



ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA

Competence By Design: How to support your residents in a new CBD world - the PA's perspective

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The best health for all. The best care for all.

Objectives

Upon completion of this session, participants will be able to:

1. Understand the resident's role and experience in CBD
 2. Understand the common challenges for residents in a CBD world
 3. Design strategies to help residents succeed in a CBD world
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Conflict of Interests

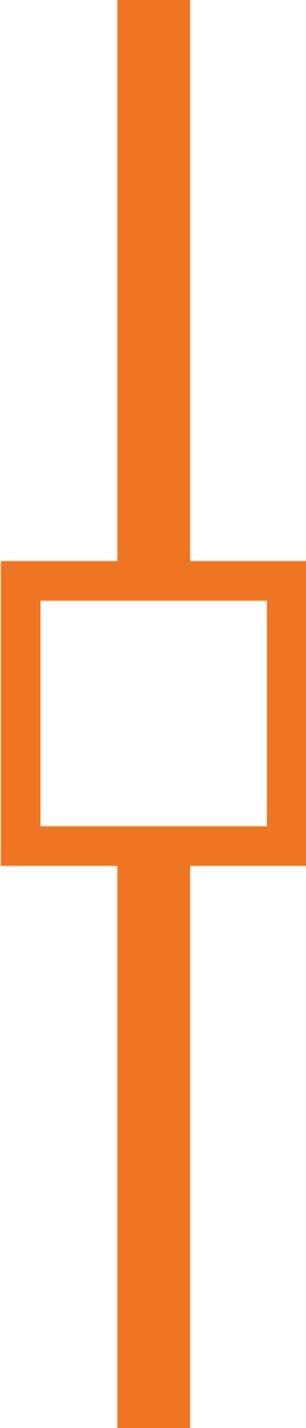
- None to declare
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I am a Program Director implementing CBD



We work in a partnership





Resident's role and experience

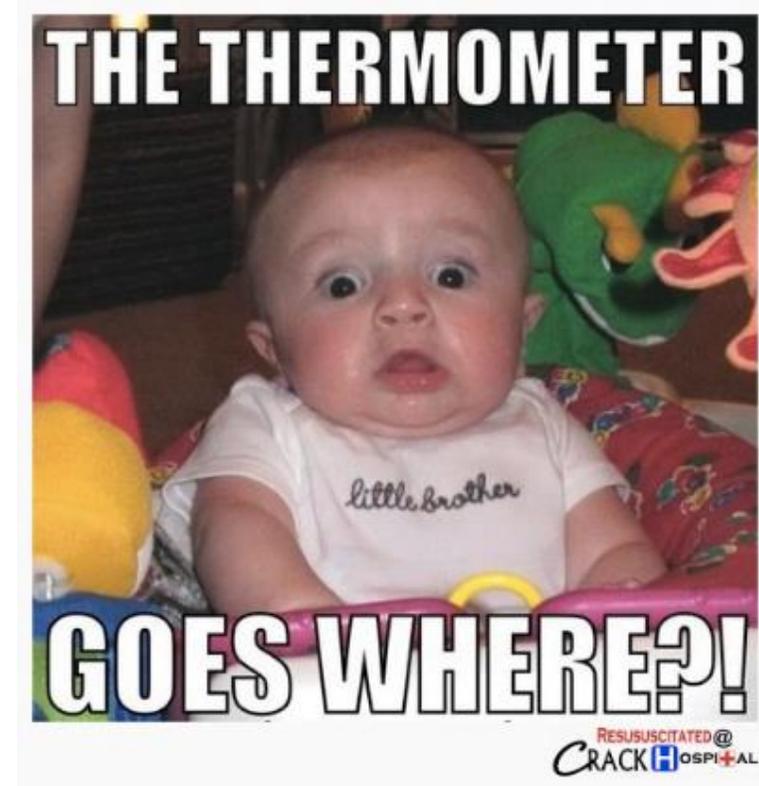
Background

- Residency is for learning, and in order to learn residents need to know how to improve
- CBD = thinking differently about training, and includes the coaching model to help residents improve developmentally
- Assessment for learning, as opposed to assessment of learning
 - Summative (ITER) vs. CBD assessment
- This is a *culture change* – it is about the residents getting regular meaningful feedback and reflecting on it



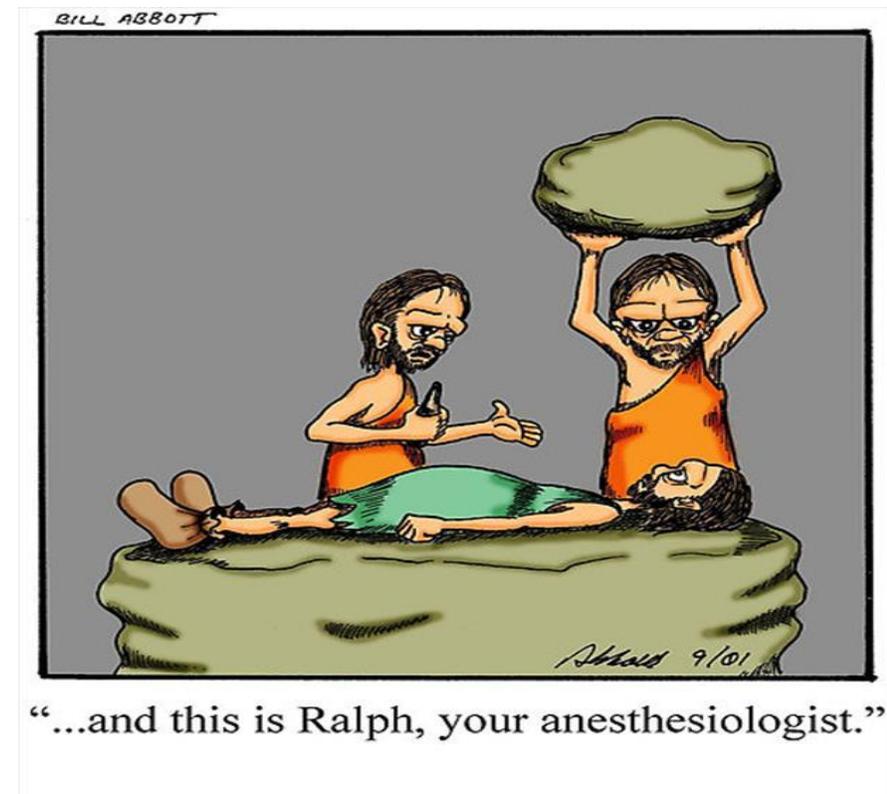
The resident's role

- Residents need to review and understand the stages of training and their associated EPAs and milestones
- Residents need to ensure they know the required training experiences (RTE), and the associated assessment strategy
- Residents need to stay on top of their learning, be proactive in taking advantage of learning opportunities

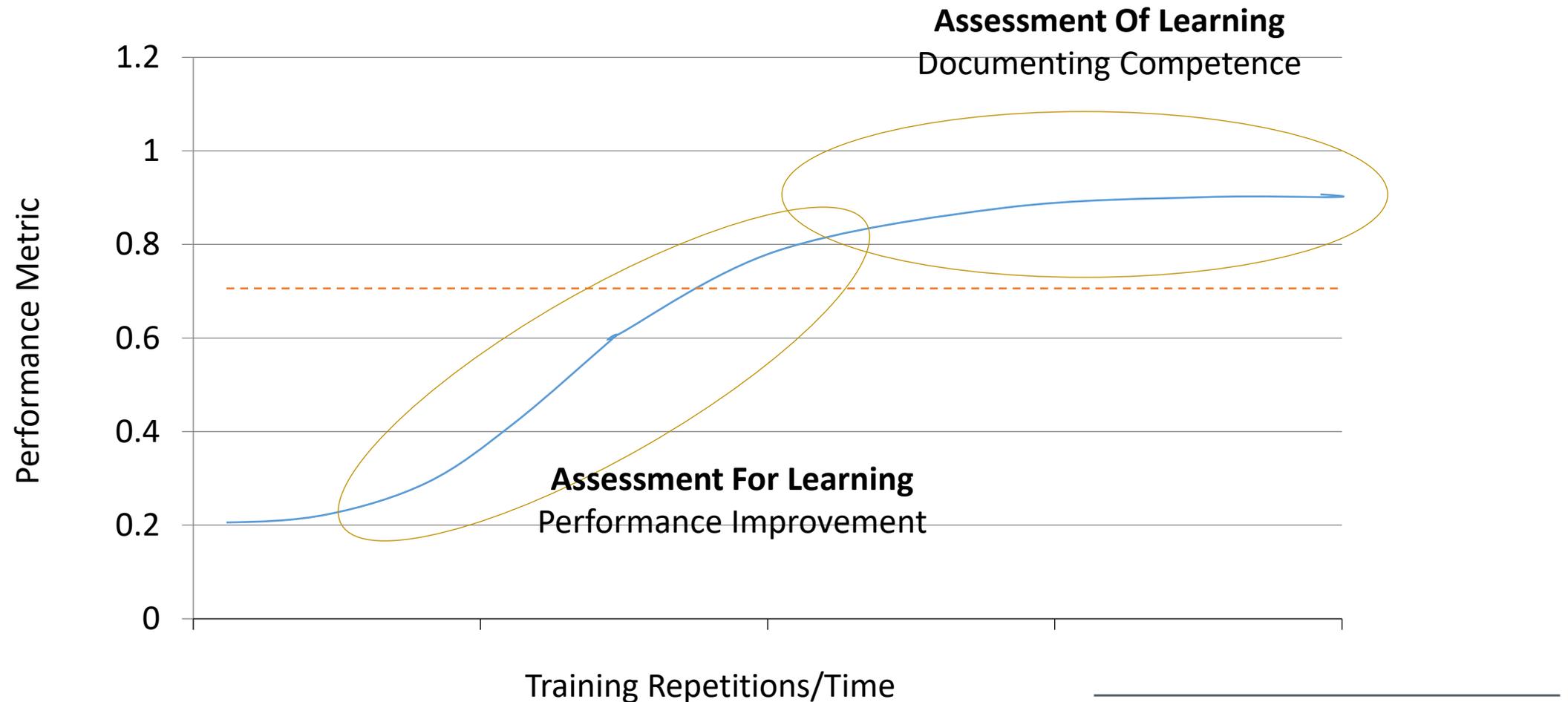


The resident's role

- Residents must ask for feedback, make it a regular part of their interactions with faculty, ie: have a conversation at the beginning of the interaction/clinic around what EPAs they are working on
- Residents assessments are FOR learning, not OF learning
- Residents need to ensure they are receiving useful feedback that is specific and actionable – the program will also help to monitor this
- This means residents need to be assessed along the continuum of learning, not just when they can “be entrusted” on an EPA

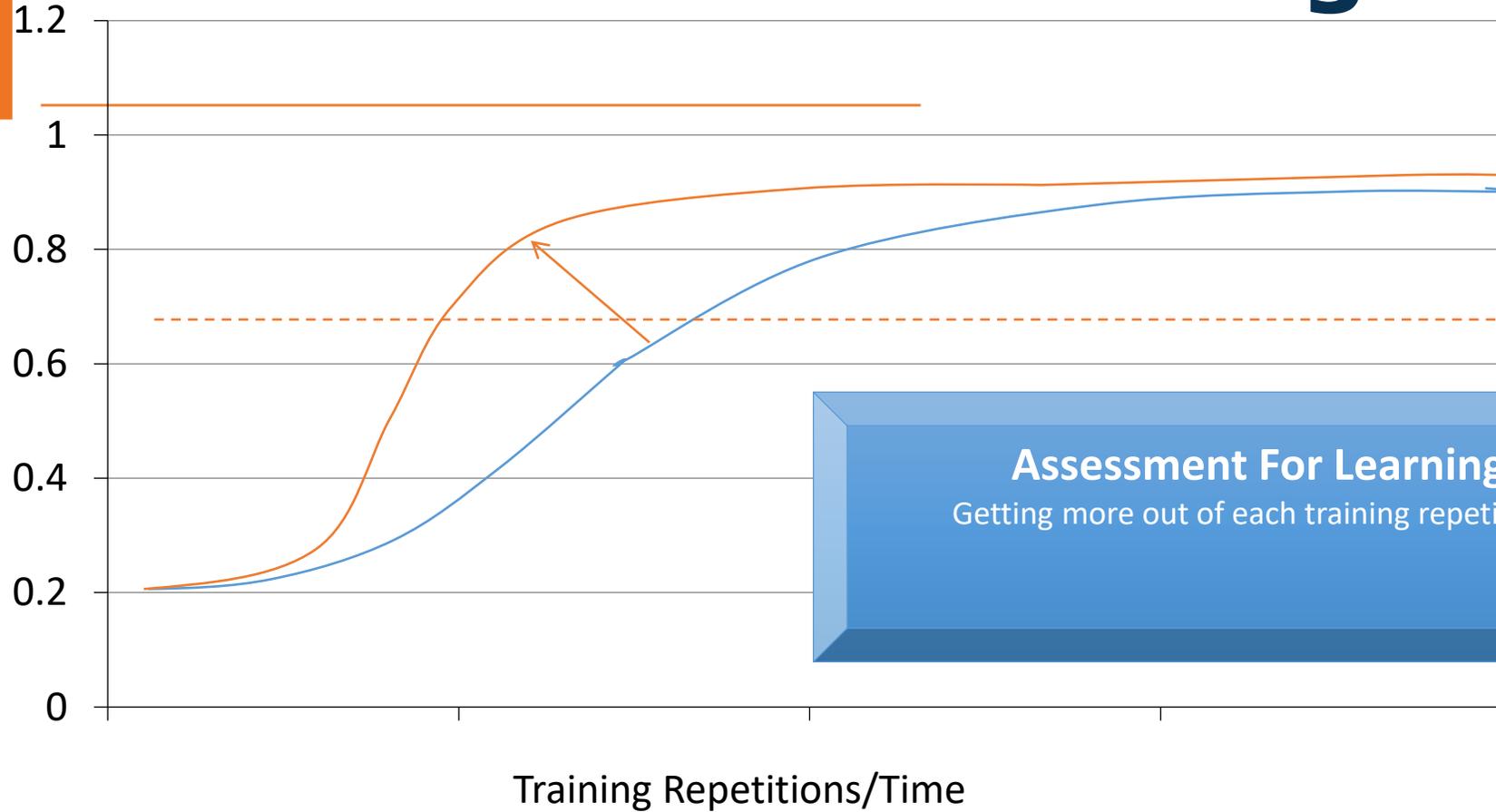


Assessments "of " and "for" Learning



Assessment for learning

Performance Metric



Assessment For Learning
Getting more out of each training repetition!

Entrustment

Level	Descriptor
1	"I had to do" i.e., requires complete hands on guidance, did not do, or was not given the opportunity to do
2	"I had to talk them through" i.e., able to perform tasks but requires constant direction
3	"I had to prompt them" i.e., demonstrates some independence, but requires intermittent direction
4	"I needed to be there just in case" i.e., independence but unaware of risks and still requires supervision for safe practice
5	"I did not need to be there" i.e., complete independence, understands risks and performs safely, practice ready

The resident's role

- Residents won't improve without feedback and coaching
- Resident shouldn't be surprised or disappointed to be told they need to work on certain things
- Both residents and faculty should initiate a documented observation, residents shouldn't feel they have to game the system
- Residents should take time to reflect on the feedback/coaching you receive

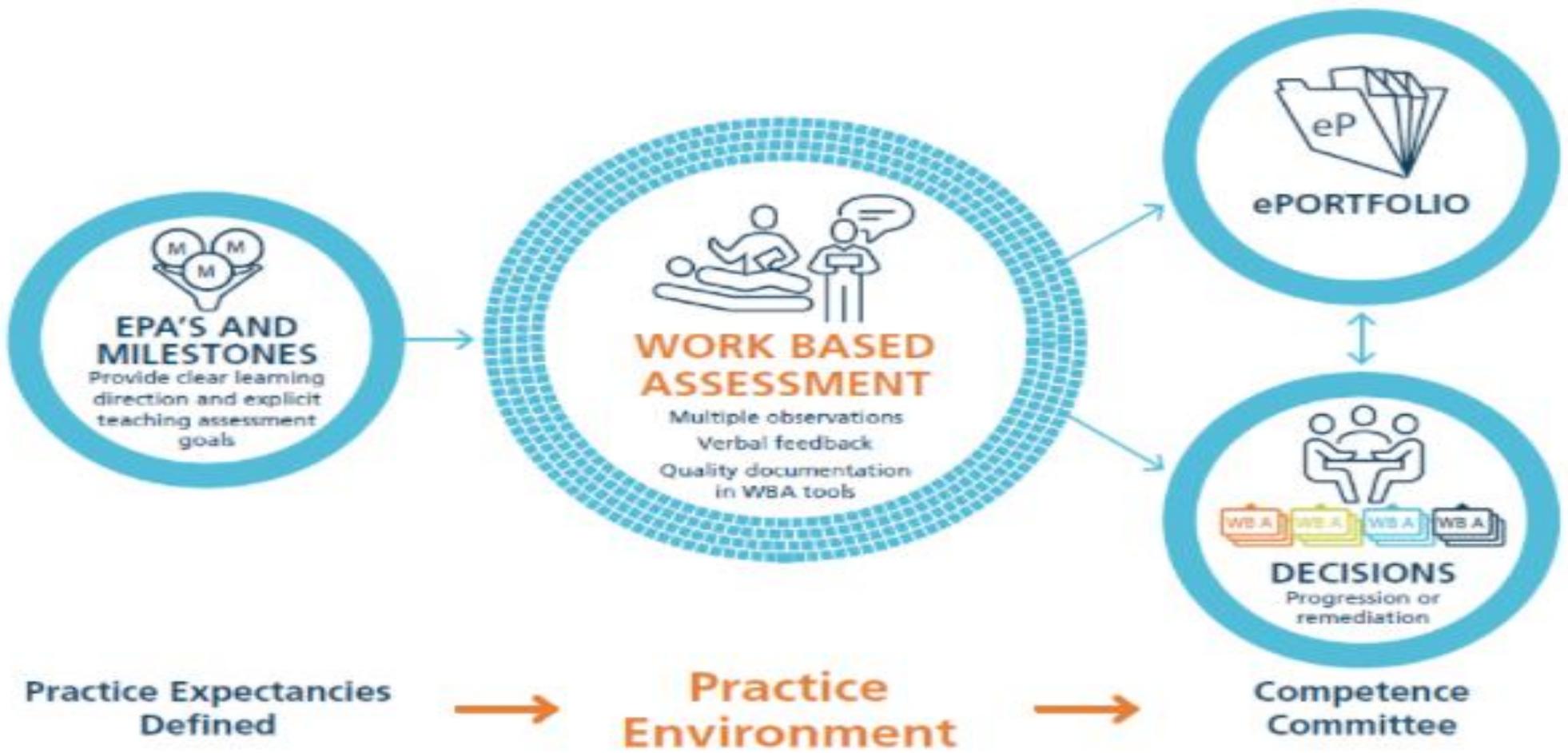


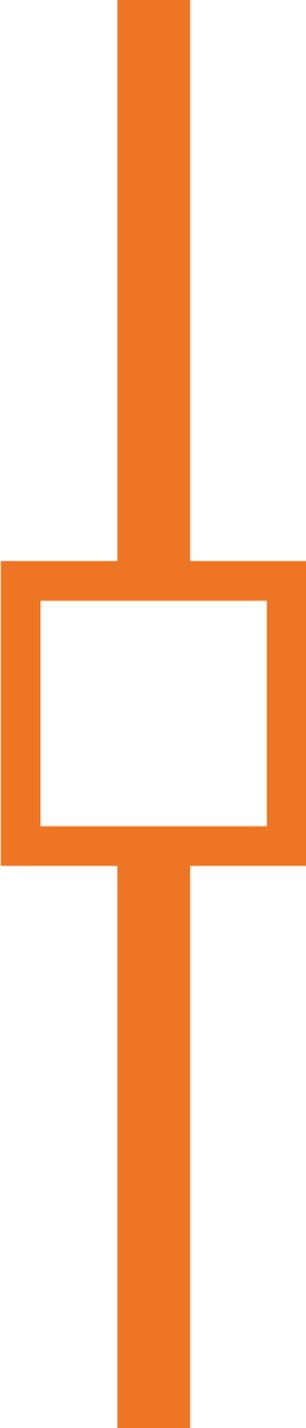
The resident's role

- Residents should seek opportunities to be mentored by peers, and to mentor peers both around performance and learning about training opportunities
 - Residents need to provide faculty with feedback – during the feedback session if appropriate or through the program's online teacher evaluation system. They too need to know how they are doing!
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The resident's role

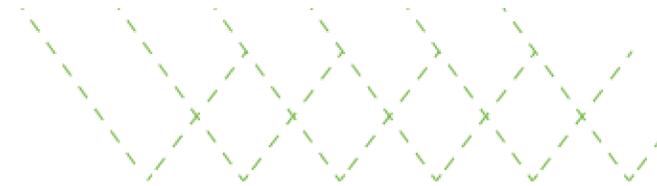
- Residents need to ensure they get the right number of assessments in the right contexts, covering the competence scale
 - Residents need to ask questions when they don't know
 - They to enjoy this time, residency is a a tough time, but a great time.
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Common challenges for residents in a CBD world

A deep dive into challenges for residents



Impact of Competence by Design (CBD)

Report on semi-structured interviews conducted on the 2017-2018 cohort of R1s in Anesthesiology and Otolaryngology/Head and Neck Surgery in Quebec

Presented to the Committee on Specialty Education of the Royal College of Physicians and Surgeons of Canada

Thursday, May 3, 2018

What did they do?

- Using a semi-structured interview tool, residents from Anaesthesiology and OHNS (the programs that launched in July 2017), were interviewed
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What did they ask about?

TOPIC 1: Information and training with respect to CBD before July 1, 2017

- Perception of CBD prior to starting residency
- Specific training or formal information provided prior to starting residency

TOPIC 2: Training received and implementation during first six months of CBD

- Training received by residents
- Implementation process

TOPIC 3: Supervising physicians' level of preparedness for CBD

- Preparation of supervisors
- Supervisors' attitude toward CBD

TOPIC 4: Evaluations – milestones, EPAs, and Competence Committee

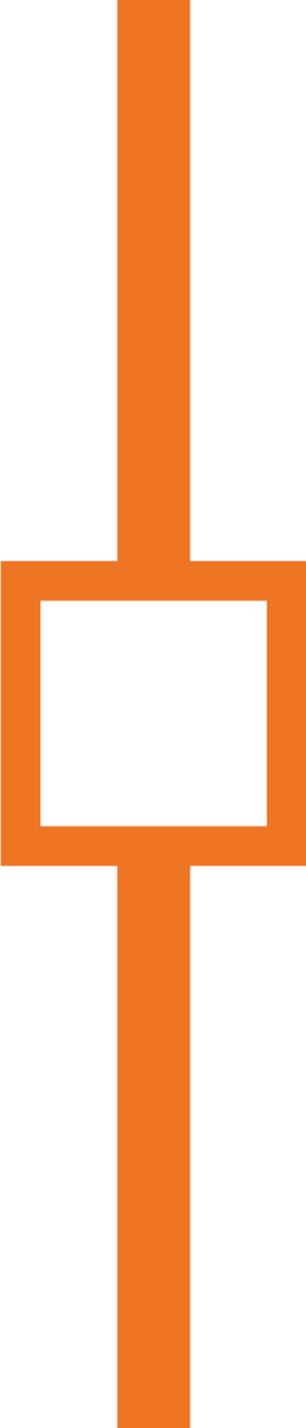
- Conduct of evaluations and impact of CBD
- Content of evaluations – milestones
- Content of evaluations – EPAs – Competency Committee operation
- Quality of interaction with Competency Committee
- Resident-supervisor relationship

TOPIC 5: Strengths and weaknesses of CBD as seen by residents

What did they find?

1. The overwhelming majority of residents did not have any teaching about CBD prior to starting July 1st and felt unprepared
2. Most did not have training on the specific EPAs, stages, milestones etc.
3. Unaware of the Competence Committee and its function
4. Many felt as though they were chasing numbers of assessments, instead of focusing on clinical work, very stressful and could lead to “gaming” of the system
5. High level of responsibility which takes time
6. Felt CBD gave them fragmented evaluations, still wanted the overarching “end of rotation” summary
7. Confusion by both faculty and residents over “entrustment” scale
8. Faculty preparation was varied





FMRQ Recommendations

Recommandation #1

Quality information concerning CBD should be provided to medical students before they begin residency. Insofar as the possibility of shortening the duration of a residency program is unlikely, this should no longer be conveyed to candidates as a benefit of CBD.

Recommandation #2

Training for residents concerning CBD should be given before residency begins or at the latest in the first week of residency. Its duration should be sufficient to acquire all the theoretical and practical knowledge necessary for the resident to function well in CBD mode.

The goals of this training should be pragmatic, i.e., acquisition of the concepts and tools residents need on a day-to-day basis to progress in CBD.

The role, operation and composition of the Competence Committee should be explained during the training.

Recommandation #3

On transitioning in the competence continuum (acquisition of foundations of discipline, core of discipline, transition to practice), residents should be met with, to present and explain to them the details and anticipated timetable of progression to the next stage. These meetings should also provide for individualized feedback on their progress through CBD, including the Competence Committee's findings.

Recommandation #4 ***

All teaching faculty called upon to provide feedback on EPAs, during both discipline-specific and off-service rotations, should receive prior and ongoing training. Supervisors' participation in such training should be documented and mandatory.

Recommandation #5

The RCPSC specialty committees should keep a watch on the list of EPAs and milestones to be attained. Ongoing reassessment of their appropriateness should be carried out during the year in which CBD is implemented, and periodically thereafter.

5.1*** The number of EPAs, milestones, and observations required under CBD must make allowances for practical constraints in the different training sites. In the short term, Anesthesiology would particularly benefit if these requirements were updated.

5.2 Selected EPAs and milestones should reflect a pan-Canadian practice specific to this specialty. Also, it must be possible to evaluate those of a non-technical nature in genuine learning situations.

Recommendation #6

The evaluation criteria for EPAs and milestones should be clearly set out. Among other things, it would be helpful to provide a brief description of a first-year resident's "pre-entrustable" and "entrustable" performances for certain foundation EPAs.

Recommendation #7 ***

Residents are expected to be actively involved in the CBD process. But departments and programs are responsible for ensuring that the evaluation forms forwarded by residents to faculty members are completed within a reasonable timeframe.

Recommendation #8

Appropriate, regularly updated information systems infrastructure should support EPA evaluation and monitoring. A policy allowing for alternatives should be provided for to enable residents to progress in the event of extended breaks in service.

Regardless of the platform used, oral feedback should be given immediately following the evaluation.

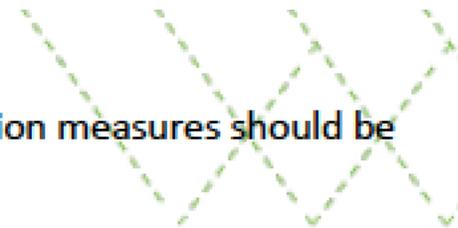
Recommendation #9 ***

Programs should provide residents with a schedule matching each EPA with a specific rotation conducive to its evaluation.

Recommendation #10

In a context of gradual implementation of CBD across the different specialties, mitigation measures should be provided for during the transition.

- 10.1** Progression in EPAs during off-service rotations should be fostered. An example of such a strategy would be using solely evaluation forms from the conventional education system. Consequently, the EPAs specified in this rotation should be credited, provided the resident passes the rotation.
- 10.2** Duplication of evaluation methods (conventional and CBD) should be minimized. Where a hybrid system exists within a given program, a faculty policy should benchmark the use of the different evaluation methods. Among other things, the rules governing decisions concerning resident promotion must be clearly set out.

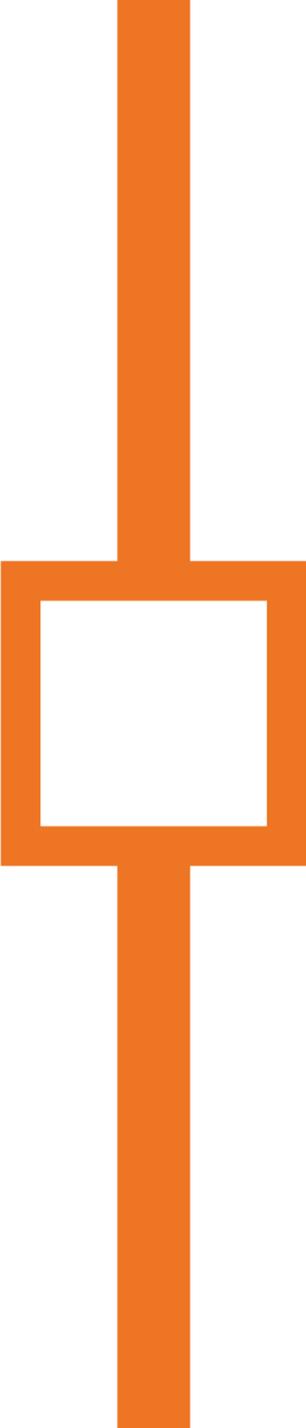


Recommendation #11

The competency-based approach should be adapted to include certain elements more effectively evaluated by the conventional system. For instance, opportunities for summative evaluations should be retained, and the notion of trust acquired over time should be considered.

Recommendation #12 ***

Academic promotion as directed by Competence Committees should be objective, transparent, comprehensive and flexible. It should not rely solely on the number of clinical observations. Residents should be informed of this relative flexibility.



Strategies to help residents succeed in a CBD world

BLOCK #	BLOCK 1	BLOCK 2	BLOCK 3	BLOCK 4	BLOCK 5	BLOCK 6	BLOCK 7	BLOCK 8	BLOCK 9	BLOCK 10	BLOCK 11	BLOCK 12	BLOCK 13
DATES	July 1-31	Aug 1-28	Aug 29-Sept 25	Sept 26-Oct 23	Oct 24-Nov 20	Nov 21-Dec 18	Dec 19-Jan 15	Jan 16-Feb 12	Feb 13-March 12	March 13-Apr 9	Apr 10-May 7	May 8-June 4	June 5-30
ROTATION	WARD 1 (SCU)	ER	ER-VAC	ABSC	SURG	ID-IMM	WARD 2 (Junior)	NYGH	WARD 3 (Junior)	AMB	Research-VAC	PERI	
ASSESSMENTS	PRIORITY EPAs <ul style="list-style-type: none"> FOD9 - Coordinating Transitions (Non-Complex) Other <ul style="list-style-type: none"> Chart Documentation Assessment ITER Mini CEX Chair Rounds ABP Exam AS ABLE EPAs Other	PRIORITY EPAs <ul style="list-style-type: none"> TTD1 - Basic History & Physical FOD9 - Coordinating Transitions (Non-Complex) Other <ul style="list-style-type: none"> Chart Documentation Assessment Encounter cards ITER AS ABLE EPAs Other	PRIORITY EPAs <ul style="list-style-type: none"> TTD1 - Basic History & Physical FOD9 - Coordinating Transitions (Non-Complex) Other <ul style="list-style-type: none"> Chart Documentation Assessment Encounter cards ITER AS ABLE EPAs Other	PRIORITY EPAs Other <ul style="list-style-type: none"> ITER Observed Hx & Ex AS ABLE EPAs Other	PRIORITY EPAs Other <ul style="list-style-type: none"> ITER Presentation Can PDs Exam AS ABLE EPAs Other	PRIORITY EPAs Other <ul style="list-style-type: none"> ITER AS ABLE EPAs Other	PRIORITY EPAs <ul style="list-style-type: none"> TTD2 - Composing & Communicating Orders FOD1 - Assessing & Managing Common Problems Other <ul style="list-style-type: none"> Chart Documentation Assessment ITER AS ABLE EPAs Other	PRIORITY EPAs <ul style="list-style-type: none"> TTD1 - Basic History & Physical TTD2 - Composing & Communicating Orders FOD1 - Assessing & Managing Common Problems Other <ul style="list-style-type: none"> Chart Documentation Assessment ITER AS ABLE EPAs Other	PRIORITY EPAs Other <ul style="list-style-type: none"> ITER Encounter Cards AS ABLE EPAs Other	PRIORITY EPAs Other <ul style="list-style-type: none"> OSCE AS ABLE EPAs Other	PRIORITY EPAs Other <ul style="list-style-type: none"> ITER Observed Hx & Ex (Block 12) Research Day (Block 12) AS ABLE EPAs Other	PRIORITY EPAs Other <ul style="list-style-type: none"> ITER Observed Hx & Ex (Block 12) Research Day (Block 12) AS ABLE EPAs Other	
	REQUIRED TRAINING EXPERIENCES	<ul style="list-style-type: none"> In-patient management of common paediatric problems 	<ul style="list-style-type: none"> Paediatric EM clinic shifts Paediatric EM specific teaching 	<ul style="list-style-type: none"> Paediatric EM clinic shifts Paediatric EM specific teaching 				<ul style="list-style-type: none"> Member of in-patient team for patients admitted to general paediatrics Overnight and weekend call experiences 	<ul style="list-style-type: none"> In-patient management of common paediatric problems Out-patient management of common paediatric problems 	<ul style="list-style-type: none"> Member of in-patient team for patients admitted to general paediatrics Overnight and weekend call experiences 			

2. Incorporate residents' experience/feedback into actionable changes

- Listen to the residents feedback when you interact with them, what is working well? What is not working?
- Look for themes in the feedback, and think of possible solutions, you have the context to do this
- Work with your PD to address the feedback with sensible solutions
- Residents may have feedback about rotations/faculty they are not comfortable passing along themselves, be a professional conduit for this information, working with your PD *eg. Things fed back after some time has passed, generic and made anonymous*



3. Think about your role in resident preparation and support in a CBD world

- You know the residents well and they will come to you for support/chats
 - Start by having information for medical students applying to your program through CaRMS (we have a resource for this!)
 - Be a part of your PD's resident orientation, explain your role to the residents (we have resources for this!)
 - If they are worried about some constructive feedback they received, remind them that:
 - It is FOR their learning, not OF their learning,
 - They won't improve and grow without coaching
 - It is a small part of a much bigger picture
 - That "gaming" the system, is not to their benefit as a learner
 - If they tell you they are working in an environment where it is challenging to get assessments or the assessments are not helpful, make a note – discuss with PD, may be a theme
-

3. Think about your role in resident preparation and support (continued)

- Ensure residents have regularly scheduled fireside chats to discuss progress, this should align with CC meetings and stage transitions
 - Sit in on CC discussions to observe the process, it will help put the pieces of the puzzle together
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4. Think about how you can help set up a system to track resident assessments

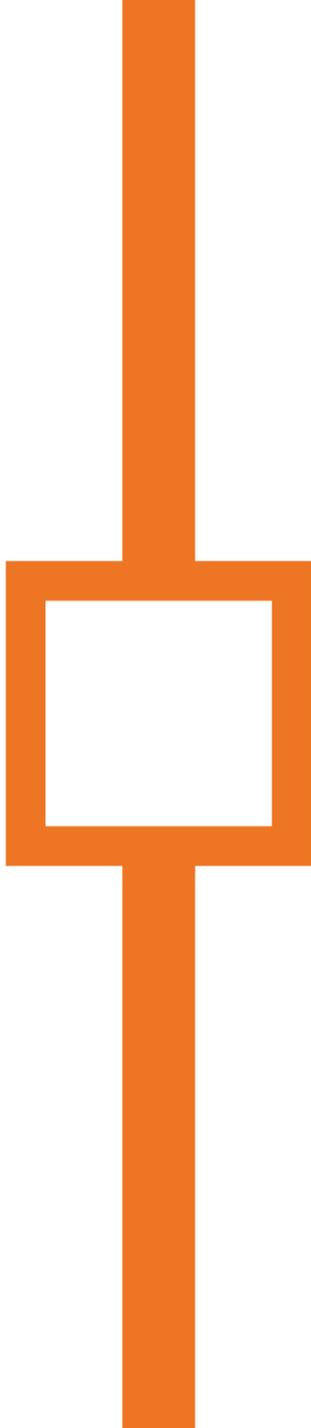
- Residents are required to keep track of the number of assessments they have received, particularly the ones that are entrusted
- This is stressful, and we don't want it to turn into the focus of training!
- Through the Competence Committee there needs to be a way to track EPA numbers (? On the assessment platform)
- Talk to your PD about your role with this tracking:
 - Will you be monitoring the electronic platform checking numbers from time to time?
 - How will this be fed back to the resident, especially if they aren't on track?
 - How will your program check if faculty are filling them out? What will be the mechanism to follow up with faculty?



5. Think about your role in resident assessment

- You interact with residents and get a sense of their performance in specific areas:
 - Professionalism
 - Attention to administrative tasks
 - Ability to collaborate
 - Ability to lead
- What will be the mechanism to formally comment on these competencies and contribute to resident assessment and the work of the CC





[RCPSC website](#)

Objectives

Here is what we said we would do:

1. Understand the resident's role and experience in CBD
 2. Understand the common challenges for residents in a CBD world
 3. Design strategies to help residents succeed in a CBD world
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