CBD Implementation Planner
for program directors and residency programs

As a program director (PD), you will play a central role in your program's transition to Competence by Design (CBD): you will be the educational architect, team lead and change manager. Leading change on this scale requires you to build awareness, support, readiness and commitment in your local environment. As a result implementation may take longer and be more difficult than you might first anticipate. You are not alone though: there are people at your institution and across the country who can help to make your implementation of CBD as smooth as possible.

A small group of clinician educators, program directors and competency-based medical education (CBME) leads created this planner for PDs on the basis of what we characterize as "fairly typical" patterns and strategies that enable implementation. Depending on your discipline, systems and institution and the needs, priorities, resources and size of your program, implementation tasks may happen earlier or later than indicated, and they may take longer than anticipated. Don't worry if you have additional or fewer tasks on your own list. To be safe, connect with your local systems and resources early on to ensure that you are implementing CBD according to the policies of your institution and within a timeline that facilitates success. If you need help connecting with your local CBD implementation resources, contact your postgraduate (PG) dean or local CBME lead.

You will find that this CBD implementation planner is organized by blocks of time that work-back from "the big day" i.e. a July 1st CBD launch. The idea is that you can plan and judge your progress based on how far you are from your planned launch.   Remember though, there will be variability in timelines and activities, which is entirely acceptable and expected. Notice too that we have organized the typical activities into 3 big buckets to help you more easily think about and organize your work: (1) team and resources, (2) structure and (3) capacity building.

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Prepare for CBD redesign, including program alignment
(includes workshop 1)

Team and resources
- ☐ **Learn more about CBD** by reading the rationale and background materials. You will need to know this because of your role the lead and key resource for your program.
- ☐ **Build a team** within your program. Recruit supportive faculty and residents to share the work and build momentum.
- ☐ **Connect with your PG office and your local CBME lead** to identify local supports and directions:
    - Connect with other disciplines about lessons learned.
    - Obtain the policies, procedures and practices for CBD implementation from your PGME office (e.g., assessment platform, learner handover, competence committee, academic advisors).
    - Discuss how to share the load (e.g., CBME committee, associate PD, resident leads, administrative and educational support).
- ☐ **Inventory resources** that you can use to guide your plans (e.g., CBD Resource Directory, Meantime Guide).

Structure
- ☐ **Ask yourself if any rotation and service changes may be required** for CBD implementation (e.g., adding a boot camp, creating additional training experiences and/or rotations; moving experiences/ rotations earlier or later to ensure entrustable professional activities (EPAs) are completed at the appropriate stage).
- ☐ **Work with your CBME lead and/or PG dean** to explore impact and plan for implementation. Moving, adding or deleting experiences may have service implications.
- ☐ **Form a competence committee** to take on progress decisions. You may be able to realign your RPC or assessment committee into a competence committee.
- ☐ **Plan for structured competence committee discussions** and decision-making about residents' progress including enhanced use of reporting tools and other documentation.

Capacity building
- ☐ **Consider conducting a needs assessment** in your program. These data could also be used as a baseline for future evaluation activities.
- ☐ **Work on your program's feedback culture and coaching skills** (e.g., identify keen, skilled faculty and resident leads; select feedback model(s); create opportunities to observe, coach and document residents in the current structure; refresh PD/resident meetings).
- ☐ **Field test a small selection of work-based EPAs**, even if only available in draft form. **Plan when and where you can share CBD changes** with your local stakeholders (faculty, residents, RPC, department/division head, affected clinical services and other residency programs)
- ☐ **Provide brief updates and CBD faculty development** at existing meetings/events with faculty and residents. Create 3, 5, 15-minute scripts of key messages and then be strategic about when to use the shorter vs longer versions.

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Design

Get ready to implement your CBD redesign
(includes workshop 2 and a solid set of EPAs and training experiences)

Team and resources

- ☐ **Expand your team**: recruit additional faculty and residents to support and lead CBD implementation including competence committee formation and assessment rollout.
- ☐ **Meet regularly with your local network** (CBME lead, PG office) and monitor local changes to policies, procedures and practices that will affect CBD implementation.
- ☐ **Meet regularly with the faculty and residents you've recruited** to discuss implementation and share tasks.

Structure

- ☐ **Map your *current* program curriculum** (i.e., rotations and training experiences) and assessments to the draft CBD EPAs and training experiences. Be mindful of major conferences, holidays and program commitments.
- ☐ **Discuss needed changes, options and timing broadly** (e.g., with your RPC, CBME lead and departments, divisions, programs and services that are dependent on your residents) to identify issues and options.

Capacity building

- ☐ **Build capacity for workplace-based observations** (including feedback and coaching practice) with selected supportive faculty and sites as you continue to field test EPAs. Work together to set a reasonable target (e.g., one observation per faculty/advisor per week) and problem solve how to include this in the daily workflow. Explore the opportunity to do real EPA observations on real EPAs for residents in related disciplines.
- ☐ **Build processes to help your competence committee effectively review, document and support residents' performance**. Consider getting ideas by sitting in on other disciplines' competence committee meetings or using local and/or Royal College competence committee training resources.
- ☐ **Develop a 12+ month development plan** for faculty, clinical teachers, senior residents, administrative personnel and off-service faculty. Be sure to:
  - o Share a personalized story about the specialty-specific, local (i.e., rotation, site, service) impacts of CBD.
  - o Communicate how to conduct workplace-based observations and provide coaching feedback.
  - o Create social and/or educational opportunities for key stakeholders to strengthen connections and build a supportive CBD community.
  - o Deliver faculty development to front-line teachers and residents who are most receptive to experimenting with CBD.

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Build

Complete the CBD renovations of your program
(includes workshop 3)

Team and resources

☐ **Continue to work with your team** and support each other through the challenging parts of change.

Structure

☐ **Connect with your local network** (CBME lead, PG office) for any changes to policies, procedures and practices you anticipate your CBD implementation will require.

☐ **Secure local resources for key needs** (faculty development, competence committee formation, assessment rollout, etc.).

☐ **Finish mapping and planning your local curriculum** (i.e., rotations and training experiences) and choose observation tools for EPAs and training experiences. You may use and/or modify the four national observation templates and/*or* local tools.

☐ **Finalize logistics** including scheduling and rotation changes. Work through planned changes, options and timing with your RPC, CBME lead and affected departments, divisions, programs and services to confirm directions for near-term and future stages as needed.

☐ **Ensure that program-specific policies are consistent with CBD** (e.g., remediation, appeals, learner handover, promotion requirements, safety policy for any new rotations or sites).

Capacity building

☐ **Respond to faculty and resident input at CBD meetings** as implementation work continues.

☐ **Monitor the field testing of workplace-based observations** to set reasonable targets, evaluate observation tools, assess what additional faculty and resident development is needed and problem solve how to include EPA observations in daily workflow.

☐ **Mobilize a focused, strategic faculty and resident development program** that ensures a growth mindset where everyone is ready to include workplace-based observations, feedback and coaching into their day-to-day work, including training faculty and residents in using your local ePortfolio assessment system. If possible, engage a team of faculty and residents in this process.

☐ **Determine how to use information from your competence committee deliberation to support resident performance planning and promotion decisions**.

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Launch

Communicate the CBD change of your program

Team and resources

- ☐ **Ensure your observation tools are in place** for both clinical and academic settings.
- ☐ **Develop a QI plan** to gather faculty and resident input to evaluate what's working, determine areas for improvement and identify needed fixes.

Structure

- ☐ **Submit the learner, faculty and assessor information required for enrollment into your local ePortfolio assessment system**.
- ☐ **Ensure your competence committee is ready for full implementation**, monitoring progress to date and identifying areas for development. Make adjustments as required.
- ☐ **Review the structure and flow of your rotations/blocks** to identify and address any gaps or problems. **Identify and plan for scholarship opportunities**, in partnership with others.

Capacity building

- ☐ **Provide timely, practical and comprehensive CBD training/onboarding to residents**. Consider doing this as early as possible (e.g., at CaRMS interviews and during CBD orientation sessions). Emphasize the importance of a growth mindset. Engage senior residents and faculty to help you with this.
- ☐ **Develop resident-friendly resources** (e.g., resident CBD schedule or roadmap with rotations, EPAs, observation tools).

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Monitor progress, guide improvement and support others in implementing CBD

Structure

- ☐ **Check in with residents, faculty and administrators**, informally and informally, via town halls, formal sessions, emails and surveys.
- ☐ **Collect data for program evaluation**, being careful not to overburden those involved in implementation priorities.
  - o Monitor for observations across the breadth of the entrustability scale.
  - o Ensure the number of observations is adequate and the narrative comments will promote resident learning.
  - o Monitor the quality and quantity of observations for learners, rotations, faculty and the competence committee.
- ☐ **Check in with the competence committee**. Make adjustments as required.
- ☐ **Work with others to engage in scholarship**.
- ☐ **Share best practices**.

Capacity building

- ☐ **Offer information and development sessions as needed** (e.g., on the ePortfolio platform, how to give/receive feedback, entrustment tools, tips for coaching, FAQs).

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