

Update on CBME for PGME

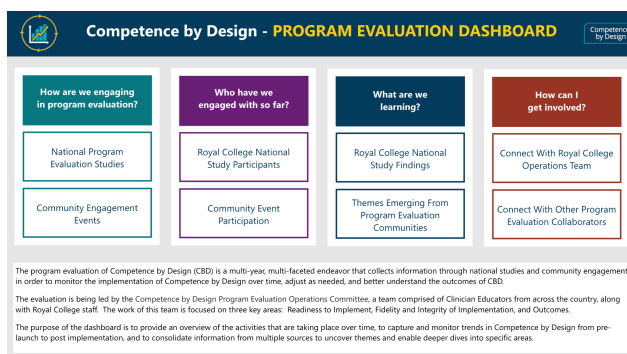
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National CBME Leads

The other [university CBME Leads](#), or National CBME Leads, hold teleconferences every two months. Relevant info:

- **COVID-19** and longer term effects on medical education. The messaging remains the same for flexibility and that local decisions are the best for determining alternative learning opportunities.
 - For those who still have time-based residents: [Guide 1: Meeting time-based training requirements](#)
 - [Guide 2: Meeting competence-based \(CBD\) training requirements](#)
- A detailed **timeline of examination steps** for residents, Competence Committees, and PGME offices are now available on the Royal College's [website](#) under 'Assessment deadlines'.
 - Stay tuned for a visual graphic, more detailed steps, and FAQs that our team will put together.
- **Competence Committees** play a critical role in CBD. The Canadian Residency Accreditation Consortium (CanRAC) is working with both the Royal College and College of Family Physicians of Canada to understand and learn how CCs can be best supported while ensuring standardization.
 - If you have suggestions or best practices to share regarding your CC, please contact me if you would like to share this at the national level.
- The [Program Evaluation Dashboard](#) from the Royal College is now live. Track what the Royal College program evaluation community is learning about CBD. The CBD program evaluation dashboard demonstrates the results of national studies and community engagement activities that align with the three pillars of CBD implementation: readiness to implement, fidelity of implementation, and outcomes.



- **New Royal College resources**
 - [CBD Orientation Packages by Role](#). A new online resource providing an at-a-glance listing of key Royal College policies, guides, and faculty development resources curated to help orient people in different roles to CBD. Markers for each resource identify group- or self-learning, and approximate length of time to complete.
 - **Infographics: CBD Effort: What's the value?** These [infographics](#) show the intended value of CBD. Start a conversation about the expected implementation efforts required across different roles and the related benefits.

PGME CBME Operations Team

- **Semi-Annual EPA Reports.** PGME will now send your program's EPA Report twice per year. This is sent to PDs, CBME Leads, PAs, and division or department Chairs.
 - We are meeting individually with all CBD programs to discuss their EPA reports, gather feedback about the metrics, and understand the unique contexts of each program.
 - Results and suggestions for improvement will be shared at the PGME Committee level.
 - We continue to update the Department Clinical Chairs about the progress of faculty engagement and how the Chairs can support their faculty in CBD.
- **CBD Ground Rules.** Attached with the newsletter are programs' responses to any updates to their CBD Ground Rules. As part of program evaluation, take a look to see what other programs are doing and reflect if your program needs some changes.
- **Operations Team resources**
 - For [faculty](#): online module, '[Creating a Coaching Culture, Become a Feedback Sensei, and Work on your Growth Mindset](#)'.
 - Completing these modules can be claimed under MOC credits Section 2 self-learning: Podcast, audio, video for 0.5 credits per activity.
 - Any additional learning stimulated by completing the modules can be claimed under Section 2 self-learning: Personal learning project (PLP) for 2 credits per hour.

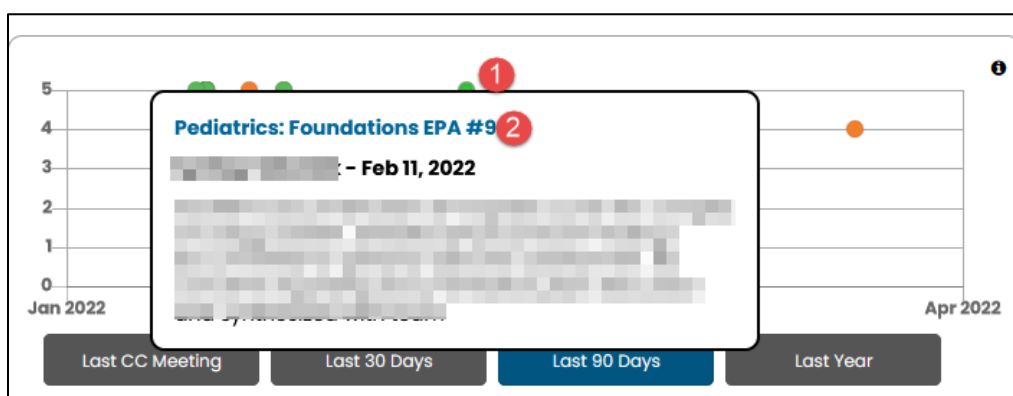
Elentra

- We are in high gear preparing the 2022 programs for their Elentra debut on July 1.
- We also look forward to welcoming Anesthesiology into the Elentra family as they migrate from ePortfolio. After that migration, all Schulich residency programs will be using Elentra for their EPA assessments.
- We also wanted to highlight three items within Elentra. One new feature and two tips that can enhance the user experience:

New Feature in Dashboard Scatterplot

We have added additional functionality in the Dashboard Scatterplot, providing CC members with a link to specific assessment forms:

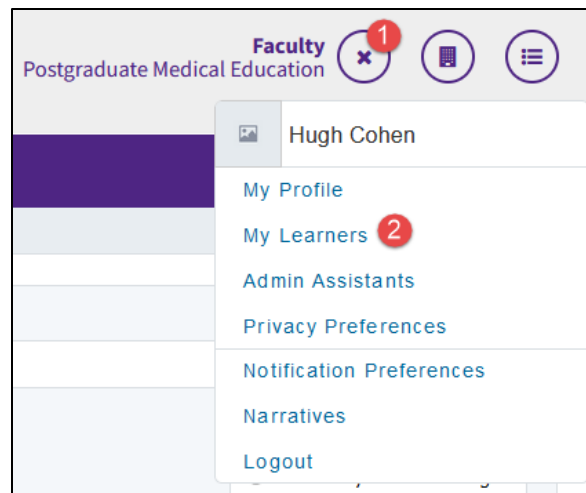
- As before, you can hover over any dot in the scatterplot, which represents a completed EPA assessment form. This brings up the EPA name, date, and assessor name, as well as narrative comments.
- **NEW:** the EPA name is now a hyperlink to the completed assessment form; clicking the link will open the form in a new tab.



My Learners

With the recent Elentra upgrade, CC members can now access the My Learners page directly from their profile:

- 1) Click on your profile icon on the top right of the screen
- 2) Click My Learners

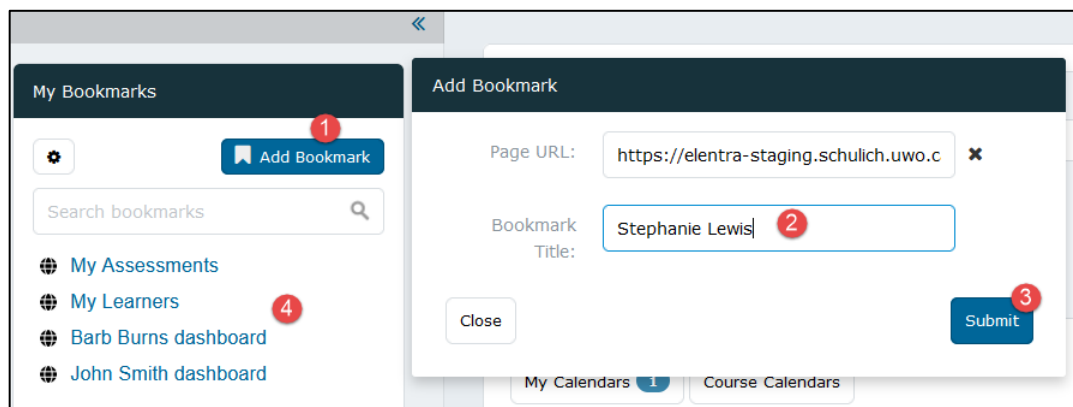


For even quicker access to specific Resident Dashboards, see My Bookmarks tip below!

My Bookmarks

This feature can come in handy to bookmark resident dashboards, or any other frequently visited Elentra page, making them accessible with just one click:

- 1) Simply navigate to the page you want to bookmark; then click the Add Bookmark icon in the left side menu.
- 2) Enter a name of the bookmark, and
- 3) Click submit
- 4) Your bookmarked items are now available with one click!



Residents

- **Resident feedback survey.** The [Resident Advisory Committee for CBME \(RAC-CBME\)](#) currently has the second Schulich-wide resident feedback survey on CBME open to all official and unofficial CBD residents. It closed on March 25. Stay tuned for the results. The 2020 report can be found [here](#) which is on our [website](#).
- **Elections.** We are in the process of electing next year's Resident Co-Chair and Secretary. Interested residents can email **Dr. Ahmed Zaki** (azaki3@uwo.ca) and **Dr. Stephanie Hinton** (shinton3@uwo.ca), current Resident Co-Chairs. PDs and program CBME Leads can also forward names of interested residents to be general committee members.

2022 programs

We continue to support the following programs as they prepare for their CBD implementation in July:

1. Diagnostic Radiology
2. Hematology
3. Maternal-Fetal Medicine
4. Neuropathology

Schulich Events

Event	Date & Time	Details
Zoom drop-in sessions	<p>Thursday, April 21 1300-1400</p> <p>Thursday, May 26 1300-1400</p> <p>Thursday, June 23 1300-1400</p>	<p>The PGME CBME Operations Team is offering Zoom drop-in sessions for the 2022 programs. The first drop-in was on March 17. Although this is targeted to 2022 programs, any CBD program is also welcome to join to ask the drop-in session in which all team members will be present to answer any of your questions. Stay for however long you'd like.</p> <p>Thursday, April 21 https://westernuniversity.zoom.us/j/96775324019 Thursday, May 26 https://westernuniversity.zoom.us/j/94650749517 Thursday, June 23 https://westernuniversity.zoom.us/j/91772749827</p>
CBD Town Hall with Dr. Jason Frank	<p>Wednesday, April 27 0700-0830 Zoom</p>	<p>We are excited to welcome Dr. Jason Frank, <i>Director, Specialty Education, Strategy and Standards</i> in the Office of Specialty Education at the Royal College of Physicians and Surgeons of Canada, and the <i>Director of Educational Research & Development</i> in the Department of Emergency Medicine, University of Ottawa.</p> <p>He will lead a CBD Town Hall with lots of time for your questions and discussion about CBD.</p> <p>Learning objectives:</p> <ol style="list-style-type: none"> 1. Review the history of the development of Competence by Design (CBD) 2. Provide an overview of the benefits seen from CBD from the perspective of the Royal College 3. Discuss the unintended consequences and challenges of CBD <p>Please send you pre-town hall questions here. This will allow us to streamline the discussion and have your questions forwarded in case you're unable to attend.</p>
Coaching & Feedback Workshop	<p>Thursday, May 26, 1400-1530</p> <p>Or</p> <p>Monday, May 30, 0830-1000</p>	<p>This interactive workshop will cover the popular topics of coaching and feedback. Two dates are offered, 25 participants maximum for each.</p> <p>In collaboration with McMaster University, the other 25 participation spots are open to our colleagues at McMaster.</p> <p>Registration open to all faculty, residents, and PAs in 2022 CBD programs. Thereafter, we can consider offering more workshops for non-2022 CBD programs if there is enough interest. Invitations will be sent out by email.</p>
<p>Faculty development doesn't stop after you launch CBD! We can come to your program and provide a presentation or facilitated discussion. You just need to tell us when and we customize it to your needs.</p>		
CBD Refreshers For Faculty For Residents For Both	Date and time of your choosing	<p>This can be part of your rounds, staff meetings, or resident academic half day. We spend the first half going over the basics and latest features of Elentra, the data sources of your faculty's performance, and common myths. The other half is for open discussion.</p> <p>Contact jvergeld@uwo.ca if interested.</p>
RX-OCR Workshops For Faculty	Date and time of your choosing	<p>Based on the Royal College's coaching framework, RX-OCR (Rapport, Expectation, Observe, Coach, Record), we facilitate open discussions as faculty explore their role as coaches in the moment for their learners.</p> <p>This is available for Section 3 MOC credits.</p> <p>Contact susan.ibdah@schulich.uwo.ca if interested.</p>

Royal College Events

Event	Date & Time	Details
SAVE THE DATE CBME Program Evaluation Summit	<p>Monday, October 24th, 2022 Virtual</p>	<p>This Summit will be held virtually, in conjunction with ICRE. More information will follow in the near future.</p>

Hot Topics

PGME - CBME



Highlights

HIDDEN CURRICULUM:

- DEFENSIVE MEDICINE
- OVERWORKING
- INAUTHENTICITY

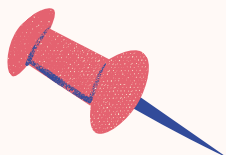
Hidden Curriculum: What is it and why does it matter?

The **hidden curriculum**, also known as the implicit curriculum, is what is taught indirectly as a result of the programmatic (or “explicit”) curriculum put into action. Further, the hidden curriculum refers to the “unintended messages that may be transmitted during medical training and that may or may not align with official educational objectives” (1).

Because the hidden curriculum is context specific, each program will have specific experiences exclusive to their environments but will also share the general experiences of the Hidden Curriculum with other programs.

The hidden curriculum matters because it impacts the well-being of residents, faculty, and staff.

In medical education, several themes have emerged with respect to the hidden curriculum. These include defensive medicine, overworking, inauthentic performance, and discrimination. This issue will touch on a few of these themes, and provide some guidance on how to approach the hidden curriculum.



Did you know? The PGME team can provide interactive workshops on the hidden curriculum at your convenience.

Contact us at postgraduate.medicine@schulich.uwo.ca to book a session.

(1) Evidence-based medicine, shared decision making and the hidden curriculum: a qualitative content analysis
Emélie Braschi · Dawn Stacey · France Légaré · Roland Grad · Douglas Archibald (2020)

Defensive Medicine

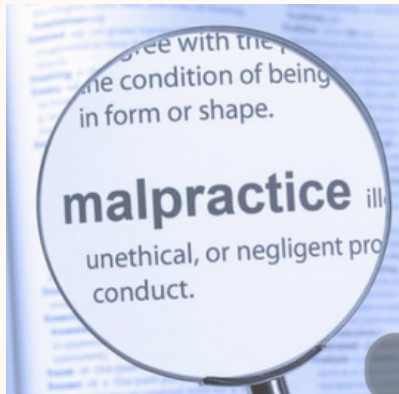
A Phenomenon of the Hidden Curriculum

What is it?

According to the literature (Johnston et al., 2013), fear is a driving force behind many resident decisions and is born out of the Hidden Curriculum in medical education. Defensive Medicine (DM) is described as “medical practices in which healthcare providers' primary intent is to avoid criticism and lawsuits, rather than providing for patients' medical needs” (Johnston et al., 2013).

What does it look like?

DM may appear as “over-doing” what is necessary, such as ordering more tests and imaging than needed. While ordering extra tests or procedures may create an appearance of conscientious care, DM has not been shown to lead to better outcomes. Moreover, the financial and human resource costs of DM are very high. Even the worry of malpractice or criticism itself may affect the well-being and the decision-making capability of residents and faculty.



From the literature:

"A hidden curriculum may be present in all aspects of medical education but formal teaching environments represent a valuable opportunity: they are ubiquitous throughout medical training and curriculum material can be monitored. In order to be addressed, however, a hidden curriculum first needs to be exposed, and it is not known to what extent curricular material can relay hidden messages that may conflict with the official curriculum's learning objectives." Braschi et al., 2020.

Questions

- How can we mitigate obstructive fears of criticism experienced by residents or fear of malpractice experienced by faculty and staff?
- Where might these fears stem from?
- Is fear an issue for your program?
- Do residents and faculty order more imaging, tests, and procedures than necessary?
- Is defensive medicine explicitly addressed in teaching sessions?



References

- Braschi, E., Stacey, D., Légaré, F., Grad, R., & Archibald, D. (2020). Evidence-based medicine, shared decision making and the hidden curriculum: a qualitative content analysis. *Perspectives on medical education*, 9(3), 173–180. <https://doi.org/10.1007/s40037-020-00578-0>
- Johnston WF, Rodriguez RM, Suarez D, Fortman J. Study of medical students' malpractice fear and defensive medicine: a "hidden curriculum?". *West J Emerg Med*. 2014 May;15(3):293-8. doi: 10.5811/westjem.2013.8.19045. Epub 2013 Dec 9. PMID: 24868307; PMCID: PMC4025526

Burnout and Inauthentic Performance

Superheroes, Imposters, and the Hidden Curriculum



There is no question that residents feel pressure to perform at high levels of competency and in life and death situations to boot. The pressure comes from the residents' perceptions of themselves and how their supervisors as well as patients view them. In the same stroke, residents strive to appear competent, caring, and efficient, making-split decisions that directly influence the lives of others.

Imposter Syndrome and Overworking

We have all felt out of place, inept, unqualified, or too new to know better. But what if you are competent and yet cannot own it? Enter Imposter Syndrome.

According to Gottlieb (2021), **imposter syndrome** is the "inability to internalize success and the tendency to attribute success to external causes (e.g. luck, error or personal connections)". What is shocking is that imposter syndrome is quite prevalent in medicine. In fact, according to research, "60% of medical students and up to 44% of residents suffer from imposter syndrome" (Gottlieb et al., 2020).

In medical education, imposter syndrome has been linked to "increased work-related stress, depression, anxiety, burnout and even suicide." (LaDonna et al., 2019).

Imposter Syndrome:

"inability to internalize success and the tendency to attribute success to external causes (e.g. luck, error or personal connections)".



What is the Effect of Imposter Syndrome?

Imposter syndrome may appear as confidence and overworking. The residents may feel pressure to appear as a superhero, devoid of mistakes. The motivation is to counter the anxiety of feeling inadequate rather than to achieve high standards or seek meaningful feedback.

Residents may seek opportunities for evaluation in which they know they will be praised or given positive feedback.

Moreover, they may avoid situations that may garner constructive feedback, fearing being exposed as an imposter.

This trend of seeking and avoiding specific types of feedback can stunt residents' growth and opportunities.

Burnout and Inauthentic Performance

Resident Well-Being and the Hidden Curriculum

What can we do? IMPOSTER SYNDROME

As educators, we can increase open discussion with residents about imposter syndrome. Because learners are more likely to take advice from educators who express their own vulnerability, we can start talking to our residents about our limitations as well as the pitfalls of perfectionism.

Programs are encouraged to adopt cultures in which questioning and asking for help is explicitly valued and acknowledged as a sign of competence.

Additionally, coaching residents using the growth mindset (as articulated by Dr. Carol Dweck) helps residents shift their view of assessment as summative only and adopt an assessment-as-formative orientation. Residents soon will understand how constructive criticism and asking for help are imperative for success and job satisfaction.

At PGME, we provide interactive workshops with case studies to help faculty and residents give and receive meaningful feedback using the CBME coaching model. Why not book a workshop today?

Check out our courses for residents

https://www.schulich.uwo.ca/cbme/postgraduate/for_residents/index.html

RESIDENT BURNOUT Overview

The importance of resident well-being cannot be understated. Across the country, medical schools are investing in resident wellness initiatives to mitigate the prevalence of high levels of burnout among residents.

Causes of Burnout

The causes of resident burnout are multifactorial and include systemic factors such as clerical burden, inefficient clinical practices, poor morale, challenging patient populations, and unrealistic expectations placed on the residents by their program of training.

Interventions

Research has shown that there are several interventions that can reduce burnout among residents. These include restricting work hours and providing self-care workshops. Self-care encompasses meditation and fosters mindfulness and resilience.

PGME offers a [Resiliency in Residency online course](#) that can be taken at the learner's leisure and that can spark further communication between learner and coach.