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To: Residents, College of Medicine staff, faculty, program directors, program administrative assistants, SHA CEO & CMO, Ministry of Health, SMA, CPSS, RDoS, and 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 ninth 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 College of Family Physicians of Canada (CFPC) version of CBME implemented for family medicine residents.

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Message from Associate Dean, PGME: Dr. Anurag Saxena

The CBD initiative is moving ahead on multiple fronts and is tailored to specific levels of readiness for individual programs. We are now less than six months from commencing CBD mode of training in many programs. Dr. Sharon Card is leading this initiative as our recently appointed new institutional level CBD Lead.

Our fundamental approach to CBE implementation continues to be multipronged:

Generative: with identification of what is being done well and what needs to be retained/kept.

Addressing root causes: There is a place for deficit-based discussions, and sometimes these dominate our conversations (and appropriately so as there is a clear need for additional resources, especially for what would be termed startup costs).

Normative: Through national consultations we are identifying best practices for developing optimal learning experiences, assessments, coaching, decision-making, and resource stewardship.

Realist: Our local context is somewhat unique in the country with recently implemented changes to healthcare delivery and the one faculty model. These offer both challenges and opportunities for local adoption of evidence for leading change.

Collaborative Governance: This entails successful integration of program-level, site-level and institutional-level strategy and operations through involvement of multiple stakeholders.

Taking into account unique department/program cultures: Culture change is a multi-year effort and we are honing in on those aspects of subcultures suited to transition into CBD.

Any discussions on resources need to be directed to the Associate Dean, PGME. All operational discussions and translating strategy into tactics are with Dr. Sharon Card. One of the key institutional level undertakings is development of a conceptual model for coaching and evaluation of coaching.

Best wishes for a successful launch in July 2019 for our programs going live then and for the continued success of programs already underway.

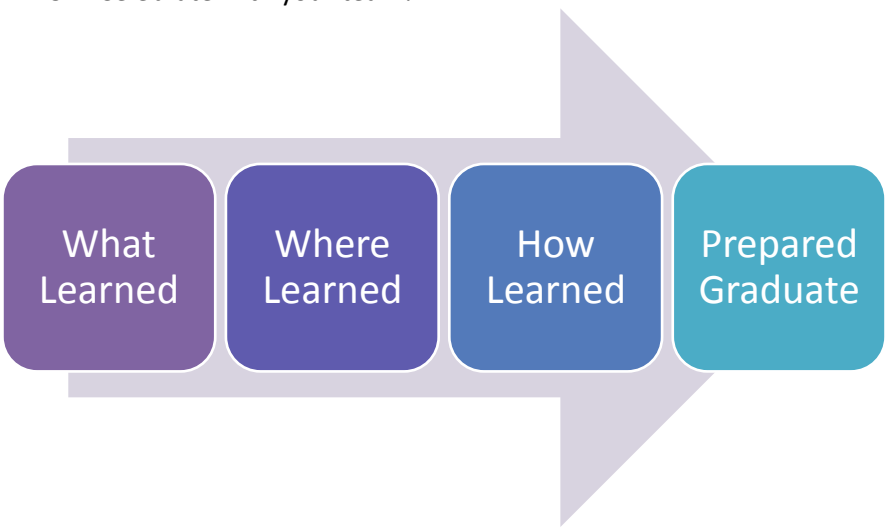
Anurag Saxena, MD, M.Ed., MBA, FRCPC.
Associate Dean, Postgraduate Medical Education, College of Medicine

Curriculum Mapping – If you don't know where you are going – you may get somewhere else: Dr. Sharon Card, PGME CBD Lead

Curriculum mapping is an important aspect of Competence by Design but it is also an important element of program management of all types. In essence the aim is to be very explicit as to what, where and how learners are acquiring all the skills they need to be a prepared graduate. This benefits learners – as we all learn better when we know WHAT we need to know! And teachers as easier to focus and coach around high yield items. The PGME CBD Office is developing curriculum mapping workshops for Program Teams – contact us if interested!

An overview of steps is as follows:

1. Establish a team!
2. Establish an inventory of WHAT residents need to learn. In CBD language this is both the Competencies (in the Competency Training Requirements document) and the EPAs (Entrustable Professional Activities) for your discipline.
3. Establish an inventory of where learning takes place – both clinical and other activities (example academic half days).
4. Establish an inventory of assessments – both formative and summative. Where is direct observation occurring?
5. Map! Using sticky notes, boards, spread-sheets – whatever works for your team. Where does the learning that needs to happen (including coaching for improvement) happen?
6. Re-evaluate – what's missing in your context? What changes need to happen to enable learning? Have discussions with those that can/need to make it happen.
7. Re-map.
8. Make a plan for continuous improvement and audits.
9. Celebrate with your team!



Highlights from ICRE 2018 – The Learning Environment: Dr. Rob Woods, Program Director Emergency Medicine

I had the pleasure of attending ICRE 2018 in Halifax in mid-October. The theme of the conference was the learning environment. It was definitely one of the best medical education conferences I have been to. I was particularly impressed with the opening plenary by Dr. Bryan Sexton, the director of Patient Safety at Duke University Health Systems. They run several resiliency workshops, and have an amazing collection of evidence-based interventions to help people stay happy and resilient at work. The easiest intervention you can start right now is '3 good things'. Dr. Sexton describes 3 good things in this 12-minute YouTube video: https://www.youtube.com/watch?v=57ru-P7EuMw

I also had the great pleasure of co-presenting a workshop at this conference with a brilliant colleague from New Zealand. Dr. Johanne Egan was doing her PhD when I was working in New Zealand in her ED, and she was doing an appreciative inquiry project on what allows people to thrive at work. I was particularly interested in her work because of the differences in the physical learning environments I saw back in Saskatoon compared to New Zealand. In Saskatoon, we have anywhere from 50-75% of our beds blocked with admitted patients, we frequently see people in the hallways and patient privacy and dignity is compromised. In New Zealand, they have implemented a national 4-hour target for ED stays, so I saw all my patients in a bed and there was even someone going around serving tea to patients and families! Yet when I would talk to the physicians in New Zealand, they were just as burnt out as the physicians back in Saskatoon. Clearly there was something more at play than just the physical environment.

Johanne's work found several themes of positive psychology that could be at the forefront of our minds at work IF we choose to 'Accentuate the Positive'! Her themes were as follows:

1. Self-care – taking time to eat, taking a mental break, diffusing or debriefing with a colleague after a stressful interaction
2. Achieving – a successful procedure, picking up a subtle diagnosis, the internal 'high five'
3. Know how – acquiring and sharing expertise, teaching
4. Connecting – a smile, a supportive conversation, witnessing a family support each other
5. Appreciation – both appreciating others and being recognized and appreciated
6. Having Fun – jokes, being silly or funny things that happen at work that get shared with patients or colleagues
7. Seeing the essence within – shared humanity, addressing people's basic needs even if we are unable to diagnose or cure, can bring you joy even if it is sad sometimes
8. Making a difference – permeates across many of the other themes but recognizing that what we do matters on many levels

Many of us focus our joy at work solely on achievement, but there is so much more to finding joy and improving your resiliency. The 3 good things exercise can sometimes seem like a challenge when you focus solely on achievement, however if you have a framework of themes of thriving and joy to use as a reference, finding joy at work and accentuating the positive is an easy reality.

Resident Lead Advisory Council: Dr. Quinten Paterson, PGY-3 Emergency Medicine and Dr. Brianne Philipenko, PGY-3 Internal Medicine

The Competence by Design (CBD) Resident Lead Advisory Council was created to allow for resident discussion and advocacy in anticipation of CBD implementation within each individual program. It is comprised of a PGME support team, one CBD resident lead from each specialty program as well as a medical student representative. Each CBD resident lead has the responsibility to help lead their program's residents through curriculum transition, and the advisory council provides a unique tool to aid in this important task.

There are two main avenues through which the council functions to ease the transition to CBD, the first being feedback to the PGME support team. Communication regarding resident engagement and education strategies, and identification of potentially useful resources that the PGME can provide to enable a smooth transition have proven invaluable.

The second avenue is through cross-specialty resident collaboration. The inherent concept of CBD being a resident driven learning model has led to many education initiatives and learning tools being created by residents at a program level.

Sharing successes and failures of each program in their journey has allowed for early identification of potential issues and opportunities for growth as a group.

The CBD Resident Lead Advisory Council is also currently in the process of pursuing collective scholarship opportunities given the paucity of literature in the infancy of CBD.

We would like to thank the PGME and our programs for providing us with the opportunity to collaborate with our colleagues in this way.

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

Medical Education Research and Scholarship Day - Abstract Submission

Date & Time: June 7, 2019; 9:00 AM-3:30 PM; Posters and Oral Presentations

CALL FOR ABSTRACTS

Faculty Development is pleased to invite you to submit abstracts for our **3rd Annual Medical Education Research & Scholarship Day!**

The conference will be held in Regina at the Regina General Hospital Learning Centre. We welcome submissions for oral presentations or posters on any topic related to medical/health professions education. This can be a project idea, work-in- progress or completed research in medical/health professions education undertaken while at the University of Saskatchewan.

Our OBJECTIVES

This is a full-day event where you get the opportunity to showcase your projects both research and scholarly activities to fellow undergraduate students, residents, faculty and guests; as well as, network with others who share your interest in medical/health professions education at U of S. We are looking forward to finding areas of common interest: opportunities for interacting with others, creating communities of practice and, establishing a research network. This is an inter-disciplinary event and all are welcome.

PRESENTATION FORMATS

Oral Presentation – Oral presentations will provide an opportunity to present innovative projects or research pertaining to medical education across the continuum. You may submit an abstract for an oral presentation that will be 20 minutes in length. Oral presentations must allow ample time for questions (25% of allotted time) which means that the presentation is to be no more than 15 minutes with an additional 5 minutes for questions.

Poster Presentation – Posters will offer a visual presentation of a project idea, work-in-progress or completed research in medical/health professions education. Presenters are expected to have their posters on the poster board before their presentation and be present for the facilitated poster session.

SUBMITTING an ABSTRACT

To submit an abstract, please complete the application here: https://www.surveymonkey.ca/r/G95TZSN

SELECTION CRITERIA

All abstracts submitted will be reviewed by the Conference Planning Committee and will be selected on the basis of:

- consistency with the overall medical/health professions education theme and with priority areas such as CBME, Humanities, UGME, leadership, PGME and IT
- relevance and potential applicability of the presentation content to other conference participants from an interdisciplinary perspective
- clarity and quality of the abstract.

REGISTRATION

All presenters will be expected to register for the conference https://ccdeconference.usask.ca/index.aspx?cid=32 All expenses, such as travel and accommodation, will not be covered by the Faculty Development except for provided bus service from Regina to Saskatoon on that day. More details to follow.

IMPORTANT DATES

- All abstract submissions are due by midnight **March 22, 2019**.
- Notice of Acceptance will be sent out **April 1, 2019**.

QUESTIONS

For any questions regarding the abstract submission process, please contact Paula Lindain at medicinefaculty.development@usask.ca

Submit an Abstract