**GOALS of CBD & CBME at the University of Toronto**

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These goals build upon the excellency of our residency programs. They are associated with the successful implementation of Competency-Based Medical Education (CBME) models such as Competence by Design[[1]](#footnote-1) (CBD) and Triple C[[2]](#footnote-2).

1. **Integrating a programmatic assessment plan with timely workplace-based assessments – including direct observation and a culture of feedback and coaching**
2. Implement more accurate, varied, and focused assessments.
3. Use more direct observation of performance.
4. Implement balanced, fair and feasible assessment plans.
5. Support faculty and learners to co-develop a culture of feedback and coaching.
6. **Enabling shared evidence-informed decision-making on residents’ progress, supported by enhanced assessment and reporting systems**
7. Improve frequency, transparency, and quality of data available to learners, competence committees and education leaders (e.g. program directors, coaches, faculty advisors, program administrators).
8. Support a model of shared decision-making that enables resident-focused education, and facilitates resident education handover and progress.
9. Use of technology (e.g. Elentra, Tableau, POWER).
10. Enable effective interpretation and decisions by competence committees, coaches, and faculty advisors.
11. **Nurturing more confident, knowledgeable and engaged residents regarding their performance strengths and limitations as they complete a more outcomes-based training model, including soliciting and incorporating feedback and assistance**
12. Improve quality and specificity of feedback and coaching.
13. Improve engagement of faculty and residents in giving and soliciting feedback, respectively.
14. Support residents to monitor CBD progress, and make effective personalized competence development plans.
15. **Facilitating programs’ effective and autonomous implementation of the CBD model**
	1. Develop and maintain positive partner relationships between and among PGME, the department, residency programs, the Royal College, and CFPC.
	2. Develop programs in their faculty engagement and support for effective implementation.
	3. Monitor programs’ implementation and provide assistance as appropriate.
	4. Monitor and support competence committees in making timely resident promotion and progress decisions.
	5. Monitor and support programs to meet their accreditation requirements.
16. **Demonstrating leadership in CBD knowledge mobilization, guideline development and scholarship, locally, nationally and internationally.**
	1. Selectively participate in local, national, international committees and workgroups to support knowledge mobilization.
	2. Engage in local, national, international scholarship aligned with CBME and CBD goals.

1. Royal College of Physicians and Surgeons (Royal College) competence model [↑](#footnote-ref-1)
2. College of Family Physicans of Canada (CFPC) competence model [↑](#footnote-ref-2)