Feedback as well as AMEE webinars, the Royal College CBD and ICBME webinars and IASME webinars.

How is Faculty Development involved in the transition to competency based medical education?

We work collaboratively with PGME. PGME has several sessions planned including videos to help programs transition to a CBME based residency with a focus on the technical/procedural and structural changes needed including ePortfolio use, etc. Faculty Development's focus is on the content, background principles of adult learning, how to give effective feedback and effectively utilize work based assessments to enhance learning, etc. We play a supportive role with both centrally delivered general programming but also assist with locally delivered department based sessions specific to their discipline and context.
We can bring expertise from the literature, experience with other programs, multiple resources, recent national and international conferences that would be helpful to implementing CBME here in Saskatchewan. .
Visit our website to access information about what we offer, upcoming events, and links to recordings of past sessions: http://medicine.usask.ca/department/schools-divisions/faculty-development.php#AboutUs

CBME/CBD related Events Coming up in January:

January 9 Teaching and Learning Tuesday (2nd Tuesday of the month) Lunch and Learn:
Dr. Kim Sanderson on Feedback and lessons from CB approach in FM
January 11 IAMSE Webinar Series – Competency-Based Medical Education: Understanding the Principles by Dr. Linda Snell
January 18 IAMSE Webinar Series – Generating Trust in Entrustment: an update from the AAMC Core EPA Pilot Group
by Dr. Kim Lomis
January 25 IAMSE Webinar Series- Integration, Competence and Expertise: Preparing learners for the future by Dr. Nikki Woods

Single Point of Contact for all CBME inquiries

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