# OVERVIEW

| **CBD Implementation Activity** | What is its **purpose**? | Who is it **developed for**? | How is it **distributed /** **accessed**? | **PGME Role(s)**  **PRIMARY:** Responsible for ensuring the completion of the CBD implementation activity  **Resource/Support:** Consulted about and/or informed of the CBD implementation activity during the process of completion |
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| Training Experiences (TE) Plan | To map your Specialty’s Training Experiences to your curriculum – including the competency stage, PGY, site, rotation, and educational context – and identify any gaps that need to be addressed prior to implementation.  This exercise can help identify any needed changes to better align the Program with CBD. It is an important reference document for your program, and for accreditation. | **Administration**   * Program Directors * CBD/Education Leads * Program Administrators * Accreditors (during accreditation) | **As a resource**   * PD/PA e-mail communications * Departmental/program shared drive * Departmental/program website (e.g. Quercus) | **PRIMARY:** PGME CBD Lead  **Resource/Support:** Accreditation Team |

**Notes**

1. The CBD Implementation Activities are intended to help integrate the new CBD standards (EPAs, Training Experiences and Competencies) into your existing Program, and to help identify any needed changes to your existing curriculum or program of assessment in order to sufficiently meet these standards. They will serve as ongoing references for your Program and important documents for accreditation.
2. While the Program Director (PD) may delegate some of this work to their Program Administrators or CBD leads, the PD is ultimately responsible for their development and satisfactory completion.
3. PGME staff will provide templates and appropriate resource documents for each activity
4. PGME staff will support the completion of each activity in accordance with known best practices and accreditation standards
5. **These documents must be updated on an on-going basis post-launch** (e.g., when you implement CBD for a new PG year, whenever you make curricular or assessment changes to your Program, etc.)

# INSTRUCTIONS

| **Instructions** | |
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| Identify the coverage of TEs in your Program | Training Experiences (TE) are categorized as either required, recommended or optional.   * You *must* ensure that the Training Experiences labelled as required are captured in your Program. Any gaps must be addressed prior to your official launch date (which could include adding a focused lecture, clinical experience, etc.). * While not mandatory, you are encouraged to identify opportunities to capture recommended TEs. * Any optional TEs that occur in your Program should also be mapped. * Recommended and optional TEs that you do not currently and/or cannot feasibly cover should be labelled as “Not currently offered” in the map below   TEs are also categorized as Clinical or Other.   * TEs labelled as Clinical must be captured in a clinical context * TEs labelled as Other may be captured in a variety of different contexts (see “Educational Context” for list of examples)   TEs are associated with a Competency Stage.   * The stage abbreviations are as follows:   + D = Transition to Discipline   + F = Foundations of Discipline   + C = Core of Discipline   + P = Transition to Practice * TEs must be covered during the Stage specified, though may *also* occur at additional time points throughout a Resident’s training, as applicable. |
| PGY level | Programs are to indicate the PGY level that each TE is mapped to. TEs can occur during multiple PG years, as applicable, but must be present during the Competency Stage indicated at a minimum. |
| Site(s)/Location(s) & Rotation(s) | Programs are to list the site(s)/location(s) and rotation(s) in which each TE will be covered |
| Educational Context | Programs are to indicate the Educational Context that each TE occurs in. Examples could include:   * + Clinical   + Orientation (Boot camp, Prep Camp)   + E-Modules,   + Self-study/Reflect Report   + Simulation   + Teaching Activity   + Journal Club   + Structured Academic Curriculum (e.g. AHD, etc.)   + Exam (Oral, Written, OSCE)   + Resident Project (e.g. research, QI, etc.)   + Case Log |

# TRAINING EXPERIENCES PLAN

**Program:  
Academic Year:**

**Version of RC Specialty TEs:** [Version #, Date]

**Plan Last Updated:** [Month/Day/Year]

| **Line #** | **Competency Stage** | **Required, Recommended or Optional**  (per your RC TE document) | **Type of TE:**  **Clinical or Other**  (per your RC TE document) | **TE Code**  (per your RC TE document) | **TE Description**  (per your RC TE document) | **PGY Level** | **Site(s) / Location(s)** | **Rotation(s)** | **Educational Context**  that each TE is mapped to in your curriculum |
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|  | E.g., D | Required | Other | Example:  1.1 | Example:  Orientation to institutional policies and procedures | PGY1 | Department of Medicine | Orientation | Orientation (Boot Camp) |
|  | E.g., D | Optional | Clinical | Example:  2.1 | Example:  Any discipline providing direct primary surgical patient care | PGY1 | SHSC | General Surgery | Clinical |
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# DEFINITIONS

**Assessment**2 refers to the data collected and analyzed to understand the performance, progress, and outcomes of individuals. (This is different from Evaluation; see below)

The **Competence Continuum** reflects the developmental stages of professional practice. In each stage there will be specific milestones that a resident will be expected to demonstrate. The duration (e.g. weeks, blocks, months) for each stage is being determined by each specialty as part of their cohort plans for implementation of CBD.

* The first stage for residents is Transition to Discipline (TTD), which will include an orientation to and demonstration of readiness for the autonomy of residency education and clinical responsibilities.
* Foundations of Discipline (FOD), the second stage of the continuum of residency education, is when the basics, including the most common and frequent patient problems of the specialty, are taught, learned, assessed, and demonstrated.
* Core of Discipline (COD) is the third stage of the continuum of residency education where the patient problems are increasingly complex and complicated and where the less common patient problems are managed. It is anticipated that in the future the specialty exam will be administered near the end of the Core stage.
* The fourth and final stage of residency education is Transition to Practice (TTP), which focuses on ensuring residents’ confidence and competence to practice within their discipline.

**Evaluation**2means the data collected and analyzed to understand the effectiveness of the residency program and postgraduate systems and their outcomes, and includes annual program reviews, internal reviews, and accreditation (i.e. program evaluation). (This is different from Assessment; see above)

**Training Experiences (TE)** is a new Royal College document being developed for each of the programs transitioning into Competence by Design. This document includes the eligibility requirements for the discipline, as well as the training experiences required or recommended for each of the four stages of the residency education competence continuum.

**NOTES:**

1. Probyn L, Takahashi SG, Ruétalo M, Abrahams C, Whittaker MK. Best Practices in Evaluation and Assessment (BPEA) for Competency-Based Medical Education (CBME) in Residency Education 2017; Report. Available at: <http://cbme.postmd.utoronto.ca/wp-content/uploads/2017/09/BPEA-Summary-Report.pdf> Accessed Dec 18, 2017.
2. College of Family Physicians of Canada. *Defining the Three Cs of the Triple C Competencybased Curriculum.* Toronto, ON: College of Family Physicians of Canada;2011.
3. ten Cate O, Scheele F. Competency-Based Postgraduate Training: Can We Bridge the Gap between Theory and Clinical Practice? *Academic Medicine.* 2007;82(6):542-547.
4. List of Educational Contexts: Clinical, Orientation (Boot camp, Prep Camp), E-Modules, Self-study/Reflect Report, Simulation, Teaching Activity, Journal Club, Structured Academic Curriculum (e.g. AHD, etc.), Exam (Oral, Written, OSCE), Resident Project (e.g. research, QI, etc.), Case Log