

DESIGNING COMPETENCY AT QUEEN'S

Enhancing Postgraduate Medical Education



Welcome



In July 2017, Queen's University will become the first institution in Canada to fully transition all of our postgraduate residency programs to a competency-based medical education (CBME) framework, building on the success of our Family Medicine Program in its implementation of the Triple-C Curriculum. This is an exciting time for Queen's as we, together as faculty in the School of Medicine, lead this exciting transformation in residency training.

Traditionally, residents have progressed through residency training one year at a time. Promotion to the next year of residency has been based on the successful completion of a curriculum spread over twelve months. The concept of CBME is different. Residents will instead move through the curriculum after demonstrating their achievement of competency in a series of clearly defined learning outcomes. This ensures that our learners have mastered all of the tasks that are expected of them before starting each subsequent phase of their residency.

We've significantly restructured our residency programs to clearly define what's expected of residents at each stage of their learning. At any given time, aligned with the Royal College of Physicians and Surgeons of Canada's Competency by Design (CBD) Project, we've created four new phases of residency. Each phase has a different focus to enable residents to gain competence in the knowledge and skills of their chosen specialty. We've also developed an innovative assessment system that will help them improve their performance and demonstrate that they have become a competent medical specialist.

The future of medical education in Canada is changing and we are proud to be leading the way. The success of this bold initiative will be realized through the strength and dedication of all of you – our faculty.

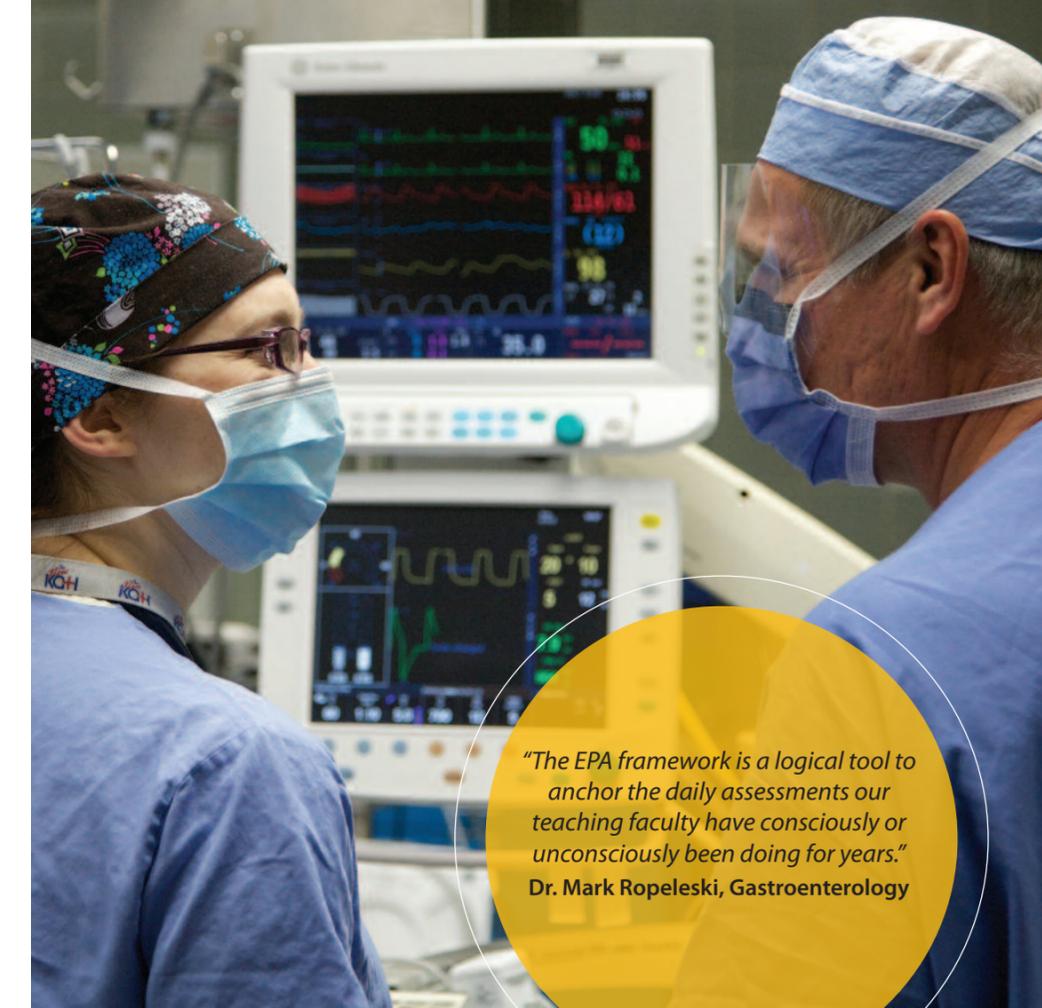
G. Ross Walker, MD, FRCS, FACS
Associate Dean, Postgraduate Medical Education

How CBME Works

Until now, residency programs were time-based. Residents spent one full year in each Postgraduate Year (PGY) before they could move up to the next level. Promotion was based on the successful completion of a year of learning comprised of thirteen equal rotation blocks and this was the same for all residents. CBME reduces the emphasis of learning based on units of time and instead shifts the basis for promotion to the demonstration of competence.

Our residency programs have been restructured into four new phases of learning, each with a different focus. In each phase, residents will need to demonstrate competency in the clinical tasks and activities expected for that stage. They will be assessed using new concepts called entrustable professional activities (EPAs) and milestones.

CBME Stages of Residency			
TRANSITION TO DISCIPLINE	FOUNDATIONS OF DISCIPLINE	CORE OF DISCIPLINE	TRANSITION TO PRACTICE
2-3 Blocks (proposed) JUNIOR RESIDENT Concentration on orientation	10-16 Blocks (proposed) JUNIOR RESIDENT Focus on foundational skills required to move on to more advanced and speciality-specific competencies within the discipline	30-36 Blocks (proposed) SENIOR RESIDENT Training concentrates on the core competencies required for the discipline	10-14 Blocks (proposed) JUNIOR ATTENDING The final phase of training. Residents must demonstrate their ability to transition to autonomous practice
		Proposed RCPSC Exam	Current RCPSC Exam



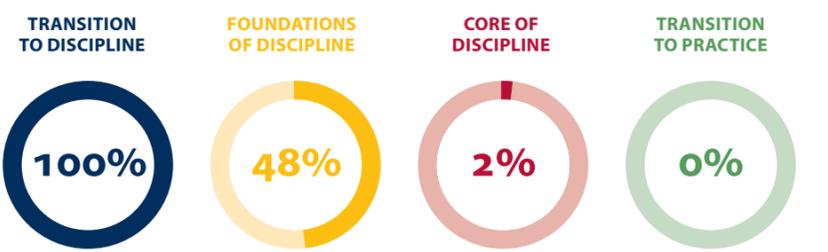
"The EPA framework is a logical tool to anchor the daily assessments our teaching faculty have consciously or unconsciously been doing for years."
Dr. Mark Ropeleski, Gastroenterology

Assessment

Assessment is a key feature of competency-based medical education. Progression through a residency program will be based on assessments of performance in clinical activities so it's important to have a system in place that will do so accurately and effectively.

Our technology team has been working for several years to develop a completely new assessment system built specifically for the CBME initiative. The technology-based Entrada system enables real-time, point-of-care assessment, and enhanced performance monitoring.

It will be possible to know how a resident is doing at any given point in time thanks to a new suite of assessment tools and electronic portfolios.



The resident progress dashboard will show how much of each stage of residency has been completed by a resident at any point during their program.



Medicine

POSTGRADUATE MEDICAL EDUCATION
Queen's University
70 Barrie Street
Kingston, Ontario
Canada K7L 3N6
meds.queensu.ca/postgrad/cbme

FACULTY DEVELOPMENT
Queen's University
68 Barrie Street
Kingston, Ontario
Canada K7L 3N6
healthsci.queensu.ca/education/faculty_development





"CBME at Queen's is a great opportunity to be at the forefront of medical education in Canada. Why not be a part of the first group to graduate residency in a CBME curriculum, know your competence, and be a better doctor because of it?"
Current Queen's resident

EPAs and Milestones

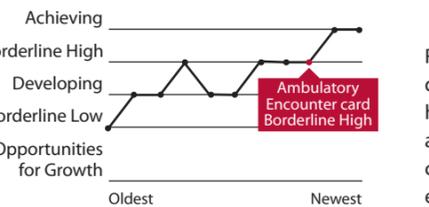
Entrustable Professional Activities, or 'EPAs', are activities that will ultimately be entrusted to residents to carry out during their residency program and eventually in practice. A series of EPAs have been developed for each stage of residency and once a resident demonstrates that they have gained sufficient competence to successfully complete these tasks, they are promoted to the next level.

Milestones are meaningful markers of progression; many milestones are integrated into each EPA. Milestones reflect the abilities needed to accomplish a specific task and have been developed to help teach and prepare residents to achieve EPAs.

To illustrate how these concepts are used, it's helpful to look at a common clinical responsibility. An example of an EPA would be: Physicians must be able to discuss serious news with patients and their families across many different clinical environments.

The milestones help the resident get to the EPA. Milestones link directly to the CanMEDS framework and, as in the example above, being an effective communicator is especially important. Residents will have to relate to the patient in a way that honours their unique needs; they will need to facilitate discussions that are respectful, non-judgmental, and culturally safe; and complex information about the diagnosis and plan of care must be communicated in a clear, compassionate, respectful, and accurate manner.

EPA 1
11 Assessments



Rating scales demonstrate how close residents are to achieving competence in each EPA.



"CBME will help us to better articulate what competencies we want our residents to be able to do. Everyone will feel more confident with a better understanding of the knowledge and skills required for their training."
Dr. Amy Acker, Pediatrics

Benefits

The shift to a competency-based system at Queen's, and indeed across the rest of Canada, is being undertaken primarily for one reason: it will help the next generation of learners to become better physicians. Specifically, a competency-based curriculum will provide a better educational experience to residents in many different ways.

Individualized Learning

All residents will receive more supervision, assessment, and mentorship from faculty supervisors and dedicated academic advisors, who will ensure that competencies are being met for each stage. Residents and their advisors will have the opportunity to identify areas of strengths and weaknesses at regular intervals and be able to develop individualized learning plans.

Increased Flexibility

Residents who have been able to demonstrate competency at an accelerated pace may pursue additional opportunities for enrichment. Instead of finishing their program earlier than others, these residents will have more time available in areas such as electives and research.

Innovative Assessments

A new assessment system has been designed specifically at Queen's for our residents, which features personalized electronic portfolios, competency-based assessment tools, and increased frequency of assessment by physicians, allied health professionals, and patients.

Meaningful Feedback

Residents will be assessed more frequently and in many instances in real time by utilizing mobile technology.

Preparedness for Practice

It is anticipated that residents will sit their RCPSC examinations six months to one year earlier than usual, allowing them greater time in the final phase of their program to work more independently in preparation for practice.



"At Queen's we are all in this together: to create better training experiences, better assessments, and better doctors."
Dr. Andrew Hall, Emergency Medicine

What Does CBME Mean to You?



Resident

- Flexibility
- Individualized learning
- Enhanced assessment
- Preparedness for practice



Patient

- Clinicians focused on patient-centred care
- Ability to contribute to resident assessment
- Greater physician accountability



Faculty

- Real-time assessments
- Learner-driven
- Well-defined learning outcomes
- Focus on observable competencies



Society

- Fulfills medicine's societal contract to serve patients and communities
- Focus on skills such as professionalism, communication, and health advocacy
- Tightens gap between medical education, health care delivered and societal health needs

Contact Us

The Faculty Development Office is pleased to offer ongoing support to faculty members. Please contact us with any questions or concerns at fac.dev@queensu.ca