Update on CBME for PGME January 2020

Dr. Jennifer Vergel de Dios Director of CBME Implementation for PGME

We are in a new year and decade, accreditation has come and gone, and what is settled in the dust is CBME. More specifically, to take into account our Family Medicine peers who started CBME many years ago under their 'Triple C' framework, 'Competence by Design (CBD)' via the Royal College, is keeping us busy.

Congratulations to all who completed accreditation and what a monumental amount of work that entailed. Your dedication is appreciated. When the final reports are released in the spring, PGME will be looking for any trends related to CBME. What will not be surprising is the amount of resources necessary for implementing CBME, both time, financial, and human resources, and the need for a robust electronic platform that will marry both CBME and non-CBME needs.

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Thank you & Welcome



Since my last newsletter, the **PGME CBME Operations Team** welcomed **Patricia Morris** as the new IT Specialist, i.e. your Elentra and one45 support, and **Nicole Filson** as our much needed administrative assistant. Our valiant leader, **Chris Watling** as Associate Dean for PGME, has moved on as Director of <u>CERI</u> (Centre for Education Research & Innovation) and we warmly welcome **Lois Champion** as his <u>successor</u>.

Thank you to all of the program directors who have handed over their role or will shortly: Alp Sener, Fawaz Siddigi, Mary Jenkins, Arjang Yazdani, and Geoff Bellingham.

And let's all welcome the new PDs, Associate PDs, and CBME Leads: Melissa Chin, Sumit Dave, Peter Wang, Lee Myers, Anita Florendo-Cumbermack, Parham Rasoulinejad, Aaron Grant, Andrea Ens, and Marta Wilejto.



I started my role as Education Technology Specialist for Postgraduate Medical Education in August 2019. Previously I held a variety of roles with the Schulich School of Medicine and Dentistry, most recently with Information Services as an Application Systems Support Specialist. I genuinely

enjoy the challenges that this new role brings, and I look forward to supporting Program Directors, Program Administrators, faculty members, and residents with everything Elentra.

Patricia Morris, aka your Elentra go-to Education Technology Specialist, PGME



I started my role as the Administrative Assistant for CBME for Postgraduate Medical Education in November 2019. Previously I have worked as a clinical assistant in a medical facility as well as an administrative assistant within the school board. I am looking forward to supporting

the PGME CBME team as well as the programs who are transferring over or have already moved over to CBME.

Nicole Filson

CBME Operations Team Administrative Assistant, PGME

Strategic Planning

For early adopters like my home program of Anesthesiology, it's wonderful and a bit of a relief to see the CBME community growing. I conceptualize three phases of implementation:

CBME Implementation

Phase 1: 2017

2017-2019: All / most programs pre-implementation

Start of 2019-2020 year: 20/48 launched, or 42% of programs

- → Focus on pre-implementation materials, Elentra basic features (CC members), migrating from other electronic platforms; building CBME community
- → PGME CBME Team of 4 members
- ightarrow Individual or 1:1 program outreach is possible for all launched programs

Phase 2: 2020

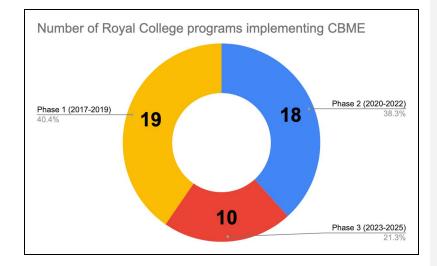
Start of 2020-2021 year: 31/47 launched, or 66% of programs

- → Focus on revising pre-implementation materials, program evaluation for launched programs, Elentra complex features (residents, program views), scholarly work; liaising with distributed sites, UME
- → PGME CBME Steering Committee of ~20 members with increased "on the ground" membership
- → Rely on broader CBME community for sharing resources, collaboration; more concierge efforts in 1:1 communications

Phase 3: 2023

All programs implemented, 47/47

- → Focus on program evaluation, QI, scholarly work; ensure all necessary roles are established in long-term roles
- → Dissolve PGME CBME Steering Committee unless need for prolonged existence



In July 2020, we will be starting Phase 2.

At the start of the next academic year, % of Royal College residency programs will officially be CBME.

This changes our expectations, needs, and number of affected people.

Implementation of Royal College CBD programs at Western

	2017	Anesthesiology	Otolaryngology				
Phase	2018	Emergency Medicine - Adult	Medical Oncology	Nephrology	Surgical Foundations	Urology	
1	2019	Anatomical Pathology	Cardiac Surgery	Critical Care - Adult	Critical Care - Pediatrics	Gastroenterology	General Internal Medicine
		Geriatric Medicine	Internal Medicine	Neurosurgery	Obstetrics and Gynecology	Radiation Oncology	Rheumatology
	2020	Cardiology	Clinical Immunology & Allergy	General Surgery	Neonatal- Perinatal Medicine	Neurology	Nuclear Medicine
Phase		Orthopedic Surgery	Physical Medicine & Rehabilitation	Plastic Surgery	Psychiatry	Respirology	Vascular Surgery
2	2021	Child & Adolescent Psychiatry	Clin Pharmacology & Toxicology	Geriatric Psychiatry	Hematology	Neuropathology	Pediatrics
	2022	Diagnostic Radiology	Ophthalmology				
Phase	2023	Emergency Medicine - Pediatric	Endocrinology and Metabolism	Gynecologic Reproductive Endocrinology & Infertility	Infectious Diseases	Maternal-Fetal Medicine	
3	2024	Neuroradiology	Pain Medicine	Thoracic Surgery			

2020 Programs

We strive to improve implementation each year and are happy to offer a pilot launch of 1-6 EPAs in Elentra between February-May for the twelve programs launching this year. The Operations Team has met with all programs already in order to assist in preparation not only for a pilot launch but also with curriculum mapping, reviewing and revising programmatic assessment, planning faculty and resident development needs, and any other concerns raised by each program.

Steering Committee

Given the increasing number of affected programs and to ensure there is adequate representation in meeting everyone's shared goal of the smoothest possible transition to CBME, we have created a PGME CBME Steering Committee.

The committee's purpose is to

- oversee the strategic planning of CBME implementation for PGME
- provide invaluable end-user input to the evolving needs of our electronic platform, Elentra
- to assist in communications with all relevant stakeholders including the Royal College, Schulich School of Medicine & Dentistry, Information Services, and all residency programs
- In other words, making sure there are more 'on the ground' implementers whose voices are being heard for the bigger picture issues and challenges

We aimed for broad representation in role categories, hospital sites, and type of residency programs. We will evaluate membership as our CBME community grows, we have more adopters, and as the committee finds a dynamic in this ever-changing environment that is CBME.

PGME CBME Steering Committee

PGME CBME Operations Team



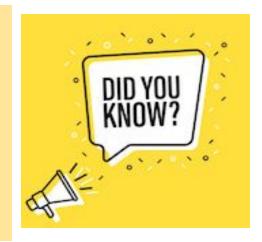
Program Directors	CBME Leads		Competence Committee Chairs	Program Administrator Reps	
Dr. Hari Iyer (Nephrology)	Dr. Mel Boulton (Neurosurgery)	Dr. Erin Lovett (Obstetrics & Gynecology)	Dr. Tisha Joy (Internal Medicine)	Katie McLean (Gastroenterology)	
Dr. Sheri-Lynn Kane (Internal Medicine)	Dr. Andrea Ens (Pediatrics)	Dr. Allie Meiwald (Adult Emergency Medicine)	Resident Rep	IT Rep	
Dr. Mike Ott (General Surgery)	Dr. Anita Florendo-Cumber mack (Neurology)	Dr. Parm Rasoulinejad (Orthopedic Surgery)	Dr. Ernest Chan (PGY-3 Urology)	James Ciesla (Director, Schulich Information Services)	
Dr. Brian Rotenberg (Otolaryngology – Head & Neck Surgery)	Dr. Ahmed Hegazy (Adult Critical Care)	Dr. James Ross (Psychiatry)			
Dr. Jamie Wickett (Family Medicine)	Dr. Selay Lam (Internal Medicine)	Dr. Brian Yan (Gastroenterology)			

Policies

Are you aware of PGME's <u>policy on resident evaluation & appeals</u> that was updated in 2018 to reflect CBME residents?

Note that a Competence Committee's recommended status of "Progressing as Expected", "Not Progressing as Expected", or "Failing to Progress" must be provided to your RPC and shared with the resident within four weeks after a review is completed.

And if "Not Progressing as Expected", or "Failing to Progress" is recommended for a resident, there must be an <u>in-person meeting that is documented</u>.



October Retreat





Allies in Assessment

This was our first retreat with resident participation and attendance. The key event, a debate between **Drs. Anita Cave & JP Larkin** (Anesthesiology) and **Drs. Josee Paradis & Ryan Instrum** (Otolaryngology) asked the question about whose responsibility it was to complete EPAs – faculty or residents? In sum, the answer is 'both'!

Small group sessions covered topics like feedback, wellness, and entrustment scales.

Missed our retreat in October? You can read a recap <u>here</u>.





Program Evaluation

Program Evaluation – are we doing what we intended to do with CBD?



I have been checking in with launched programs and slowly planting the seeds of 'program evaluation' in our implementation efforts. You will see an increased effort from the Royal College to answer the question "are we doing what we intended to do with CBD?".

We are familiar with quality improvement in our clinical settings, but changes to medical education are similarly a change in protocols, processes, and norms. **Quality improvement** is about the best practice, while **program evaluation** is about the next practice. We cannot say that aspects of CBD in our local contexts are best practice (yet? at all?). So, enter program evaluation. You are already probably doing some program evaluation informally (e.g. that academic half day when you met with your residents and made some changes based on their feedback) and there are plenty of opportunities to formally evaluate the changes you're making to your residency program due to CBME.

	Research	Quality Improvement	Program Evaluation	
Purpose	To develop new knowledge	To improve internal processes for a specific intervention	Provide info for decision-making	
Focus	Theory-based hypothesis or research question	The assessment of an existing practice	Questions regarding program merit, worth, improvement	
Timeline	Based on researcher's timeline and available funding	Short timeline that supports immediate change	Organization's requirement for data to support decision-making	
Outcome	Contribution to general body of knowledge	Change to practice	Improvement in program design & understanding of program outcomes	
Audience	Other researchers	Internal stakeholders	Internal & external stakeholders	
Example		How can we improve our resuscitation training program? Mundell et al, Resuscitation, 2013.	How do residency programs understand and operationalize Clinical Competence Committees? Hauer et al, Acad Med, 2005.	



A crucial component for any wide system change is to critically pause and answer the fundamental question as to whether we are better off than where we were before. Why? And how?

Are we getting any of the proposed benefits of CBME? Is it too early to tell? What are some unanticipated outcomes, whether positive or negative?

Program evaluation is where we can start the process of answering some of these questions.

Events

- CBME Program Evaluation Forum webinar January 23rd, 2020, from 11:30am-1:00pm EST.
 - o To register for this webinar, please click here.
 - The topic of this webinar is "Competence Committees What we know and what we need to know". This webinar will feature three short presentations and a large group discussion.
 Attendees will be invited to share their thoughts, ask questions, relate to their own program evaluation projects, and engage in potential collaboration.
- Annual Resident as Teacher Bootcamp (RTBC) February 6th-7th, 2020.
 - The RTBC is an intensive two-day program aimed at building resident teaching capacity at Schulich through a *train-the-trainer* model. Programs nominate a resident mid-way through his or her training to participate in the RTBC with the understanding that these nominees disseminate teaching skills to other learners in their program.
 - O CBME will be introduced and included in the 2020 Bootcamp:
 - Resident EPA Assessment & Feedback, Anatomy of an EPA, Resident Completion of EPA, Assessment Forms, and Feedback with good judgement.