FIFTY SHADES OF CBME
FINDING PLEASURE IN A WORLD OF PAIN
Disclosures

• None
FIFTY SHADES OF CBME
FINDING PLEASURE IN A WORLD OF PAIN
WHY?
Workload getting IT support needed is the biggest fear going into CBME.
The Transition from Traditional Model of Training to CBME
• Established straightforward system
• Focused on people’s needs
• We knew what was needed for success

• Unknown system
• No policies
• Changing procedures
• No answers

• Role is focused on the system’s needs
• No idea what’s needed for success
I often only learned of expectations after I failed to meet them.

Queen’s Third Year Medical Student
Competence by Design
EXCELLENCE ACROSS THE CONTINUUM

Outcome-oriented OR Process-driven
From process-oriented to outcome-oriented

• "process-based system" of education to "outcome-base"

Boucher, Frank, Van Melle, Touchie, Oandasan. “Competency-based Medical Education”. AFMC
How has assessment in CBME become outcome-oriented?
The lifecycle of an assessment

- Clinical Assessment Completed
- Red Flag?
  - NO: Black Hole for Assessments
  - YES: Program Director Review
    - Resident File
- Serious?
  - NO: Program Director Meets with Resident
  - YES: RPC Review
    - Learning Plan Remediation
The lifecycle of assessment in CBME

Clinical Assessment Completed

Residents Review Learning Plan

Resident File

Academic Advisor

Red Flag?

Academic Advisor Meeting

Promotion?

Enhanced Plan?

Learning Plan

Director Review

Promotion?

Enhanced Plan?

CC Report

CC Review
Assessment System Management

Traditional
• Few hard deadlines
• Few participating bodies
• Ad hoc decision-making
• Limited reporting

CBME
• Highly scheduled
• Numerous participants
• Structured decision-making
• Significant reporting
The goal in Competency-based Medical Education is for processes to STRONGLY LINK to outcomes.
Administrative Pain – More Sheep Herding
Administrative Pain – “You’ve got mail”

BUTT-LOADS
More Rules, More Policies, More Procedures

• Academic Advisors

• Competence Committees

• Expanded PGME Assessment, Promotion, and Appeals

• Conflict of Interest Policy
Workload with CBME

- Decreased
- Stayed the same
- Increased: Exploded like a bomb
How often I thought about quitting as the PA

- Rarely/Never
- Sometimes
- Often
- Every waking hour
This is why I have abandonment issues...

- 33% of PA's left
- 67% of PA's stayed
Retirement
WHY?
THE SHADES OF PAIN IN CBME

COORDINATION

CHIEF OF STAFF

COMMUNICATION

REPORTS

COORDINATION

PROGRAM DIRECTORS

PGME DEANS

RESIDENTS

DEPT/DIV CHAIRS

FACULTY

ACADEMIC ADVISOR
Chief of staff...second most powerful person

High profile, elevated role
• BOTH advisory and managerial
• Rich understanding of the agenda
• Know the roles and responsibilities of all players
• Be a super-user for all technical systems

Big challenges remain
• Workload
• Learning new systems
• Preparedness and capability
• The unknown
Finding Your Way To Pleasure In All This Pain
What are your program’s values?
In Queen’s Internal Medicine, we value:

• The health and well-being of all members of the program
• Equity, diversity, and a safe workplace/learning environment
• A close-knit community of learners and teachers
• Learning from mistakes
• Exceptional care for our patients
Maslow’s Hierarchy of Needs – Values

- Exceptional care for our patients
- Learning from mistakes
- A close-knit community of learners and teachers
- Equity, diversity, and a safe workplace/learning environment
- The health and well-being of all members of the program
What about your needs and values?

- Exceptional support for the program
- Capable performing the work
- Clear identity and belonging amongst program members
- Equity, diversity, and a safe workplace/learning environment
- The health and well-being of all members of the program
Fulfillment in work begins with identifying your personal core values

- Love
- Stewardship
- Freedom
- Integrity
- Creativity
- Wisdom
- Loyalty
- Achievement
- Community
- Security
- Peace
- Happiness
- Respect
- Stability
- Perseverance
David Taylor’s Core Values

• Creativity/innovation
• Faith
• Integrity
• Community
• Achievement
You will shape the operating procedures for CBME in your program
- Communication
- Coordination of meetings and events
- Reporting
- Liaising with the PG office, Royal College, etc.
Last time...

WHY?
Where you influence health care?
How to move the Program Admin role forward

- Become a system super-user
  - Keep yourself at the centre of everyone’s needs

- Advocate for residents needs
  - Coordinate resident wellness events

- Be the Chief of Staff
  - Manage the faculty and residents

- Program Saviour
  - Keep your eye on everything non-CBME
Speak up when it’s not working

“There was an increased workload and time but my job was reviewed and some responsibilities taken off me. I was very diligent and lots of checking my processes—lots of errors and mistakes were found and corrected (Most commonly evals resent because wrong one was completed, sent, broken links)”
One last secret – this isn’t a race
Peak of Inflated Expectations

Plateau of Productivity

Slope of Enlightenment

Trough of Disillusionment

Gartner Hype Cycle

Time
The Gartner Hype Cycle is a model used to illustrate the stages of adoption for emerging technologies. It consists of several stages:

1. **Peak of Inflated Expectations**: Initially, people are excited about the possibilities of a new technology, but there is no real proof of its efficacy.
2. **Trough of Disillusionment**: As the hype wears off, disillusionment sets in. People realize that the technology is not as powerful or easy to implement as initially thought.
3. **Slope of Enlightenment**: After the initial excitement wears off, the technology begins to show promise. There is increased interest and investment.
4. **Plateau of Productivity**: The technology becomes widely adopted and establishes itself as a valuable tool. It becomes a standard part of the market.

The cycle is often depicted as a bell curve, with peaks and troughs, reflecting the ups and downs in the adoption rate over time.
In CBME, the system manager is CRITICAL

Repeat 4x per year...for EACH resident
How do you see your role influencing the future care your graduates provide?
The Program Administrator Role Will Change

• Same skills → More complex application
• Same people → More coordination
• Same residents → Higher expectations

• Different graduates → Better health care
Fifty Shades of CBME

• CBME brings challenges and pain – VERY process-oriented
• Administrators are central to success in CBME
• The goals of training haven’t changed
  • *Our ability to achieve them will*
• Our residents haven’t changed
  • But there needs be strong accountability
• Get excited to learn
• Get excited to lead