



CanMEDS Best Practices Submission Form
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CATEGORY

- Curriculum** — a design for education around the CanMEDS competencies.
- Teaching Tool** — a submission that will assist the teaching the specific CanMEDS competencies.
- Assessment Tool** — a submission that will assist in the assessment/evaluation of the CanMEDS competencies.

TYPE OF TOOL

- ITER Manual or Module OSCE **Rotation specific objectives** Workshops Facilitated Discussions
- FITER Group exercise Rotation Portfolios & Logbooks Website Other: _____

CanMEDS ROLES

- Medical Expert** Communicator Collaborator Manager Health Advocate Scholar Professional General

TITLE Limit of 100 characters

PROMOTING REFLECTIVE PRACTICE: TOOLS FOR INDIVIDUALIZING RESIDENT TRAINING.

AUTHOR(S)

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ABSTRACT Limit of 500 words

Within the broad framework of the objectives spelled out by the General Pathology Specialty Committee of the Royal College of Physicians and Surgeons of Canada, our program at the University of Saskatchewan has developed rotation specific objectives to suit our setting.

In order to individualize resident training we have used the following tools; 1. Personal Expectations Inventory (PEI), 2. Weekly sessions where the residents tell about three things they learnt in the preceding week, 3. Procedure and Skills logs.

The PEI, which is to be completed every six months, has questions about their medical expert goals, skills required for other CanMEDS roles, overall goals, personal issues and any other relevant issues. The weekly sessions are aimed at a five to seven minute presentation by each resident focusing on the most important three things they learnt last week; this is followed by a discussion with all residents and a quick check of reference material to correct any ambiguities. The skills and procedure log is aimed at making sure that the residents are on track with rotation specific objectives and ensuing exposure to all types of cases, irrespective of which clinical cases were seen during that specific rotation. The major challenges faced have been; resident buy-in, the time required for weekly sessions and for filling logs.

Apart from benefiting the residents with an individualized training program, where they can (and have) taken initiatives to correct deficiencies or gaps in their training during a particular rotation; the greatest impact of these tools has been encouragement of reflective practice—where one reflects on what they are doing to improve on their practice (action research/learning cycle). Other advantages that have emerged are; promotion of ownership of their learning and provision of a personalized map of where the residents are in relation to knowledge and skills.

REFERENCES

- 1) Argyris, C. Reasoning, learning, and action. London: Jossey-Bass. 1982.
- 2) Greenwood, D., & Levin, M. Reconstructing the relationships between universities and society through action research. In N. Denzin & Y. Lincoln (Eds.), Handbook of qualitative research.London: Sage. 2000 (pp. 85-106).
- 3) Schon, D. The reflective practitioner: How professionals think in action. New York: Basic Books. 1983.

Thank you for your submission. We will be contacting you shortly.