

Education Rounds: Wednesday, April 19, 2017
WORKSHOP TITLE: **Implementation of CBME in 2017**

AGENDA

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Topics:

1. Orientation to CBME & CBD & what it means for programs, residents, faculty, program administrators
2. Update on the implementation plans for July 2017 & what it means for programs, residents, faculty, program administrators
3. Update on the PGME information systems plans for 2017-18
4. Explore early understanding of the changing roles & activities for programs

11:30 CBME & CBD 101 – **Lisa St Amant**

12:15 Update on the implementation plans for July 2017 & what it means for programs, residents, faculty, program administrators **Amy Wong**

12:35 Update on the PGME information systems plans for 2017-18
Sue GT

1:00 Changing roles & activities for programs **Sue GT**

1:20 Wrap up **All**

TERMINOLOGY FOR COMPETENCY-BASED MEDICAL EDUCATION (CBME)

FRAMING CONCEPTS

CBME and CBD: Differences and Similarities

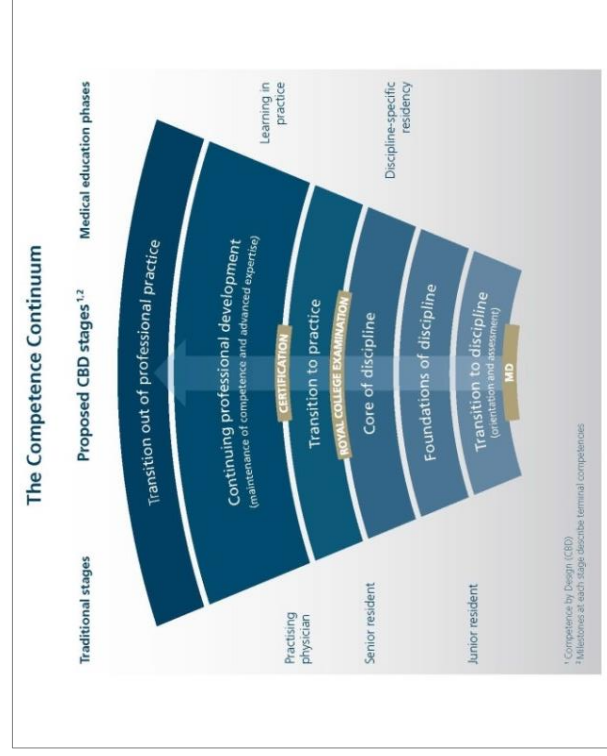
We've noticed that with increasing frequency that Program Directors are trying to sort out the differences between CBME and CBD and what the impact is for them, their residents, their program, and their faculty.

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.

The **Competence Continuum** reflects the developmental stages of professional practice (See Figure 1 below). In each stage there will be specific milestones that a resident will be expected to demonstrate. The duration (e.g. weeks, blocks, months) for each stage is being determined by each specialty as part of their cohort plans for implementation of CBD.

Figure 1. The Royal College Competence Continuum Stages



- The first stage for residents is **Transition to Discipline (TTD)** that will include an orientation to and demonstration of readiness for the autonomy of residency education.
- **Foundations of Discipline (FOD)**, the second stage of the continuum of residency education, is when the basics, including the most common and frequent patient problems of the specialty, are taught, learned, assessed and demonstrated.
- **Core of Discipline (COD)**, is the third stage of the continuum of residency education where the patient problems are increasingly complex and complicated and where the more rare patient problems are managed. It is anticipated that in the future the specialty exam will be administered near the end of the Core stage.

- The fourth and final stage of residency education is **Transition to Practice (TTP)**, which focuses on ensuring residents' confidence and competence to practice within their discipline.

Entrustable Professional Activities (EPAs) are an approach to competency based medical education (CBME), which focuses on 'real' clinical activities that are carried out in day-to-day practice.³ Learners, teachers and assessors will focus on concrete critical clinical activities that provide insight to the residents' development, progress and proficiency.

Competency-Based Medical Education (CBME) Terminology Reference Sheet

The notion of 'trust' is not new to residency education as, each day, faculty members decide which patients or patient problems they assign to which residents. What EPAs aim to do is to provide some consistency to when, how and where specific activities of a discipline are taught, learned and assessed.

RC-Entrustable Professional Activities (EPA) is the Royal College approach to EPAs. For the implementation of CBD, each specialty program will develop a list of important activities, which residents need to learn and perform. Example RC EPAs are: 'run a code', 'do procedure X', 'lead a meeting with a patient and their family disclosing serious news'. As well, each discipline is working to identify specific RC EPAs which teachers/faculty will "sign-off" on after direct observation, thereby entrusting that the residents will be able to perform the activity independently

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 Guide⁴ is a companion document to the CanMEDS 2015 Framework, and provides the competencies expected along the continuum of practice.

Required Training Experiences (RTE) is a new Royal College document that is being developed for each of the programs transitioning into Competence by Design. This document includes the eligibility requirements for the discipline as well as the training experiences that are required or recommended for each of the 4 stages of the residency education competence continuum.

The purpose of the program **Competence Committee**, which may be called a promotion or resident evaluation committee, is to monitor residents' progress throughout the different stages of their training by regularly reviewing their assessment and performance data. The committee makes data driven decisions with regards to residents' progression through the Royal College's competence continuum stages, as well as promotion from one postgraduate year to another.

Confirmation of competence is the confirmation of resident progress for each stage of the Royal College competence continuum. The Competence Committee is to make decisions as to the progress of resident competence at regularly scheduled meetings through the review of assessments completed during each stage. Confirmation of competence permits residents to move on to the next stage of education.

Promotion is the confirmation of resident advancement from one year to the next (e.g. from PGY1 to PGY2) within a residency training program.

REFERENCES

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, Taibot 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
3. Ten Cate, O. and Scheele, F. Competency-Based Postgraduate Training: Can We Bridge the Gap between Theory and Clinical Practice? *Academic Medicine*, 2007;82(6):542-547.
4. Frank JR, Snell L, Sherbino J, editors. *The CanMEDS 2015 Physician Competency Framework*. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2015.
5. Glover Takahashi, S., Abbott, C., Oswald, A., Frank, J. R. *The CanMEDS Teaching and Assessment Tools Guide*. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2015.

COHORT 2

Year 1: Competence by Design Implementation Process
 OVERVIEW by Agenda Topic and Documents Prepared

July 1st LAUNCH

	Jul 'XX	Aug	Sept	Oct	Nov	Dec	Jan 'XX	Feb	Mar	Apr	May	Jun
Intake Form												
Curriculum Map												
EPA List Selection												
Assessment Map & EPA Assessment Map												
Assessment Tool Development												
Competence Committee Guidelines												
Faculty Development												
Rotation Plans												
Program Evaluation												
Schedules												
Learner & Site												

Activity / Document
Type

20XX – 20XX