



## NEWS FROM THE PGME ASSOCIATE DEAN

**Newsletters provide important updates on the implementation of Competence by Design (CBD) at the University of Toronto.**

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## POSITIVE STEPS FORWARD

### CBD Launch in 2017-18

We have fully launched two of our programs in conjunction with the national roll-out: Otolaryngology – Head & Neck Surgery (OHNS) and Anesthesiology (ANES), using the new Royal College Competence By Design (CBD) standards documents, at the start of the 2017-18 postgraduate academic year. OHNS is continuing to build upon their 2016-17 partial launch of CBD elements. In ANES, roll-out of the new CBD program requirements in July 2017 continues to build upon their longstanding culture of frequent clinical observations and pre-testing. The new Royal College standards are being applied to incoming PGY1s as they start their residencies. The PGY2-5s are also benefiting from enhanced assessments and feedback using the nationally established CBD Entrustable Professional Activities (EPAs) model. In ANES, roll out of the new CBD program requirements in July 2017 has continued to build upon their longstanding culture of frequent clinical observations and pretesting.

### 2017-18 CBD Implementation

Additional programs have begun to move forward with elements of CBD in 17-18. These programs are implementing a selection of their EPA assessments, enhanced feedback/coaching and/or point of care assessments.

### Programs undergoing a local partial launch in advance of national roll-outs include:

- 1) The 9 Surgical Foundations (SF) programs, specifically Cardiac Surgery, General Surgery, Neurosurgery, Obstetrics & Gynaecology, Orthopedic Surgery, Otolaryngology – Head & Neck Surgery, Plastic Surgery, Urology, and Vascular Surgery. These programs have begun implementing all of the early-stage SF EPAs through updating and refining their well-established surgical Preparatory Camp for 60+ PGY1 residents. These residents will also now complete enhanced SF EPA assessments while on-service.

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- 2) Cardiac Surgery, Internal Medicine, Medical Oncology, Paediatrics and Urology have now implemented some of their program-specific EPAs across multiple PG years, several clinical activities and involved different settings. This partial launch has contributed to building capacity in their residency programs, as well as helping to develop readiness and skills with residents and faculty as they make the transition into CBD.

## Information Systems

During this 17–18 academic year, the point of care assessment system at University of Toronto will be **Medsquares**.

PGME at the University of Toronto has joined the Entrada consortium, in preparation for full CBD roll out. [Entrada](#) is a web-based teaching and learning platform that will be used to support a full range of medical education activities for learners, teachers, and administrators, in a user-friendly environment. PGME is working with [Discovery Commons](#) to pilot the basic functionality of Entrada within the Orthopedic Surgery residency program. In parallel, PGME is also working with Discovery Commons and Entrada to develop the evaluation features and functions that will support Competency-Based Medical Education (CBME) at U of T. It is expected that the Entrada CBME application for U of T will be ready to support both CBME cohorts 1 and 2 by July 2018.

During this period of development, all programs are expected to continue completing their schedules and ITERs, as well as Teacher Evaluations and Rotation Evaluations, in [POWER](#). POWER will continue as the web-based Registration system for PGME.

## The CBD Residency Implementation Award

We are pleased to announce the newly established, CBD Residency Implementation Award. PGME at U of T would like to express our utmost appreciation to the Royal College for an award dedicated to promote independence and innovation in residency programs.

The Education Integration Group (EIG) of PGME at the University of Toronto will provide up to 10 small program awards for Resident/Faculty co-delivered projects and activities that support CBD development and integration. An Advisory Group of Residents and Faculty will soon be appointed to help programs design projects and support the delivery of CBME activities and initiatives. The EIG will study 'what works' in these program-based initiatives and support the development of knowledge translation resources that could be used in other programs. **Please watch for the open call for participation in October 2017!**

I wish to personally thank Dr. Susan Glover Takahashi for her leadership locally and nationally in managing this huge change. The EIG team needs to be thanked also, for the countless hours they have devoted to this initiative in support of our pioneering programs. As well, Caroline Abrahams, our Director of Policy and Analysis has been providing foundational leadership in the development of the IT infrastructure in support of CBD; I extend my gratitude and appreciation to her and her team as well. We are lucky to have such a strong and dedicated team.

If you have any questions, do not hesitate to contact me [BandieraG@smh.ca](mailto:BandieraG@smh.ca) or Sue GT via [sglover.takahashi@utoronto.ca](mailto:sglover.takahashi@utoronto.ca) or our EIG team [cbme.pgme@utoronto.ca](mailto:cbme.pgme@utoronto.ca)

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### BEST PRACTICES IN EVALUATION AND ASSESSMENT (BPEA)

In 2016, the Best Practices in Evaluation and Assessment (BPEA) Working Group was established to help guide and inform the implementation of CBME across postgraduate programs at the University of Toronto.

The working group produced 11 evidence-informed papers on topic areas such as residents in difficulty, program evaluation and monitoring of assessment, programs of assessment, etc.

Links to each of the 11 papers can be found below:

- [Best Practices in Evaluation and Assessment \(BPEA\) for Competency-Based Medical Education \(CBME\) in Residency Education – SUMMARY REPORT – 2017](#)
- [Theme 1 - Changing Curricula to CBME - Issues and Implications](#)
- [Theme 2 - A look at the Issues and Implications of CBME for Learners](#)
- [Theme 3 - A look at the Issues and Implications of CBME for Faculty](#)
- [Theme 4 - Programs of Assessment](#)
- [Theme 5 - Role of Technology in Assessment and Data Management](#)
- [Theme 6 - Program Evaluation and Monitoring of Competence by Design \(CBD\)](#)
- [Theme 7 - Assessment Fatigue](#)
- [Theme 8 - Managing Residents in Difficulty within CBME Residency Educational Systems](#)
- [Theme 9 - Learner Handover and Appropriate Disclosure of Learner Needs](#)
- [Theme 10 - Lessons Learned from Innovators and Innovations in Competency-Based Medical Education \(CBME\): Consultations with Residents and Faculty Leaders Across Three Programs at the University of Toronto](#)

### QUICK LOOK at past issues

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

**Issue 1, Released Nov 2015 , available at:** [UofTPGME CBD NEWS Issue 1 - November 2015](#)

- Focuses on the introduction of Competence by Design (CBD) and its various features, such as Milestones and the CanMEDS 2015 Framework.
- Highlights include the innovative CBD-related work of the Orthopaedic Surgery, Family Medicine and Surgical Prep Camp programs.
- Clarifies myths surrounding the use of ITERs, 'off service' rotations and POWER.

**Continued >**

**Issue 2, Released March 2016, available at: [@UofTPGME CBD NEWS Issue 2 - March 2016](#)**

- Follows in the footsteps of the Royal College's decision to "slow down" the implementation of CBD for Cohort 1 programs.
- Outlines what that decision means for U of T's Medical Oncology and Otolaryngology- Head & Neck Surgery programs.
- Introduces terminology related to CBD, including the Competence Continuum, Entrustable Professional Activities (EPAs) and Required Training Experiences (RTEs).
- Profiles CBME program innovators in Diagnostic Radiology, Palliative Medicine and the Department of Surgery.
- Clarifies myths on the scheduling and tracking of residents.

**Issue 3, Released Dec 2016, available at: [@UofTPGME CBD NEWS Issue 3 - December 2016](#)**

- Introduces 'lessons learned' from CBD implementation at U of T in July 2016 from the PGME office as well as from the Medical Oncology and Otolaryngology – Head & Neck Surgery programs.
- Differentiates which U of T programs are in each of the following stages of implementation: Full-Launch, Field-Testing, Ongoing CBD Implementation Prep & Meantime Options.
- Outlines the recent work of the Best Practices in Evaluation & Assessment (BPEA) committee.
- Further explains the 4 stages of the Competence Continuum as well as outlining the factors programs can be considering if they are in the "meantime" stage of implementation.
- Highlights CBME Innovators in the Obstetrics & Gynaecology and Plastic Surgery programs.
- Clarifies myths around Goals & Objectives, CBD as an option and IT solutions.

**Issue 4, Released Feb 2017, available at: [@UofTPGME CBD NEWS Issue 4 - February 2017](#)**

- Introduces Entrada as a new teaching and learning platform and how PGME is working with the Faculty of Medicine information systems leaders at Discovery Commons with the development and implementation process.
- Follows the recent work of the Best Practices in Evaluation & Assessment (BPEA) committee's summary report on CBME.
- Outlines the user guide for navigating the newly launched U of T's CBME website

## U OF T CBME FACULTY & RESIDENT RESOURCES

### CBME & CBD Videos

The PGME Education Integration Group (EIG) has been leading and supporting dozens of faculty development activities. Much of the faculty development is led by the Residency Program Directors in partnership with their department or faculty development systems. There are also many planned and informal updates at regular clinical team meetings (e.g. rounds, retreats).

PGME launched a CBME website with many resources for residents, faculty, and programs, including links to other key national and local resources. You can access these resources and more by following this link: <http://cbme.postmd.utoronto.ca/>

#### > **Have 3 minutes?**

If you want to know more about the use of EPAs in the Royal College's CBD model, watch the EPA 101 videos for Anesthesia, Medical Oncology, Otolaryngology – Head & Neck Surgery, or Urology:

- [Anesthesia](#)
- [Medical Oncology](#)
- [Otolaryngology – Head & Neck Surgery](#)
- [Urology](#)

#### > **Want to invest about 7 minutes?**

Review the features of CBD Assessments: [10 Key Features of CBD Assessment Programs](#)



## MYTH BUSTING

### MYTH #1: COMPETENCE COMMITTEES ARE NEW. WE WILL IMPLEMENT BASED ON THE ROYAL COLLEGE GUIDELINES.

#### FACT:

Many residency programs at University of Toronto have long had an Evaluation, Promotion or Examinations (Sub)Committee that reviewed resident progress and promotion before they became 'popular'. Some of our residency programs currently review individual and group assessment data; assessment trends over time; and/or identify residents performing below expected. Some committees are subcommittees of the Residency Program Committee (RPC), while others are separately constituted.

As part of CBD implementation, the Royal College will establish expectations around which data competence committees are to review; and the time-points at which progress and promotion decisions are to be made for each of the 4 stages of competence. Additionally, a national committee is discussing which resident information is to be shared with the Royal College (see: <http://www.royalcollege.ca/rcsite/cbd/assessment/competence-committees-e>). The Royal College continues to clarify expectations and develop more resources, so be sure to check their site periodically for updates.

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Locally, each university will customize CBD for their own context. Many U of T residency programs are moving forward to develop Competence Committees (using whatever name they choose). Generally, at University of Toronto the Competence Committee (CC) monitors and makes decisions about residents' progress throughout the different stages of their residency education by:

- Working within the processes outlined in "Guidelines for the Assessment of Postgraduate Residents of the Faculty of Medicine at the University of Toronto" (PGME Assessment Guidelines, see: <http://pg.postmd.utoronto.ca/about-pgme/policies-guidelines/evaluation-guidelines>)
- Using data to make judgements about a resident's progression throughout residency (e.g. competence stages, promotion from one year/level to next, identification of needed improvement or remediation, identification of needed enhancement or enrichment); and
- Reviewing assessment and performance data patterns and trends (e.g. across residents, stages, sites, rotations, assessment tools/approaches) to identify areas of excellence and needed areas for improvement.

## MYTH #2: CBME IS BEING DRIVEN BY PGME.

### FACT:

CBME is a partnership of many individuals and groups, both internal and external.

**Internal** individuals & groups working on 1) curriculum design, development and implementation; 2) development for faculty, teachers and learners; and 3) program evaluation include:

#### > **Residency Program**

- Residency Program Director
- Residency Program Administrator
- Residency Committee(s) (e.g. Residency Program Committee, CBD Planning Committee, CBD Research Committee, Competence Committee, Resident CBD Committee)

#### > **Post MD**

- Glen Bandiera, Associate Dean PGME
- Susan Glover Takahashi, Lead, CBME implementation
- Education Integration Group (EIG) for CBME in PGME
- Caroline Abrahams, Lead, Information systems

#### > **Department/Divisions**

- Vice Chair Education
- Faculty, teacher and learner development lead(s) (i.e. Sometimes done within Residency Program)

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**External** individuals & groups working on CBME include:

> **AFMC PG Deans Group**

- Strategic national leadership on CBME policy and practices

> **Royal College Specialty Committee**

- Develop the specialty specific CBD documents over 2-3 years through a series of national meetings and specialty working groups

> **Royal College CBD Education Team**

- Provide leadership and develop resources for CBD development and implementation.
- Meet regularly with other external groups to support understanding

> **CBME Leads Committee**

- A network of the CBME Leads from each school
- This group meets via phone every 2 weeks and semi-annually to work through issues, implications and approaches to the implementation of CBME in each local context.

> **Data Stewardship Committee (DSC)**

- A network of organizations, groups and individuals who are navigating the issues of CBD data needs, priorities and privacy considerations.

In summary, PGME and its Education Integration Group are a support and enabler for CBD and CBME, in partnership with many internal and external people and organizations.

### **MYTH #3: FACULTY ADVISORS/COACHES ARE NEEDED TO IMPLEMENT COMPETENCE BY DESIGN**

#### **FACT:**

There is no CBD or accreditation requirement for Residency Programs to develop a system of Faculty Advisors and/or Coaches.

Based on local approaches to implementation some universities (e.g. Queen's University) have developed the new role of Faculty Advisors. At University of Toronto, some residency programs assign faculty advisors for all incoming residents. The use (or not) of faculty advisors for CBD implementation is one of the many decisions that programs will sort out as they plan for implementation with the support of the EIG team.



## References & Resources

### A. **BEST ever book on feedback: A must read for residents and faculty**

- 1) Thanks for the Feedback: The Science and Art of Receiving Feedback Well  
– Douglas Stone & Sheila Heen  
Key points in this book:
  - Addresses the challenges of criticism, and creates a framework on how to best receive feedback
  - Provides insight on leadership, organizational behavior, and education through combining neuroscience and psychological with practical advice

### B. **Favourite books on learning**

*Recommended for learners:*

- 1) Make it Stick: The Science of Successful Learning  
– Peter C. Brown, Henry L. Roediger III & Mark A. McDaniel  
Key points in this book:
  - Concrete techniques on how to become more productive learners
  - Focuses on the importance of how memory is encoded, consolidated and retrieved, as well common habits that prove to be counterproductive when studying

*Recommended for teachers & faculty:*

- 2) How Learning Works: Seven Research-Based Principles for Smart Teaching  
– Susan A. Ambrose, Michael W. Bridges, Michele DiPietro, Marsha C. Lovett, Marie K. Norman & Richard E. Mayer  
Key point in this book:
  - Combines psychology, education and cognitive science to offer practical suggestions for instructors to improve student's learning

### C. **Other very good resources on developing skills**

- 1) Practice Perfect: 42 Rules for Getting Better at Getting Better – Doug Lemov, Erica Woolway & Kath Yezzi  
Key points in this book:
  - Teaches innovative ways of viewing practice, & how to implement it successfully in personal and professional life
  - Presents key strategies to kick-start practice
- 2) Coaching and Mentoring: How to Develop Top Talent and Achieve Stronger Performance  
– Harvard Business Press  
Key point in this book:
  - Practical advice on how to effectively coach and mentor employees to ensure professional growth and goal achievement

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3) Peak: Secrets from the New Science of Experience

– Anders Ericsson & Robert Pool

Key points in this book:

- Challenges traditional thoughts on acquiring new abilities through a powerful learning strategy based on decades of research
- Presents techniques to improve any skill of importance

**D. How to be successful in CBD implementation**

1) Switch: How to Change Things When Change is Hard

– Chip Heath & Dan Heath

Key points in this book:

- Focuses on the importance of reuniting the rational mind and emotional mind
- Provides a story-driven narrative as to how we can effect transformative change

## EXTERNAL LINKS

External links are provided to give users additional resources pertaining to CBME/CBD, Medicine at U of T and Faculty Development.



## RESOURCES

### PREVIOUS NEWSLETTERS:

[@UofTPGME CBD NEWS Issue 4 - February 2017](#)

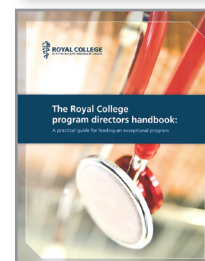
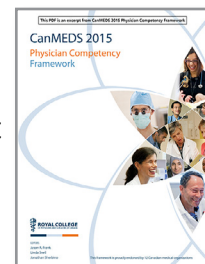
[@UofTPGME CBD NEWS Issue 3 - December 2016](#)

[@UofTPGME CBD NEWS Issue 2 - March 2016](#)

[@UofTPGME CBD NEWS Issue 1 - November 2015](#)

## OTHER RESOURCES FOR PDS, SITE DIRECTORS & PGME LEADERS:

- **UTPGMExchange** is the University of Toronto's collection of residency education tools including videos, workshop materials, and assessment tools for a variety of CanMEDS Roles.  
<http://www.pgmxchange.utoronto.ca/login.php>  
To access PGMEExchange via your UTORID, contact [pgme.exchange@utoronto.ca](mailto:pgme.exchange@utoronto.ca)
- **CanMEDS Tools Guide** is a 'how to' with ready to use learning, teaching and assessment tools for CanMEDS 2015. PDs should contact [cbme.pgme@utoronto.ca](mailto:cbme.pgme@utoronto.ca) to get their complementary copy. Others can purchase through the Royal College or the PGME office at [cbme.pgme@utoronto.ca](mailto:cbme.pgme@utoronto.ca)
- **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, go to: <http://www.royalcollege.ca/rcsite/canmeds/resources/canmeds-publications-e#program-directors-handbook>



### QUESTIONS?

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