Lesson Plan

# Introduction to Competence Committees

The “Introduction to Competence Committees” workshop is designed to be delivered in 90 minutes. If you would like to deliver it in 1 hour or less, you can choose to take a flipped classroom approach and send some of the didactic materials ahead of the workshop for review, which will allow you to focus on the Case Practice at the end of the workshop.

## Learning Objectives:

## Describe the purpose of the competence committee

## Define best practices in setting up a competence committee

## Describe an approach for running a competence committee meeting

## Identify common pitfalls and perils with competence committee decision-making

## Workshop Preparation / Materials Needed:

* Facilitators – ideally 1 person for every 6-8 participants
* Slide deck, lesson plan
* **FOR VIRTUAL DELIVERY\*:** Access to video conferencing platform that has the ability to create breakout rooms (i.e. Zoom). Depending on the platform, you might want to recommend that participation be on a computer to ensure full technological capabilities (see [How to Teach Virtually](http://www.royalcollege.ca/rcsite/documents/canmeds/rc-virtual-teaching-e.pdf) for some tips and tricks, as well as a comparison of several popular video conferencing platforms).

**\*** For virtual delivery, it’s important to plan for an interaction every few slides (e.g., answering questions in the chat, asking open-ended questions, and polling - many platforms have the ability to create polls ahead of time so you don’t need to do this during the session). The slide notes include interaction prompts throughout, as well as ideas for questions to ask/polls to create.

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| Time | Content | Slides | Activity |
| (5 mins) | **Welcome/ Introduction*** Objectives
* Icebreaker
 | 1- 5 | Icebreaker discussion: What excites you about setting up a competence committee? What scares you? **(VIRTUAL:** Have participants introduce themselves in the chat. Consider starting off with a poll getting agreement from learners to participate in the session. Getting this agreement helps to establish participant accountability. It emphasizes that this session is about two-way communication, helps to set expectations for engagement, and discourages multi-tasking throughout the session.e.g. Do you agree to participate in this session?• Of course! I can’t wait!• We’ll see how it goes. I’m multitasking.• I’m not able to participate. I’ll just listen.)(**VIRTUAL**: Instead of listing learning objectives, considering turning this slide into a poll (e.g. What are you MOST interested in learning?) with the objectives as possible answers. This adds interaction, but also tells you more about participants’ needs.) |
| (5 mins) | **Why competence committees?*** Current assessment system vs CBD assessment system
 | 6 - 11 | Didactic: Current assessment system, EPAs, multiple observersDiscussion (11): What is the value of having multiple observers of residents performing EPAs?(**VIRTUAL:** Take answers via chat or audio) |
| (10 mins) | **The role of the competence committees*** What does the CC do?
* CC decisions vs recommendations
* Role of the RPC
 | 12 - 19 | Didactic: What does the CC do, developmental model, fitting it all together, CC decisions vs recommendations, role of RPC**(VIRTUAL:** Consider creating poll before “Differentiating roles” slide: E.g. Which of the following is the responsibility of the CC? Select all that apply.1. Review resident portfolios
2. Advise on individual learner needs
3. Advise on issues of curriculum or assessment
4. Set residency curriculum and improvements (not CC; RPC))
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| (15 mins) | **Setting up a Competence Committee*** Resources and guidelines
* Membership
* Review process
* Communication (to RPC, residents)
* Assessment culture
 | 20 - 28 | Didactic: How does your program set up a CC, membership, review process, communication, assessment cultureDiscussion (22): Royal College does *not* recommend having residents. What do *you* think? (**VIRTUAL:** Take responses via chat or audio). |
| (10 mins) | **The basics of running CC meetings*** CC details
* Role of primary reviewer
* CC reporting
* Standard operating procedures
 | 29 - 34 | Didactic: CC details, primary reviewer (partially), CC reporting, standard operating procedures (partially)Discussion (prior to slide 32): What is the role of the primary reviewer? (**VIRTUAL:** Make this a poll - E.g. What is the role of the primary reviewer? Select all that apply.Give an opening statementPresent relevant and supportive dataHighlight patterns and outlier assessmentsInform group discussionBuild consensus (not true – typically the role of the chair).Discussion (34): How many of you have built terms of reference, etc.? Have you shared these with your department? Residents? (**VIRTUAL:** Take answers via chat or audio (see above). |
| (10 mins) | **The basics of making decisions*** Wisdom of the crowd
* Basic committee principles
* Groupthink (cognitive biases)
* Preparing the committee
 | 35 - 41 | Didactic: Wisdom of the crowd, basic committee principles, recommended papersDiscussion (39): Consider splitting this slide in two so that the strategies for minimizing group think go on the next slide. Ask participants “What are some ways to minimize the risk of group think?” (**VIRTUAL:** Take answers via chat or audio.) |
| 30 mins | Case Practice: Resident with deficitsDebrief: How did it go? Group Function? Surprises? Challenges? | 42 | Jason Smith (missing EPA numbers, low EPA scores in some EPAs, borderline/low scores in other assessments, differing Hawk/Dove opinions about his performance, the primary reviewer misses a professionalism notation in the file, private info that PD has about personal issues not able to share). **See slide notes for full instructions for f2f and virtual.** |
| (10 mins) | **Wrap-up / Questions** | 43 - 45 | Summarize take-home messagesInvite questions, comments and feedback |