RESIDENT PERCEPTIONS OF CBME

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DECLARATION

• I (we) do not have a relevant affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.
ACKNOWLEDGEMENTS

• Stella Howden (MMEd supervisor)
• Queen’s University/SEAMO
CBME AT QUEEN’S

- All incoming residents of July 2017
- Minimal literature on trainee perspectives
TWO QUESTIONS

• “How do residents not currently enrolled in a competency-based program view that method of training?”
• “What do they perceive to be potential advantages, disadvantages, and considerations regarding its implementation?”
METHODS

• Grounded theory
• 16 residents, R1- R4
  • 8 male, 8 female
  • 10 medicine/ER
  • 6 surgery
• Semi-structured interviews ~45 min
  • Recorded, transcribed, coded
INTERVIEW

- “What do you know about CBME?"
  - Brief review
- What are some advantages you see?
- What are some disadvantages?
- Greatest benefit?
- Greatest challenge?
- What could make the transition easier?
- Final thoughts?
RESULTS

• Rumours
• Perceptions of Assessment and Feedback
• Perceptions of Teaching and Learning
• Implementation of CBME
RUMOURS

- All-pervasive
- Contributed to other perceptions
- Uncertainty lessened as implementation approached
- Lack of concrete details
ASSESSMENT AND FEEDBACK

• Improved feedback
  • Frequency, timeliness, specificity

• Change in feedback culture
  • Commonplace

• Defining competence
  • Hard to define
  • CBME would fix an existing problem

• Time requirements
  • Residents and attendings
TEACHING AND LEARNING

• Clear objectives
  • Detailed, stage-specific expectations
  • Objective-based teaching

• Self-reflection
  • Identify own gaps/areas of weakness

• Self-directed learning
  • Flexibility
IMPLEMENTATION

• Logistical challenges
  • Scheduling, clinical coverage, admin support

• Theory vs practice
  • “new forms” only

• Education and communication
  • Iterative process with early feedback

• Potential loss of positives
  • Cohesiveness or commonality of residency experience

Let’s not throw the baby out with the bath water.
CONCLUSIONS

• Advantages
  • Improved assessment/feedback
  • Clear objectives
  • Increased flexibility

• Disadvantages
  • Logistical issues
  • Tension between learning and clinical responsibility
  • Increased assessment burden
RECOMMENDATIONS

• Clear communication
• Open feedback channels
• Facdev and resident training on feedback processes