



## NEWS FROM THE PGME ASSOCIATE DEAN

We are now well underway with our second national cohort of Royal College Competence By Design (CBD) programs. Building on our success with the first CBD cohort, Anaesthesia and Otolaryngology- Head and Neck Surgery, and our longstanding experience with pioneering Competency-Based Medical Education (CBME) programs in Family Medicine, Orthopedics and Psychiatry, we have refined our approach to launching programs. This past July, **Nephrology (Adult and Pediatric), Emergency Medicine, Urology, Surgical Foundations, Medical Oncology, and Forensic Pathology** shifted to the new model for their PGY1 residents. For each program undergoing the transition, this has involved a two-year preparation period with the national specialty committees to develop national documents and a one-year period working with a consultant in our Education Innovation Group (EIG) to design and deploy local curricula and tools. In addition, many programs are deploying pilot initiatives involving CBME principles in advance of their formal CBD launch, many with support from the EIG team. It is an exciting time for medical education and the programs are certainly stepping up enthusiastically!

This year we launched the **Elentra** (formerly known as Entrada) platform as the enduring Postgraduate Medical Education (PGME) Information Technology (IT) infrastructure to support CBD. Programs in the pilot phase will continue to use Medsquares for the time being, while the eventual plan is to bring all programs into Elentra regardless of the phase of CBD development. Since the July 1 launch, faculty and residents have completed almost 150 Entrustable Professional Activities assessments using Elentra! The feedback has been positive and the PGME team, in partnership with our colleagues at Discovery Commons, is working on prioritizing the next stages of system development, which will include analysis and reporting.

In recognition of the work yet to be done in faculty development, **Dr. Susan Glover Takahashi's** role as integrated scholar in faculty development will be expanded. Sue has established a transformational approach for CBME in Canada through her work in designing strong, evidence-informed policy and practice, at U of T and nationally. She will now focus her efforts on faculty development, working with the Centre for Faculty Development to design, deliver, and study rigorous faculty development around CBD.

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To enable this change, we have restructured our resources to better meet the needs of programs onboarding to the CBD model. The EIG will cease to exist as a separate unit and will be integrated with the systems group to form one CBME project team. **Lisa St. Amant** will assume project management responsibilities for program support and **Alison Pattern** will continue to provide coordination for the systems development work. Both will now report to **Caroline Abrahams**, Director of Policy and Analysis. **Dr. Linda Probyn** and myself will provide educational expertise to the team and oversight of the work.

The Best Practices in Evaluation and Assessment (BPEA) committee, chaired by myself, and the BPEA Usability subcommittee, chaired by **Dr. Paolo Campisi**, have been struck to help synthesize evidence and advice on policy and practice related to assessment. Such issues as minimum standards for form design, analytics approaches, and user interface issues, are addressed by these groups. I am committed to the principle that we should establish only those constraints that are truly necessary for systems feasibility and data reporting, and let programs have as much versatility as possible. I am also committed to using the best possible evidence and expert opinion to inform our decisions. While I hope that programs can work within the guidelines set by PGME as informed by the BPEA groups and approved at the Postgraduate Medical Advisory Committee, I do realize that questions and alternatives will arise as we proceed with implementation. We will proceed with the current set of options and bring ideas and concerns to the relevant BPEA committee for consideration over time.

I am excited at the prospect of bringing more and more programs on board with the new model and getting more involved in the transition personally. I will be spending more time in the PGME portfolio starting in September and look forward to working with all of you as we create the future of medical education together.

*Need more info?* If you have any questions, do not hesitate to contact me [adpgme@utoronto.ca](mailto:adpgme@utoronto.ca) or our EIG team [cbme.pgme@utoronto.ca](mailto:cbme.pgme@utoronto.ca)

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As one academic year ends, and the next begins, both residents and faculty start to get oriented to new ways of teaching and assessment. CBME models, including the CFPC Triple C curriculum and Royal College Competence By Design (CBD), require enhanced observations, increased feedback and coaching, and timely assessments in the clinical setting. Sorting out how to adjust work flows to deal with these changes to day to day practice requires considerable effort and tolerance for the rough patches that accompany any change.

The programs heading into CBD implementation hosted many sessions and workshops to get faculty and learners ready. A brief video that provides ideas, hints and tips on faculty development for CBME has been developed and can be watched here: [Hints and Tips: Faculty Development for CBME](#).

To support skills in feedback and coaching, watch for a call for faculty & resident trainer development. Over the past couple of years, Dr. Rebecca Dubé (an Anesthesia resident/fellow) and I have co-led eight workshops on building a culture of feedback among residents and faculty. We work together, as a faculty and resident co-facilitators, on the complex and sticky issues to help programs build a feedback culture. There are two new short videos about feedback: one on the challenge of feedback: [Challenges in Developing a Culture of Feedback](#), and another on best practices in feedback practices for residents and faculty: [Best Practices: Feedback for CBME](#). Other resources about feedback are found on the CBME website at [References & Resources](#). A highly recommended, easy to read, book is *Thanks for the Feedback* by Douglas Stone & Sheila Heen.

The CBME Faculty Development Leads group continues to meet. This is a network of program, divisional, department and hospital leaders responsible for faculty development. The meetings are both in person and online (via GoToMeeting) where ideas, tips and resources are shared. The next meeting is **Tuesday October 2, 2018, 4:30-6:00**, Room 573, Li Ka Shing Knowledge Institute (LKSKI) at St. Michael's Hospital. Please confirm your attendance to Sameena Ahmed ([ahmedsam@smh.ca](mailto:ahmedsam@smh.ca)) and note if you will attend in person OR via online/GoToMeeting. Guest speakers are Dr. Scott Berry and Pavi Chandrasegaram on *Tips for CBME faculty developers*.

There is also a Competence Committee Special Interest Group. The fall meeting is TBC. If you want to join one or both networks or to be included in the communications, contact us at: [cbme.facdev@utoronto.ca](mailto:cbme.facdev@utoronto.ca)

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## CBME WEBSITE

If you haven't had a look at our website recently and the **many** resources we have there, have a look. We have more resources under development, so check back from time to time to see what's been added.

Be in touch if you have any questions about **faculty development** at:

[cbme.facdev@utoronto.ca](mailto:cbme.facdev@utoronto.ca) or via [sglover.takahashi@utoronto.ca](mailto:sglover.takahashi@utoronto.ca)

### **Susan Glover Takahashi, MA, PhD**

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## NEWS AND UPDATES

### FOR JULY 2019

The work for cohort 3 is about to begin, as cohorts 1 and 2 finish work on the next year(s) and stages. The work for cohort 3 programs moves into high gear for 2019-2020 implementation. This includes:

- Anatomical Pathology
- Cardiac Surgery
- Critical Care (Pediatrics & Adult)
- Gastroenterology (Pediatrics & Adult)
- General Internal Medicine
- Internal Medicine
- Neurosurgery
- Obstetrics and Gynaecology
- Pediatrics
- Radiation Oncology
- Rheumatology (Pediatrics & Adult)



## ENHANCING FEEDBACK CULTURE AND COACHING SKILLS IN CBME

In 2017-2018, five program teams of residents and faculty developed, and implemented, projects using one-time funding grants of up to \$3000. The table below profiles the projects and project leads. In June we met and shared in these ‘works in progress’.

Program	Project title	Project team
Diagnostic Imaging	Preparing medical imaging residents for independent after-hours duties: A comprehensive case-based small group curriculum evaluated through simulation-based testing	Dr. Rajesh Bhayana, Dr. Eric Bartlett, Catherine Moravac
Geriatric Medicine	Structured Educational Goal Setting and Feedback on an In-Patient Geriatric Medicine Consult Service, Sunnybrook Health Sciences Centre	Drs. Jill Alston Dov Gandell
Obstetrics and Gynaecology	Surgical coaching in obstetrics and gynaecology	Drs. Siddhi Mathur, Rebecca Cherniak, Michele Farrugia, Janet Bodley
Palliative Medicine	Competence as Palliative Medicine Teachers in Competency-Based Medical Education (CBME)	Drs. Sarah Kawaguchi, Giovanna Sirianni and Isaac Siemens
Radiation Oncology	Development and implementation of a digital toolkit to teach and reinforce best practices in feedback and action plan coaching to support competence by design	Dr. Meredith Giuliani, Dr. Jenna Adleman, Dr. Gordon Locke, Tina Papadakos, Dr. Janet Papadakos, Dr. Jenifer Croke, Dr. Raymond Jang, Dr. Barbara Ann Millar, Dr. Andrea McNiven, Dr. Andrea Bezjak, Rebecca Charow

At our final meeting, each of the five teams presented progress and outcomes. Then we collectively identified challenges, and shared successes, as the teams continue to develop and implement these resources to enhance feedback culture and coaching skills in their programs. A highlight was the resident/faculty collaboration.

**Congrats to these 5 teams!** Looking forward to hearing about full implementation and outcomes of evaluations of these projects.



## MYTH BUSTING

In this section, we will briefly explore some of the CBD or CBME myths. For more on CBD Myth Busting information, see document: [Clarifying Myths, Misconceptions and Misunderstandings: Common questions regarding the implementation of Competence by Design](#).

### MYTH #1: AFTER PROGRAM DIRECTORS HAVE FINISHED THEIR WORKSHOPS WITH THE ROYAL COLLEGE, THE CBD CURRICULUM IS READY FOR IMPLEMENTATION.

The Royal College sets the national documents. When the national work is done, or almost done, the Program Directors work locally with the PGME office team, and departmental educational leaders, to sort out how the new documents are integrated with the current residency program.

CBME is a renovation of the current residency program with the revision of curriculum maps, assessment plans, and assessment tools that take into consideration both the national standards and sorting out what will work locally. A sample of the CBD local implementation process that is done over the year before launch is found here: [Overview of Implementation Process](#).

### MYTH #2: ONCE A CBD COHORT LAUNCHES, THEY ARE FINISHED IMPLEMENTING.

Generally, it takes a few years for the CBD implementation to be completed. A five-year residency training program usually will take 4-5 years of gradual implementation to complete the development, implementation, and evaluation of the 4 stages. A two-year residency training program will usually take 2 years of gradual implementation to complete the development, implementation and evaluation of the 4 stages.

Adjustments and refinements are to be expected, and need to be included as the CBME changes are implemented.



## RESOURCES

### NEW VIDEOS

1. [Hints and Tips: Faculty Development for CBME](#)
2. [Challenges in Developing a Culture of Feedback](#)
3. [Best Practices: Feedback for CBME](#)

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## PREVIOUS NEWSLETTERS

The **@UofT PGME CBME Newsletters** provide important updates on the implementation of the Royal College's CBD 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.

## QUICK LOOK AT PAST ISSUES

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

**Issue 5, Released Sep 2017**, available at: [@UofTPGME CBME NEWS Issue 5 - September 2017](#)

- Highlights full launch of CBD in Otolaryngology – Head and Neck Surgery and Anesthesiology
- Outlines eleven evidence-informed papers developed by the BPEA Working Group.

**Issue 6, Released Dec 2017**, available at: [@UofTPGME CBME NEWS Issue 6 - December 2017](#)

- Highlights the July 2018 launch of CBD in Emergency Medicine, Forensic Pathology, Medical Oncology, Nephrology, Surgical Foundations (SF), and Ur ology.
- Introduces the BPEA Advisory Committee as a committee established to provide guidance on CBD evaluations and assessments as they relate to teacher, learner, and convergence of IT systems.

- **Issue 7, May 2018**, available at: [@UofTPGME CBME NEWS Issue 7 - May 2018](#)

Focuses on faculty development events over past several months

Outlines key policies approved by PGMEAC related to the topics and links to the document are found below:

- [Use of Resident Self Assessment in CBME Assessment Programs](#)
- [Timing and Processes for CBME Workplace Based Assessments](#)
- [EPA Assessment Tools](#)
- [Selection of Assessors for CBME Workplace Based Assessments of Residents](#)
- [ITARs and ITERs](#)
- [Competence Committee](#)
- [Appropriate Disclosure of Learning Needs](#)

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

- **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>



### NEXT ISSUE

- Early updates on cohort 2 implementation
- Faculty development plans for 2018-2019 academic year

### QUESTIONS?

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