FROM THEORY TO PRACTICE: OPERATIONALIZING CURRICULUM MAPPING IN CBME

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CBME CURRICULUM & ASSESSMENT SPECIALIST
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
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.
Effective for residents who enter training on or after July 1st 2017.

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
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
Stage of Training
  Ex. Core of Discipline

Rotation
  Ex. Otology/Neuro-otology - UH

Training Experience
  Ex. Outpatient clinic

EPA
  Ex. Core #29: Assessing adult and pediatric patients with hearing loss and providing an initial management plan, both surgical and non-surgical

CanMEDS Key Competency
  Ex. Communicator 1. Establish professional and therapeutic relationships with patients and families

Milestone
  Ex. 1.6.2: Recognize the communication requirements relevant to patients who are deaf, hard of hearing, or who have speech and/or voice disorders

CanMEDS Enabling Competency
  Ex. Communicator 1.6. Adapt to the unique needs and preferences of each patient and to his or her clinical condition and circumstances
HOW?

Document Suite

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

- EPAs & Milestones
- PATHWAY OF COMPETENCY REQUIREMENTS
**PROGRESSION OF COMPETENCY REQUIREMENTS IN THE SPECIALTY OF RADIATION ONCOLOGY**

**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 ConMEDS 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 ConMEDS 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 care 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
**PROGRESSION OF COMPETENCY REQUIREMENTS IN THE SPECIALTY OF RADIATION ONCOLOGY (20xx)**

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

<table>
<thead>
<tr>
<th>MEDICAL EXPERT MILESTONES: RESIDENCY</th>
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<th>Foundations of discipline</th>
<th>Core of discipline</th>
<th>Transition to practice</th>
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- Perform preoperative assessment of patients prior to oncologic surgery, including the assessment of the impact of comorbidities and medications
- Integrate the ConMEDS 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 evidence and 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

**FND EPA #2**
Effective for residents who enter training on or after July 1st 20xx

MEDICAL EXPERT MILESTONES: RESIDENCY

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<th>Transition to discipline</th>
<th>Foundations of discipline</th>
<th>Core of discipline</th>
<th>Transition to practice</th>
</tr>
</thead>
</table>

1. Practice medicine within their defined scope of practice and expertise

1.1. Demonstrate a commitment to high-quality care for their patients

- **Transition to discipline**: Demonstrate compassion for patients
- **Foundations of discipline**: Under supervision, demonstrate commitment and accountability for patients in their care
- **Core of discipline**: Demonstrate commitment and accountability for patients in their care, under supervision.
- **Transition to practice**: 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

- **Transition to discipline**: Explain how the Intrinsic Roles need to be integrated into the practice of Radiation Oncology to deliver optimal patient care
- **Foundations of discipline**: Perform preoperative assessment of patients prior to oncologic surgery, including the risks associated with comorbidities and medications
- **Core of discipline**: 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

- **Transition to discipline**: Apply clinical and biomedical evidence and sciences to manage care presentations in medicine
- **Foundations of discipline**: Apply clinical and biomedical sciences to manage care presentations in radiation oncology
- **Core of discipline**: Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in their discipline

**Notes**

- **TTP EPA #2**: Indicates a relationship with the Thresholds to Practice EPA.
- **FND EPA #4**: Indicates a relationship with the Foundations of Discipline EPA.
- **CORE EPA #4**: Indicates a relationship with the Core of Discipline EPA.
<table>
<thead>
<tr>
<th>Questions: Residency</th>
<th>Transition to discipline</th>
<th>Foundations of discipline</th>
<th>Core of discipline</th>
<th>Transition to practice</th>
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Comment [Z12]: (TTP 2a)  
Comment [Z11]: (C4a, 4c)  
Comment [Z13]: (TTP 2A)  
Comment [Z14]: (F4)  
Comment [Z15]: (F2)  
Comment [Z16]: (C2a)  
Comment [Z17]: (TTP 2a)
# Curriculum Maps

<table>
<thead>
<tr>
<th>Training Experience</th>
<th>Milestones</th>
<th>* Assessment Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundations of Discipline</td>
<td>RFP</td>
<td></td>
</tr>
</tbody>
</table>

* indicates fields that can be edited.
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

<table>
<thead>
<tr>
<th>School Enrollment</th>
<th>Setup Fee</th>
<th>Annual Service Fee</th>
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<tr>
<td>0-99</td>
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<td>100-199</td>
<td>$250</td>
<td>$500</td>
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REPORTS

Rotations by Milestone
Milestones by Rotation
Training Experience Plans
Rotations by Milestone - Stage of Training: Foundations of Discipline

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

<table>
<thead>
<tr>
<th>RFP</th>
<th>79 Milestones</th>
<th>79 Covered</th>
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<tr>
<td>PND 1</td>
<td>Apply knowledge of clinical and biomedical sciences as relevant to Otolaryngology Head and Neck Surgery</td>
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<tr>
<td>PND 2</td>
<td>Apply clinical and biomedical sciences to manage patient presentations in Otolaryngology-Head and Neck Surgery</td>
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<td>PND 3</td>
<td>Recognize urgent issues that may need the involvement of more senior colleagues and engage them immediately</td>
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<tr>
<td>PND 4</td>
<td>Identify and recognize life-threatening or emergent issues</td>
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<tr>
<td>PND 5</td>
<td>Identify and differentiate normal and abnormal findings in history and physical exam</td>
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<tr>
<td>PND 6</td>
<td>Perform and interpret findings of office-based exams: Flexible and/or rigid nasopharyngolaryngoscopy with or without topical anaesthesia</td>
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<tr>
<td>PND 7</td>
<td>Develop a specific differential diagnosis relevant to the patient’s presentation, for common Oto-HNS presentations</td>
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<tr>
<td>PND 8</td>
<td>Select and interpret appropriate investigations for common Otolaryngology-Head and Neck Surgery presentations, based on a differential diagnosis</td>
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</table>
## Training Experience Plan - Transition to Discipline - RFP
- Req: Clinical: OHNS outpatient clinic / inpatient service

### Milestones:

<table>
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- Identify the concerns and goals of the patient and family during the encounter
- Elicit a basic head and neck history
- Synthesize patient information including symptoms, differential diagnosis, and treatment plan clearly and concisely
- 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.
- Propose initial management plans for common problems in Otolaryngology – Head and Neck Surgery
- Recognize when to seek help in providing clear explanations to the patient and family
- Conduct an interview, demonstrating cultural awareness
- Organize information in appropriate sections within an electronic or written medical record
- Show respect toward collaborators
- Consistently prioritize the needs of patients and others to ensure a patient’s legitimate needs are met
- Demonstrate punctuality
- Complete assigned responsibilities
## Full EPAs / Milestones Listing

<table>
<thead>
<tr>
<th>Categories</th>
<th>EPAs</th>
<th>Milestones</th>
</tr>
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<tbody>
<tr>
<td>EPA: Entrustable Professional Activity</td>
<td>FND EPA 3: Assessing and providing basic management for patients with <em>epistaxis</em></td>
<td>FND 3.1 Apply knowledge of clinical and biomedical sciences</td>
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<td></td>
<td>FND 3.2 Apply clinical and biomedical sciences to manage</td>
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</table>

**Milestone Search:**

- Enter "epistaxis" into the search bar and press "SEARCH".
WHAT CAN YOU DO NOW?

Inventory training experiences

Communicate with other services

Consider method of EPA achievement
GOING FORWARD