Competence By Design
Translating Theory Into Practice

Program Administrators’ Conference Pre-ICRE 2018, Halifax, NS
Disclosure

We have no actual or potential conflict of interest in relation to this presentation.
Objectives

By the end of this session, participants will be able to:

1. Recognize the administrative changes that are required to implement CBD
2. Develop a practical approach to translate the RCPSC Document Suite to local implementation
3. Anticipate challenges and learn tips to mitigate the challenges, of CBD implementation within the local setting
Who Are We?

Dr. Janice Chisholm  
Dal CBME Lead  
@jdchisholm1

Dr. Robyn Doucet  
Program Director  
@robyn_doucet

Dr. Shannon Bradley  
Assoc. Program Director  
@slbradle

Cyndi Lushman  
Academic Manager

Jessie Purvis  
Education Manager
Who are you???
6 Essential Elements of CBD

1. Entrustable Professional Activities (EPAs) and milestones defined by National Specialty Societies
   • Suggested assessment strategy
2. Increased emphasis on direct and indirect observation
3. Many low-stakes observations of focused clinical tasks
4. Narrative, actionable, timely, concrete recorded feedback
5. Group decision-making by a Competence Committee
6. Stages and progression of increasing entrustment
Workplace-Based Assessment in CBD

Situating WBA in CBD assessment framework

- EPA's and Milestones
  - Provide clear learning direction and explicit teaching assessment goals

- Work Based Assessment
  - Multiple observations
  - Verbal coaching feedback
  - Quality documentation in WBA tools

- Practice Expectancies Defined

- Practice Environment

- Competence Committee

- ePORTFOLIO

- DECISIONS
  - Progression or remediation
Competence Committee - Purpose

• Make recommendations to RPC regarding
  • “progressing as expected” or concerns
  • promotion
  • remediation and dismissal
  • individual learner needs
  • curriculum changes, program issues they see from the data reviewed
<table>
<thead>
<tr>
<th>Traditional</th>
<th>CBD</th>
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</thead>
<tbody>
<tr>
<td>Objectives of Training</td>
<td>Competency Document</td>
</tr>
<tr>
<td>Specialty Training Requirements</td>
<td>Required Training Experiences (RTEs)</td>
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<td></td>
<td>Entrustable Professional Activities</td>
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<tr>
<td>Specific Standards of Accreditation</td>
<td>Pathways Document</td>
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<tr>
<td></td>
<td>CBD Standards of Accreditation</td>
</tr>
</tbody>
</table>
Assessment Forms

Form 1 - EPA Documentation
Form 2 – Procedure assessment
Form 3 – Multi-source Feedback
Form 4 – Narrative Observation
Milestones associated with this EPA:

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Not observed</th>
<th>InProgress</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>ME 1.3.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ME 1.4</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>ME 2.2.1</td>
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<td></td>
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<tr>
<td>ME 3.4.2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>COM 2.1.1</td>
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</table>

Feedback to Resident and Competence Committee:

Interview skills have significantly improved and the flow of the interaction is now much smoother. Going forward, work on application of potential differential diagnoses and potential diagnostic tests to achieve a definitive cause of the chest pain.

Professionalism and Patient Safety:

Do you have any concerns regarding this Learner's professionalism?  ● No  ○ Yes
Do you have any concerns regarding Patient Safety?
If yes, description of concern:  ● No  ○ Yes
Milestones associated with this EPA:

<table>
<thead>
<tr>
<th>Milestone</th>
<th>I had to do</th>
<th>I had to talk them through</th>
<th>I needed to prompt</th>
<th>I needed to be there just in case</th>
<th>I didn't need to be there</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Informed consent obtained and placed on chart</td>
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<tr>
<td>1.2</td>
<td></td>
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<tr>
<td>Appropriate lumbar puncture kit obtained, and set up properly using sterile technique</td>
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<tr>
<td>1.3</td>
<td></td>
<td></td>
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<tr>
<td>Time out performed prior to procedure</td>
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<tr>
<td>1.4</td>
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<tr>
<td>Patient placed in appropriate position and landmarks identified</td>
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<tr>
<td>1.5</td>
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<tr>
<td>Site cleaned using proper technique</td>
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</tbody>
</table>

(Additional milestones)

Feedback to Resident and Competence Committee:

Second lumbar puncture completed by resident. Required prompting through the procedure. Some difficulty locating L3 - L4 - L5 interspaces following the palpation of the posterior iliac crests. For the next LP, I want you to work on techniques to access the CSF.

Professionalism and Patient Safety:

Do you have any concerns regarding this Learner’s professionalism?  \(\bigcirc\) No \(\bigcirc\) Yes

Do you have any concerns regarding Patient Safety?

If yes, description of concern: \(\bigcirc\) No \(\bigcirc\) Yes
Form 4 - Narrative Observation

Learner Stage: Foundations of Discipline
Learner: Amélie Learner27
Date Of Observation: 11/10/2016

Feedback to Resident and Competence Committee:

Professionalism and Patient Safety:
Do you have any concerns regarding this Learner's professionalism? No Yes
Do you have any concerns regarding Patient Safety? No Yes
If yes, description of concern:

Cancel Next Submit
ACTIVITY:

At your tables discuss: (5 min)
- Where is your Program with respect to implementation?
- Have you implemented any CBME elements?
  - If so, what is working well, what is not?

Report back: (5 min)
Each table to report 1-2 things that are working well with CBME implementation. Also, 1-2 implementation examples that are not working
Dalhousie Anesthesia Experiences

Working well…

• Dedicated Coordinator / time allocation
• Resident engagement
• EPA Roadmaps / module outlines (see example)
• EPA pocketbook/OR sheets (see example)
Dalhousie Anesthesia Experiences

Ongoing challenges…

- Naming structure (rotations, forms, modules)
  - Including differentiating traditional/CBD, stages of training
- Documenting competence committee discussions and reporting out
- Logistics
  - Eg. scheduling
ACTIVITY: Implementation Challenges (10 min)

- Each person writes down their biggest implementation challenges on a post it
- Place post its on chart paper, grouping by theme
- Each table identifies 2-3 major themes for implementation challenges
ACTIVITY: Finding Solutions (10 min)

• Each of your tables is assigned a challenge
• Identify a recorder/reporter
• Explore potential solutions to the identified challenge
Solutions to Identified Challenges (10 min)
Dalhousie Anesthesia Solutions (10 min)

- Data management for items other than EPAS (ie Program requirements, knowledge tests, etc)
  - Identify the Program requirements by stage
  - Eportfolio
- Residents self assessing/guiding staff to focus assessment feedback
- Ongoing faculty development
  - Academic advisor feedback workshops
  - Grand rounds
  - Scrolling TVs (borrowed from Ottawa Anesthesia)
Dalhousie Anesthesia Solutions

• Quality timely feedback (narrative)
  • Ongoing workshops
  • Giving feedback to staff
  • Awards
  • Incentives (top of vacation picks, pick of lists)
• Culture Change
  • Introducing pieces of CBD over time helps to overcome culture change
Key Messages

• Resident engagement at all stages of implementation
• Ongoing quality improvement
• Ongoing faculty development - feedback
• Roadmaps/module outlines
• Get organized!