

# About **CBME/CBD**

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# Disclosure of Commercial Support

This program has received NO commercial support

This program has received NO in-kind support

Potential for conflict(s) of interest within this presentation:

None



# Overview

1. CBD 101
2. Update on CBME/CBD for 2017-18
3. Update on IT Platforms for 2017-18
4. What's different for program admins?



# Overview

1. **CBD 101**
2. Update on CBMD/CBD for 2017-18
3. Update on IT Platforms for 2017-18
4. What's different for program admins?



# CBME/CBD Overview

- Competency-based education...in a variety of forms for over a decade
- Very (increasingly) popular over past decade
- Triple C since 2011
- RC CBD – lead up over past 3+ years, field experiments since July '16, roll out over next 5-6 years for about 70 specialty

# CBME is an educational model that is...

- More oriented to outcomes rather than time in training (i.e. what trainee can DO)
- More flexible to learners' prior skills and current needs
- Training using a coaching approach with more regular feedback
- Enhanced tracking of learners' progress and performance



# Two 'brands' of **CBME** in Canada

## 1. **CBD** or Competence by Design

- Royal College's approach to **CBME**
- Rollout for approx. 80 specialties in 7 cohorts over next decade
- 2 programs (Medical Oncology & Otolaryngology – Head & Neck Surgery) will start field testing in '16-'17

## 2. **Triple C Competency Based Curriculum**

- CFPC approach implemented in 2011



# CBME Cases @ U of T

- Orthopedic Surgery
- Family Medicine
- Palliative Medicine
- Psychiatry
- Diagnostic Radiology
- Surgical Foundations
- Obstetrics & Gynecology



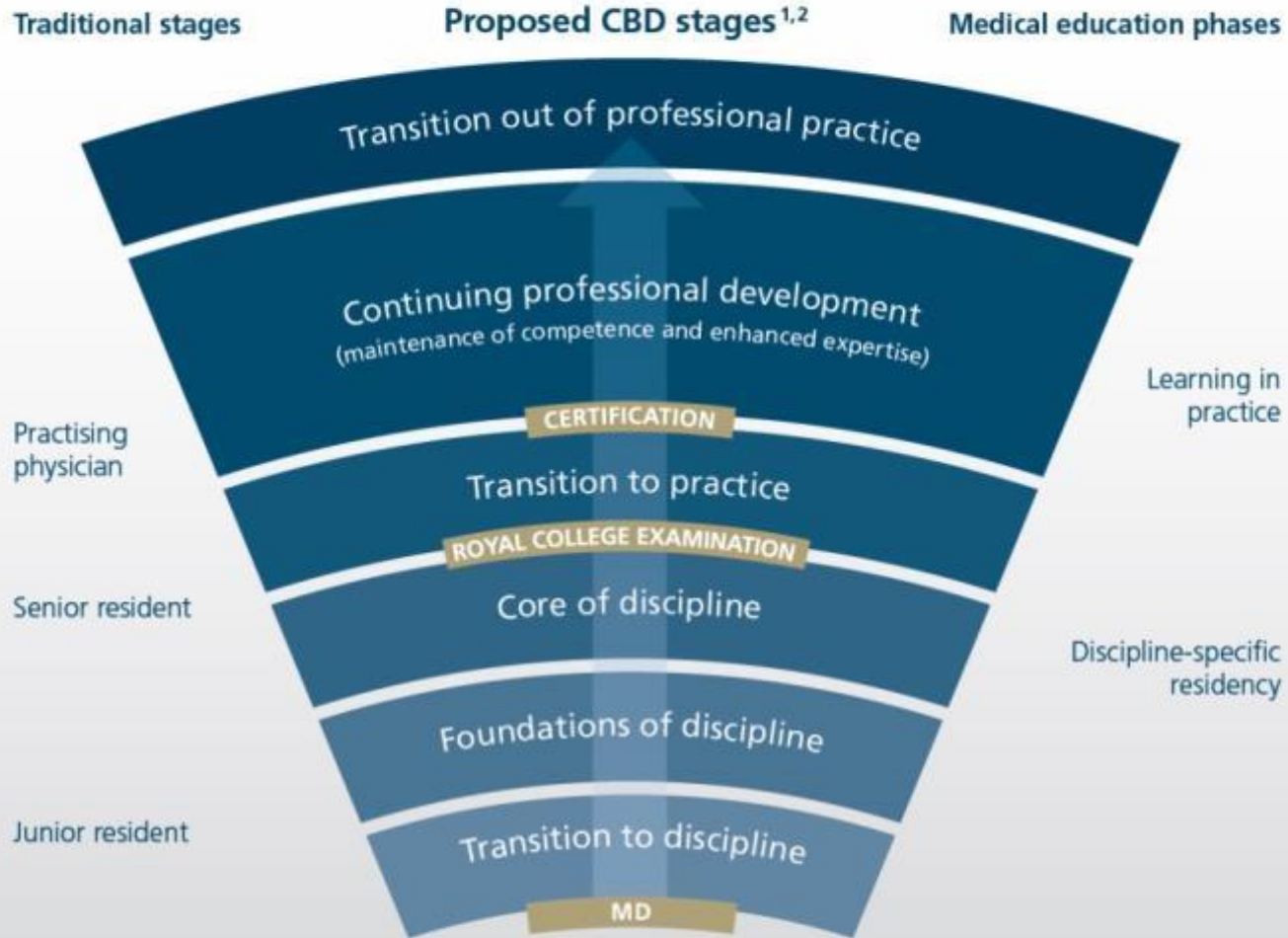


# 4 Key differences in CBD

1. Developmental approach
2. Assessment plan
  - Includes more workplace assessments
  - TIME is not THE parameter for success but is part of the considerations
3. **'Trust'** is explicitly assessed
4. Purposeful, transparent, data-driven shared **decision-making**



# The Competence Continuum



<sup>1</sup> Competence by Design (CBD)

<sup>2</sup> Milestones at each stage describe terminal competencies

# EPA 101 Video

Sample intro video from **Anesthesia**, U of T:

<https://www.youtube.com/watch?v=QvmT6RA9VyU&feature=youtu.be&list=PLNGAvG3i8A5rpy72QmRwguabh1fXyXEM3>



# Where EPAs 'fit' in CBME models

## SAME

- Focused on outcomes/competencies, what can 'do' (i.e. KSA = ingredients)
- Well developed assessment plan with (more) observation, formative & summative feedback
- Focused on coaching & feedback

## DIFFERENT

- EPAs are 'parts' of competence (i.e. important and/or diagnostic parts of practice)
- **'Trust'** is explicitly assessed or assigned



# PGME approach to CBME, including CBD, at U of Toronto



# PRINCIPLES GUIDING CBME IMPLEMENTATION

## 1. Quality of patient care will not be adversely affected

- ✓ Where possible, quality of patient care & patient safety will be enhanced
- ✓ Potential impact to on/off service commitments will be centrally monitored by PGME office
- ✓ Potential changes to on/off service commitments will be discussed w/ relevant programs, depts., and services, a min. of 6 mos. in advance

## 2. Health care team functioning should not be negatively impacted

- ✓ Potential impact to health care team functioning will be centrally monitored by PGME office

## 3. Build on excellence in residency education programs and practices



# PRINCIPLES GUIDING CBME IMPLEMENTATION (cont'd)

4. Employ best practices and apply best evidence
5. Share innovation and progress early, often, and broadly to enhance collaborations locally, nationally and internationally
6. Evaluate structures, processes and outcomes to inform needed refinements and improvements
7. Work with current funds as with fiscal restraint, no additional funds are available for implementation of CBME & CBD



# WHY CBME/CBD????

→ → IMPROVEMENTS to PGME



# GOALS of CBD at the University of Toronto

1. **Programmatic approach to assessment**
  - a. Enhanced workplace-based assessments
  - b. ↑ direct observation
  - c. Enhanced culture of feedback
  
2. **Enable shared evidence-informed decision-making on residents' progress through use of Competence Committees**
  - a. Improve frequency, transparency, and quality of data available to the Program Director, faculty and residents
  - b. Enable resident focused education, and facilitate resident handover and progress
  
3. **Nurture more confident, knowledgeable and engaged residents regarding performance strengths & limitations, as they complete more outcomes-based training, incl. soliciting & incorporating feedback and assistance**



# GOALS of CBD at the University of Toronto

4. **Facilitate effective & autonomous functioning of programs using the CBD model**
  - a. Develop & maintain positive partner relationships btw & among PGME, the dept., residency programs and the Royal College
  - b. Ensure sufficient faculty engagement and support for effective implementation
  - c. Ensure faculty are actively collecting assessment data
  - d. Ensure Competence Committees are making timely resident promotion and progress decisions
  - e. Ensure programs are meeting their accreditation requirements
  
5. **Demonstrate leadership in CBD knowledge translation, scholarship and research**



# WHO is responsible for implementation @ U of T???

→ → → PARTNERSHIP

## 1. Residency Program

- Directors, Learners, Program Admins, Residency Program Committee, Site Directors

## 2. Department

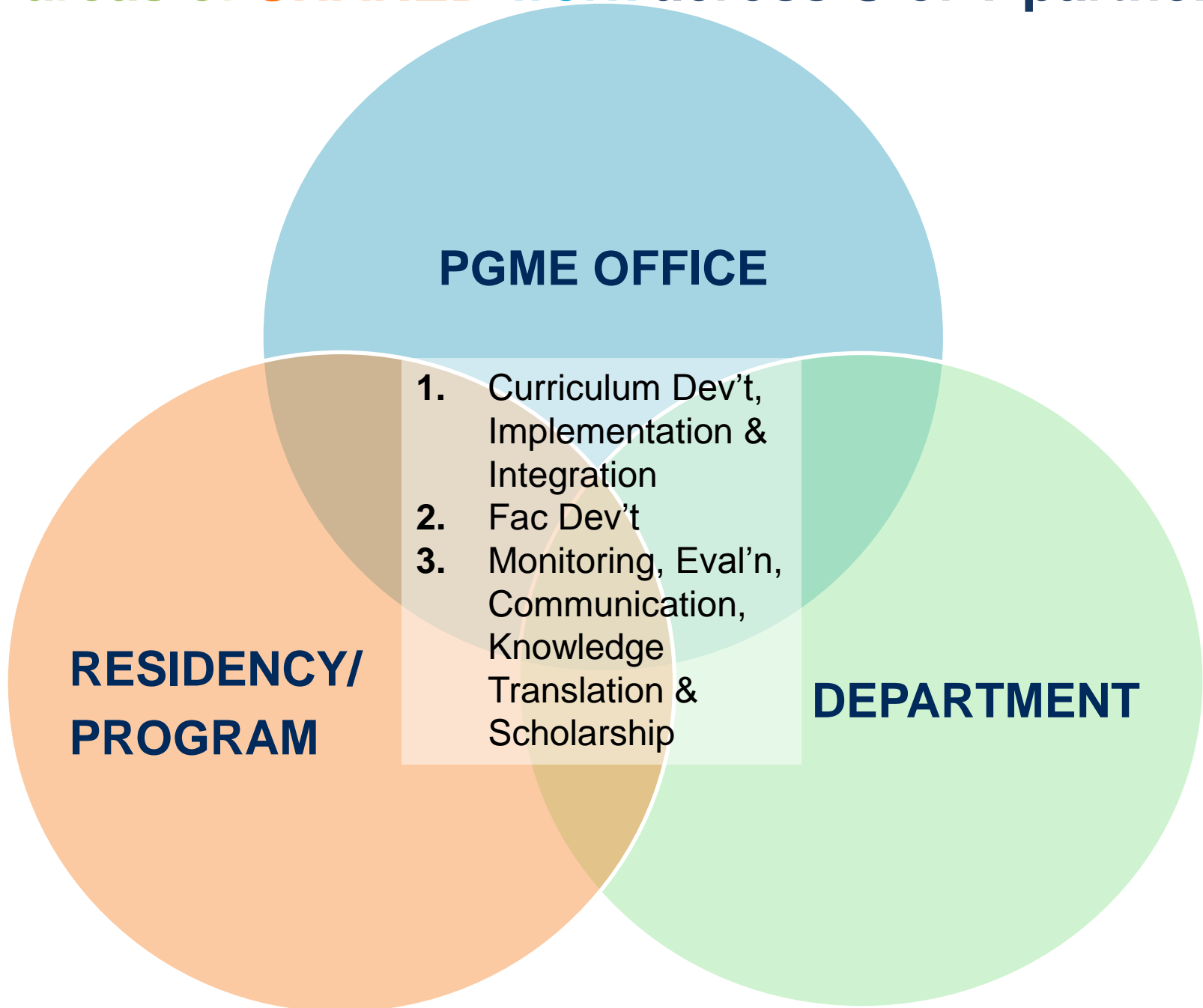
- Vice Chair Education, Division Chair, Faculty Development Lead

## 3. PGME Office

- PGME Assoc Dean, Lead-Education Integration Team, Post MD Dean, IT teams



# 3 areas of **SHARED** work across U of T partners



# CBME/CBD Post-MD Website

[Post MD Education](#) [Faculty of Medicine](#) [U of T main](#) [Maps](#) [A-Z Directory](#) [Contact PGME](#)



- [FOR APPLICANTS](#)
- [FOR CURRENT TRAINEES](#)
- [FOR FACULTY & STAFF](#)
- [ABOUT PGME](#)

<http://cbme.postmd.utoronto.ca/>



**CONTACT US**

FIND A  
**POLICY OR  
GUIDELINE**

ACCESS  
**WELLNESS  
RESOURCES**

APPLICATION  
INSTRUCTIONS  
AND DEADLINES  
**APPLY**

MESSAGE FROM THE  
**ASSOCIATE  
DEAN**

ORIENTATION  
RESOURCES FOR  
**NEW  
TRAINEES**

**CBME / CBD**

-  **POWER**
-  **PORTAL**
-  **PGCORED**
-  **EXCHANGE**

ABOUT CBME & PGME

CBD PROGRAMS

CBME
University of Toronto PGME

- PGME CBME NEWSLETTERS
- U OF T CBME FACULTY & RESIDENT RESOURCES
- U OF T CBME CURRICULUM & IMPLEMENTATION RESOURCES
- EXTERNAL LINKS

Welcome to the PGME CBME website! Thank you for your interest in Postgraduate Medical Education (CBME). We built this site to help support the implementation of CBME at the University of Toronto, including the implementation of Family Medicine's Triple C Curriculum, the Royal College's Competence by Design (CBD) and other competency-based education initiatives.

Watch [CBME Welcome Video](#).

This website serves to provide regular and focused communication with key people and partners, such as program directors and administrators, residents, hospital and department education leads and department chairs, clinical chairs, and members of various committees like the Hospital University Education Committee (HUEC) and the PGME Advisory Committee.

Our **5 goals** for CBME at the University of Toronto include:

1. Integrate a programmatic approach to assessment, with enhanced workplace-based assessments, including direct observation and enhanced culture of feedback.
2. Enable shared evidence-informed decision-making on residents' progress through the use of Competence Committees.
3. Nurture more confident, knowledgeable and engaged residents regarding their performance strengths and limitations as they complete a more outcomes-based training model, including soliciting and incorporating feedback and assistance.
4. Facilitate the effective and autonomous functioning of programs using the CBD model.
5. Demonstrate leadership in CBD knowledge translation, scholarship and research.

It is worth noting that PGME teams, including the Education Integration Group (EIG) and CBD leads across the country, are collaborating closely with the Royal College on the best possible solutions for implementing CBD.

We encourage you to share the contents of this website broadly. If you have questions, please be in touch.

[cbme.pgme@utoronto.ca](mailto:cbme.pgme@utoronto.ca)

Glen Bandiera, MD, FRCPC, MEd  
 Associate Dean, Postgraduate Medical Education



PGME CBME Newsletters

- ISSUE 4 - FEB 2017
- ISSUE 3 - DEC 2016
- ISSUE 2 - MAR 2016
- ISSUE 1 - NOV 2015



U of T CBME Faculty & Resident Resources

- CBME & CBD VIDEOS
- TERMINOLOGY - FACULTY VERSION
- TERMINOLOGY - PROGRAM VERSION
- MYTH BUSTING
- REFERENCES & RESOURCES



U of T CBME Curriculum & Implementation Resources

- OVERVIEW OF IMPLEMENTATION PROCESS
- PROGRAM INTAKE FORM
- CURRICULUM & ASSESSMENT MAP
- ASSESSMENT PLAN
- COMPETENCE COMMITTEE GUIDELINES - (coming soon)



External Links

- CANMEDS INTERACTIVE
- CANMEDS TOOLS GUIDE
- ROYAL COLLEGE
- FAMILY MEDICINE TRIPLE C CURRICULUM
- UTPGMEXCHANGE
- U OF T FACULTY OF MEDICINE

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# Update

- Review of 2016-2017 academic year
- Master CBD Program List
- Plans for 2017-2018 academic year



# Review of 2016-2017

## Medical Oncology

- Launched field-testing phase July 1, 2016
- 6 Learners at PGY4 (AND 6 @ PGY5)
- 7 EPAs
- 11 online assessment tools

# Review of 2016-2017

## Otolaryngology – Head & Neck Surgery

- Launched field-testing phase July 1, 2016
- 5 Learners at PGY1
- 4 EPAs
- 12 online assessment tools



# Master CBD Program List

- Pink, green and gray
- **Red** – Full launch July 2017
- **Green** – Partial launch July 2017
- **Gray** – Target launch for 2018-2019 academic year



# Plans for July 17

1. Anesthesia
2. OHNS

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1. Medical Oncology
2. Paediatrics
3. Internal Medicine
4. Surgical Foundations (incl 9 Sx Programs)
5. Urology
6. Cardiac Surgery



## Cohort 3

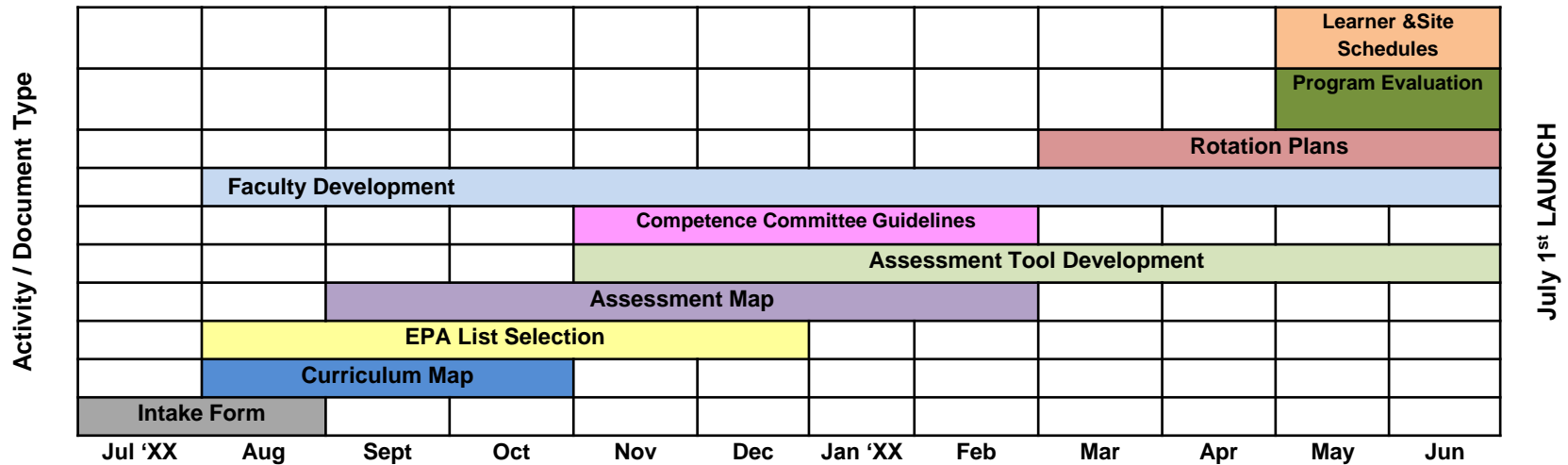
- Meetings to move forward on CBD

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## Cohort 4-7

- Meantime **OPTIONS**

# CBME Implementation PROCESS @ UofT



20XX – 20XX

# Faculty Development

- Who needs what info, when, where
- INCLUDES resident & faculty dev't
- What to do early?
- What to do later?
- Build capacity slowly



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# 3. Information Systems

- Purpose
- Timing/plans
  - POWER
  - MedSquares
  - Entrada



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# 4. What's different

- **DRAFT** ideas on **GENERAL** differences
  - Who and how staffing will be done will vary by department, division, program
  - Are working with departmental & divisional leaders incl operational leaders re: needs



# 2017-18 'asks'

## Building on our understandings from 16-17:

- Lists of learners **(April)**
- Lists of faculty **(April)**
- Sites info for those used in launch **(April)**
- Resident schedules (in partnership with EIG) **(May)**
- Site schedules (in partnership with EIG) **(May)**
- Program evaluation activities (with EIG)  
**(July / Aug)**



# Recap

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# Questions about **CBME**



## **CBME PGME**

University of Toronto

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