

Competence by Design (CBD)

CanMEDS 2015

February 28, 2016



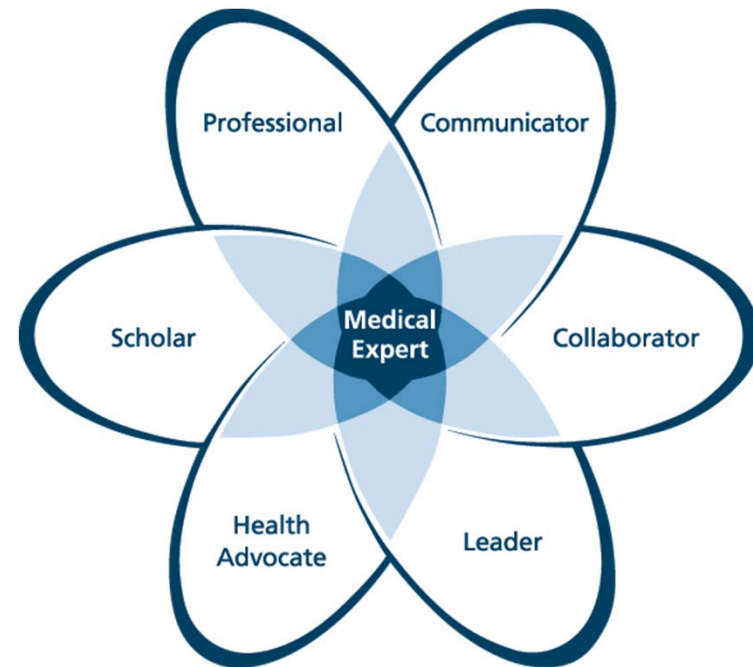
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Over the past 24 months:
I have no relevant financial relationships
with any commercial interests

CanMEDS Roles Covered

This session is
relevant to all
CanMEDs 2015
Roles



CANMEDS

Learning Objectives

At the end of this small group session participants will be able to:

1. Explain the key components for Competence by Design (CBD) for residency education programs
2. Discuss how milestones and EPAs will serve to promote learning and assessment across the CanMEDS Roles
3. Describe the strategies and tools to support program directors and clinical supervisors prior to and during the transition to CBD.

To implement a model for **Competency Based Medical Education** that will promote constant improvement of residency education and continuing professional development

Definition:

“an outcomes-based approach to the design, implementation, assessment and evaluation of a medical education program using competencies as the organizing framework”.

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Competency-based medical education

What are the abilities each **resident** must demonstrate

- at each stage of training?
- across each CanMEDS role?

basis to enter practice!

Once in practice...

“How do **specialists**
progress in competence to
attain expertise?”



CBME principles

1. Focus on outcomes: graduate abilities
2. Ensure progression of competence
3. Time is a resource, not a framework for decisions on competence
4. Promote learner centeredness
5. Assessment is relevant to the stage of training;
6. Greater transparency & accountability

Foundations of Competence by Design

Competence
by Design

CONTINUED AFFIRMATION
OF COMPETENCE AND
LIFELONG LEARNING

CREDENTIALS
AND CERTIFICATION

ACCREDITATION

FACULTY
SUPPORT

CANMEDS 2015

WORK-BASED
ASSESSMENT
AND EXAMS



COMPETENT
PHYSICIANS



BETTER
HEALTH CARE
FOR ALL



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The How...

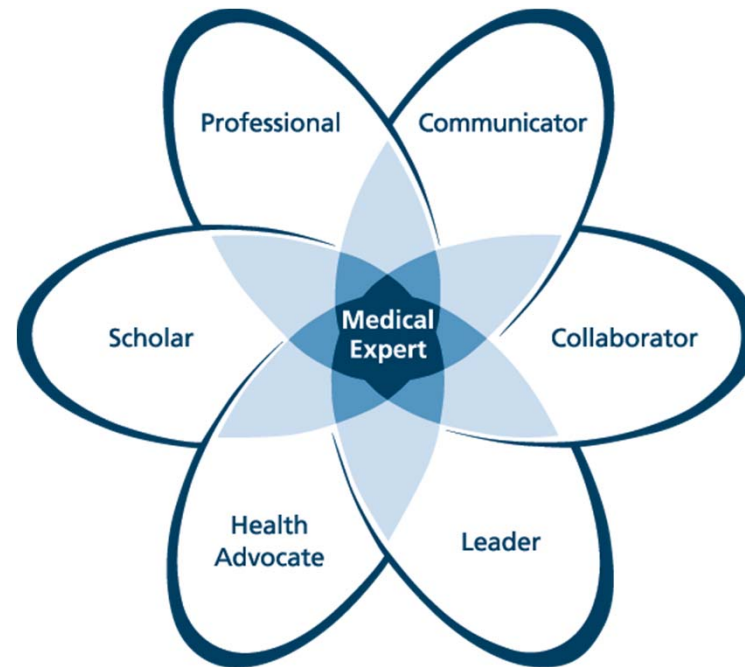
Competence by Design Project





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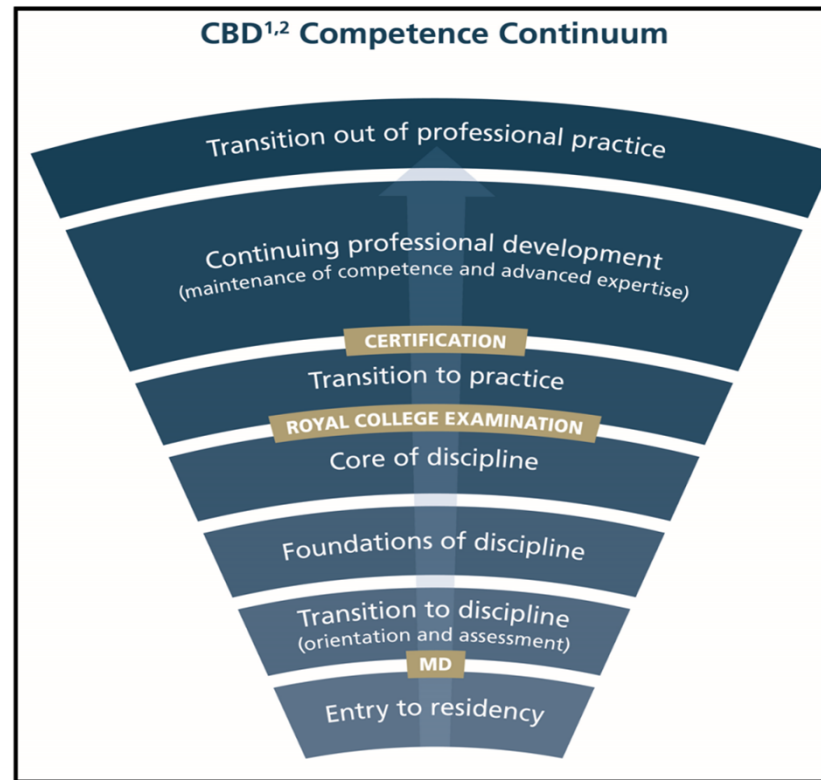
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Defining the stages of training



Milestone / EPA Definitions

Milestones:

The abilities expected of a health professional at a specific stage of development.

Entrustable professional acts (EPAs):

The key tasks of a discipline that a physician must be able to perform.



Key concepts

1. Milestones

- Key driver for curriculum design and supports or guides teaching / learning of residents

2. EPAs

- Strategy for how to assess the competencies that are required to perform the work of the profession.

3. Program Assessment model

- Multiple assessments; tools; raters

CBD will

- Embed continuous assessment throughout each stage of training
- Increase the importance of providing feedback to residents to guide their future learning
- Increase the transparency of what educational standards must be achieved for both residents, faculty and programs.

Key Concept of EPAs: Entrustment

“Can I safely delegate this task or work to a resident to perform independently?”

Yes

1. Can perform this task independently without supervision

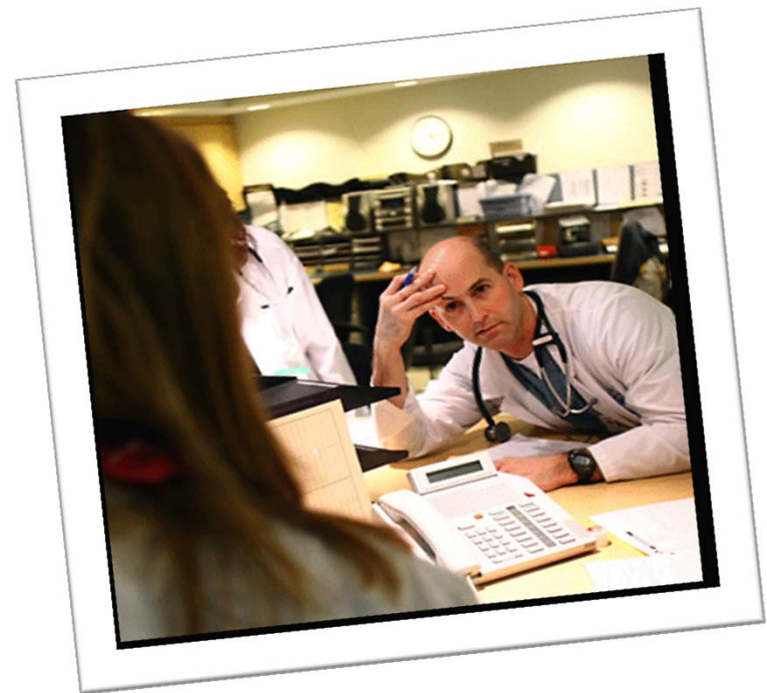
Not yet:

2. Can perform this task with direct supervision
3. Can perform this task with indirect supervision

Key concept of EPA's & Milestones: Progression

Integrated programmatic approach to assessment decisions related to:

- Progression of competence
- The need for further training or remediation
- Course adjustments that may be required



Assessment of EPA Achievement

EPA Observation Ratings

- Point in time
- Single Observer
- Specific context

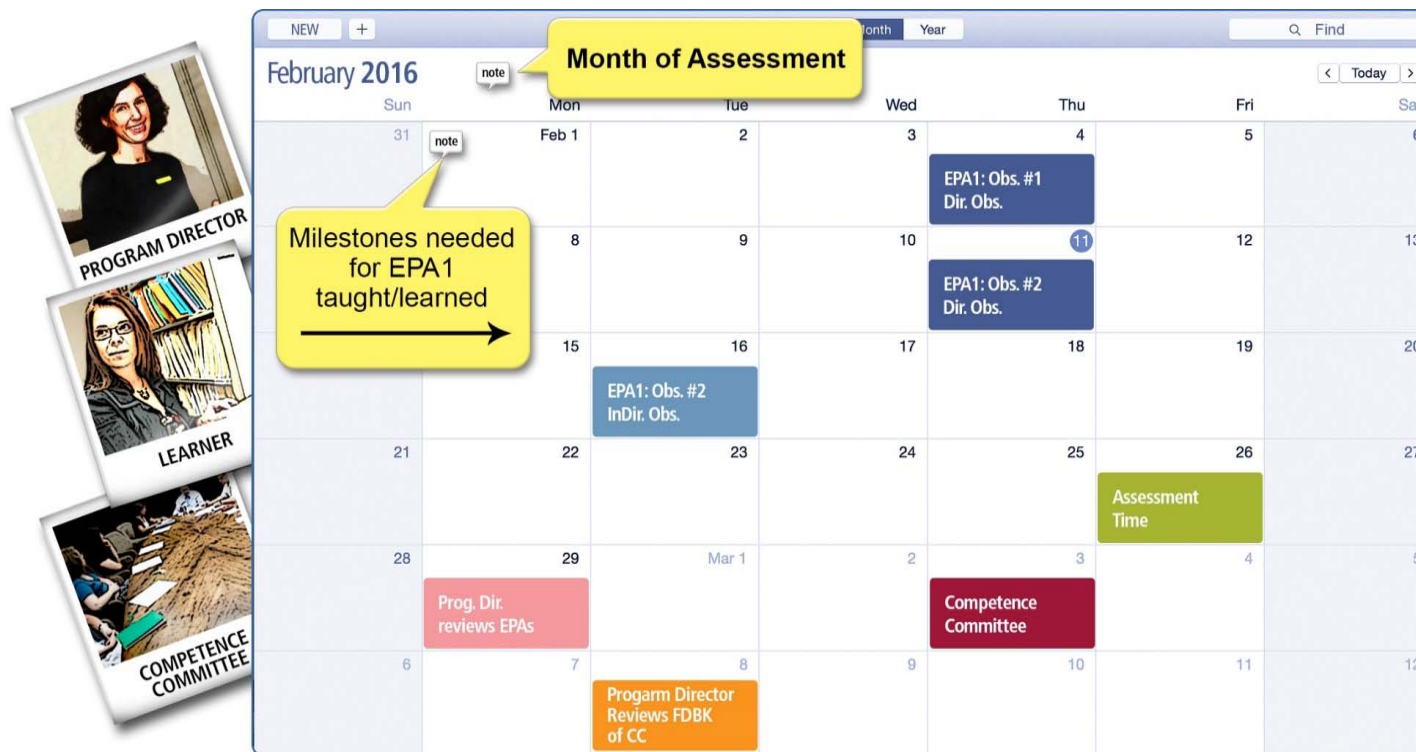


Competence

EPA Achievement

- Multiple times
- Multiple Observers
- Multiple contexts

Assessment on the ground: Monthly View



Assessment on the ground: a view of the day



February 26, 2016
Thursday

all-day

5 AM

6 AM

7 AM

8 AM

9 AM

10 AM

11 AM

Noon

1 PM

2 PM

3 PM

4 PM

Clinic

note

Assessment of
EPA #1 with
Andrea today!

S M T W T F S
31 1 2 3 4 5 6
7 8 9 10 11 12 13
14 15 16 17 18 19 20
21 22 23 24 25 26 27
28 29 1 2 3 4 5
6 7 8 9 10 11 12

< Today >

Foundations of Discipline

Assessing uncomplicated patients with a new diagnosis of cancer

- *Medical Expert*
 - 1.3 Apply a broad base and depth of knowledge
 - 2.1 Ascertain/ address patient's understanding
 - 2.2 Select and interpret appropriate diagnostic tests
 - 2.2 Assess patient's status and assign ECOG or PS
- *Communicator*
 - 2.1.1 Use patient-centered interviewing skills
 - 5.2 Communicate using written health records, EMRs etc...
- *Collaborator*
 - 3.2.2. Communicate with patient's primary care provider

Assessing uncomplicated patients with a new diagnosis of cancer


Encounter

- Indirect observation: case discussion and review of clinic note
- Direct observation of the resident / patient interaction

Assessment Strategy

- Completed at clinic visits across a range of presentations along the cancer continuum

Collect observations from different supervisors (at least 3)



Stage: Foundations
 Learner: _____
 Date of Assessment: _____
 EPA Title: **Assessing uncomplicated patients with a new diagnosis of cancer**
 Goal of consult: ☐ Palliative ☐ Curative
 Tumour site: ☐ Breast ☐ Lung ☐ Bowel ☐ Prostate ☐ Lymphoma
 Other: _____
 Case complexity: ☐ Low ☐ Moderate/Medium ☐ High
 Overall Assessment: Would you entrust this EPA in the future? ☐ Yes ☐ No
 Mentions relevant to this EPA: ☐ Yes ☐ No
Medical Expert
 (1.1) Apply a broad base and depth of knowledge of the clinical and biomedical sciences as they apply to the development, diagnosis, and management of common cancers
 (2.1) Ascertain and address the patient's and/or the patient's family's understanding of the reason for the encounter
 (2.2) Select and interpret diagnostic tests (e.g. laboratory, molecular and standard pathology, diagnostic and functional imaging, endoscopy) appropriate to the context of the encounter and informed by the patient's symptoms, diagnosis, prognosis, and anticipated toxicities of treatment
 (2.2) Assess the patient's performance status and functional status and assign an Eastern Cooperative Oncology Group (ECOG) or Karnofsky Performance Status (PS) score
Communicator
 (2.1.1) Use patient centred interviewing skills to elicit and address the patient's understanding of their diagnosis and prognosis (including fears, concerns and expectations of health care professionals)
 (2.1.2) Explore the impact of the cancer diagnosis on the patient's ability to achieve their own personal goals, such as working, travelling, and future fertility
 (5.2) Communicate effectively using a written health record, electronic medical record, or other digital technology
Health Advocate
 (1.3) Identify opportunities for fertility preservation
 (1.3) Identify opportunities for testing for familial or hereditary disposition to cancer and make referral to the appropriate local resource
 Feedback to Resident:
 Professionalism and Patient Safety:
 Do you have any concerns regarding this Learner's professionalism? ☐ No ☐ Yes
 Do you have any concerns regarding Patient Safety? ☐ No ☐ Yes
 Description of concerns: _____



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In action

Competence
by Design



Plan learning

1

Participates in
the encounter

2

Exchange
feedback

3

Record
observation

4

TIME

TIME

Program Director



Guides learning

- Meets with residents regularly
- Reviews resident evaluations using new tools / technology
- Reviews resident observations

Reviews program status

- Reviews program data and investigates issues
- Prepares for Competence Committee meetings



Competence Committee

Assess overall achievement of RC EPAs and milestones

- Approves changes to resident status
- Monitor progress and promotes residents to next stage of training
- Requests Royal College certification
- Modifies resident program plan
- Provides group decision process

Transition to Discipline (N-2)

- Assessing, triaging and initiating management for patients with GI emergencies

Foundation (N-8)

- Performing a diagnostic esophagastroduodenoscopy

Core (N-16)

- Managing patients with acute or chronic GI disorders in pregnancy

Transition to Practice (N-8)

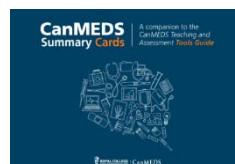
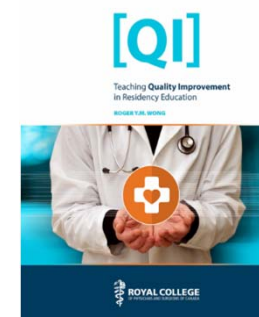
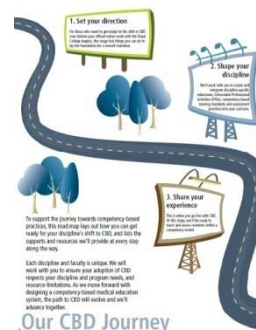
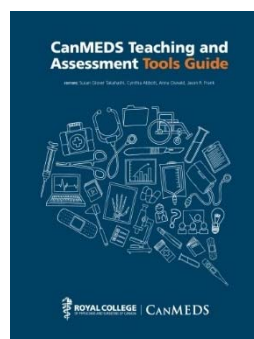
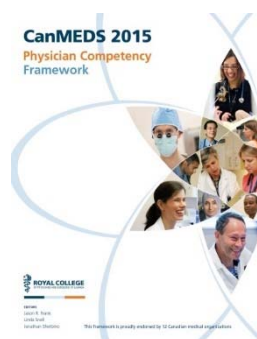
- Managing the day's list of endoscopy procedures.

In the interim...

There are a number of steps to consider

- Identify champions of CBD within your division
- Encourage faculty to see their role as providing feedback to residents
 - Serve in the role of coach
 - Greater emphasis on direct observation
- Faculty development on work-based assessment
- Create a competence committee
- Trial EPAs from your discipline in your program

Visit us at www.royalcollege.ca/cbd/resources/



CanMEDS:
Introduction for
Clinical Teachers
– Video Series

Contact us at cbd@royalcollege.ca

CBD's purpose is to **improve** the health and health care of Canadians by ensuring specialists are **consistently prepared** to continuously meet **evolving patient needs**.

Assessment is a key component of CBD, with a focus on:

- Programmatic, work-based
- Based on national standards defined by each discipline
- Shared responsibilities between residents, program directors, observers,

