

CBME RETREAT NOV 2017



**FROM THEORY TO PRACTICE:
OPERATIONALIZING
CURRICULUM MAPPING
IN CBME**



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PRESENTER DISCLOSURE

Presenter: Joan Binnendyk

Relationships with commercial interests:

I have no potential for a conflict of interest with this event.



WHAT?

- What happens?
- Where does it happen?
- How does it happen?

WHY?

- **identification of gaps/overlaps**
- **confirmation of educational experience**
- **transparency**
- **accreditation standard**

HOW?

Document Suite

- CanMEDS Competencies per Discipline
 - Training Experiences
 - Standards of Accreditation
-
- EPAs & Milestones
 - Pathway of Competency Requirements

2017
VERSION 1.0

Effective for residents who enter training on or after July 1st 2017.

DEFINITION

Otolaryngology – Head and Neck Surgery is the surgical specialty concerned with the screening, diagnosis, and management of medical and surgical disorders of the ear, the upper aerodigestive tract, and related structures of the face, head, and neck, including the special senses of hearing, balance, taste and olfaction.

OTOLARYNGOLOGY – HEAD AND NECK SURGERY PRACTICE

The practice of Otolaryngology - Head and Neck Surgery (Oto – HNS) entails the provision of medical and surgical care to patients of all ages, in both academic and community settings.

2017
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The following training experiences are required, recommended, or suggested, as indicated:

TRANSITION TO DISCIPLINE

Required training experiences:

1. Clinical training experiences:
 - 1.1. Otolaryngology-Head and Neck Surgery
 - 1.1.1. Outpatient clinics and/or inpatient service
2. Other training experiences:
 - 2.1. Formal instruction in:
 - 2.1.1. Operating room procedures

Standards of Accreditation for Residency Programs in Otolaryngology – Head and Neck Surgery

2017
VERSION 1.0

INTRODUCTION

The purpose of this document is to provide program directors and surveyors with an interpretation of the general standards of accreditation as they relate to the accreditation of programs in Otolaryngology – Head and Neck Surgery. This document should be read in conjunction with the *General Standards of Accreditation*, as well as the *Otolaryngology – Head and Neck Surgery Competencies* and the *Otolaryngology – Head and Neck Surgery Training Experiences*.

STANDARD B1: ADMINISTRATIVE STRUCTURE

There must be an appropriate administrative structure for each residency program.

Please refer to Standard B1 in the *General Standards of Accreditation* for the interpretation of this standard. The program director in Otolaryngology – Head and Neck Surgery or a designated representative must sit on the university coordinating committee responsible for the Surgical Foundations curriculum.

The program director must have Royal College certification in Otolaryngology – Head and Neck Surgery or American Board certification in Otolaryngology – Head and Neck Surgery (or equivalent qualifications acceptable to the Royal College).

Entrustable Professional Activities for Otolaryngology – Head and Neck Surgery

2017
VERSION 1.0

Otolaryngology – Head and Neck Surgery: Transition to Discipline EPA #1

Assessing patients with Otolaryngology-Head and Neck Surgery presentations

Key Features:

- This EPA includes performing a history and examination focusing on the head and neck, synthesizing the case and presenting to supervisor

Assessment Plan:

Supervisor or delegate does assessment based on direct or indirect observation with review of consult letter

Use Form 1. Form collects information on:

- Type of observation: direct; indirect
- Consult type: emergency; non-emergency
- Domain: facial plastics and reconstructive surgery; head and neck surgery; laryngology; neurotology; otology; pediatric OHNS; sinonasal

Collect 3 observations of achievement

HOW?

Document Suite

- CanMEDS Competencies per Discipline
 - **TRAINING EXPERIENCES**
 - Standards of Accreditation
-
- **EPAs & MILESTONES**
 - *Pathway of Competency Requirements



RTE: Required Training
Experiences

TTD: Transition to
Discipline

FoD: Foundations of
Discipline

Core: Core of Discipline

TTP: Transition to
Practice



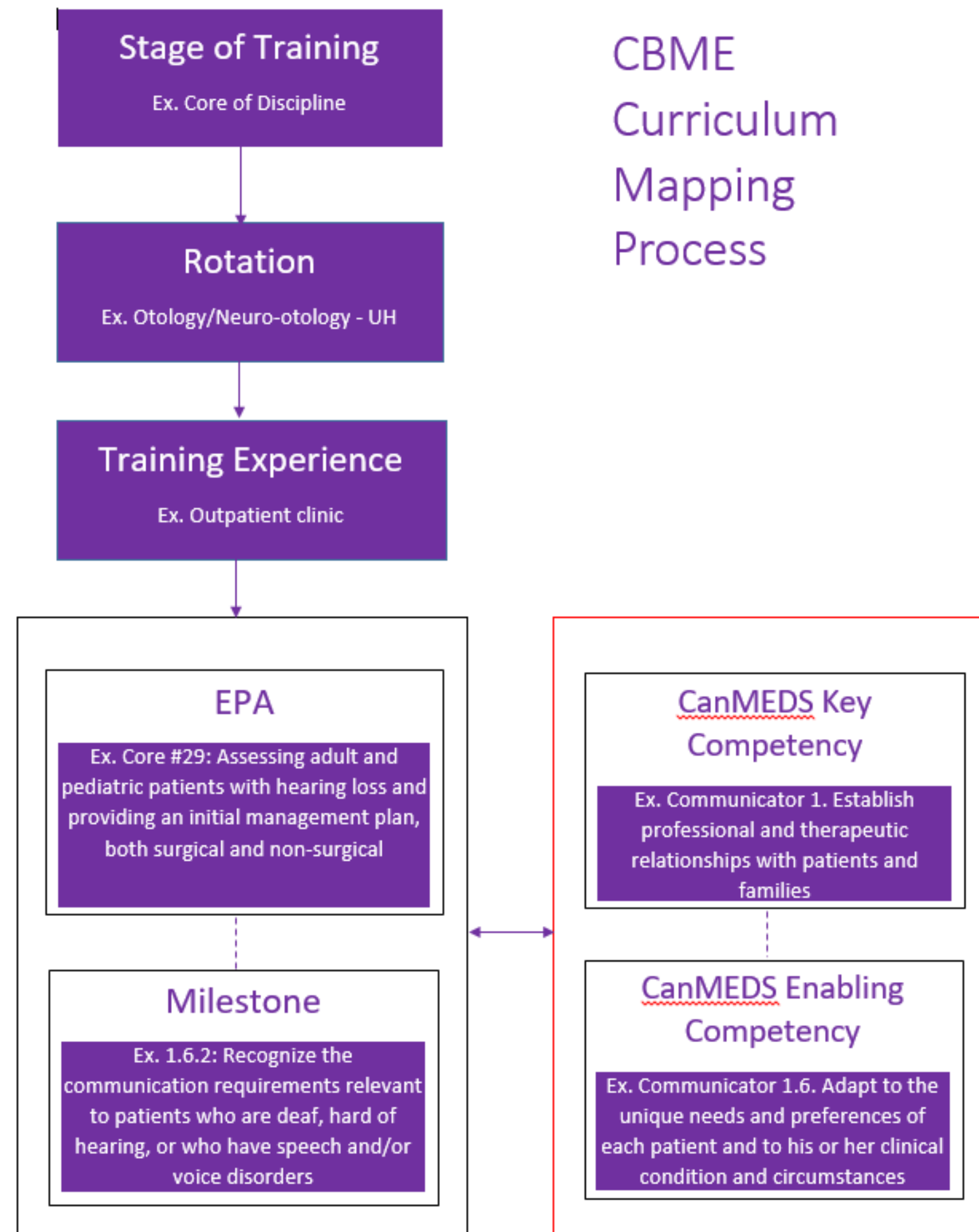
GREEN: TRAINING
EXPERIENCES

LILAC: MILESTONES

PINK: STAGES OF
TRAINING

BLUE: ROTATIONS

CBME Curriculum Mapping Process



HOW?

Document Suite

- CanMEDS Competencies per Discipline
- Training Experiences
- Standards of Accreditation

- EPAs & Milestones
- **PATHWAY OF COMPETENCY REQUIREMENTS**

Effective for residents who enter training on or after July 1st 20xx

MEDICAL EXPERT MILESTONES: RESIDENCY

	Transition to discipline	Foundations of discipline	Core of discipline	Transition to practice
1. Practice medicine within their defined scope of practice and expertise				
1.1. Demonstrate a commitment to high-quality care for their patients		Demonstrate compassion for patients	Under supervision, demonstrate commitment and accountability for patients in their care Demonstrate commitment and accountability for patients in their care, under supervision.	Demonstrate a commitment to high-quality care of their patients. Assumes primary responsibility to manage a longitudinal cohort of patients from presentation through treatment follow-up.
1.2. Integrate the CanMEDS Intrinsic Roles into their practice of Radiation Oncology	Explain how the Intrinsic Roles need to be integrated into the practice of Radiation Oncology to deliver optimal patient care	Perform preoperative assessment of patients prior to oncologic surgery, including the risks associated with comorbidities and medications.		Integrate the CanMEDS Intrinsic Roles into their practice of Radiation Oncology
1.3. Apply knowledge of the clinical and biomedical sciences relevant to Radiation Oncology		Apply clinical and biomedical sciences to manage core patient presentations in medicine	Apply clinical and biomedical evidence and sciences to manage core presentations in radiation oncology.	Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in their discipline

Effective for residents who enter training on or after July 1st 20XX

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Effective for residents who enter training on or after July 1st 20XX

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1.2. Integrate the CanMEDS Intrinsic Roles into their practice of Radiation Oncology	Explain how the Intrinsic Roles need to be integrated into the practice of Radiation Oncology to deliver optimal patient care	Perform preoperative assessment of patients prior to oncologic surgery, including the risks associated with comorbidities and medications.	CORE EPA #4	Integrate the CanMEDS Intrinsic Roles into their practice of Radiation Oncology
1.3. Apply knowledge of the clinical and biomedical sciences relevant to Radiation Oncology		Apply clinical and biomedical sciences to manage core patient presentations in medicine FND EPA #2	Apply clinical and biomedical evidence and sciences to manage core presentations in radiation oncology. CORE EPA #2	Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in their discipline TTP EPA #2








who enter training on or after July 1st 20xx

STONES: RESIDENCY

Transition to discipline	Foundations of discipline	Core of discipline	Transition to practice
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within their defined scope of practice and expertise

		Demonstrate compassion for patients	Under supervision, demonstrate commitment and accountability for patients in their care Demonstrate commitment and accountability for patients in their care, under supervision	Demonstrate a commitment to high-quality care of their patients Assumes primary responsibility to manage a longitudinal cohort of patients from presentation through treatment follow-up	<div>Comment [ZJ2]: (TTP 2a)</div> <div>Comment [ZJ1]: (C4a, 4c)</div> <div>Comment [ZJ3]: (TTP 2A)</div>
OS eir	Explain how the Intrinsic Roles need to be integrated into the practice of Radiation Oncology to deliver optimal patient care	Perform preoperative assessment of patients prior to oncologic surgery, including the risks associated with comorbidities and medications		Integrate the CanMEDS Intrinsic Roles into their practice of Radiation Oncology	<div>Comment [ZJ4]: (F4)</div>
ne l		Apply clinical and biomedical sciences to manage core patient presentations in medicine	Apply clinical and biomedical evidence and sciences to manage core presentations in radiation oncology	Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in their discipline	<div>Comment [ZJ5]: (F2)</div> <div>Comment [ZJ6]: (C2a)</div> <div>Comment [ZJ7]: (TTP 2a)</div>

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Maps
- 
Training Experiences
- 
Milestones
- 
Other Curriculum
- 
Reports
- 
Admin
- 
Help

Curriculum Maps

Foundations of Discipline ▼

RFP ▼

Rotation Resources:

* indicates fields that can be edited.

 EDIT TIME FRAMES & TRAINING EXPERIENCES  ATTACH ROTATION RESOURCES

Training Experience	Milestones	* Assessment Tool

Curriculum Trak pricing is straight-forward and simple: the one-time setup fee and the annual fee are based on your student enrollment.

With Curriculum Trak there are no contracts, no software to buy or install and no add-on fees for users!

Pricing by student enrollment size

School Enrollment	Setup Fee	Annual Service Fee
0-99	\$225	\$300
100-100	\$250	\$500

CURRICULUM MAPPING

REPORTS

Rotations by Milestone
Milestones by Rotation
Training Experience Plans

Rotations by Milestone - Stage of Training: Foundations of Discipline

Milestone	Description	Rotation	Covered
<i>EPA: Entrustable Professional Activity</i>			
<i>FND EPA 1: Providing initial clinical assessment, investigation and development of a management plan for patients with acute upper airway obstruction</i>			
FND 1.1	Apply knowledge of clinical and biomedical sciences as relevant to Otolaryngology Head and Neck Surgery: Anatomy, pathophysiology and microbiology	HN	1
		PED	2
		ONO	1
FND 1.2	Apply the principles of diagnostic imaging	HN	1
		PED	2
FND 1.3	Recognize urgent issues that may need the involvement of more senior colleagues and engage them immediately	HN	1
		PED	2
FND 1.4	Identify and recognize life threatening or emergent issues	HN	1
		PED	2

Milestones by Rotation - Stage of Training: Foundations of Discipline

RFP	79 Milestones	79 Covered	Covered
FND 3.1	Apply knowledge of clinical and biomedical sciences as relevant to Otolaryngology Head and Neck Surgery		2
FND 3.2	Apply clinical and biomedical sciences to manage patient presentations in Otolaryngology-Head and Neck Surgery		2
FND 3.3	Recognize urgent issues that may need the involvement of more senior colleagues and engage them immediately		2
FND 3.4	Identify and recognize life-threatening or emergent issues		2
FND 3.5	Identify and differentiate normal and abnormal findings in history and physical exam		2
FND 3.6	Perform and interpret findings of office-based exams: Flexible and /or rigid nasopharyngolaryngoscopy with or without topical anaesthesia		2
FND 3.7	Develop a specific differential diagnosis relevant to the patient's presentation, for common Oto-HNS presentatons		2
FND 3.8	Select and interpret appropriate investigations for common Otolaryngology-Head and Neck Surgery presentations, based on a differential diagnosis		2

Training Experience Plan - Transition to Discipline - RFP
- Req: Clinical: OHNS outpatient clinic / inpatient service

Milestones:
Covered

- | | |
|------------|---|
| TD
1.1 | Identify the concerns and goals of the patient and family during the encounter |
| TD
1.2 | Elicit a basic head and neck history |
| TD
1.3 | Synthesize patient information including symptoms, differential diagnosis, and treatment plan clearly and concisely |
| TD
1.4 | Perform a head and neck physical exam: Use of microscope for otoscopy, pneumatic otoscopy, tuning fork tests (Weber and Rinne), use of headlight for anterior rhinoscopy and examination of oral cavity, palpation of neck, including thyroid, examination of cranial nerves. |
| TD
1.5 | Propose initial management plans for common problems in Otolaryngology – Head and Neck Surgery |
| TD
1.6 | Recognize when to seek help in providing clear explanations to the patient and family |
| TD
1.7 | Conduct an interview, demonstrating cultural awareness |
| TD
1.8 | Organize information in appropriate sections within an electronic or written medical record |
| TD
1.9 | Show respect toward collaborators |
| TD
1.10 | Consistently prioritize the needs of patients and others to ensure a patient's legitimate needs are met |
| TD
1.11 | Demonstrate punctuality |
| TD
1.12 | Complete assigned responsibilities |

Full EPAs / Milestones Listing

Foundations of Discipline ▾

- Select a Category - ▾

- Select a Rotation - ▾

Milestone Search:

epistaxis

SEARCH

Categories	EPAs	Milestones
EPA: <i>Entrustable Professional Activity</i>		
	FND EPA 3: <i>Assessing and providing basic management for patients with epistaxis</i>	
	FND 3.1	Apply knowledge of clinical and biomedical science

FND 3.2 Apply clinical and biomedical sciences to manage



WHAT CAN YOU DO NOW?

Inventory training experiences

Communicate with other services

Consider method of EPA achievement





GOING FORWARD



CURRICULUM MAPPING