# OVERVIEW

| **CBD Implementation Activity** | What is its **purpose**? | Who is it **developed for**? | How is it **distributed /** **accessed**? | **PGME Team** **PRIMARY:** Responsible for ensuring the completion of the CBD implementation activity **Resource/Support:** Consulted about and/or informed of the CBD implementation activity during its process of completion |
| --- | --- | --- | --- | --- |
| Learner Schedules | To help learners navigate program expectations for CBD assessments. The Learner Schedules are a learner-friendly, ‘light’ version of the program’s curriculum and assessment map.The Learner Schedule:* Maps EPAs to relevant rotations
* Hints which EPAs are “high-yield” for achieving specific EPAs
* Indicates the target number of successful entrustments per EPA
 | **Clinical sites** * Learners
 | **As a resource*** Resident resource
* PD/PA e-mail communications
* Elentra "Resources" link
* Quercus (as an upload)
* Departmental / program-specific website
 | **PRIMARY**CBD Education Team  |

**Notes**

1. This is 1 of 7 Implementation Activities that are required for accreditation & CBD implementation.
2. The Program Director (PD) is responsible for development & satisfactory completion.
3. While PDs may delegate to their Program Administrators or CBD leads, the PD is responsible for completion.
4. PGME staff will provide templates, support & ensure appropriate resource documents (e.g. Royal College specialty documents) are reflected
5. All 7 documents must be updated for each year you implement new components of CBD (stages, Entrustable Professional Activities (EPAs), Training Experiences (TEs), etc.) and/or make significant changes to your curriculum or program of assessment

# INSTRUCTIONS

| **#** | **Checklist & Instructions** |
| --- | --- |
| 1 | [ ]  Year, Resident Name, Program Number, Program Name & PGY Level | * Insert the year, resident’s name, program number, program name and PGY level in the line at the top, highlighted orange.
 |
| 2 | [ ]  Dates  | * Adjust the dates of each block to reflect the expectations of your program.
 |
| 3 | [ ]  Stage | * List the stages in the “Stage” row. Merge the cells to reflect the expected number of blocks it would take to successfully complete a stage.
 |
| 4 | [ ]  Rotation | * List the rotations and the site of the rotation in the “Rotation” row. Merge and adjust cells to reflect expected number of blocks necessary to complete a rotation.
 |
| 5 | [ ]  Assessments | * In the “Assessments” row, include all EPA and additional assessments that are required to be completed for each rotation. List the assessments of higher priority under the “Priority” section and list the recommended assessments under the “As Able” section.
 |
| 6 | [ ]  Required Training Experiences | * List all required training experiences expected to be completed for the block/rotation.
 |
| 7 | [ ]  Other Training Experiences | * List all the other training experiences that are expected of residents to complete for the block/rotation.
 |

# LEARNER SCHEDULE TEMPLATE

|  |  |  |
| --- | --- | --- |
| **[YEAR] LEARNER SCHEDULE** |  | **[PRGM #]: [PRGM NAME]: [PGY LEVEL]** |

| **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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STAGE** | E.g. Transition to Discipline |  |  |  |  |  |  |  |  |  |  |  |  |
| **ROTATION** | E.g. General Surgery(SHSC) |  |  |  |  |  |  |  |  |  |  |  |  |
| **ASSESSMENTS** | **PRIORITY****EPAs**E.g. TTD-1 (2)**Other**E.g. ITAR**AS ABLE****EPAs****Other**E.g. Case log | **PRIORITY****EPAs****Other****AS ABLE****EPAs****Other** | **PRIORITY****EPAs****Other****AS ABLE****EPAs****Other** | **PRIORITY****EPAs****Other****AS ABLE****EPAs****Other** | **PRIORITY****EPAs****Other****AS ABLE****EPAs****Other** | **PRIORITY****EPAs****Other****AS ABLE****EPAs****Other** | **PRIORITY****EPAs****Other****AS ABLE****EPAs****Other** | **PRIORITY****EPAs****Other****AS ABLE****EPAs****Other** | **PRIORITY****EPAs****Other****AS ABLE****EPAs****Other** | **PRIORITY****EPAs****Other****AS ABLE****EPAs****Other** | **PRIORITY****EPAs****Other** **AS ABLE****EPAs****Other** | **PRIORITY****EPAs****Other** **AS ABLE****EPAs****Other** | **PRIORITY****EPAs****Other** **AS ABLE****EPAs****Other** |
| **REQUIRED TRAINING EXPERIENCES** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **OTHER TRAINING EXPERIENCES** |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Notes:**

1. The target number of successful entrustments are indicated in parentheses next to each EPA (e.g. TTD-1 (2) = 2 target entrustments for EPA TTD-1).
2. EPAs that have limited opportunity for achievement at certain sites are indicated in yellow
3. Assessments that are elective are indicated in *italics*.
4. **SAMPLE LEARNER SCHEDULE**

|  |  |  |
| --- | --- | --- |
| **Blocks** | Blocks 1-3 (Year 1) | Blocks 4-13 (Year 1) and Blocks 1-13 (Year 2) |

| **ROTATIONS (Sites)** | TTD(SMH / SHSC) | Adult Anaesthesia, Includes Preop Clinic, Pain / Regional and OB Anesthesia (MSH Only)(MSH / TWH) | Internal Medicine (SHSC / UHN-TGH / UHN-TWH) | OB(MSH) | Surgery(MSH) | Pediatric Anesthesia(HSC) | ICU / Outreach(MSH, SHSC, SMH, UHN) | ER(HSC) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ASSSESSMENTSa** | Priority Assessments**EPAs*** TTD1 Pre-op Assessment (2)
* TTD3 Intra-op Monitoring (2)
* TTD4 Post-op Handover (2)

**Other*** CEA
* Resident logbook of patient encounters
* TTD Exam
* TTD Workbook
* ITER
 | Priority Assessments a**EPAs** * FOD1 Pre-op Assessment (2)
* FOD2 Considerations & Plan (2)
* FOD3 Non-Life Threatening Complications (2)
* FOD4 Life Threatening Conditions (2)
* FOD8 Anticipated Difficult Airway (2)
* FOD9 Peri-op Care Elective Surgery (1)
* FOD9 MSF (1)
* FOD10 Peri-op Care Urgent/Emergent Surgery (2)
* FOD11 Common/Expected Intra-op Events (2)
* FOD11 Reflection
* FOD13 Procedural Skill Assessment (Establishing Central Venous Access) (2)
* FOD14 Fluid & Transfusion Management (3)
* FOD15 Neuraxial Anesthesia for Non-OBS Surgery (2)
* FOD15 Procedural Skill Assessment (2)
* FOD16 Obtaining Informed Consent (2)
* FOD17 Disclosing Adverse Events **or** FOD17 Reflection (2)
* FOD19 Labour Analgesia (MSH Only) (2)
* FOD19 Procedural Skill Assessment (MSH Only) (2)
* FOD20 Complications of Labour Analgesia (MSH Only) (2)
* FOD20 MSF (MSH Only) (2)
* FOD21 Scheduled Cesarean Section (MSH Only) (2)
* FOD22 Pregnant patients w/ Acute Conditions (MSH Only) (2)
* FOD27 Managing Acute Pain (2)
* *FOD27 Procedural Skill Assessment*

**Other*** CEA
* ITERs
* Site Exams

As Able / Applicablea**Other Assessments*** FOD Workbook
* Resident Logbook of patient encounters
* Health Advocate Project Tool (MSH only)
* Quality Improvement Project Tool (TWH only)
* Scholarly Project Tool
 | Priority Assessments**EPAs*** FOD5 Managing Acute Care Patients (2)
* FOD6 Acute Medical & Surgical Conditions (2)
* FOD14

Fluid & Transfusion Management (3)**Other*** ITER

As Able / Applic* Resident logbook of patient encounters
 | Priority Assessments**EPAs*** FOD3 Non-Life Threatening Complications (2)
* FOD22 Pregnant patients w/ Acute Conditions (2)

**Other*** ITER

As Able / Applic* Resident logbook of patient encounters
 | Priority Assessments**EPAs*** FOD3 Non-Life Threatening Complications (2)
* FOD5 Managing Acute Care (2)Patients
* FOD6 Acute Medical & Surgical Conditions (2)
* FOD14 Fluid & Transfusion Management (3)

**Other*** ITER

As Able / Applic* Resident logbook of patient encounters Assessment
 | Priority Assessments**EPAs** * FOD8 Anticipated Difficult Airway (2)
* FOD16 Obtaining Informed Consent (2)
* FOD 23 Pediatric Pre-op Assessment (HSC Only) (2)
* FOD 24 Pediatric Peri-op care Elective Sx (HSC Only) (3)
* FOD 25 Pediatric Post-op Complication (HSC Only) (2)
* FOD27 Managing Acute Pain (2)

**Other*** CEA
* ITER
* Site exam(s)

As Able / Applicablea**Other Assessments*** FOD Workbook
* Resident Logbook of patient encounters
* Quality Improvement Project Tool
 | Priority Assessments**EPAs** * FOD4 Life Threatening Conditions (2)
* FOD5 Managing Acute Care Patients (2)
* FOD6 Acute Medical & Surgical Conditions (2)
* FOD13 Procedural Skill Assessment (Establishing Central Venous Access) (2)
* FOD14 Fluid & Transfusion Management (3)

**Other*** ITER

As Able / ApplicResident logbook of patient encounters  | Priority Assessments**EPAs*** FOD4 Life Threatening Conditions (2)
* FOD5 Managing Acute Care Patients (2)
* FOD6 Acute Medical & Surgical Conditions (2)
* FOD14 Fluid & Transfusion Management (3)
* FOD26 Pediatric Common Medical Conditions (HSC Only) (2)

**Other*** ITER

As Able / ApplicResident logbook of patient encounters  |
| **REQUIRED TRAINING EXPERIENCESb** | **Clinical*** Anesth pt encounters: pre-op, OR, PACU

**Other**Orientation to Anes & CBD | **Clinical*** Anesthesiology patient encounters: pre-op, consult service, APS, OR, PACU
* Code Team
* Obstetrical Anesthesia (MSH Only)
 | **Clinical*** Code Team
* Emerg Dept pt encounters
* Internal Medicine Service
 | **Clinical*** Obstetrics: L&D Unit, inpatient OBS unit
 | **Clinical*** Emerg Dept patient encounters
* Surgical Service
 | **Clinical*** Anesth pt encounters: pediatric
 | **Clinical*** Code Team
* Emerg Dept pt encounters
* Adult ICU
* Emergency Response Team
* *Trauma Team (SHSC/SMH Only)*
 | **Clinical*** Emerg Dept patient encounters
* Pediatric Emergency Department (HSC Only)
 |
| **REQUIRED CURRICULUMc** | * TTD Bootcamp Modules
* Junior Tutorial
* Transition to Foundations modules
 | * Structured Academic Curriculum
* OB Anesthesia (MSH only)
* Central Venous Access (MSH only)
* Thoracic Epidural (MSH only)
* Neuroanesthesia (TWH only)
* Regional Anesthesia (TWH only)
 | * Structured Academic Curriculum
 | * Structured Academic Curriculum
 | * Structured Academic Curriculum
 | * Structured Academic Curriculum
 | * Structured Academic Curriculum
 | * Structured Academic Curriculum
 |
| **SUPPORTED CanMEDS ROLES** | * Communicator
* Collaborator
* Professional
 | * Communicator
* Collaborator
* Health Advocate (MSH)
* Leader (TWH)
* Professional
 | * Communicator
* Collaborator
* Professional
 | * Communicator
* Collaborator
* Professional
 | * Communicator
* Collaborator
* Professional
 | * Communicator
* Collaborator
* Scholar
* Professional
 | * Collaborator
* Leader
* Professional
 | * Collaborator
* Health Advocate
* Leader
* Professional
 |

**a**The target number of successful entrustments are indicated in parentheses next to each EPA (e.g. TTD-1 (2) = 2 target entrustments for EPA TTD-1).

**b** Assessments that have limited opportunity for achievement at certain sites are indicated in yellow; assessments that are elective are indicated in *italics*.

**c** In addition to the rotation-specific required training experiences listed, completion of the ACLS and ATLS Courses (or equivalents) are also required by the end of the Foundations of Discipline stage.

**d** Curriculum components that are site-specific are indicated in yellow.

# DEFINITIONS

**Entrustable Professional Activities (EPAs)**3,2,4 are tasks in the clinical setting that may be delegated to a resident by their supervisor once sufficient competence has been demonstrated. Typically, each EPA integrates multiple milestones and it is generally used for overall assessment.

Learners, teachers, and assessors will focus on concrete critical clinical activities that provide insight to the residents’ development, progress, and proficiency.

The notion of “trust” is not new to residency education as, each day, faculty members decide which patients or patient problems they will assign to which residents. What EPAs aim to do is to provide some consistency in when, how, and where specific activities of a discipline are taught, learned, and assessed.

**Required Training Experiences (RTE)** 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.

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