



UNIVERSITY OF SASKATCHEWAN

# College of Medicine

POSTGRADUATE MEDICAL EDUCATION  
MEDICINE.USASK.CA

St Andrew's College  
1121 College Drive  
Saskatoon SK S7N 0W3 Canada  
Telephone: (306) 966-8555  
Facsimile: (306) 966-5224

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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 seventh 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 (RCPC) 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.

### *Contents:*

Message from Associate Dean PGME, Dr. Anurag Saxena

Update from the Royal College

Update on Local implementation in Saskatchewan

Getting Ready for CBD... the USask EM Perspective: Dr. Rob Woods, Emergency Medicine Program Director

Highlights of the CBD Transition Workshop: Ms. Tanya Robertson-Frey, PGME Program Evaluation

Faculty Development Information and Upcoming Events: by Dr. Cathy MacLean

Single Point of Contact for all CBME inquiries

### Message from Associate Dean, PGME: Dr. Anurag Saxena

The implementation of CBD is continuing, tailored to specific levels of readiness for individual programs. We have benefitted immensely from a visit by Dr. Dagnone and Dr. Hall from Queen's University.

In this newsletter Dr. Rob Woods demonstrates the art of the long view by taking steps to prepare the Emergency Medicine program way ahead of schedule. Dr. MacLean highlights the role of Faculty Development Office, without which we would not be able to proceed. Ms. Robertson-Frey from the PGME office provides the overall satisfaction and key takeaways from the above-mentioned visit.

**Anurag Saxena, MD, M.Ed., MBA, FRCPC.**

**Associate Dean, Postgraduate Medical Education, College of Medicine**

### Update from the Royal College

The postgraduate deans of Canada's 17 medical schools and the Royal College have agreed that the following 12 disciplines will proceed with plans to launch their residency training under the CBD design on July 1, 2019: (*bolded programs are offered at the University of Saskatchewan*)

#### Medicine

1. Critical Care Medicine
2. Gastroenterology
3. **General Internal Medicine**
4. Geriatric Medicine
5. **Internal Medicine**
6. **Rheumatology**
7. Radiation Oncology

#### Surgery

1. Cardiac Surgery
2. **Neurosurgery**
3. **Obstetrics and Gynecology**

#### Laboratory

1. Anatomical Pathology
2. **General Pathology**

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### Update on Local Implementation in Saskatchewan

PGME office worked with the Royal College ePortfolio team to organize a two-day on-site visit in May 2018. One-on-one meetings as well as 'hands-on' computer lab sessions proved a great addition to the ongoing faculty development, especially since three of our 2018 RCPSC programs (Emergency Medicine, Nephrology, & Surgical Foundations) will launch into CBD in July.

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### Getting Ready for CBD... the USask EM Perspective: Dr. Rob Woods, Emergency Medicine Program Director

We have been hearing for years that competency-based medical education was coming. We decided to be proactive and do what we could to best prepare our staff and residents for the change.

Dr. Nadim Lalani and I were invited to help develop a program called McMAP (McMaster Modular Assessment Program). Dr. Teresa Chan and Dr. Jonathan Sherbino, both ER Physicians at McMaster, led a group of educators to develop three phases of training for EM with four modules in each phase. The result was a change in the structure of an EM rotation. Instead of residents being assessed on random aspects of Emergency Department (ED) care, they had eight specific tasks that they were to focus on. Once the program was created, we brought Dr. Chan to Saskatoon for a Faculty Development workshop to share their findings.

Faculty are initially reluctant to make the change, but once they are given templates to assess something specific, they embrace it. On the Program Director and Resident side, the results are an incredible improvement. The majority of comments we used to receive on Daily Encounter Cards from an ED shift were 'strong work' 'keep reading' 'good histories'. It is difficult to determine if a resident is performing well or not, based on these non-specific comments. When you give faculty a specific task to comment on, you get 'make sure you ask about PE risk factors when you take a chest pain history' or 'great job getting the name of the consultant and giving a concise story when requesting a consult for a patient with an ectopic pregnancy today'. Not only do the residents get specific feedback on what they are doing well and what they can improve on, program directors get specific information on how their residents are doing. We implemented McMAP in July of 2015 for Adult EM rotations in Saskatoon.

With CBD, the education framework changes, the tasks are a bit more general and we use an entrustment score. But in the big picture, our faculty serve as observers of specific aspects of clinical care. No longer do they feel the need to make a judgement call on overall competence, but simply the assessment of one aspect of ED care. They never have to 'sign-off' on a trainee. The hope is that we will put a dent in our failure-to-fail culture with more direct observation.

Our biggest challenge for preparing our ED faculty is simply how to log-on to e-Portfolio. Once they can log on, the rest is easy for them. We still have the challenge of off-service faculty. Thankfully, Dr. Brian Ulmer has been working with our surgical faculty on e-Portfolio as surgical foundations is also launching CBD this July. Dr. Brent Thoma has been our CBD lead since April, and Dr. Lynsey Martin will take over in July. They will work with our other off-service faculty and residents to make sure they are able to do direct observations in the CBD model. Even if our residents get one or two EPAs filled out per week, the amount of useful information coming to the residents and the competency committee will be great. Each EPA assessment includes a short explicit narrative and a five-point entrustment rating from 'I had to do' to 'I did not need to be in the room'. This information will be far superior to an ITER evaluation at the end of a four-week rotation which states 'nice to have on rotation' with all CanMEDS roles ticked as 'meets expectations'.

The new challenges we are finding comes with the competency committee and decisions about promotion. The complexities of how groups make decisions are vast and will be a hot topic in medical education research for the next decade. With a small program, our faculty are able to have direct interaction with most of our residents. As such, our natural inclination is to rely on our own personal observations as to the trainee's competence. It is important for competency committee members to wear different hats. When they are an observer in the clinical realm, they assess a task. When they are a competency committee member, they need to look at the body of evidence collected through the lens of many faculty and collectively make a judgement about progress. Group think and power differential within a committee will also need attention to make decisions collectively.

Having trialed a competency committee for the past two years, we have experienced how our attention tends to focus on residents who might be struggling in some area, and glancing over the residents who are doing fine or even excelling. The whole point of CBD is to make sure all residents are given optimal feedback and allowed to meet their maximum potential. So how do you marry the 'problem-identification' paradigm with the 'developmental' paradigm within the confines of your competency committee?

Thanks to the PGME office, we were fortunate to have Dr. Andrew Hall and Dr. Damon Dagnone from Queen's University come to our university to share their experience with CBD implementation. One great thing Queen's is doing – they have their residents do a self-assessment and meet with their academic advisor prior to each competency committee meeting. This additional step gives the competence committee great information on what type of insight the resident has into their own abilities and gives guidance to the committee on how to help residents who are excelling. We now plan to implement a resident self-assessment as part of our competency committee meetings going forward.

It will be a lot of work over the next year to get everyone comfortable with this new framework and the new method of assessment, but I am optimistic that it will be much better for our trainees and ultimately our patients.

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#### Highlights of the CBD Transition Workshop: Ms. Tanya Robertson-Frey, PGME Program Evaluation

Why CBME? Competency-based medical education is a worldwide phenomenon. Nationally, the College of Family Physicians of Canada embraced CBME in their Triple C curriculum. The Royal College of Physicians and Surgeons of Canada embarked on the multi-phase rollout of the Competence-By-Design (CBD) initiative to continue to 2022. At the University of Saskatchewan, Anesthesiology was our first cohort to go live in July 2017. On the other hand, Queen's University School of Medicine took a very bold step and became the first institution in Canada to transition all their 29 specialty programs to CBME in July 2017.

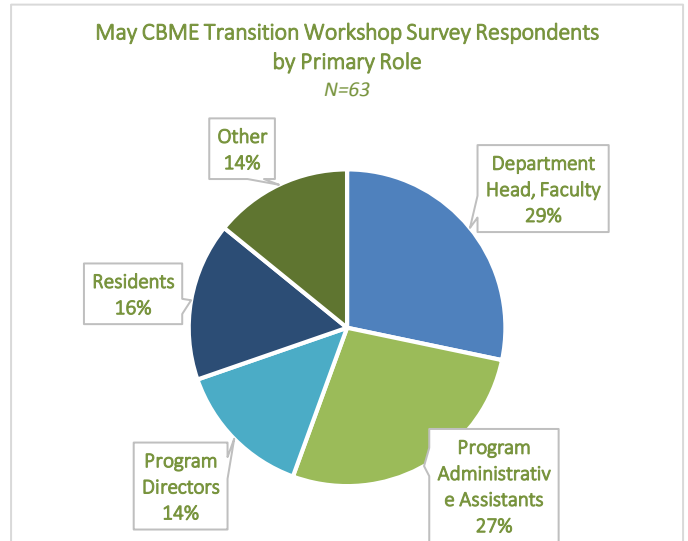
For two days in the beginning of May, more than 100 University of Saskatchewan College of Medicine individuals participated in the our CMBE Transition Workshop to hear two key speakers from Queen's CBME leadership team : Dr. Damon Dagnone, Associate Professor of Emergency Medicine and CBME Faculty Lead, and Dr. Andrew Hall, Assistant Professor and Emergency Medicine CBME Lead.



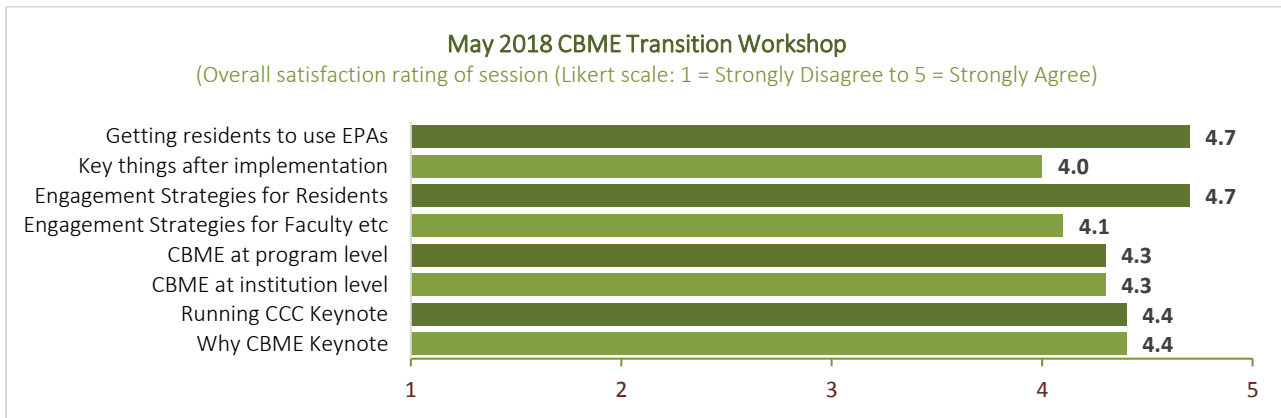
*CBME Transition Workshop: Survey Results*



Following the completion of the workshop, registrants were invited to complete an online survey. A total of 63 respondents completed the survey, representing a 44% response rate. The diagram below is a breakdown of respondents based on their primary role.



Overall, it was found that the workshop was a successful event, with all sessions and keynote presentations receiving a rating of 4.0 or higher (based on a 5-point scale). As well, 95% rated the entire event as *good/excellent* ( $M = 4.4$ ). Lastly, it was found that participating in the workshop helped to increase their knowledge of CBME/CBD. Specifically, 65% indicated they had a *lot/great deal of knowledge* after attending the workshop compared to 34% prior to attending.



In relation to main take-aways of best practices that workshop participants hope to incorporate into their role within medical education, the following key themes emerged:

Main Take-Aways: Key Themes	Quotes
Entrustable Professional Activities (EPAs)/ Assessment	<ul style="list-style-type: none"> <li>Each assessment is of a specific EPA, at that given time.</li> <li>Change in the culture of assessment in CBD programs.</li> <li>Frequent use of low stake assessments to make high stake decisions.</li> </ul>
Role of residents	<ul style="list-style-type: none"> <li>Resident involvement is key in implementing CBME.</li> <li>Residents will have to be key players in leading the change in evaluations.</li> <li>Encouraging residents to be proactive, self-directed and engaged in their learning plans.</li> </ul>
Change management	<ul style="list-style-type: none"> <li>It is important to engage often with residents and staff to reinforce the concepts of CBD.</li> <li>Implementing small changes will help with faculty engagement.</li> <li>Be a champion of change.</li> </ul>
Faculty/resident development	<ul style="list-style-type: none"> <li>Faculty development needs to be slow and steady.</li> <li>We need faculty development for academic advisors.</li> <li>Resident development sessions are important.</li> </ul>



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

CBME content in Core Faculty Development programming in 2018/19

Check out the existing sessions that occur each month from Sept. to June:

1. **Teaching and Learning Tuesdays** on the 2<sup>nd</sup> Tuesday of each month starting again in Sept. at noon
2. **Webinar Wednesdays** on the 3<sup>rd</sup> Wed of the month at 8am. We will also tailor Webinar Wednesdays to particular CBME topics for any group that is interested.
3. **Medical Education Grand Rounds**
  - o We would love to hear about innovations or work in progress around CBME program implementation as a MEGR presentation.
  - o If you are interested in having a discussion about CBME at our Grand Rounds, please contact [medicinefaculty.development@usask.ca](mailto:medicinefaculty.development@usask.ca).
  - o We can focus many of these sessions on topics related to CBME – clinical learning environments, feedback, CBME webinars from the RCPSC, AMEE, etc. Contact us at the email above and we will work with you to make sure we cover topics that are most of interest / benefit to your program and faculty.

Faculty Development will come to your Department!

In June, we presented at the Department of Academic Family Medicine on **Bias**. This is a topic that is relevant to all departments and can be used in teaching about clinical reasoning and cognitive bias but it is also relevant as you develop **Competency Committees** in your CBME based residency program. We have done other topics such as **Coaching and Feedback** at Department retreats/ half day sessions or tagged a faculty development to an existing meeting. We can do other topics related to CBME and would welcome an invitation to work with departments to put on specific workshops that would be of most relevance/importance to your discipline.

CBME and Med Ed Research and Scholarship

Many thanks to all the faculty who presented at the **Medical Education Research and Scholarship Day** on June 8<sup>th</sup>! The CBME stream was a means of sharing ideas/innovations and approaches across disciplines.

Save the date for next year's event on June 7th, 2019 in Regina. The call for abstracts will come out in January. We will continue to have a focus on CBME and next year we will have a stream on the Humanities. **Dr. Francis Christian** will be speaking on Med Ed Research and Scholarship and the Surgical Humanities.

Of special note is the winner of this year's MERSD poster competition - **Dr. Jonathon Dean**, a General Internal Medicine resident. **Congratulations to Jon** who won a registration to 2019 CCME in Niagara Falls in April. The title of his poster was **"Integration of Feedback into Clinical Practice by Resident Doctors"**. Co-authors: Dr. Taylor Bereti, Dr. Heather Ward, and Dr. Sharon Card.

Dr. Jonathon Dean, Winner of MERS Day Poster Competition

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](mailto:cbe@usask.ca)

For past issues and other CBE/CBME information, visit our

PGME Competence by Design (CBD) and Competency Based Medical Education (CBME) website:

<https://medicine.usask.ca/faculty/competence-by-design.php>