



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

October 2017

Issue 4

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 fourth 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 (RCPS) 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

Top Ten Lessons Learned in Transition to CBD by Dr. Mateen Raazi

Feedback from Anesthesia TTD Residents by Dr. Andy Lui

Single Point of Contact for all CBME inquiries

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

Competence By Design has been launched at our institution and the first program to go live this July was Anesthesiology. In this newsletter, Dr. Mateen Raazi, CBD lead for Anesthesiology, based upon his experiences shares his advice for other programs. Also, the first cohort of the CBD residents describes their experiences. Both sections are very encouraging.

The programs tentatively scheduled to go live next July (2018) at our institution include Internal Medicine (at both Saskatoon and Regina sites), General Internal Medicine, Nephrology, Emergency Medicine and Surgical Foundations. The EPAs for these programs are in the penultimate stage. The CBD leads and Program Directors for these programs – Dr. Karen Lafromboise, Dr. Heather Ward, Dr. Jim Barton, Dr. Rob Woods / Dr. Brent Thoma and Dr. Kylie Kvinlaug - are excited as well as focused on getting the programs ready.

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>

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

Please also visit the Royal College website for the October 2017 Community Touchpoint, which has valuable information on early insights and assessment resources:

<http://www.royalcollege.ca/rcsite/publications/cbd-community-touchpoint-oct-2017-e>

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

### Update from the Royal College

As of July 1, 2017, the implementation of Competence by Design (CBD) was launched. The first two specialty programs to lead this change were Otolaryngology – Head and Neck Surgery and Anesthesiology. By December 2017, we will know which programs will launch in 2018.

### Update on Local Implementation in Saskatchewan

We have published the University of Saskatchewan CBD/CBME Website. 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. It is still a work in progress and frequently updated so you can anticipate updates over time. We invite your suggestions and contributions.

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

---

Top Ten Lessons Learned in Transition to CBD by Dr. Mateen Raazi, Anesthesiology

**1. *There is no Ideal Time***

If you wait for the ideal time to get started on CBD, likely it will happen too late and not the way you would have wanted it.

**2. *Get Personal***

The way to get your best people in different CBD roles is to pitch it to them personally. Your best bet for overall success is the right person for the right job.

**3. *Know ePortfolio Backwards***

This will generate the most questions for you from faculty. Get the Program Director, the Program Assistant and a few other key people trained in its usage as early as possible.

**4. *Start Talking the Lingo Early***

The more you use EPA, Competence Committee, Academic Advisors, Observations etc, the more your faculty and residents have time to get used to it.

**5. *Get the Competence Committee Formed and Working Early***

Consider a minimum of 6 months prior to going live to form a functioning CC. This is the bedrock on which the whole CBD premise rests.

**6. *Distinguish 'Observation' from 'Evaluation' for Faculty and Residents***

This is the most important concept for the average faculty person to grasp. Performing and recording an Observation is the supervising faculty's job; doing an Evaluation is the job of the Competence Committee.

**7. *Enlist Residents to Familiarize Faculty with CBD***

Residents are probably your best allies in familiarizing the faculty with the basic concepts of CBD and in getting the faculty to complete the observations in a timely fashion. Work on your residents early.

**8. *Consider having a CBD Lead***

The Program Director should not have to do it all alone. An appropriately selected CBD Lead can be a big help.

**9. *Get your Program Assistant/Program Coordinator Trained Early***

This can be the difference between overall success or otherwise in launching CBD. Get your Program Administrative Assistant/Program Coordinator hooked up with help from other programs and the COM, give them time to train and carry the additional responsibilities.

**10. *Don't Go It Alone***

To Boldly Go Where No One has Gone Before sounds nice on Star Trek but can be a royal pain in real life. There are other programs, the COM and the Royal College who can offer much needed help.

---

Feedback from Anesthesia TTD Residents regarding Boot Camp 2017 by Dr. Andy Liu, TTD Anesthesiology

As the summer winds down and the school year picks up, there is more change in the air than usual. Along with a new start as resident physicians in the college of medicine, our group of transition to discipline (TTD) anesthesia residents have also experienced a new beginning as the royal college of physicians and surgeons rolls out a new model for residency training: competency by design (CBD). It's a system of training that changes the metric for assessing learning in the specialty. Instead of assuming competency in learned activities based on time spent in a discipline, we now seek direct observations on specific activities and goals to work towards entrustable professional activities (EPAs) – tasks residents are cleared to do independently with repeated observations. Day to day teaching on the wards and in the OR itself as well as the overall length of time in the program required to acquire the skills need to be a consultant anesthesiologist does not change. Simply, learning becoming more

focused and goal directed, and closed loop feedback is delivered through the royal college website on observations requested each day on our performance.

Within the college of medicine, the anesthesiology program is the first to go live with CBD. The first stage, transition to discipline, has been dominated by the anesthesia bootcamp, designed to introduce our group to the operating room environment as well as basics of the specialty in talks and simulations. “I think CBD is a wonderful curriculum change,” said Dr. Jessica Bruce, one of our TTD residents, “starting with the two month bootcamp was a great introduction to the specialty and the hospitals in the health region as a whole. I really appreciate how much more anesthesia time we get in our first year, which will enable us to keep our anesthesia objectives in mind”. Dr. Andrew Peeling, another of our TTD residents, states “I absolutely loved bootcamp. It was a great balance of didactic and hands on teaching with a solid amount of OR time as well.” However, as the first CBD cohort, we’ve also certainly encountered our fair share of challenges. “Staff and residents were not all on the same page initially regarding certain features such as evaluations, however things are improving all the time as our department moves forward with this new model” states Dr. Ritika Khatkar. As our group leaves anesthesia bootcamp behind and rejoin the rest of our 2017 post-graduate year 1 resident cohort, I feel the return to non-CBD based rotations has also been challenging from both a learning goals perspective as well as an evaluation perspective.

I think I speak for our entire TTD resident group when I say it is not unexpected to run into bumps in the road as we roll out a new model for medical education across the country. As Dr. Megan Deck points out, “Implementing CBD within our residency program is an enormous undertaking that would not have been possible if not for the persistent efforts of the staff and administrative personnel from both the Department of Anesthesiology, and the College of Medicine”. We would only expect that the CBD experience becomes smoother with the wisdom we gain from tackling change together. We are all excited for what is to come with future iterations as other specialties come online with CBD and looking forward to our next stage of training together, foundations of discipline.

---

#### 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)**