



PGME Town Hall CBD 2.0 Update



Welcome





Agenda

- Welcome & Introductions
- 2. CBD 2.0 Update
- 3. Assessment in the CBD Era
- 4. Systems/IT Platform
- 5. Reflections, Questions and Comments
- 6. Conclusion

"Recording in Progress"





Participants

PGME

- Dr. Heather McDonald-Blumer, Faculty Lead | Curriculum
- Ms. Lisa St-Amant, Project Manager | Curriculum
- Dr. Julie Johnstone, Faculty Lead | Assessment
- Ms. Jennifer Dare, Project Manager | MEITT

Guest Participant(s)

- Dr. Adelle Atkinson, Clinician Educator | RCPSC
- Dr. Damon Dagnone, Director | Standards and Accreditation | RCPSC





The PG Team



















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CBD 2.0 Update CHANGES and PROCESSES

Note: the finalized adaptations to CBD will be communicated by the Royal College to programs in early July. This session represents the discussions nationally as of the third CBD Summit



CBD 2.0 | Consultation & Planning Overview

TEMERTY FACULTY OF MEDICINE UNIVERSITY OF TORONTO

Adaptations **CBD Summit CBD Summit CBD Summit** proposal to Commitment #2 CSE (and to Action #1 #3 September Council) March 2024 June 2023 May 2023 2023 July 2024 **Draft adaptations** Prioritized Refinement of adaptations adaptations Consultation on proposed adaptations Temerty Medicine

CBD 2.0 | Priority Areas

- 1. Value of Assessment
- 2. Feedback & Coaching
- 3. Communications
- 4. Program Evaluation/Quality Improvement
- 5. Electronic Portfolio





CBD 2.0 - What Continues

- Stages of Training
- EPAs
- Assessment of Learning
 - Purposeful, mapped to competencies
- Evidence-Informed Decision-Making Accountability
 - Competence Committee
 - Reports to PD and RPC





Stages of Training





EPAs Defined.....

- Core tasks of discipline
 not the observation
- Will be reviewed / refined by Specialty Committee
- Must be assessed in some manner for each stage
- Number of observations at programs discretion





What will change...

- Balance national standards and local flexibility in CBD implementation
- Address assessment strategies to ensure value across schools /disciplines
- Refocus on feedback & coaching
- Optimize IT platforms (functionality & user-friendliness)
- Integrate evaluation & feedback mechanisms for continuous improvement
- Provide ongoing implementation support (by Royal College)
- Improve communication from Royal College





Feedback and Coaching



Bringing value to the interaction

In the moment

Bi-directional process

Improving the FB culture





PGME Process for Making Changes

- Accountability and planning shared by
 - RC (Specialty Committees)
 - Institution (PGME)
 - Program

Frameworks to be established by local PGME





PGME Process for Making Changes

Potential changes should ideally arise from program CQI efforts (i.e., data informed)

Discuss proposed changes and rationale with your PGME CBD Lead (Charles/Justin) Depending on the change, your PGME CBD Lead may perform further consultation with the appropriate PGME leadership and seek PG Dean approval

Once approved, programs develop a plan for implementation, including soliciting feedback and approval from their RPC and communications to affected groups (Faculty, Residents, etc.)

Programs should communicate with their Specialty Committee

Programs should engage in CQI and monitor the impact of their changes





Impact for Accreditation









ASSESSMENT CHALLENGES

DOCUMENTATION

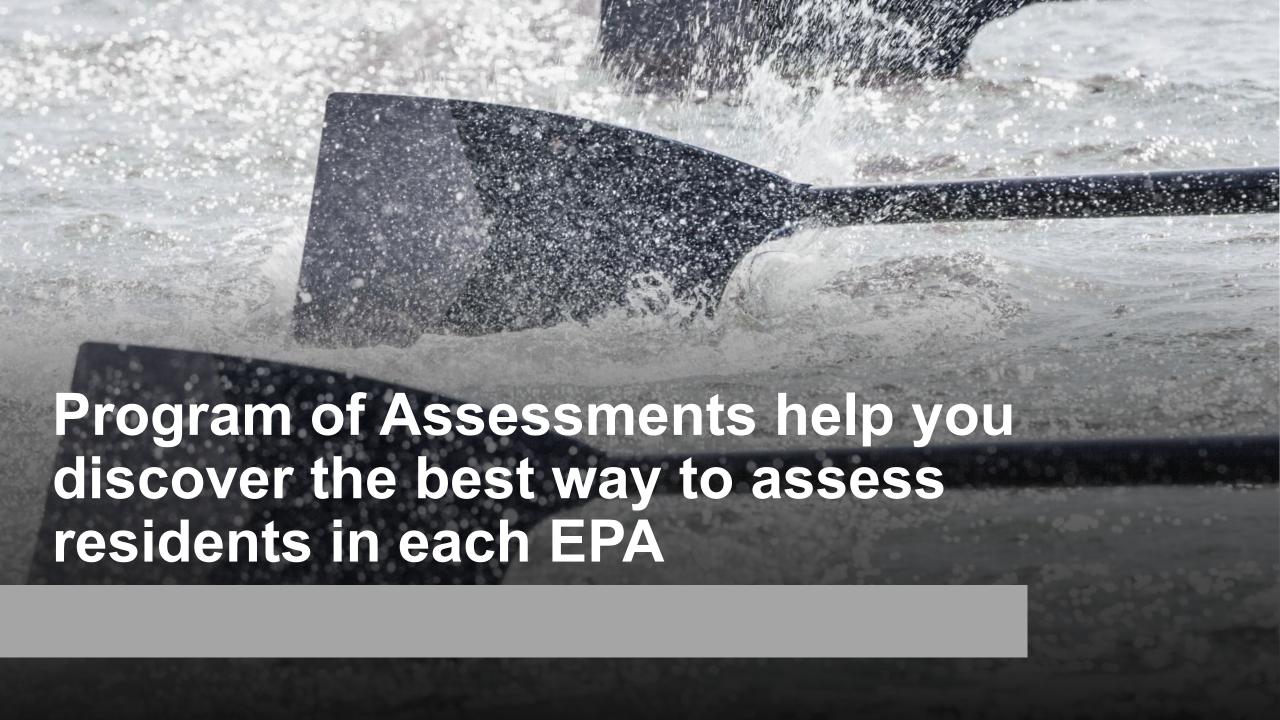
ASSESSMENT PRACTICE

COMPENTENCE CMT PROCESS

FACULTY SUPPORT & ENGAGEMENT





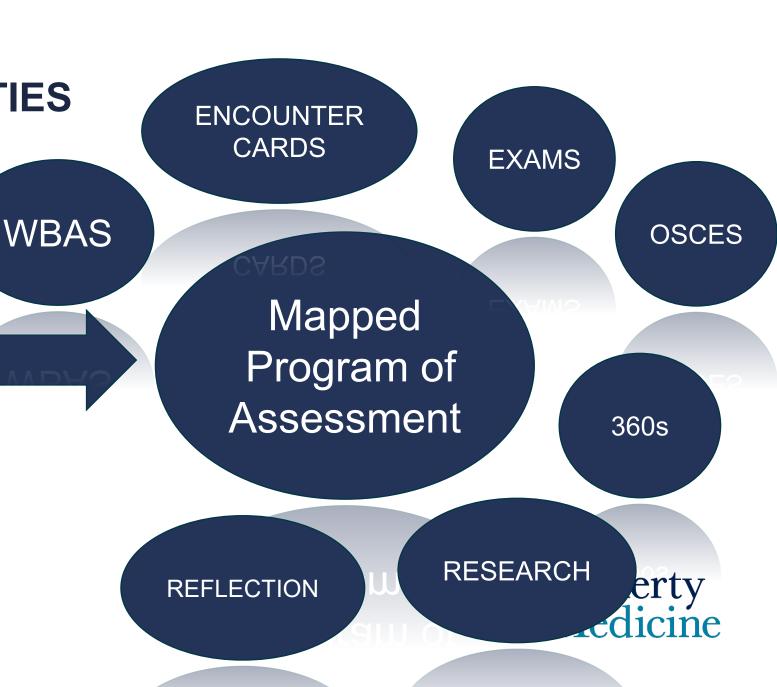


ENTRUSTABLE PROFESSIONAL ACTIVITIES

EPA
TASK / SKILL

TASK / SKILL





ENTRUSTABLE PROFESSIONAL ACTIVITIES

Data from EPAs should NOT be the only data collected on residents

Entrustments scales can be decided locally

Programs determine the # of entrustments required

Programs decide on how much qualitative vs quantitative data is used (but you need both)

Milestone do NOT have to go on assessment forms









Things you can do now...

Review implementation progress

Review Program of Assessment

Specialty Committee Check In

Competence Committee Check In



BIG PICTURE

Programs Decide what they need to make decisions on resident progression and how it is reviewed/ assessed

A resident CAN be promoted to the next stage, with a limited # of EPAs still to achieve at the discretion of the CC

Residents can pursue EPAs in future stages before progression to that stage



Institutions can design assessment tools that make the most sense for them.

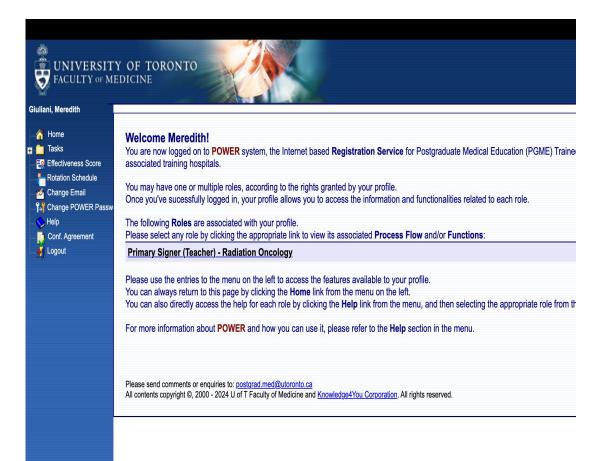


CBD 2.0: Relevant Information Technology Updates

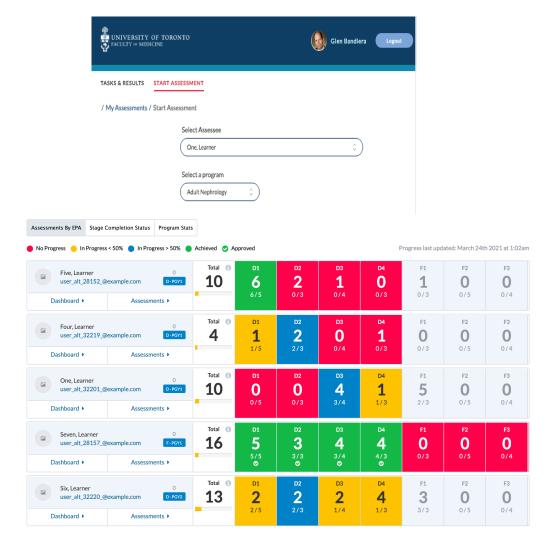
Jennifer Dare Project Manager, MEITT



Postgraduate Web Evaluation and Registration (POWER)

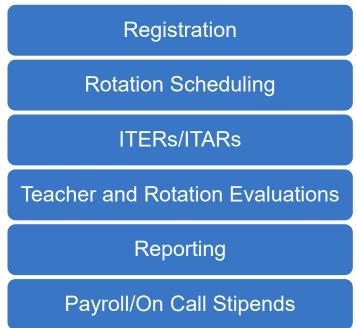


Elentra



POWER

- Vendor based platform, established in 2004, functions as a comprehensive Learner Management System for PGME
- Same vendor supports MedSIS for MD Program
- Primary platform for ITARs, teacher assessment and rotation assessment





Elentra

- Implemented at U of T in 2018 to support CBME in PGME. Used by MD Program and GLSE to support teaching and learning functions (CBME, Curriculum, MSPR etc.)
- Began as "open source" software provided via Queen's University
- U of T part of a consortium with other medical schools
- Permitted customizations at local schools, as well as support from Core team and collaborations
- In 2021 Queen's created Elentra Corporation alongside Elentra Consortium
- In 2023 Elentra Corporation was sold to U.S. Investment firm who agreed to continue Consortium until June 2025
- In May 2024, Elentra Corporation merged with DaVinci Education and new CEO appointed



CBME – EPAs, Notes to File, LACTs and Field Notes



Rotation Scheduling Pilot – 1 Program



Elentra – future plan

- MedIT has done an extensive evaluation of current and future state of this platform
- Pending our ability to obtain a "perpetual" license to operate Elentra, we anticipate remaining with the current version of Elentra fully supported by internal TFOM resources.
- Plan to stabilize IT infrastructure (PHP and Laravel)
- While we may not upgrade to higher versions, we have an opportunity to make minor adjustments as required with the rollout of CBD 2.0 in a stable environment.
- Expectation is that we will have stability for up to 2 years beyond the dissolution of the Consortium.

Medical Education Information Technology Transformation (MEITT) Initiative

- Transformation from existing legacy systems MedSIS and POWER for MD and PGME
- RFP developed with extensive consultation with relevant stakeholders across MD and PGME and working closely with the Procurement office. RFP was posted in September 2023 and closed in November 2023
- 3 Vendors responded to the RFP.
- Evaluation Committee composed of 7 members from MD, PGME & MedIT selected 2 of 3 vendors to progress to Phase 2
- Phase 2 began in May 2024 and involves extensive review and testing of sandbox versions of software
- Anticipate decision in late summer with negotiation of contract occurring into Fall 2024.
- Full implementation of a new system (including migration of existing data) will likely take a minimum of 12 to 18 months.

IT Systems - Vision

- Full integration for end user logging into a single platform
- Preserve flexibility to permit adaptations at a program level
- Create an IT ecosystem to permit programmatic evaluation and assessment
- User friendly and integrated reporting to enable clear understanding of both learner and faculty performance, as well as evaluation and feedback of curriculum
- Maintain support for medical education systems with teams who are fully knowledgeable of curriculum, assessment, evaluation, analytics and technology
- Stay tuned......

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Reflections Discussion





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CBD 2.0 Update Conclusions and Next Steps

