



CBD Program Evaluation Recommendations Report

Findings from FMRQ, RCPSC



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Recommendations Report

Broad Overall Picture of Data

As Competence by Design (CBD) continues to be implemented across the system of specialty medicine in Canada, it is important to conduct evaluations of this implementation, and make adjustments as needed.

In 2019, the FMRQ conducted a study, *Implementation of Competence by Design in Quebec – Year 2: Ongoing issues*, examining CBD implementation in Quebec, which provided rich insight into the resident experience with CBD. The Royal College also conducted two program evaluation studies in 2019; a *Competence by Design Implementation Pulse Check*, which examined on the ground implementation of the 2017 and 2018 CBD launch disciplines, and a readiness checklist titled *Ready for Launch? Checking off Readiness Factors for CBD Implementation*, which examined how ready for launch 2019 CBD launch disciplines were.

These three studies provided interesting insights into CBD implementation, and found many similar challenges. Each group made important recommendations to improve the implementation and execution of CBD, and to address these challenges.

The most common challenges presented were the pace of culture change, and how this affects aspects of CBD (i.e., giving and receiving feedback); EPAs and milestones; workload, and its impact on stress and wellness; the training and information received; and electronic platforms. Recommendations were also made on privacy policies and conducting observations.

The following report summarizes the challenges and recommendations into common themes, and identifies actions that the Royal College will take to address the recommendations. The Royal College has shared the results and recommendations of their studies with PGME offices and CBME Leads, and encourages FMRQ to do the same, so PGME offices and/or CBME Leads can also work to address these recommendations.

Themes

Culture Change

Culture change is a process of moving from the current way to a new way and requires clarity of purpose, reasons for change, new habits and behaviours as well as ongoing support and enablers. Culture change is an ongoing effort and therefore it is still underway for faculty and residents in

Canadian residency programs and will continue until new habits become the new normal. While this is expected, as everyone adapts to change at different rates, it is still contributing to some difficulties during the transition, especially in the completion and acceptance of feedback, and changes to residents' learning.

Respondents of the Pulse Check also noted that some faculty are slow to embrace CBD because they are not aware of, or in some cases, do not agree with, the reasons behind the change to CBD, and have yet to see outcomes of CBD.

Completion of EPA observation forms

FMRQ found that residents often have difficulty obtaining daily observations, and some faculty refuse to complete observations or put off completing observations. Residents often have to remind faculty several times in order for their EPA observations to be recorded. The Pulse Check also found that, in some cases, faculty are not giving feedback.

In both studies, this issue was especially pertinent in off-service rotations – residents find it is difficult to get feedback when in off-service rotations, and programs are having difficulty engaging faculty supervising off-service rotations. Arguably, off-service rotations present greater challenges for any type of communication (regardless of its content) from another program. However, it does appear CBD presents additional challenges, namely that off-service supervisors who have not yet been exposed to CBD may be especially unfamiliar. This may make it difficult for them to understand the rationale to complete observations. In some situations, residents may even be called upon to teach and remind faculty members, adding to their workload. Part of this challenge may be resolved as more cohorts implement CBD, but we also need to explore how programs communicate the rationale and key features of CBD to off-service faculty. More information is needed in this area.

Quality and timing of feedback

The Pulse Check found that, often, the quality of the narrative feedback and comments given could be improved, and that faculty were not always giving timely feedback. The FMRQ report found that feedback was often completed later, with time having passed between the observation and feedback. This delay limited the residents' perception of the impact and quality of the feedback.

Acceptance of feedback

The Pulse Check found that some residents are only asking for observations when they feel sure they will perform well on that EPA, or are only asking faculty whom they feel will rate their performance favorably. This indicates that perhaps some residents have not yet embraced a growth mindset, and do not feel comfortable receiving coaching in order to improve their performance. To embrace this growth mindset, it is important to practice focusing on progress and on improving, and on learning from others. It is also important to normalize asking for more learning, and having role models show how to accept coaching, and the learning and growth this brings. This will help enable a growth mindset.

Recommendations

Some recommendations were made by both the FMRQ and the Royal College to address these challenges:

FMRQ

- That the responsibility of the completion of EPA observation forms should be shared by learners and observers
- That residents should receive help from the department of service in having their observations completed in a timely manner
- That feedback immediately follows an observation.
 - Literature indicates feedback must be timely to be effective, as shown in the [CBD Coaching Model](#).

Royal College

- That programs should continue to introduce and reinforce the principles of coaching and growth mindset among their residents, faculty and administration
- That programs should engage off-service earlier and introduce CBD more effectively; as this often leads to an easier transition to CBD.

	Planned Actions	Completed Actions
Royal College	<p>Provide guidance to program leadership re. importance of engaging off-service rotations and faculty early in the planning/change process.</p> <p>Further explore the off-service challenge in CBD.</p> <p>Facilitate the sharing of best practices; other programs' solutions may help struggling programs, including practicing a growth mind set.</p> <p>Provide information on CBD to local implementers, so the implementers can help build local understanding and local reasons to embrace CBD, and to help culture change.</p> <p>Develop new resources and learning opportunities designed to help instil a growth mind set in learners and teachers.</p>	<p>Off-service support is a theme in CBD Implementation Boosters and will continue to be in the future.</p> <p>Program evaluation will continue to explore challenges in CBD implementation, including off-service.</p> <p>The Royal College continues to work with programs to encourage the sharing of best practices through initiatives like the CBD Innovators, CBD webinars, and through the CBD Directory.</p> <p>The Royal College has developed numerous modules designed to improve the coaching process in CBD coaching. Among other things, these modules highlight the importance of feedback happening and being recorded in timely way.</p>

Curriculum/EPAs

Encourage programs to incorporate EPAs into off-service rotations

FMRQ notes that residents have difficulty obtaining observations during off-service rotations, or, if they do obtain EPAs, they are not counted in their record. This is problematic because sometimes EPAs in off-service rotations are those that are difficult to obtain in the main specialty; if they are not completed in off-service it may be difficult to attain them. Additionally, if an EPA is achieved in an off-

service rotation but not documented, this creates additional workload for the resident who now has to repeat the EPA observation.

The Pulse Check also found programs struggled with engaging off-service faculty, and that residents get fewer observations during off-service rotations. Another Royal College study, the Readiness to Implement Checklist, found that less than 50% of programs had engaged with and prepared off-service disciplines prior to their July 1st launch.

Off-service staff is expected to become more familiar with CBD as more disciplines transition, but additional study is needed to understand how programs communicate the rationale and key features of CBD to off-service faculty.

Establish clear observation criteria for EPAs and milestones and the flexibility allowed.

The Royal College states that the number of EPAs, milestones, and observations to be attained is a guideline, and should be adapted to each program. However, FMRQ found that this is not consistently applied; programs are often quite rigid on the number of observations, creating what they describe as unnecessary pressure.

Pulse Check found that sometimes, getting the suggested number of observations for each EPA was a challenge.

Program curriculum should be organized according to progression of EPAs.

FMRQ found that, while many programs did provide a timeline for matching each EPA with specific rotations, several resident doctors reported that the curriculum was not very, or not at all, geared to CBD. This created difficulties in completing certain EPAs. FMRQ recommends that the program curriculum is adapted to accommodate the progression of EPAs within the competence continuum, and rotations should reflect the reality of practice. The Pulse Check also found some EPAs were difficult to attain, reviewing the curriculum may help with this.

The number of EPAs is challenging, and discipline specific standards, including EPAs, should be regularly reviewed.

FMRQ found that residents feel that there are too many EPAs, milestones, and observations to be attained. This leaves them feeling dissatisfied and disheartened. Residents also found that milestones, in particular, would benefit from being simplified, to make them easier to understand. They felt that milestone statements could be clumsy or excessively long. Finally, residents found that some EPAs were difficult or impossible to attain. Reasons for this included training sites not being modified accordingly, the curriculum not being adapted to obtain EPAs, or that some EPAs were poorly adapted for the R1 level.

The Pulse Check also found that faculty struggle to handle the volume of observation requests. In many disciplines there are many EPAs, each requiring multiple observations, which make it difficult for faculty to incorporate the observations and requisite recording into their workflows. Respondents suggested that discipline specific standards, including EPAs, be regularly reviewed.

Recommendations

FMRQ

- That the PGME office communicates that there is flexibility in total number of observations per EPA.
- That statements describing EPAs and milestones be simplified.
- That curriculums be adapted to accommodate the progression of EPAs.
- That completion of off-service rotations and EPAs in these rotations be recognized.

Royal College

- To leverage the experience of early cohorts, including their challenges and lessons learned, to inform ongoing development and refinements to specialty documents.

	Planned Actions	Completed Actions
Royal College	<p>Release a Technical Guide to reiterate that the number of observations is a suggestion.</p> <p>Take note of challenges programs are facing with EPAs, keep these in mind when creating new document suites and revising old ones with Specialty Committees.</p> <p>Continue to facilitate reviews by Specialty Committees, and to monitor EPAs through program evaluation.</p> <p>Provide resources on engaging off-service rotations, and monitor if this challenge improves once more disciplines transition to CBD.</p>	<p>The Royal College is reiterating to the CBME Leads and Postgraduate Deans that the number of observations is a suggestion.</p> <p>The Royal College continues to provide support to Specialty Committees in their review of document suites, and creation of new ones. The Royal College also encourages Specialty Committees to monitor the number of EPAs and provides guidance on the amount of EPAs.</p> <p>The Faculty Development team has created curriculum mapping resources.</p> <p>The Royal College continues to conduct a program evaluation and examine challenges, including challenges with EPAs and milestones.</p>

Workload

As programs transition to CBD, those involved are sometimes finding that their workload has increased, and they are experiencing stress and potential burnout. Part of this workload may be related to the transition, and could be temporary as faculty and residents adjust to new habits and learning, and complete prep work and training. Some programs are also employing a duplication of assessment methods until all residents are on CBD; once all residents have transitioned this duplication should reduce. However, it is still important to acknowledge, monitor, and adjust where possible to address this workload.

It is also important to note that while the studies referenced in the report focused on residents and faculty members, it is possible that workload has increased for others as well. For example, the Competence by Design Cost Analysis found that the workload has increased for administrators.

Be aware of the workload and stress that CBD brings.

FMRQ highlighted that difficulties in CBD, especially the responsibilities associated with EPAs, creates stress and anxiety in resident doctors. CBD creates additional work for residents, as they feel they must track and identify their own learning opportunities and find supervisors willing to

complete an observation. They also feel that there is often a duplication of work and assessment methods.

The Pulse Check found that the time involved in CBD, including the time to complete EPAs, creates the risk of assessment fatigue and burnout for some faculty. Program directors in particular spend a lot of time preparing for CBD.

FMRQ, and the Royal College’s Readiness to Implement report, found that some programs may be struggling with adequate administrative support. This can shift additional work to residents and faculty, adding to their workload and stress.

Recommendations

No specific recommendations, other than monitoring negative outcomes, were suggested for this challenge. However, other recommendations from these reports should address the workload and stress that residents and faculty are feeling (i.e., shared responsibility of completing EPAs, greater completion of observations, clarifying the flexibility associated with the number of observations). In the Readiness to Implement Checklist, the Royal College recommended that they continue to provide support at a national level, and that PGME offices monitor program’s administrative needs.

	Planned Actions	Completed Actions
Royal College	<p>Monitor workload and stress in future studies.</p> <p>Point institutions, programs, faculty, and residents in the direction of resources that can help with workload, if possible.</p> <p>Continue to provide support at the national level.</p> <p>Clarify the flexibility associated with the number of observations.</p> <p>The Royal College is working to refine, clarify, and streamline CBD information to simplify processes and reduce stress.</p>	<p>The Royal College has an evaluation plan that will continue to monitor stakeholders’ stress and workload.</p> <p>The Royal College holds regular meetings with stakeholders and provides resources and support; it will continue to do so.</p>

Training and Information

Resident training and information

The FMRQ study found that most residents were oriented to CBD. However, they found that residents often struggled with a growth mindset, and would benefit from instilling this into the onboarding process. It is expected that residents will take time to embrace a growth mindset, and that it will feel uncomfortable at first. It is important that training emphasizes creating habits that help with embracing a growth mindset, such as focusing on progress and improvement. Residents also often were not trained on the function and composition of their Competence Committee.

The FMRQ study found that senior resident doctors are often playing a supervisor and evaluator role. However, it is unclear if senior residents receive training on how to be a supervisor and evaluator, or if their role is recognized.

Faculty training and information

The FMRQ study found that some residents do not feel as if their faculty was adequately trained on CBD, and could use more detailed training to have a better understanding of CBD and better tools. For example, residents perceive confusion among supervisors on the use of the O-SCORE Entrustability Scale. Residents also found that off-service rotations were not trained adequately.

The Pulse Check study found that most program directors felt their faculty development and training was effective, but many said they would need to continue development. However, it did find that resources, especially Royal College resources, were difficult to find, and that programs needed resources on some challenging areas such as individualized resident stage based learning plans. Some respondents also felt that their PGME offices did not yet have fully developed resources.

Recommendations and Suggestions

FMRQ

- That resident doctors be clearly informed of the function and composition of their program's Competence Committee, including the rules governing promotion and progression.
- That supervising physicians be offered more detailed training so they have a better understanding of CBD and better tools for a smooth transition.
- That the role of senior resident doctors' as supervisors be recognized and that they be trained accordingly.

Royal College

- To provide clear, easy to access information and resources for programs.

	Planned Actions	Completed Actions
Royal College	<p>Create resources for challenging areas if they do not already exist; for example, instilling a growth mind set, individualized resident stage based learning plans.</p> <p>The Royal College is working on a Competence Committee Technical Guide, which all address resident orientation to the Competence Committee.</p>	<p>Consider new, innovative ways to encourage CBD learning (e.g. pushing learning resources at key times, encouraging product champions), in order to make resources available and accessible.</p> <p>Royal College is actively working to make resources more accessible, including updates to their website and marketing campaigns.</p> <p>Royal College has created a set of online learning modules on subjects such as Entrustability Scale Training, Competence Committees, and Coaching.</p> <p>Royal College takes into account challenges raised when creating resources, and is actively working to create tools that help programs understand and embrace a</p>

Electronic Platforms

FMRQ found that using the ePortfolio improved the collection of EPAs. However, previously, Quebec schools were using a paper format, and there is not an easy way of uploading paper data in the electronic platform. There are also other difficulties with the ePortfolio, including connectivity and access issues (not having access to software, forgetting access codes).

The Pulse Check found that programs were facing challenges with the usability of many electronic platforms. They found it was difficult to organize data, and visualize and output data. This can affect the Competence Committee’s ability to synthesize data for resident progression decisions. Programs also faced challenges when they had to transition from one platform to another.

Recommendations

FMRQ

- That the electronic platforms are optimized, and that stakeholders seek regular feedback from users.

Royal College

- As much as possible, make improvements to electronic platforms (Royal College ePortfolio and others).

	Planned Actions	Completed Actions
Royal College	Engage with users of the ePortfolio to hear their challenges and suggestions. Make improvements to the ePortfolio where possible, including creating a dashboard.	The Royal College continues to make improvements to the ePortfolio, and is actively taking steps to optimize the ePortfolio. The Royal College has developed a comprehensive online training module to promote a better understanding of ePortfolio functionality across various PGME roles.

Privacy Considerations

FMRQ emphasizes the protection of resident doctors’ personal information, and recommends that all faculties adopt a formal data protection policy concerning resident doctors in the context of data transfers via electronic platforms. The Pulse Check did not explore a privacy policy; however, some respondents did note that having national data available would be useful.

The Royal Colleges encourages stakeholder collaboration to explore how best to align within existing provincial and school privacy regulations and policies.

Conclusion

Program evaluation projects like the ones that informed this report are very important in the implementation of CBD; these projects indicate challenges programs, faculty, and residents are facing in the transition to CBD, and some potential ways forward to mitigate these challenges.

The FMRQ recommends that both faculties and the Royal College work to continuously monitor the implementation of CBD. The Royal College agrees that program evaluation is essential, and is committed to continuing to monitor CBD as it is implemented across Canada's system of specialty medicine. The Royal College has a program evaluation plan in place, and will continue to undertake initiatives to monitor CBD, and bring forward recommendations to improve CBD implementation.