“Change is difficult to accomplish; it requires dedication, hard work, and the ability to recover when we inevitably falter.”

Krackov and Mennin, Acad Med 1998
Avoiding potholes and road-blocks; Family Medicine Residency Program Directors share lessons learned about what works in successful CBME Implementation

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Disclosures

• None to declare
Lessons learned

Frameworks (Bland\textsuperscript{1}, Kotter\textsuperscript{2})

Lesson derivation:

- Independent determination of “pearls”
- Discussion to find common messages

Caveats

- Context (political, financial, structural) rules; No one-size fits all
- Not linear—many processes are iterative/ongoing
- Not about the implementation of the components of CBME
- This is about managing change

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Frameworks

Bland et al

Planning

Initiation

Implementation

Institutionalization

Kotter

Create urgency/identify need for change
Form a powerful coalition
Create a vision for change
Communicate the vision

Remove obstacles

Create short-term wins
Build on the change

Anchor the change in culture
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• Accreditation- Triple C Competency and Competency By Design
• CBME appears to make sense

• Involve/engage all stakeholders early in developing shared vision
• Able to explain vision and the “why?” to stakeholders
Planning (contd.)

- Choose local champions-allow local ownership
- Include Residents
- Include paymasters/health authorities
- Build an organizational structure to support CBME
- Support within institution

- Think broadly, horizontally and vertically-stakeholders
- Ensure accuracy of communication at all levels
- Recognize politics-identify advocates who can help
- Importance of the Change Leader
Planning (contd.)

- Solid project management

- Clear strategy/planned path
- Need for foundational strategic plan
- Risk-mitigation approach
- Expect failures/lows - ensure feedback loops in place
Planning (contd.)

- Faculty and Resident development-early and often
- Consistent and continuous messaging/communication
- Multi-faceted communication
- Lots of time for discussion
- Engage early adopters
- Nay-sayers - isolate concerns from change aversion

- Mandatory attendance
- Communicate progress frequently
Initiation

- Minimize time and effort involved
- Don’t reinvent the wheel - share, adopt, adapt
- Acknowledge need for additional time
- Ensure resources are available
- Provide dedicated time to managing the change
- Understand different perspectives of stakeholders
Do the work!

• Curriculum development & implementation
• Assessment Program development & implementation
Implementation

- Highlight successes early
- Resident feedback is Gold!
- Continuous, consistent communication
- Multi-faceted Faculty Development
- Continuous Improvement of tools and processes
- Clear response mechanism for program evaluation/feedback
Institutionalization

• Effective evaluation program
• Opportunities for research & scholarship
• Share progress and bigger successes
NOT the Titanic!
Small Group Task - 20 minutes (use worksheet)

- On own - consider in individual context, what struggling with/road-block now (or potential) identified to CBME implementation? (Write it down).

- Identify which of Bland’s stages most applicable and go to that Flip Chart/Area

- Share with group obstacle/road-block and consider solution(s) - real or proposed - record on flip chart.

- Choose one “Ah ha!” from group to share with the larger group at the end
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‘Ah ha’ moments...feedback from breakout groups

• Faculty buy-in
  • Deliver message in a variety of modes to ensure everyone is aware

• CBME leads (PDs to consider the same within their own programs)
  • Plan to go into Department/Discipline meetings to deliver the message and schedule regular follow up meetings to update on progress and provide support.
  • Plan to meet with residents – potentially at individual residency program academic half days – in attempts to reach as many residents as possible

• Sustainability
  • Build in rewards

• Sharing
  • Sharing resources already created – e.g. Job descriptions