Welcome to the March Edition of QROK.

We are QROK – because we ROCK CBME!

Bob Dylan, Nobel Laureate, said it best – our version includes minor edits, of course...

**The Times They Are A-Changin’**

Come gather around people  
Wherever wi-fi roam  
And admit that CBD  
Around you has sown  

And accept it that soon  
You’ll be drenched to the bone  
And if Queen’s name is worth saving  
Then you better start assessing or you’ll sink like a stone  

For the times they are a-changing  

Come Teachers and Trainees  
Who prophesize with your pen  
And keep your eyes wide  
The chance won’t come again  
And don’t speak too soon  
For innovation’s still in spin  
And there’s no telling who that it’s naming  
For the future physicians will be later to win  
Cause the times they are a-changing  

Come Rad Oncs and Residents  
Please heed the call  
Don’t stand alone in clinic  
Don’t block up the hall  
For he that won’t engage  
Will be he who has stalled  
MedTech progress is raging  
It’ll soon shake your windows and rattle your walls  
For the times they are a-changing  

Come Preceptors and others  
Throughout KGH-land  
And don’t criticize  
What you can’t understand  
Your residents and your students  
Are the future command  
Your old road is rapidly aging  
Please get aboard the new one and lend your hand  
Cause the times they are a-changing  

The curriculum is drawn  
EPAs soon cast  
The slowest eval  
Will later be fast  
As the model now  
Will later be past  
Time based is rapidly fading  
And the first cohort now will not be last  
Cause the times they are a-changing...

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**Faculty Development and Resident Engagement**

We are planning some Friday morning educational sessions for Faculty Development and Resident Engagement April through June. PLEASE PLAN ON ATTENDING as we introduce each of the Stages, complete with mapping of the competencies and evaluation tools to be used.

We will be discussing direct assessments and how this fits into busy clinic practice. We will also review the roles of the Academic Advisors and Competence Committee, and how your evaluations are vital to the progression of the trainee. Please come and enjoy the evolution of training in medicine, and encourage your colleagues to attend also.

Faculty Development Resources are available on the Royal College website. Your membership dues are helping to support this, so you should familiarize yourself with the program. Log into www.royalcollege.ca and check out the CBD Community Touchpoint. A hard copy of this has also been placed on the DRO Bulletin Board. They have many resources – podcasts, videos, references, reading material –

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**COMPETENCE CONTINUUM**

The 4 new stages of Training:

1. Transition to Discipline  
2. Foundations of Discipline  
3. Core of Discipline  
4. Transition to Practice

This diagram has been nicknamed the ‘clam shell’ or the ‘wi-fi signal’. These stages will replace the previous designations of PGY 1,2,3,4 and 5.
CBD facts
- A model to prepare physicians for practice that is based on competency oriented outcomes
- Based on patient needs
- More accountability and flexibility
- Focused on achieving skills and performance
- Based on the needs of the learner
- Increased complexity of care
- Improving learning/teaching environments
- Time facilitated, not time-based
- Learning and assessment strategies built-in
- Focus on expanding ability and skill level across the continuum of learning and practice
- Assessment with meaningful, measurable markers of progression of competence
- Provides clarity to Preceptors regarding expectations of resident performance at each stage of training
- Formative feedback on performance in clinical activities based on milestones
- Provides clarity about progression through training
- Based on CanMEDS framework, which, has been adopted by 47 other jurisdictions

Introducing...
The CBME Competence Committee is a sub-committee of the Residency Program Committee. Its membership includes faculty members and the chief resident from the Department/Division. A program may consider, but is not mandated, to include a single external faculty member from another Department/Division. The Competency Committee will meet quarterly (usually at the conclusion of the Residency Program Committee meeting) to review all resident progress and make decisions about promotion and the need for remediation. Performance indicators to be reviewed for the decision making process will include (but are not limited to) all documented performance information and written recommendations from Academic Advisors. The Competence Committee is an independent sub-committee of the Residency Program Committee. Membership for the Competency Committee is part of the Department/Division administrative duties for all postgraduate training programs.

The Competence Committee will ordinarily be chaired by the Program Director and membership will include the program academic advisors, the chief resident (or delegate), and the option of a single non-voting external faculty member. Only the Program Director and program academic advisors are voting members on this committee. The size of the Committee should reflect the number of residents in the program with a minimum size of three members for smaller programs. Members of the Committee are normally from either the Residency Training/Program Committee or clinical supervisors associated with the program. Including a member that is ‘external’ to the program faculty is strongly advised. This individual may be an academic advisor, or program director from another residency program, or may be an educational leader within Postgraduate Medical Education at Queen’s University.

The CBME Competency Committee members must have adequate academic protected time to carry out their responsibilities, and be supported by the Department/Division Chair.

The suggested guideline for meeting is once quarterly. It is expected each meeting should be 30-60 minutes total.

CBM

Competence By Design
Competence by Design (CBD) is the Royal College’s initiative to improve physician training and lifelong learning. The CBD initiative will transition specialist medical education from a traditional time-based model to a hybrid form of competency-based medical education (CBME).

CBME

Competency Based Medical Education
A paradigm shift across the continuum from premedical studies through practice to competency-based medical education (CBME); the shift from the old style of medical education to a competency-based system of education requires four components: (1) identifying the outcomes; (2) defining performance levels for each competency; (3) developing a framework for assessing competencies; and (4) continuous evaluation of the CBME program to see if it is indeed producing the desired outcome.

EPA

Entrustable Professional Activity
Think of this as a clinical task that is specific to our discipline. It is a clever way to bundle several competencies, meaning that if a resident can successfully demonstrate a clinical task (e.g. performing, presenting, and documenting an assessment plan for patients with all cancers) they have successfully completed the milestones within that EPA.

MILESTONE
This is a descriptor of an observable ability that is expected at particular stage for a competency.

CBME LEAD (RCPSC) is the faculty member who will guide the transition and implementation process for competency-based medical education at the program level.

CBME Academic Advisors (AcAd) are faculty members who are directly responsible for supervising and supporting residents with their progression through the stages of residency training. This will involve regular meetings with assigned residents at regular intervals to conduct comprehensive reviews of performance information; review, discuss, and facilitate the implementation of individualized learning plans; prepare recommendations for the Competence Committee regarding residents on-going development and readiness to progress to the next stage of training. AcAd liaise with the Program Director and CBME Lead.