



NEWS FROM THE PGME ASSOCIATE DEAN

WELCOME to the first newsletter to help support the implementation of **Competence by Design (CBD)** in Postgraduate Medical Education (PGME) at the University of Toronto (U of T).

We encourage you to share this newsletter broadly.

The CBD support provided by PGME at the University of Toronto will include:

- Regular focused communication to keep key people and partners informed. This will include this newsletter for Program Directors (PDs), hospital and departmental education leads and department chairs, as well as regular discussions at standing committees such as HUEC, PGMEAC, all PDs and Clinical Chairs.
- Policy review and renewal to reflect new language and approaches to learner assessment and program evaluation, led by the newly constituted PGME Committee on Best Practices in Evaluation and Assessment.
- Curriculum support for each program as they move through the CBD process with their specialty.
- Faculty development and administrator support to assist programs and partners in understanding and implementing the transition from time-based learning to CBD.
- Alignment and refinement of systems to meet evolving needs, such as registration systems and evaluation systems (POWER), the new PGCorEd 2.0 online learning suite, Exchange repository of materials for faculty, other online assessment tools, and learner monitoring and reporting.

We will archive the newsletters and key information on our website for future reference. Over time, we will also develop slide decks and 'one pagers' for you to use.

If you continue to have questions, do not hesitate to contact us via cbme.pgme@utoronto.ca

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CBME, CBD, TRIPLE C: DIFFERENCES AND SIMILARITIES

We've noticed that with increasing frequency that Program Directors are trying to sort out the differences between **CBME** and **CBD** and what the impact is for them, their residents, their program, and their faculty.

Competency-based medical education (CBME)¹ is an outcomes-based approach to the design, implementation, assessment, and evaluation of an educational program using an organized framework of competencies (e.g. CanMEDS 2015).

Competence by Design (CBD) is the Royal College's "brand" of CBME and is their transformational initiative designed to enhance competency-based medical education (CBME) in residency training and specialty practice in Canada.

In 2011, the College of Family Physicians of Canada revised their residency education to a **Triple C Competency Based** curriculum²:

- **Comprehensive** care and education
- **Continuity** of care and education
- **Centred** in Family Medicine

1 Frank JR, Snell LS, Cate OT, Holmboe ES, Carraccio C, Swing SR, Harris P, Glasgow NJ, Campbell C, Dath D, Harden RM, Lobst W, Long DM, Mungroo R, Richardson DL, Sherbino J, Silver I, Taber S, Talbot M, Harris KA. Competency-based medical education: theory to practice. *Med Teach*. 2010;32(8):638-45.

2 http://www.cfpc.ca/uploadedFiles/Resources/Resource_Items/Triple_C/3%20Defining%20the%20Three%20Cs%20of%20the%20Triple%20C%20Competency-based%20Curriculum.pdf



CBME INNOVATORS AT THE UNIVERSITY OF TORONTO

ORTHOPEDIC SURGERY

Since 2008, the Orthopedic Surgery program has pioneered a competency-based curriculum (CBC). Building on 'lessons learned', their current program is a mature, 'next generation' CBME system with clear, practice based performance activities that include a variety of assessment tools. Over the last year, they implemented online assessments and tracking systems. Dr. Bill Kraemer, Dr. Peter Ferguson and Dr. Markku Nousiainen are award winning educators and world experts in CBME design and the transformation of traditional residency programs into the CBME model. So far, 9 residents have graduated from the residency program after having gone through the competency based program: 7 residents have completed CBC after 4 years; 2 after 5 years. At the present time, all of the PGY 1-3 (total of 34) residents are in the CBC stream.

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FAMILY MEDICINE

Over the past 5 years, the 14 Family Medicine sites and the Rural Residency Program have worked with the Department of Family and Community Medicine (DFCM) central team and the Program Director, Dr. Karl Iglar, to provide a high volume of Field Notes. Field Notes are used to provide written feedback to learners based on direct observation and they are tagged (i.e. clinical content areas, CanMEDS-FM roles, essential skills of the specialty) to ensure a comprehensive approach to assessment. In addition, an online Resident Practice Profile tool has been utilized to track case mix, procedures and continuity of care, thereby ensuring that gaps in training are addressed.

Every 6 months, all Family Medicine residents complete a written progress test that uses key features cases to inventory knowledge, knowledge application and decision making. In addition, the Family Medicine program has a well-developed system to identify residents who are in difficulty to provide site-based remedial supports or more comprehensive programs under the Board of Examiners' system.

SURGICAL PREP CAMP

For the past 3 years, all PGY1 surgical residents across the Department of Surgery have participated in the "Prep Camp" Phase 1 (Summer) and Phase 2 (Fall). The summer program is an intensive 2-week program held daily. In addition to the Department of Surgery PGY1 residents, residents from Obstetrics and Gynaecology, Otolaryngology/Head and Neck Surgery, Maxillofacial Surgery and the Northern Ontario School of Medicine (NOSM) surgical residents also participate in Prep Camp.

Prep Camp 'takes stock' of each learner's skills at the beginning via an Objective Structured Assessment of Technical Skills (OSATS) exam on Day 1. Over the next two weeks, the learners acquire the basic knowledge and skills that are important to orient them to their role and ensure their early experiences in the clinical setting are safe and effective. Before Prep Camp is concluded, a written MCQ test (based on lecture material) followed by another OSATS exam are completed. All scores, including attendance records, are conveyed to the Program Directors (PDs) in order to account for and review outcomes to inventory the need for remedial training.

Dr. Oleg Safir, Lisa Satterthwaite and their team (i.e. surgical faculty, surgical resident coaches, the surgical skills lab team and an 'army' of summer students and volunteers) have worked their magic as they move 64 residents through 13 lectures, 30+ technical skills and 3 test schedules to ensure learners are oriented and have a smooth transition into residency.

Next issue: Psychiatry, Department of Surgery, Palliative Medicine, Diagnostic Radiology

Others? Contact us about your CBME innovations so we can profile your program.



CBD COHORTS³

Medical Oncology (Med Onc) and Otolaryngology/Head and Neck Surgery (OHNS) are the 2 residency programs in the first CBD cohort. Dr. Scott Berry (Med Onc) and Dr. Paolo Campisi (OHNS) are navigating the challenge of the inaugural CBD changes at the University of Toronto. They are working collaboratively with their programs, faculty, residents, the Royal College and the PGME office to determine which parts of the current processes and systems will work in the new paradigm and which need refinement, revision or removal.

Over the next decade, the remaining residency programs and Program Directors will work with their national colleagues, spending 1-2 years to develop CBD curriculum and then transitioning from their current 'Specialty Training Requirements' (STRs) to CBD 'Competency Training Requirements' (CTRs).

CBD IMPLEMENTATION AT THE UNIVERSITY OF TORONTO:

- Development of CBD curriculum and processes is being led by the Royal College and the Specialty Committees.
- The implementation plans for Cohort 1 – planned for July 2016 is 'in process' and is a partnership between PG deans and the Royal College. Meetings are ongoing as roles and processes are being sorted out.
- The PGME office at the University of Toronto is working closely with the PDs in Cohort 1 and 2 to inventory needs and support effective implementation.
- The Royal College is building a version of a CBD ePortfolio. After many discussions, there remain many structural and technical barriers to its use by Cohort 1 at the University of Toronto. As such, it will not be implemented and alternatives are planned for implementation of CBD for Cohort 1 at the University of Toronto.

CANMEDS 2015⁴

CanMEDS 2015 was released in October 2015. It has been endorsed by 12 national organizations including the Royal College and CFPC.

What's new/different in 2015 version of CanMEDS Competency Framework?

- 6 of the 7 roles are same (i.e. Medical Expert, Communicator, Collaborator, Health Advocate, Scholar, Professional).

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³ <http://www.royalcollege.ca/rcsite/competence-design-e>

⁴ http://canmeds.royalcollege.ca/uploads/en/framework/CanMEDS%202015%20Framework_EN_Reduced.pdf

- For Royal College programs, implementation of CanMEDS 2015 is expected to be July 2016.
- For CFPC programs, implementation plans are expected to be established in Fall 2016.
- More info on what's new in CanMEDS 2015 is found at <http://canmeds.royalcollege.ca>

MILESTONES

As part of the renewal of CanMEDS 2015, generic milestones were identified. As each program moves through CBD, they use those generic milestones to inform the design of specialty specific milestones.

Milestones:

- Illustrate the developmental nature, features, and progression of the competencies
- Assist learners in monitoring their own developmental progress
- Are used as a reference to monitor individual learner progress
- Guide teaching program development
- Assist in the early identification of learners whose progress is not following the typical development sequence and initiate early intervention

The CanMEDS 2015 Milestones Guide⁵, is a companion document to the CanMEDS 2015 Framework, and provides the competencies expected along the continuum of practice.

CANMEDS TOOLS GUIDE⁶

The CanMEDS Teaching and Assessment Tools Guide (CanMEDS Tools Guide) was developed for busy Program Directors and faculty responsible for implementing the CanMEDS physician competency framework in residency programs.

This book was inspired by a desire to enhance residency education in Canada and support the implementation of the CanMEDS 2015 Framework. This resource is designed to support learning, teaching, and assessment of the core skills and competencies of the CanMEDS Roles as part of everyday resident work. Included are tips for teaching and assessment, and ready-to-use (or modify) tools.

⁵ Frank JR, Snell L, Sherbino J, editors. The CanMEDS 2015 Physician Competency Framework. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2015.

⁶ Glover Takahashi, S., Abbott, C., Oswald, A. Frank, J. R. (2015) The CanMEDS Teaching and Assessment Tools Guide. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2015.



MYTH BUSTING

In this section, we will briefly explore some of the CBD or CBME myths.

MYTH #1: ITERS WILL DISAPPEAR

FACT: In the first 2 cohorts that are implementing CBD, building a common national In-Training Evaluation Report (ITER) is not part of the assessment tools planned. The national tools should be viewed as the minimal requirements, with each university and program deciding locally what is needed and necessary to support effective residency education. PGME at the University of Toronto will not discontinue ITERS, as they remain critical to capture assessments of teachers during day-to-day interaction of residents in the clinical setting.

MYTH #2: THERE WILL BE NO 'OFF SERVICE' ROTATIONS AS CBD ROLLS OUT

FACT: Each of the programs developing their CBD curriculum will ensure residents have an opportunity for the needed workplace experiences. In the CBD redesign, assumptions about where residents will get the volume and quality of experiences to develop their expertise will be explored. Potential changes that impact other programs, departments and hospitals will be part of the collaborative discussion between programs and the PGME office before the implementation of CBD is operationalized.

MYTH #3: POWER WILL DISAPPEAR AS THE SHARED PLATFORM ACROSS RESIDENCY PROGRAMS

FACT: All residents will continue to be registered in POWER and have ITERS, Rotation Evaluations and Teacher Evaluations completed. Other complementary systems that provide additional learner assessments and monitoring of learner progress are being secured to support CBD implementation.



RESOURCES

THE CANMEDS TEACHING AND ASSESSMENT TOOLS GUIDE

Attention PDs and Family Medicine Site Directors:

- We have a copy of the CanMEDS Tools Guide for you!
- Contact us via cbme.pgme@utoronto.ca to arrange for pick up (or drop off) OR plan to pick up at the All PDs Workshop on Jan 22, 2016

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Also available via Royal College or Amazon:

<http://www.royalcollege.ca/rcsite/canmeds/resources/canmeds-publications-e#teaching-assessment-tools-guide>

OTHER RESOURCES FOR PDS, SITE DIRECTORS & PGME LEADERS:

- **UTPGME~~x~~change**
<http://www.pgmexchange.utoronto.ca/login.php>
- **PD handbook**
<http://www.royalcollege.ca/rcsite/canmeds/resources/canmeds-publications-e#program-directors-handbook>
- **CanMEDs interactive**
<http://canmeds.royalcollege.ca/>



NEXT ISSUE

- Accreditation issues
- CBME innovators at the University of Toronto: Psychiatry, Palliative Medicine, Department of Surgery, Diagnostic Radiology
- Assessment *for & of* Learning

QUESTIONS?

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