So I'm Wendy Clark. I'm the program coordinator for the adult nephrology residency training program. And I'm going to be addressing the question; the role of the PA in competency by design medical education and what to expect and tips for success.

So when I first ventured into this, it was in 2017. There was a little bit of intimidation on my part because I just felt that this was a whole new way of thinking and addressing and assessing residents within our program.

And the first step that I undertook in order to ensure that I understood what the expectations were was just simply to educate myself. And some simple steps that I did for that was to connect with other programs that were transitioning to CBD. We were very early on with one of the initial cohorts, so there weren't too many, buy we reached out and collaboratively discussed different things that were maybe of concern to us and how to address them within our own individual programs.

I attended, of course, the PGME and MEDSis workshops. They had a lot of invaluable resources that really helped me begin to understand how to navigate CPD.

And then I also created for myself just a some literature files. And so I would read and reread the literature that was provided and I created that how-to. So little things that maybe would only occur once a year or just were little nuggets of information that I would find useful.

I made sure that I had a file that was just easy reference for me to refresh myself as I approach these things that were occurring infrequently.

So the next step was then planning. I created a simple list of objectives which I called my to-do list.

I then identify the basic timeline when I hoped to have those items completed. And the big thing for me was I had to recognize that I needed to be flexible and I had to allow for changes within the process because it's an evolution. It's a it's not a cookie cutter. Mold it with something that we had to progress through in a stepwise fashion. And sometimes we took little detours and things that we thought would work well and didn't it would make some changes to how we were approaching. And then I realized in the planning that a lot of the things that I was doing in my program, we're already CBD.

So that was reassuring because it wasn't like we were taking everything we did before and getting rid of it and then starting something new. We were actually just building on what we were already doing and using those best practices to move us forward. And then the next step was building. And so I would review what I had done and I would build upon those planning details.

That might be just simple steps or find tweaks to what we had already done. But again, it was just moving forward. I tried to keep my goals simple and that they were easily achievable.

And the final thing was just to remind myself and I would like to remind you that please don't lose sight of the big picture.

Keep the steps manageable. It's easy to become overwhelmed or inundated with what you perceive to be a lot of competing tasks, but just to keep the steps focused and progressing through as it evolves. Because there will be changes as we go along. So one of the tips that I found very early on was I felt I needed an assistant.

So how does an assistant get an assistant?

So, I use the Outlook calendar and I would create meeting times for specific weekly, monthly, and yearly tasks. Because when you're in the moment, quite often, it's easy to lose sight of what you need to do on a routine basis. So having those calendar reminders and booking a specific time-frame, I need an hour for this or half a day for that, or 15 minutes for this really allowed me to be able to take time for myself to schedule what I needed to do. So, for example, things that I would consider would be rotation, scheduling, making sure that they were done in a timely fashion and out to the residents.

Our call schedule preparation, other things like our skis and simulations which occur every four to six weeks. Preparing competence, committee meeting files, carbs, interviews, review meds, details in each block one week before the block starts to ensure that no changes have occurred.

Those things will simple task.

Those little reminders allowed me to just focus on are things going the way I'm expecting them to going? Am I being organized and efficient with my time and ensuring that I wasn't running up to the last-minute crunch, which we all can have unexpected things. So it's nice to have those blocks of time kind of already pre-planned into my daily work or weekly work schedule, the evaluation schedule.

So within MEDSis, I'm sure you're all familiar with the rotation evaluation schedule. So when I would do is at the end of each blog, a few days into the next block. Actually, I would review the evaluations that were to have gone out the block before to ensure that they went out as I had listed in the rotation schedule, I created a tracker sheet to ensure that the evaluations were completed by both residents

and faculty. Sometimes I would very quickly early on identify if there were any deficiencies in terms of completion.

And now with of course expiry of evaluations and assessments, It's really important that we have kind of an overview of where our program is sitting on that.

So this is an example of an evaluation tracker. It's simply an Excel spreadsheet. So I've listed the, of course, the block number, the dates that were involved for that blog, who was assigned to complete an evaluation, the type of rotate on the resident was on. And when the evaluation was completed. This allowed me to be able to just have a snapshot right at my fingertips to show where I was at. In terms of completion, if there were any that were falling or coming close to that timeline, I could then follow up with a reminder to the faculty if there was a potential of expiring evaluations?

I know within medicine, we now have a request for time off tracker. Prior to it being available. I did have this particular template and it helped me, again to identify requests for time off if they had reached their maximum amount or they were taking additional time off, for example, that glue days for statutory holidays.

So this was just a tracker that I had developed and it would automatically tally the totals as I was entering the dates.

One of the items that I was really pleased with, I thought was quite innovative, was supporting our residents when they're in the field and they're doing EPA. So those entrustable professional activities, it can be very cumbersome for them to be able to know where they can, what items to work on. So within the field, we developed a milestone mapping checklist, which is simply a one-page document double-sided, which we created a PDF for.

And this just showed them all of our EPA's at a glance and the rotations where they could find them.

So for example, you'll see transition to discipline. It's a four-week block for us and the target rotations for the two EPA's associated with this phase. We're likely to occur in inpatient service and or clinics. Similarly, foundations of discipline. Again, it's a little bit longer. It went for a number of months, July 28th to April 5th, for example. And the various EPA's, there were 11 of those. We showed the target rotations for each of them.

So you'll see that on this list, the foundations EPA's aren't in numerical order. We group them according to one section they're in and what service they would apply to. So this was very useful because in the resonance had a snapshot of what can I focus on in this particular rotation.

We also developed an EPA milestone electronic manual. So you can see here just a screenshot of what the face sheet looks like. So this is actually that milestone checklist, the previous document I showed you.

This is flushed out completely, so it shows all of the information that the Royal College is requesting that we obtained. So for example, this one here is the MEDSis EPA dashboard name. And the next one is what the Royal College would call the EPA and its details. And then the key features, assessment and milestones.

These are the full requirements of the EPA and the target rotations. You don't see it on this particular screenshot. But at the bottom, I also listed the information where they could the rotations they could find this EPA on would allow for the resident to plan for upcoming rotations and also in the field to review it as required.

This manual, because it's fairly lengthy in its expectations. What we did was we created a table of contents that was linked to each of these EPA's. So they would simply open the table of contents, click on the EPA that they wanted to review and they would automatically be taken to that EPA. Similarly, at the bottom of each EPA, there's a link to take them back to the table of contents because it would be a very long document and we wouldn't want them scrolling up and down to try and locate the information they want.