Update on CBME/CBD All PDs & FM Site Directors

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I have no conflicts of interest to declare

Overview

- 1. Update
- 2. Key differences
- 3. CBD integration
- 4. Next steps

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1. Update

- PG Deans update
- What's in a cohort?
- Launch in July 16
- Plans for July 17
- BPEA



CBD & CBME Update

- PG Deans Royal College meeting
- Advisory Groups looking at key issues
- CBME/CBD National Leads Group
- Cohort updates

What's in a cohort?

- Cohort is 'on ramp'
- Estimate of readiness is on ramp +/- 2 years
- Sometimes faster, sometimes slower
- Aim is to get 'caught up'

Launch in July 16

Medical Oncology

- Launched field-testing phase July 1, 2016
- 6 Learners at PGY4 (AND 6 @ PGY5)
- 7 EPAs
- 11 online assessment tools

Otolaryngology – Head & Neck Surgery

- Launched field-testing phase July 1, 2016
- 5 Learners at PGY1
- 4 EPAs
- 12 online assessment tools

Plans for July 17

- 1. Anesthesia
- 2. OHNS

- Medical Oncology
- 2. Internal Medicine
- 3. Surgical Foundations (incl 9 Sx Programs)
- 4. Urology
- 5. Cardiac Surgery

Cohort 3

Meetings to move forward on CBD

Cohort 4-7

Meantime OPTIONS

Family Medicine

- Learning from Family Medicine
- Alignment between Fam Med & RC programs



Best Practices in Evaluation & Assessment (BPEA)

- 1+ year, Dr. Linda Probyn Chair
- 10 papers, 25 faculty + residents + staff
- Summary Report
- Implications for Program Evaluation (e.g. accreditation, internal reviews, RATE, RES)
- Implications for Learner Assessments (e.g. information systems, number/type of assessments, learner handover, remediation)
- Release by/before Spring 2017

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2. Key differences in CBD

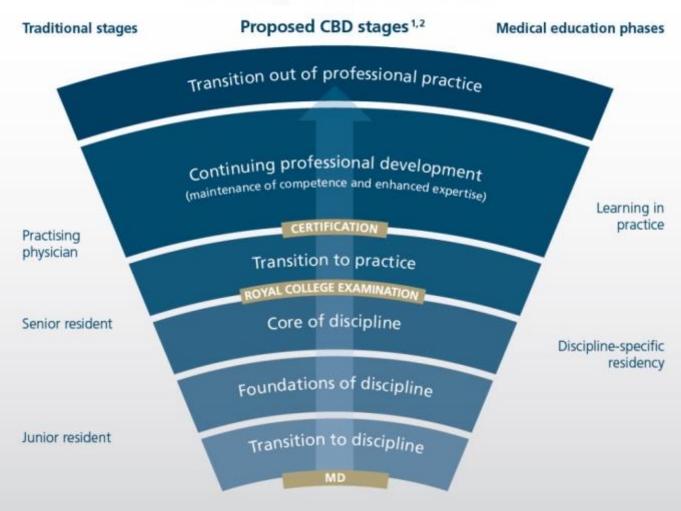
- 1. Developmental approach
- 2. Assessment plan
 - Includes more workplace assessments
 - TIME is not THE parameter for success but is part of the considerations
- 3. 'Trust' is explicitly assessed
- 4. Purposeful, transparent, data-driven shared decision-making

4 Key differences in CBD

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CanMEDS 2015

The Competence Continuum



Purposeful 'on ramp' aka Transition to Discipline

Staged learning, teaching & assmts aka Foundations, Core

Purposeful 'off ramp' aka Transition to Practice



4 Key differences in CBD

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Initiate/Revise/Continue Workplace Based Assessments

- What is currently being used
- Balance of assessment types
- Why, Where & What to try?
 - Observations
 - Multi SF
 - Documentation
 - Professionalism

Improve/Develop a Feedback Culture

More emphasis in coaching

4 Key differences in CBD

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Connecting Residents, Faculty & Clinicians

- Longitudinal experiences for residents
- Structured advisory/coaching relationships

4 Key differences in CBD

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Refresh/Develop/Continue Promotions (aka Competence) criteria, committee

- What data is currently used to make promotion decisions?
- Is there a checklist of data to be considered?
- What are the processes?

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3. CBD integration

- CBME/CBD is a team event
- CBME/CBD is about change

WHO is responsible for implementation???



1. Residency Program

 Directors, Learners, Program Admins, Residency Program Committee, Site Directors

2. Department

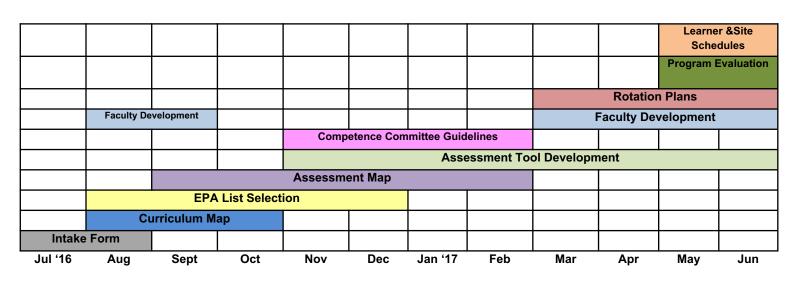
 Vice Chair Education, Division Chair, Faculty Development Lead

3. PGME Office

 PGME Assoc Dean, Lead- Education Innovations Team, Post MD Dean, IT teams

CBME Implementation PROCESS @ UofT





Months 2016 - 2017

Faculty Development

- Who needs what info, when, where
- INCLUDES resident & faculty dev't
- What to do early?
- What to do later?
- Build capacity slowly

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4. NEXT STEPS

Curriculum integration

- Program specific work
- PGME IT solutions
- Policy implications

Faculty Development

- CBME/CBD website
- Program, department, faculty

Program evaluation & scholarship

Monitor, measure, improve, share





FOR CURRENT TRAINEES

FOR FACULTY & STAFF

ABOUT PGME

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Postgraduate Medical Education



Recap

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Thank you, thank you.

Questions about CBD & CBME at UofT

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