

@UofTPGME CBME NEWS

An occasional newsletter for Program Directors and PGME leaders and administrators

ISSUE 13 – June 2020

NEWS FROM THE PGME ASSOCIATE DEAN

Welcome to the next issue of our CBME newsletter as we finish 19-20 (one for the ages) and begin 20-21.

On the one hand, our education system has been severely disrupted by the pandemic and on the other, elements of our educational programming have continued on seemingly without missing a beat! The two are not irreconcilable. In many ways the advent of CBME has helped adapt to the new realities of workplace-based assessment.

As one example, the questions of whether or not residents have to make up 'missed' time is no longer relevant since the benchmarks are acquisition of competencies rather than accrual of weeks. As another, we can seek out competencies in redeployment activities that can be 'counted' even though the actual 'rotation' or 'assignment' may not look like a traditional rotation as prescribed in an STR. A final observation relates to the new data-driven model: as long as competence committees are using some form of deliberate data collection and analysis to make an active decision about progress, they will meet the respective College expectations, even if the originally planned minimum observation numbers are not met. The last of these relates to the great degree of flexibility shown by the Colleges while adhering to the basic principles of competency-focus and data-driven decisions. So while we have seen much work layered on top of the already busy CBD rollout due to the pandemic, we can leverage the changes to explore the nuances of our new model.

The pandemic also brought uncertainty around the 2020 launch. Thankfully, a national detailed process allowed all specialty committees to reconsider their plans and make decisions that work for their specialty. We were prepared for any eventuality for our programs and in the end will be ready to fully launch those going forward and continue to support pilot work for those who have chosen to postpone for a year. The anxiety caused by these uncertainties and shifts is not lost on me; I truly appreciate the focus and thoughtfulness demonstrated by all as we co-create the next phase of PG education here in Toronto.

Finally, I wanted to highlight a couple of other advances currently underway. In keeping with the episodic and multiple observation model of resident assessment, we are launching a new teacher assessment model that is predicated on episodic, 'just in time' resident-triggered teacher assessments and built into Elentra. This will allow harmonization across undergraduate and postgraduate learners, increase the validity of assessments through higher volume and frequency of 'samples' and provide teachers with more data points to allow more frequent feedback while preserving confidentiality of the learners.

We have also completed a refinement of the overall EPA assessment scale to help address the feedback gathered in the early phase of our program evaluation work. See the Faculty Development section for the details on the revisions.

So busy times for all! ***Thanks again for all you do.***

While stellar work is definitely being done by many, I especially want to recognize **Lisa St. Amant** and **Carolina Rios**, our two project leads not only for their work but for recent accomplishments: Lisa has taken on the role of **National CBME leads Chair** and Carolina has assumed the role of **Project Manager- Learner Systems Integration** in our unit. We owe both a debt of gratitude for their leadership of their respective portfolios.

Need more info? If you have any questions, do not hesitate to contact me at adpgme@utoronto.ca or cbme.pgme@utoronto.ca

Glen Bandiera, BAsC(Engin.),MD,MEd,FRCPC
Professor & Associate Dean, PGME
adpgme@utoronto.ca

CBME/CBD FACULTY DEVELOPMENT (FD)

Overall ENTRUSTMENT scale refined for 20-21

We did a survey of residents and faculty and they identified key elements that needed improvement. With the input of the Best Practices in Education and Assessment (BPEA) Committee that reports to the Postgraduate Medical Education Advisory Committee (PGMEAC), the refinement of the overall EPA assessment scale helps to address the input. The new scale will be implemented in July. For a look at the scale and hints on its use, see this [quick TIPS page](#).

COVID related FD: How to be ready and confident for virtual teaching.

The Centre for Faculty Development (CFD) has gathered resources to support faculty as they deliver more educational sessions virtually. The [CFD website](#) is curated for resources that are helpful: a list of summer and fall workshops are found [here](#), and a new PREMIER for residents and faculty on Virtual Teaching and Supervision is found [here](#).

Need something different? Contact us at cbme.facdev@utoronto.ca and we'll work to find you resources.

NEW Offering: Strategies for Systematic, Scoping, or Other Comprehensive Searches of Literature

Are you or your residents struggling to start your systematic or scoping review? Want to improve your research process by searching more effectively and efficiently?

Registration is now open for one or all of the summer 3-part workshop series: **July 17, July 24 & July 31, 2:30-4:30 p.m.**

The workshops follow a flipped-classroom model, which means *there is pre-class work* (30-40min) that is required to be completed before joining online for class. The pre-class work will be available in Quercus.

JULY SERIES **note if you register for the July series, the pre-class work will not be available until July 9th**

- PART 1: [Structured Approach to Searching the Medical Literature for Knowledge Syntheses](#) (July 17, 2:30-4:30pm + pre-class work)
- PART 2: [Beyond MEDLINE: Translating Search Strategies for Knowledge Syntheses](#) (July 24, 2:30-4:30pm + pre-class work)
- PART 3: [Going Grey and Supplementary Search Techniques](#) (July 31, 2:30-4:30pm + pre-class work)

LOCATION: Online (Quercus + Blackboard Collaborate)

REGISTRATION & MORE INFO: <http://uoft.me/gersteinworkshop>

****Please register using an UofT email address eg. @utoronto.ca or @mail.utoronto.ca****

Need help with CBME/CBD Faculty Development

If you have ANY questions about CBME/CBD faculty development, contact **Dr. Susan Glover Takahashi** at sglover.takahashi@utoronto.ca

CBD IMPLEMENTATION UPDATE

CBD Implementation

A total of nine Programs will be proceeding with their CBD Launch in 2020-21, with additional supports from PGME and the Royal College as needed. 2020-21 Full launch Programs are not expected to launch all CBD components in time for July 1st. Their rollout may take on a gradual, staged approach. See the list below.

Additionally, in response to the varied impacts of COVID-19 on service, education and assessment delivery, a joint decision was made by the Royal College, national Postgraduate Deans and Specialty Committee Chairs to defer the launch of CBD for eight Programs. This decision was informed by extensive consultation with stakeholders, and a national Royal College survey distributed to Programs across the country, and with attention to regional and Specialty-level differences in impact. All of the deferred Programs will be piloting components of their CBD model (e.g. piloting a few EPAs in Elentra).

Programs Fully Launching CBD in 2020-21 (9 total)

- Adult Neurology
- General Surgery
- Nuclear Medicine

- Orthopaedic Surgery
- Pediatric Cardiology
- Pediatric Neurology
- Physical Medicine and Rehabilitation
- Plastic Surgery
- Psychiatry

Programs Deferring Launch to 2021-22 and Piloting CBD in 2020-21 (8 total)

- Adult Cardiology
- Adult Clinical Immunology and Allergy
- Adult Respiriology
- Neonatal-Perinatal Medicine
- Pediatric Clinical Immunology and Allergy
- Pediatric Respiriology
- Pediatric Surgery
- Vascular Surgery

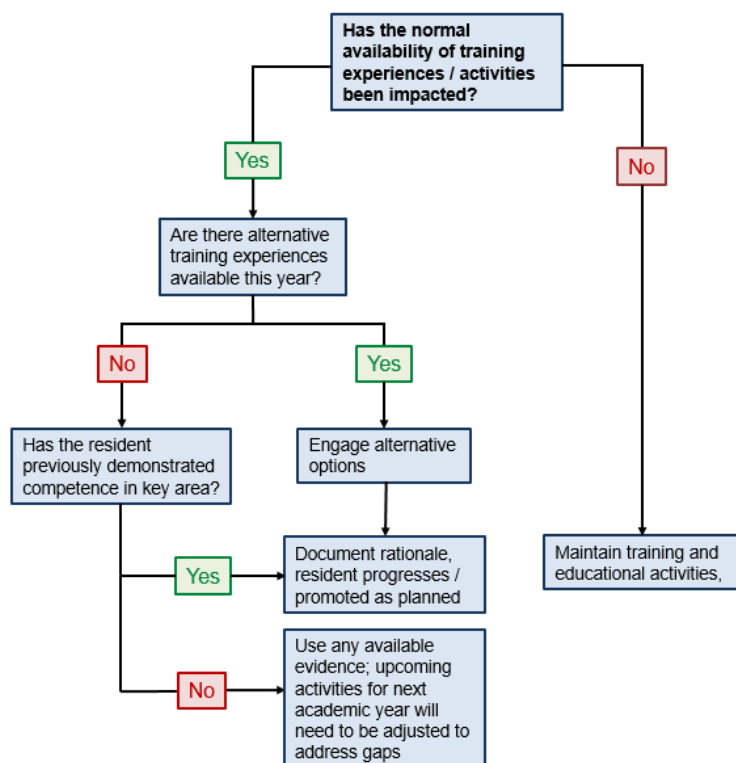
A CBME & COVID-19 Townhall was organized by PGME, on May 13th, to communicate assessment and education expectations for both those Program preparing for Full Launch and those who have already implemented (slides can be found [here](#)). It also offered Programs the opportunity to ask any questions and hold a space for open discussion regarding Programs' needs and challenges at this time.

The Royal College and PGME are allowing for flexibility in how and when EPAs are achieved, their target expectations, and how to make decisions on progress and promotion at the Competence Committee level with less assessment data. The emerging key messages were that:

- Residency Program Committees and Competence Committees have the authority to make adjustments to their Program's education and assessment requirements to make more feasible for residents to achieve given their current circumstances (which could include re-deployment, reduced clinic opportunities and re-investment of energy and focus toward the pandemic and away from assessment, among other impacts).
- EPAs and other competencies can be mapped to alternative training experiences and assessments, as available. Activities for the upcoming academic year may need to be adjusted to allow residents the opportunity to demonstrate competence in 'gap areas'.
- Any adjustments made to a Residency Program's education and/or assessment plan requirements need to be documented and approved by the RPC. Also requiring documentation is the data used to inform Competence Committee's decisions.

A flow chart that illustrates the process of making changes to Programs' education and/or assessment plans in response to COVID-19 can be found below.

Programs are encouraged to contact their Program CBD Lead and/or other PGME staff if they have any questions or concerns about their CBME implementation or require any supports.



ELENTRA AND TABLEAU UPDATE

Blank Forms for EPA Assessments

On April 15th, 2020 the Send Blank Form method of assessment was removed as an option for EPA assessment after careful consideration and consultation with key stakeholders, such as the Best Practices in Education and Assessment (BPEA) Committee and CBD launched programs.

Users who wish to push an assessment via email, now do so using the "Complete and Confirm by Email" option.

PGME continues to encourage that the best option, wherever possible, the "Complete Now" option.

Since the inception of Elentra, in 2018, 29,000 EPA assessments have been completed and 11,000 Field Notes in Family Medicine have been completed. We have also released 71 Tableau dashboards in 2019-20 for Competency Committees.

Elentra Development Plans for 2020-21

- On demand Faculty Assessment and Rotation Evaluations
- Piloting of the Rotation Schedule feature in Elentra jointly with MD program
- Assessment Plan (to replace Tableau dashboards)
- EPA Expiry will be implemented
- New Reports/Data Extracts

In February/March 2020 a survey was conducted by PGME with residents and faculty. The purpose of the survey was to: understand comfort levels with both EPAs and Entrustment Scales; identify facilitators and barriers to completion of EPAs; and identify potential improvements in the EPA assessment systems. The key technological challenge to completing EPAs for faculty and residents was being able to track and monitor progress of EPA completion in Elentra.

We are currently working closely with the Elentra Consortium to ensure that the Learner View of the Assessment Plan that would permit learners to track progress be available in early 2021.

MYTH BUSTING

MYTH #1: During COVID-19, if a resident hasn't achieved the target number of assessments for a given EPA(s), they can't be promoted.

FACT: False. If the resident is missing EPA assessments, but is otherwise showing overall competence for their current stage, the Competence Committee may still recommend the resident be promoted. Competence Committees have and should exercise their authority to Progress and Promote Residents and Fellows based on available assessment data at that time. There should be a clear plan in place for subsequent training experiences that will facilitate the EPA's achievement and the CC should continue to track future evidence concerning its completion.

MYTH #2: Residents are bound by the same targets set pre-COVID-19 for the duration of the pandemic.

FACT: False. Adjustments can be made to a Residency Program's education and/or assessment plan, including targets. Note that any adjustments made must be documented and approved by the Residency Program Committee.

MYTH #3: Programs can employ new / alternative training experiences to facilitate work-based observations and achievement of discipline's competencies.

FACT: True. In doing so, programs are to consider whether these new / alternative experiences have appropriate supervision of learners, the relevance of this experience to their discipline, how they connect to the discipline's competencies, and proper documentation of plans to adopt and cover expected competencies.

Want to review MORE MYTHS:

To look at all of the U of Toronto CBME/CBD Myths, see:

<http://cbme.postmd.utoronto.ca/?ddownload=451>

To review the Royal College CBD Myths, see:

<http://www.royalcollege.ca/rcsite/documents/cbd/cbd-myths-infographic-e.pdf>

PREVIOUS NEWSLETTERS:

The @Uoft PGME CBME Newsletters provide important updates on the implementation of CBME at the

University of Toronto for Learners/Residents, Assessors, Faculty, Program Directors and Administrators, and other Education Leaders.

Each issue contains a message from the PGME Associate Dean, news and updates related to the Royal College and/or University of Toronto programs, CBME Innovators at the University of Toronto, definitions of related CBME/CBD terms, clarification on common CBME myths and a resources page.

All issues available at: <http://cbme.postmd.utoronto.ca/pgme-cbme-newsletters/>

RESOURCES FOR PDS, SITE DIRECTORS & PGME LEADERS:

U of T PostMD CBME/CBE online tools found [here](#).

CanMEDs Interactive is the online, ready to use version of CanMEDS 2015 Framework and many of the resources in the CanMEDs Tools Guide, found at <http://canmeds.royalcollege.ca>

PD handbook is the RC resource on residency education. For more info, it can be found [here](#).

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500 University Avenue, 6th Floor
Toronto, Ontario M5G 1V7 (University & Dundas)
Phone: 416-978-6976
<http://pg.postmd.utoronto.ca>