

CBD Cohort Transition Workshops

Guide to Workshop 1



As Competence by Design (CBD) rolls out across Canada, each specialty committee reviews the scope of its discipline and reimagines its residency programs through the lens of competency-based medical education.

This Guide, prepared by physicians for physicians, is a quick reference to help us understand the fundamentals of CBD as we prepare for our first CBD Cohort Transition workshop. It begins with an overview of the CBD Cohort Transition workshops and includes an explanation of competency-based medical education (CBME) and the CBD initiative to ensure that all of us who will participate in the CBD Cohort Transition workshops arrive with a similar understanding.

This guide is organized into five parts:

- Part 1 – **CBD cohort transition workshops** provides a high-level overview of the workshops, how to prepare, and the possible homework from each event.
- Part 2 – **Intro to Competence by Design** provides general information about CBME and CBD including the Competence Continuum and CBME Core Components.
- Part 3 – **Program and faculty responsibilities at the local level** provides a link to a number of activities, some of which can begin before our first workshop.
- Part 4 – **Key terms and their uses** provides a link to a list of new terms commonly used within CBME and CBD. Many will refer to this content on an as needed basis, but it will be helpful to become familiar with some of the terms prior to workshop 1.
- Part 5 – **Recommended resources** provides some key info on CBD.

Part 1: CBD cohort transition workshops

The Royal College, in collaboration with specialty committee chairs, has developed a series of interactive, in-person workshops to guide and support our discipline as it transitions to CBD. The CBD cohort transition workshops (CBD workshops) will help prepare us for the changes we will face as our cohort moves to CBD. The workshops will also involve some homework, as well as tasks to work on in our local programs.

How can we prepare for Workshop 1?

Before workshop 1 we can:

1. Review the contents of this guide including section 5, [top CBD resources](#) and the [Meantime Guide](#)
2. Familiarize ourselves with the [major components of Competence by Design](#) and sign up for the Royal College [CBD Community Touchpoint](#) e-newsletter
3. Connect with our school's [CBME Lead](#)
4. Familiarize ourselves with the role of [Entrustable Professional Activities \(EPAs\)](#) and training experiences
5. Consider how we will re-imagine our discipline (e.g., look at training and decide with our peers what skills are most relevant moving forward)

Note:

There is no need to begin drafting EPAs yet. Our workshop facilitator will walk us through all aspects of drafting EPAs at the first workshop.

One thing that often confuses those of us attending the first workshop is the role of training experiences and EPAs in CBD. In some disciplines residents are expected to participate in non-clinical learning activities that cannot be written as EPAs. These important non-clinical learning activities are captured only as training experiences (e.g., simulation exercises, journal club). For more information on EPAs and training experiences we can refer to the definitions in [CBD FAQ Part 3: Terms and their Uses](#) or refer to the *Competence by Design Document Suite: Handbook and Guidelines for Review* booklet available from our Administrator in the Specialties Unit.

An ongoing responsibility of a specialty committee is to adapt our standards as our discipline transforms. **Prior to workshop 1 we should take some time to reflect on the following questions:**

- What is the role our specialty/subspecialty plays in the Canadian health care system?
- What services do the public expect from a graduate of our program?
- What effect does practice location have on the skills required of a graduate?

Questions like these will guide our early transition work, so we should start the discussion with colleagues in our discipline. This pre-work will make our workshops run smoothly, and the consultations we do at this preliminary stage should help with engagement and uptake later on.

What can we do when we get home from workshop 1?

There are a number of things we can do. Here are a few tasks to get us started:

- Share the work done at workshop 1 and think about implementation
- Update our residency program committees on the status of CBD
- Set up a Competence Committee
- Identify gaps in EPA lists based on our daily work
- Get some feedback about exam timing

For a comprehensive list refer to the [Workshop 1 summary](#).

What can we expect at each of the Royal College CBD workshops?

Our discipline will have three workshops (three days each) facilitated by a Royal College clinician educator. Here is a high-level overview of each workshop:

Workshop 1 will start with an introduction to CBD. The facilitator(s) will then help us to review and/or reimagine the scope of our discipline, determine how the stages of training apply to our discipline, and draft EPAs for those stages. We will also consider the training experiences needed to achieve the competencies of the discipline.

Homework: Clarify and validate our draft EPAs through a series of discussions with other committee members and other colleagues. Committee members are encouraged to review the list and write or validate the key features of the EPAs.

Workshop 2 will usually focus on achieving consensus on the EPAs as developed by our specialty committee during and after workshop 1. The workshop will also focus on developing assessment plans for the individual EPAs. We will review, and if needed modify, the training experiences drafted at workshop 1.

Homework: We will finish developing assessment plans for each EPA. Note: When writing the assessment plan for each EPA, we may need to clarify the EPA and sometimes write new ones. Program directors will begin to think about the implementation of CBD within their programs.

Workshop 3 will usually focus on finalizing the specialty design; this includes the EPAs and assessment plans, the Training Experiences, and the other elements of the document suite (the Competencies and the Standards of Accreditation). EPAs will be examined individually and they will also be reviewed to ensure that they fit together as a group (i.e., to avoid gaps and/or redundancies). In addition, our specialty committee will work to validate milestones linked to the EPAs and finalize the full document suite.

Homework: Finalize any aspects of CBD not completed at workshop 3, which may include finishing EPAs along with their assessments, milestones and/or elements of the document suite.* (Competencies, Training Experiences and Standards of Accreditation).

At this point committee members may continue to develop and/or validate the Pathway document. Program Directors will work on implementation.

Part 2: Intro to Competence by Design

As physicians who will soon be attending a CBD Cohort Transition workshop, it is normal that we have questions about CBD.

Inspired by the Future of Medical Education in Canada Postgraduate (FMEC-PG) projectⁱ, the ICBME Collaborators and other best practices occurring worldwide, the Royal College have configured CBME approaches into a unique Canadian initiative called “Competence by Design”. The goal of CBD is to enhance patient care by improving learning and assessment, ensuring physicians demonstrate the skills and behaviours required to continuously meet evolving patient needs.

The Competence by Design title is meant to convey the idea that responsible medical education involves systematically thinking about (i.e. designing) a learner’s journey through their entire career in medicine.

What will residents experience in the new system?

CBD organizes training into a series of stages along a continuum (Figure 1) and clearly lays out markers for teaching and learning at each stage. Our residents will benefit from having access to these clearly defined, discipline-specific competency targets that they can then use to guide their learning. Over the course of their training, our residents will benefit from frequent observation and meaningful supervision from expert faculty like us. The goal is to ensure that our learners have demonstrated all of the content and ability that is defined for each stage of competence. Just like today, some learners will become competent quickly and some learners will need a little more time on task.

Residents will be introduced to a portfolio as a way to organize their learning and document their achievement of our specialty’s or subspecialty’s EPAs.

We will also reconsider the role and timing of the Royal College certification exam, which currently occurs at the end of residency training. As part of CBD, the exam is expected to occur at the end of the core stage of training (i.e. the third stage) and it will be treated as an important point-in-time assessment.

The exam remains an essential element of achieving the credentials of a specialist (subspecialist). However, it will now be held earlier on in the training period so that the focus of the final stage of training can be on the transition to practice. Equally important emphasis will be placed on ongoing workplace-based assessments which have evidence to support them as both valid and valuable.

Figure 1: CBD Competence Continuum



CBME Core Components

Framework – The physician competencies required for successful practice and alignment with societal needs, were carefully reviewed, validated and articulated in the CanMEDS 2015 Framework.

Progression - Discipline specific EPAs and milestones, which provide discrete markers of competence, are organized into stages of training (Competence Continuum) which support progression toward readiness for practice.

Tailored Experiences – Learning experiences are organized to help our learners to developmentally acquire competencies and demonstrate EPAs. These tailored experiences are based on work based environments that match the settings they will encounter in future practice.

Competency-focused instruction –Teaching practices are focused on the developmental acquisition of competencies. EPAs are used to structure instruction and learning, and learners are given real-time high quality feedback by teachers who act as coaches.

Programmatic assessment – Assessment practices, such as assessment for learning, assessment for progression, Competence Committees, changes to the certification exam and an electronic portfolio, support and facilitate the developmental acquisition and demonstration of competence.

Part 3: Program and faculty responsibilities at the local level

Local faculty development and change management will largely happen at the school and program level. There are a number of activities that programs can begin before our first workshop. For more information refer to the [Meantime Guide](#) on the Royal College website, royalcollege.ca.

The good news is that we can learn from others and work with our CBME Leads.

Part 4: Key terms and their uses

In workshop 1 our facilitator will help us to review and/or reimagine the scope of our discipline. As someone who will soon be attending a CBD Cohort Transition workshop, we may have questions about the CBD terms we will hear. For a glossary of CBD terms refer to the [CBD FAQ Part 3: Terms and their Uses](#) on the Royal College website, royalcollege.ca. If we are not familiar with CBD terms we may want to bookmark and refer to this during workshop 1.

Part 5: Recommended resources

[Top CBD Resources at a Glance](#) – top Royal College resources to support Canada’s implementation of CBD.

[What is CBD? Poster](#) – at-a-glance resource to explain what CBD is, how it was developed and it’s timeline.

[CBD launch schedule](#) – when our specialties will start their cohort transformation process and when we are expected to launch.

[Meantime Guide](#) – a practical guide to prepare our faculty or program for CBD.

[Introduction to Competence by Design Video](#) – an animation video that explains the basics of CBD.

[CBD Cheat Sheet](#) - a 2-page introduction to Competence by Design and its impact.

[Clarifying Myths, Misconceptions and Misunderstandings](#) - a recommended read explaining common misunderstandings about CBD implementation.

[Checklist for CBD Cohort Transition Workshop #1](#) – what to expect during workshop 1 and a post-workshop to-do list.

[Competence Committee Terms of Reference](#) – understanding structure and function in setting up a Competence Committee.

¹ <https://www.afmc.ca/future-of-medical-education-in-canada/postgraduate-project/index.php>