Welcome to Competency Based Medical Education

A Guide to CBME in the McMaster Psychiatry Postgraduate Programs

Updated: March 21, 2022

McMaster University

Psychiatry & Behavioural Neurosciences

Table of Contents

What is Competency-Based Medical Education?

Competency-Based Medical Education (CBME) is a model of residency training which places increased emphasis on ensuring that residents acquire the knowledge & skills necessary to be a competent physician in their discipline, rather than simply time. It is organized around the outcomes expected of a resident, with a resident's advancement dependent on having achieved those expected outcomes.

Competence By Design (CBD) is the Canadian version of CBME.

An effort to educate even better

Better prepared graduates

More fulfilled educators

Improved patient care

CBME is designed to promote feedback & to ensure exposure to necessary experiences, with the goal of improved learner development.

What will remain the same in CBME?

Lots!

- **Psychiatry Residency Training will continue to be 5 years**

- **We will continue to assess residents' overall performance on rotations, based on the CanMEDS roles. So, the mid- and end-of-rotation evaluations (ITARs) will continue. These remain important evaluations.**

- **All residents within our program will complete their core rotations for the same amount of time.**

- **Psychotherapy training will continue longitudinally, completed by end of Pgy4**

- **McMaster Psychiatry Residents will continue to select their own supervisors.**

- **The Scholarly Project requirements remain the same, though must be completed by the end of Pgy4.**
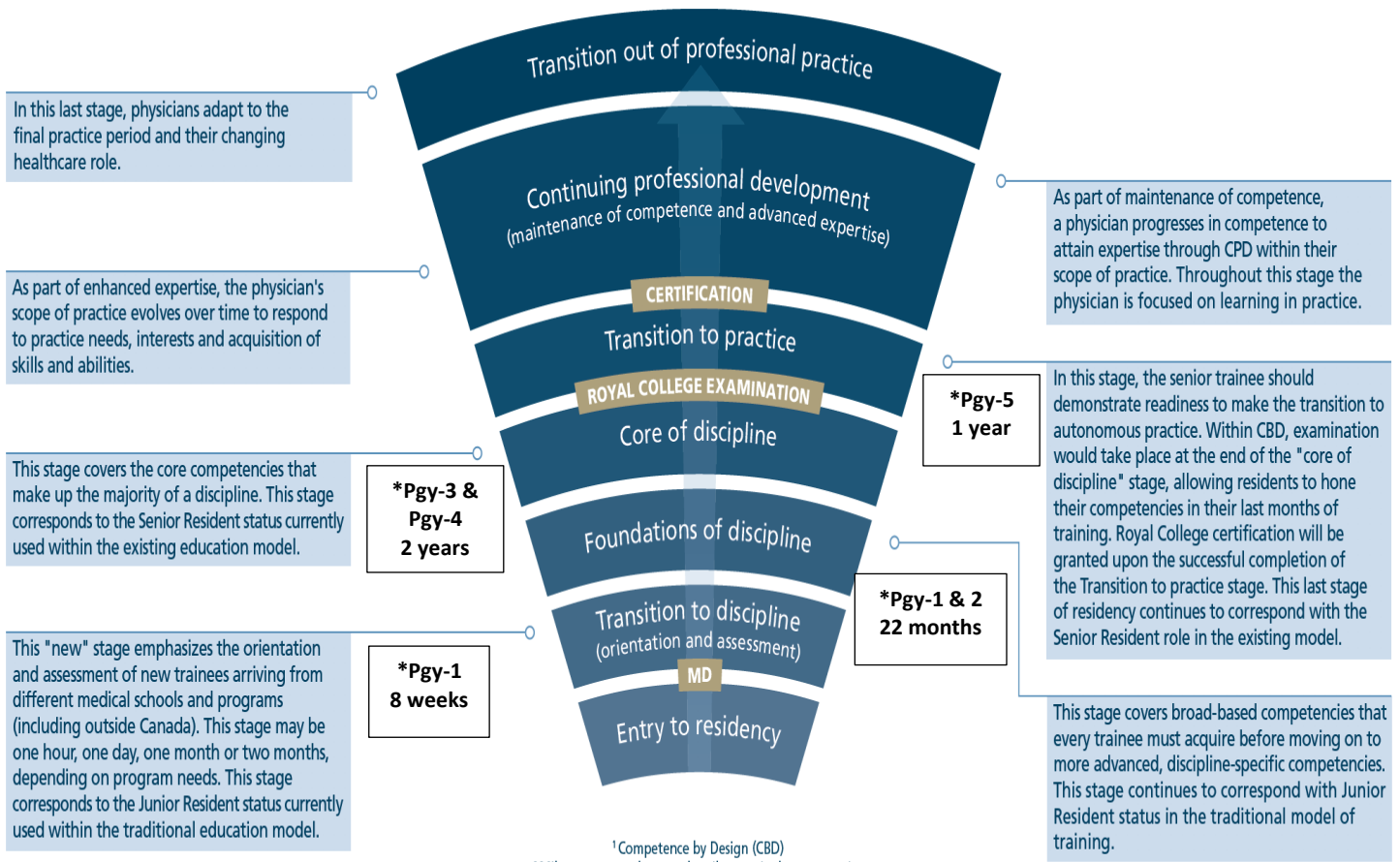
What is different with CBME?

We will regularly assess our resident's progression in their acquisition of specific knowledge and skills, providing them with more frequent feedback as we do so.

CBME also works to ensure residents gain experience in all areas essential competencies for the discipline.

Stages of Training &
The Competence Continuum

Residents will progress through Stages of Training, along the Competence Continuum, over the course of their residency.

The Competence Continuum

In this last stage, physicians adapt to the final practice period and their changing healthcare role.

As part of enhanced expertise, the physician's scope of practice evolves over time to respond to practice needs, interests and acquisition of skills and abilities.

This stage covers the core competencies that make up the majority of a discipline. This stage corresponds to the Senior Resident status currently used within the existing education model.

*Pgy-3 & Pgy-4 2 years

This "new" stage emphasizes the orientation and assessment of new trainees arriving from different medical schools and programs (including outside Canada). This stage may be one hour, one day, one month or two months, depending on program needs. This stage corresponds to the Junior Resident status currently used within the traditional education model.

*Pgy-1 8 weeks

Transition out of professional practice

Continuing professional development
(maintenance of competence and advanced expertise)

CERTIFICATION

Transition to practice

ROYAL COLLEGE EXAMINATION

Core of discipline

Foundations of discipline

Transition to discipline
(orientation and assessment)

MD

Entry to residency

As part of maintenance of competence, a physician progresses in competence to attain expertise through CPD within their scope of practice. Throughout this stage the physician is focused on learning in practice.

*Pgy-5 1 year

In this stage, the senior trainee should demonstrate readiness to make the transition to autonomous practice. Within CBD, examination would take place at the end of the "core of discipline" stage, allowing residents to hone their competencies in their last months of training. Royal College certification will be granted upon the successful completion of the Transition to practice stage. This last stage of residency continues to correspond with the Senior Resident role in the existing model.

*Pgy-1 & 2 22 months

This stage covers broad-based competencies that every trainee must acquire before moving on to more advanced, discipline-specific competencies. This stage continues to correspond with Junior Resident status in the traditional model of training.

[1] Competence by Design (CBD)
[2] Milestones at each stage describe terminal competencies

June 2015

* -references the General Psychiatry Program
Subspecialty Programs work through the same Stages of Training.

Those competencies a resident must acquire in each stage are called

Entrustable Professional Activities (EPAs)

Entrustable Professional Activities (EPAs) are key tasks that a physician in their discipline must be trusted to perform in their day to day work. These are the outcomes expected of a resident by the end of each stage of training.

- The EPAs are defined by the Royal College
- In the General Psychiatry Program, there are 20 EPAs in total

EPAs can be broken down into smaller, component elements. These are referred to as

Developmental Milestones.
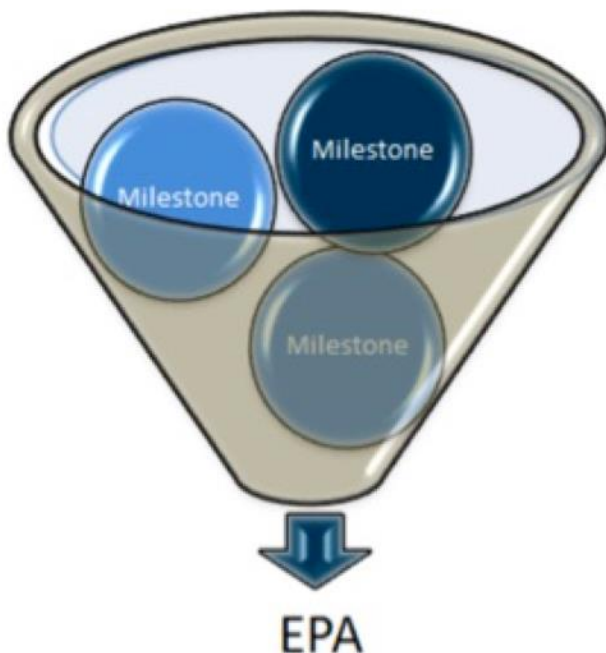
Milestones reference the seven CanMEDS roles.

These should be used as a guide of observable markers of a resident's ability.

The milestones listed for an EPA are NOT an exhaustive list of component elements making up a task, so supervisors should use their clinical and educational experience when assessing & providing feedback.

While acquisition of EPAs will be important, these will not be the only criteria by which a resident's progress will be monitored. Completion of required training experiences & academic projects, participation in academic sessions, and overall performance will still be monitored and evaluated.

The Royal College has defined those EPAs that a resident must successfully acquire by the end of each stage of training, required to be promoted to the next stage of training.

Transition to Practice	
Core of Discipline	
Foundations of Discipline	
Transition to Discipline	

* -this schematic shows # of EPAs by stage for the General Program.

Although residents must demonstrate completion of an EPA by the end of the defined stage of training, they can gain assessments of EPAs from later stages of training, when relevant clinical scenarios arise. For example, a resident in the Foundations Stage of Training, may complete an observation of an EPA from the Core Stage of Training.

For each EPA, the Royal College also defines:
- **Contextual variables** in which some of the observations of an EPA must occur (ex. Clinical setting, clinical diagnosis, class of medication, etc)
- The **number of "successful" observations** of an EPA a resident must acquire in order for that EPA to be considered achieved.

All of the EPAs are defined in Royal College documents.

EPAs will additionally be provided to all residents and faculty in Orientation Guides, Rotation Goals & Objectives and Curriculum Maps, created for each Stage and Rotation.

See below for an example of an EPA & its requirements.

Example of an EPA, its Milestones & Required Observations:

For the Foundations Stage of Training:

EPA Foundations #F4
Performing risk assessments that inform the development of an acute safety plan for patients posing risk for harm to self or others.

Key Features:
- The focus of this EPA is the appropriate assessment of risk and safety issues
- This EPA includes developing an acute safety management plan. This may include focusing on risk factors for suicide, self-harm, and violence towards others in the assessment.
- This EPA involves consideration of mental health law and its application to patients at risk of harm to self or others

Milestones:
1. COM 2.2 Manage the flow of challenging patient encounters
2. COM 1.1 Recognize and manage one's own reactions to patients
3. COM 2.1 Collect collateral information that informs diagnoses and management plan
4. ME 2.2 Assess risk factors for violence, suicide, and self-harm, including modifiable and non-modifiable factors.
5. ME 3.2 Describe the indications, contraindications, risks and alternatives for a given Tx plan
6. ME 2.4 Develop and implement an acute safety management plan
7. L 2.1 Consider appropriate use of resources when developing treatment plan
8. ME 5.2. Apply crisis intervention skills, including development of a safety plan as appropriate
9. P 3.1 Describe the relevant codes, policies, standards, and laws governing physicians and the profession, including relevant mental health legislation
10. COL 3.1 Identify patients requiring handover to other physicians or health care professionals
11. COL 3.2 Provide a clinically relevant summary to the receiving physician or care team

Resident must collect 5 observations <u>of achievement</u>, with:
- At least 1 patient with non-suicidal self-injury
- At least 1 patient with active homicidal/violent ideation or violent behaviour
- At least 1 patient with active suicidal ideation or behaviour
- At most 1 child/adolescent patient
- At most 1 older adult patient
- At least 3 by psychiatrists
- At least 3 different observers

Resident must have 5 SUCCESSFUL observations, not just 5 attempts.

The 5 successful observations must include the contexts listed.

The # of successful EPAs is monitored by the program, the resident & the Competence Committee, not supervisors.
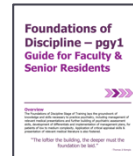
Assessment of EPAs

Supervisor's Steps

01	Keep doing what you are doing

02	Become familiar with the EPAs on which you may be asked to assess a resident.

- Attend Faculty Development Sessions
- Read the Newsflashes
- Read the Orientation Guides

CBME Newsflash!

Foundations of Discipline – pgy1 Guide for Faculty & Senior Residents

03	When scenario arises that would fit one of the EPAs, discuss with the resident if this might be a chance to assess that EPA.
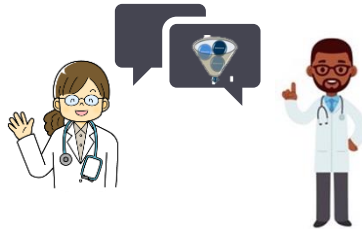
04	Observe the resident doing the task of the EPA

- Direct or Indirect Observation, depending on the EPA
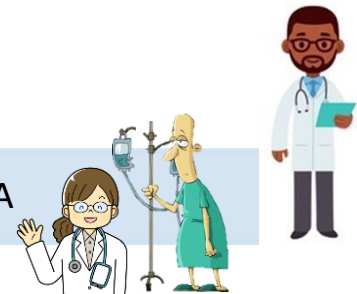
05	Provide the resident with verbal feedback (just like you do now)

| 06	Complete the EPA Eval on MedSIS (see Appendix A)

Assessment of EPAs (continued)

IN ADVANCE of doing the clinical task that is to be assessed, the observer should discuss with the resident:

- The EPA being observed
- Reminders of key elements of the task
- Any feedback previously given, on which the resident might be working
- Expectations of time duration of observed activity
- What the resident should do if they are not sure how to proceed

Observation of a resident's performance of an EPA will be assessed using the

ENTRUSTMENT SCALE

The Scale of Entrustment assesses how much the observer would trust the resident to perform the EPA task independently.
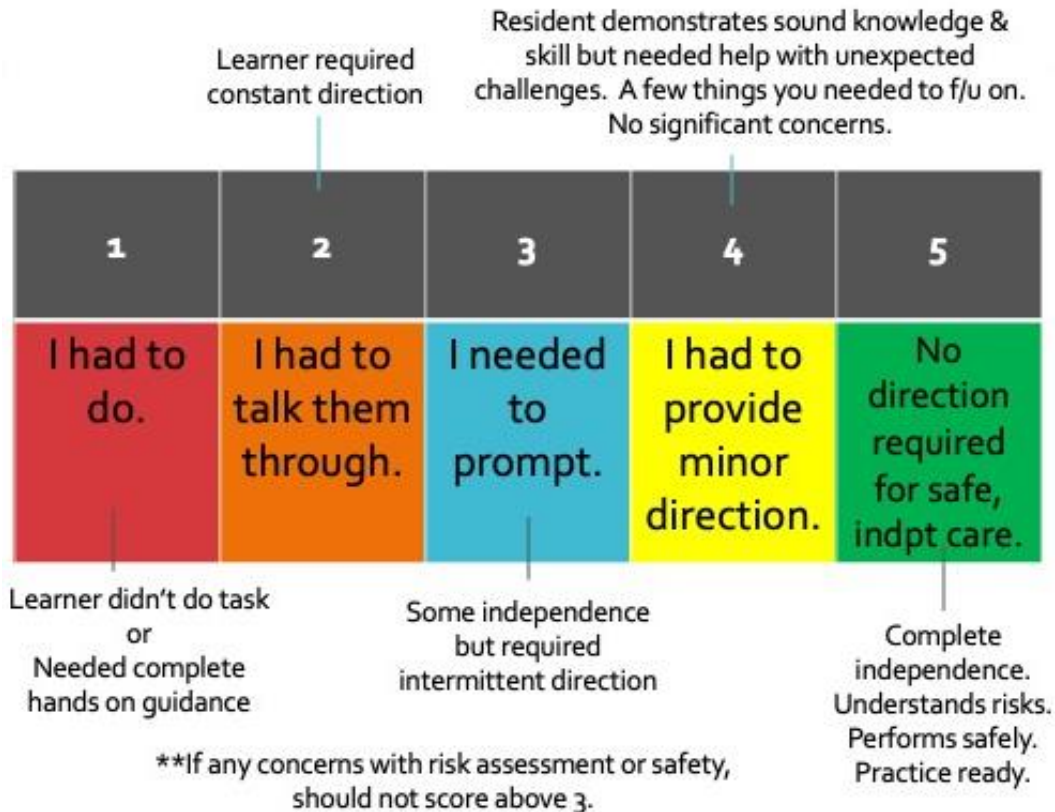
Assessment of an EPA should be documented on an EPA Eval Form, via MedSIS

EPA Assessments

This is the form on which EPA assessments are documented.
They are accessed via MedSIS.

For MedSIS Instructions, please refer to Appendix A.

Foundations of Discipline - Risk Assessment

Learner: _____, _____
Learning Program: _____
EPA Title: _____
Key Features: _____
EPA Stage: _____
Date Of Observation: _____

MedSIS is available on desktops and mobile devices.

Contextual Variables

Patient history	--Select--
Observer role	--Select--
Setting	--Select--
Demographic	--Select--
Additional Context Information:	

Entrustment Scale →

I had to do	I had to talk them through	I needed to prompt	I had to provide minor direction	I did not need to provide direction for safe and independent care
1	2	3	4	5

Based on this observation overall : ○ ○ ○ ○ ○

Milestones associated with this EPA:

	Not Observed 1	In Progress 2	Achieved 3
Manage the flow of challenging patient encounters	○	○	○
Identify patients requiring handover to other physicians or health care professionals	○	○	○
Apply knowledge of the relevant codes, policies, standards, and laws governing physicians and the profession, including relevant mental health legislation	○	○	○
Recognize and manage one's own reaction to patients	○	○	○
Develop and implement an acute safety management plan	○	○	○
Provide a clinically relevant summary to the receiving physician or care team	○	○	○
Assess risk factors for violence, suicide, and self-harm, including modifiable and non-modifiable factors	○	○	○

Milestones to be used as a guide

Feedback to Resident and Competence Committee:

→ **Please provide 1-2 specific, actionable recommendations for knowledge & or skill development.**

4000 characters remaining

Remember! The most important part of the EPA is the **Feedback Section**

Elements of **feedback** should include:
- Close time proximity to the completion of the task
- Identify strengths demonstrated
- Identify 1 -2 specific areas for development with concrete examples
- Outline specific strategies for the resident to improve those areas for development
- Explain reasoning for score on Entrustment Scale
- Explain what would increase their Entrustment Score to the next number

Tips for Completing EPAs

- At the start of a rotation, discuss with the resident the EPAs they are working on and the EPAs they are likely to have opportunity to encounter in the rotation.

- Assessments should be built into your day, in parallel to clinical encounters. EPA requirements should not drive the direction of clinical work.

- Assessments may involve direct or indirect observation, depending on variables such as requirements of the EPA, complexity of the task, experience of the resident, patient complexity, and your comfort with the scenario

- Once the resident has completed the task:
    - Provide them with in the moment, face-to-face verbal feedback
    - THEN complete the EPA Evaluation form

- It is anticipated that EPA Assessments should be occurring approximately 2 - 3 times per week between rotation & on-call. This still leaves lots of time for:
    - Observation & feedback to the resident without official assessment
    - Opportunity for the resident to observe & learn from supervisors
    - Daily feedback & coaching without EPA assessments

- Optimally, supervisors are encouraged to decide with the resident, PRIOR to going into the task, that you are going to assess them in the upcoming encounter/task.

- Even if the resident struggles with the task, still complete the WBA, in order to foster feedback, promote development & progression over time is captured.

- There may be some clinical scenarios in which it may be appropriate to abandon the EPA assessment. For example, if a patient brings an unanticipated but high priority item to an interview which needs to be addressed but does not fit into the EPA assessment. Patient needs and clinical care must remain the priority.

- It is anticipated that it may take a resident 2-3 attempts (or more) before they achieve a successful EPA assessment. This is part of the growth model. For this reason, **please do not leave EPA assessments to the end of a rotation.**

The Competence Committee

The Competence Committee is the CBME version of the former Evaluation Committee.

The Competence Committee will review the progress of each resident in our program at least twice a year (more often if there are concerns about the resident's progress).

The committee will review all of the evaluations completed on a resident including all EPA assessments.

It is the Competence Committee that will decide if a resident has met the requirements for successfully completing an EPA.

The Competence Committee will:
- Monitor the overall progress of each learner
- Confirm acquisition of EPAs
- Determine eligibility for promotion to the next stage of training
- Identify any concerns
- Modify the learner's learning plan if indicated
- Develop & monitor specialized learning plans when indicated
- Indicate to the Royal College residents' eligible for certification

What constitutes a "successful" EPA?

Remember! **The most important part of the EPA**
is the Feedback

The Competence Committee will determine what score on a WBA of an EPA will
constitute an observation of achievement for that EPA.

In the General Psychiatry residency program:

- In the Transition to Discipline stage   3 or above = successful observation
- In the Foundations of Discipline stage   4 or above = successful observation
- In the Core of Discipline stage   4 or above = successful observation
- In the Transition to Practice stage   5 alone   = successful observation

**EPAs should be completed even if completion of the task was rated less than a 4 or 5, in order to foster feedback and promote knowledge & skill development.

It is anticipated that it may take 2-3 attempts before a resident achieves a successful assessment.

! EPA Evaluations expire after 14 days,
after which resident loses opportunity for that
observation to "count".
Thank you for completing EPA Evals on time.

Providing Feedback in CBME

CBME shifts assessment from Assessment OF Learning to Assessment FOR Learning.
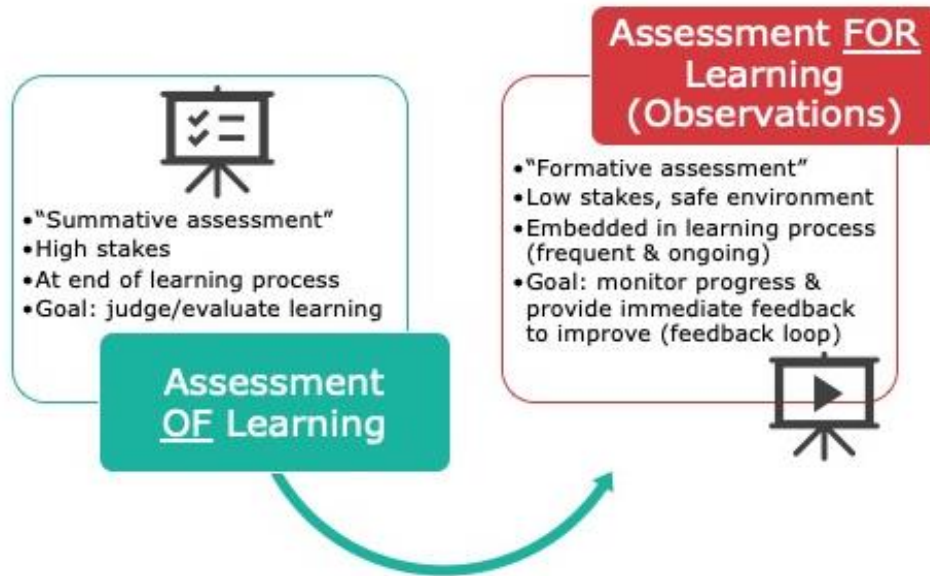
Use of Coaching Feedback facilitates learning and development of a resident's competence.

Prescription for Coaching in the Moment

RX-OC&D

1) Establish RAPPORT
2) Discuss EXPECTATIONS
3) OBSERVE Encounter/Task
4) Have a CONVERSATION about it
5) DOCUMENT the feedback

WORKPLACE-BASED
ASSESSMENT
Multiple observations
Verbal feedback
Quality documentation
in WBA tools

Elements of feedback should include:

- Close time proximity to the completion of the task
- Identify any strengths demonstrated
- Identify 1 -2 specific areas for development with concrete examples
- Outline specific, actionable strategies for improvement in those areas
- Explain reasoning for score on Entrustment Scale
- Explain how to increase their Entrustment Score to the next number

Examples of Less Useful Feedback	Examples of Useful Feedback
Read more.	Read about Lithium so you can counsel the patient on risks vs benefits next time.
Do more active listening.	Try to not take so many notes; listen to what they are saying & what their body language as they say it.
Be more comfortable asking about trauma.	When you ask around trauma history, consider asking it this way…

Soft Launch of CBME at McMaster Psychiatry (General Program)

Soft Launch Cohort: In anticipation of the "official", required implementation of CBME on July 1, 2020, here at McMaster Psychiatry we began implementing many CBME principles and EPA assessments for those residents who began July 1, 2019.

The "Soft Launch" will:

- Afford us opportunity to practice EPA assessments
- Allow us to familiarize ourselves with the EPAs of each Stage of Training, one year ahead of when they are officially required to be used for assessment of residents' progress, until all 5 years of CBME training are fully implemented
- Enable the Competence Committee to develop anchors for adjudicating scores
- Allow for program review & revision
- Most importantly, provide the residents with improved feedback
- Faculty and Residents will be oriented to each, successive year of the soft launch through Faculty Development Sessions and Orientation Guides.
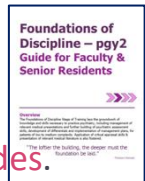
Soft Launch Cohort Program Design – Core Rotations

Year	BLOCK #:		1	2	3	4	5	6	7	8	9	10	11	12	13
2020-21	Pgy-2	Stage	Foundations												
		Rotation	General Adult Inpatients					←→	General Adult Outpatients						Anchored Selective
		Lngd'l F/U	SPMI Patient x 6 months												
2021-22	Pgy-3	Stage	Core												
		Rotation	Anchored Selective	Geriatric Psychiatry					←→	Child & Adolescent Psychiatry					
2022-23	Pgy-4	Stage	Core												
		Rotation	Consultation-Liaison		←→	Collaborative Care		←→	Chronic Care						Elective
2023-24	Pgy-5		Transition to Practice												
		Rotation	Selective				←→	Elective							

[RC Exam checklist icon] = RC Exam

Official Launch of CBME (General Program)

Competency Based Medical Education is required to be implemented in all Canadian Psychiatry Residency Programs for the residents entering training **July 1, 2020.**

The Royal College created a new set of Required Training Elements for CBME residents, to be implemented for the cohort of residents starting July 1, 2020, along with the EPAs. This has necessitated some redesign of the structure of our program for those residents starting July 1, 2020 or after.

CBME Program Design – Core Rotations

	Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Pgy-1	Stage	TtD		Foundations										
	Rotation	Classroom & Clinical		IM		Neuro	MT2IP	Addictions	EM	FM	Emergency Psychiatry	Elective	Peds Neuro	Selective
Pgy-2	Stage	Foundations												
	Rotation	General Adult Inpatients				← →		General Adult Outpatients						Anchored Selective
Pgy-3	Stage	Core												
	Rotattion	Anchored Selective	Geriatric Psychiatry				← →		Child & Adolescent Psychiatry					
Pgy-4	Stage	Core												
	Rotation	Consultation-Liaison ← →			Chronic Care					← →	Elective			
	Longl F/U	Longitudinal Follow-up of SPMI Patient												
Pgy-5	Stage	Transition to Practice												
	Rotation	Collaborative Care (2d) & Elective (2d) / Elective (2d) ← →							Elective					
		OR												
		Collaborative Care ← →			Elective									

⬜ = RC Exam

CBME in Subspecialty Psychiatry Training Programs

Child & Adolescent Psychiatry
Geriatric Psychiatry
Forensic Psychiatry

The Subspecialty Psychiatry Programs officially began CBME with those residents who began their subspecialty training on **July 1, 2021**.

All three of the McMaster Subspecialty Programs initiated a "soft launch" format with those residents who began subspecialty training during the 2020-21 academic year.

In the 2021-2022 Academic Year:
- Child & Adolescent & Geriatric Programs (2-year programs):
    - Pgy5 Residents = CBME
    - Pgy6 Residents = Soft Launch

- Forensic Program (1 year program):
    - Pgy6 Residents = CBME

For more detailed information regarding CBME in each of the Subspecialty Programs, please refer to the Subspecialty Specific Guides.

Questions about CBME?

Contacts:

JoAnn Corey	CBME Lead	coreyjo@mcmaster.ca
Cheyenne Reid	Program Coordinator, General Psychiatry	creid@mcmaster.ca
Vanessa Lentz	General Psychiatry Program Director	ventz@stjoes.ca
Natasha Snelgrove	Associate Program Director, General Psychiatry Program	natasha.snelgrove@medportal.ca
Laura Rosato	Child & Adolescent Subspecialty Program Director	rosatol@hhsc.ca
Yuri Alatishe	Forensic Subspecialty Program Director	yalatish@stjoes.ca
Maria Benoit	Program Administrator, C/A & Forensics Subspecialty Programs	mbenoit@mcmaster.ca
Tracy Cheng Jessica Waserman	Geriatric Subspecialty Program Directors	chengt23@mcmaster.ca wasermaj@hhsc.ca
Joshua Chiasson	Program Administrator, Geriatric Subspecialty Program	chiasj3@mcmaster.ca
Yuri Alatishe	Forensic Subspecialty Program Director	yalatish@stjoes.ca
Andriy Samokhvalov	WRC Regional Education Lead	avsamokhvalov@yahoo.com
Robyn Fallen Ben McCutchen	Competence Committee Chairs, General Program	robyn.fallen@medportal.ca ben.mccutchen@medportal.com
Kola Kolawale	Subspecialty Competence Committee Chair	okolawol@stjoes.ca

CBME Working Group Resident Representatives:

Colin Ngan	Subspecialty Programs Rep	colin.ngan@medportal.ca
Rachael Tweedle	2019 (Soft Launch) Cohort Rep	Rachael.tweedle@medportal.ca
Jae Ryu	2018 Cohort & WRC Rep	jae.ryu@medportal.ca
Odell Tan	2020 General Program Cohort Rep	odell.tan@medportal.ca
Ana Kovacevic	2021 Cohort Rep	ana.kovacevic@medportal.ca
Angela Li	2021 Cohort Rep	angela.li1@medportal.ca

Appendix A: Triggering Evals

Remember – Evals expire after 14 days

FIRST: Decide with the resident, which of you is going to trigger the EPA Eval form on MedSIS.

- If the resident "triggers" it on MedSIS, you will receive an email with a link to the eval
OR
- Residents can fill it in with the details agreed upon by you. You will get a one factor authentication to confirm your agreement with the eval.

OR
- You as the supervisor can trigger and complete the eval, following the steps below:

STEPS FOR FACULTY TO TRIGGER EPA EVAL ON MEDSIS:

Step 1: Click Login to MedSIS using MacID.
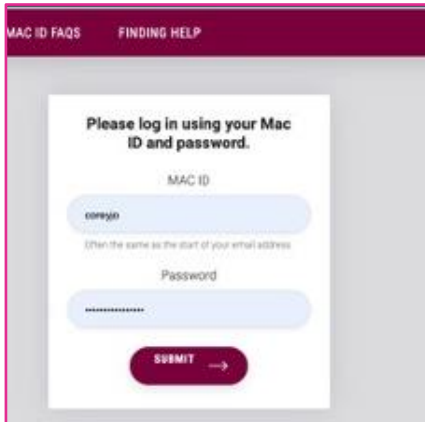
Link to MedSIS Log-On Page:
https://medsis.mcmaster.ca/medsis/index.cfm/Authentication:Main/index
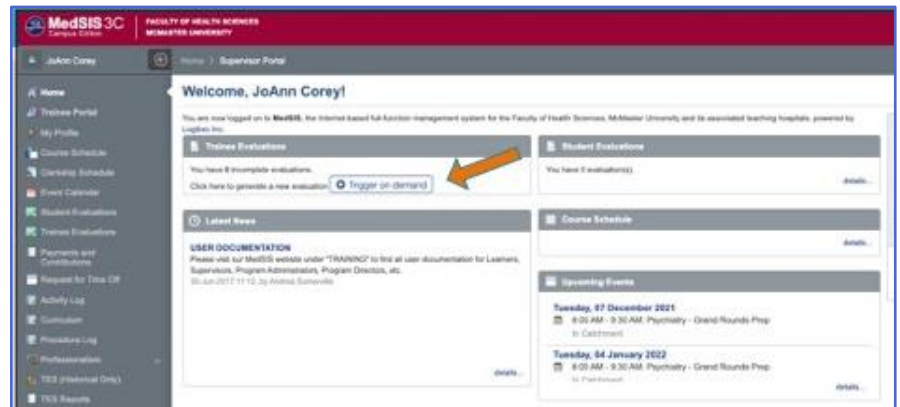
Step 2: Log-on to MedSIS using your McMaster ID
If you need assistance with log-on id, contact Cheyenne at creid@mcmaster.ca.
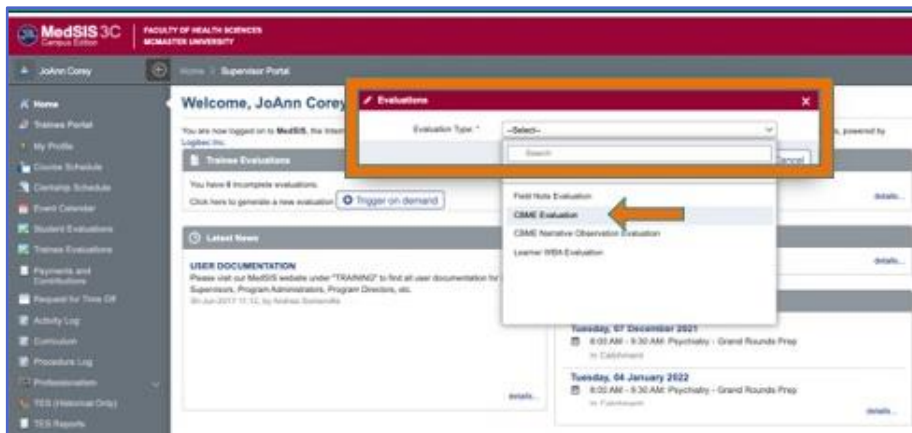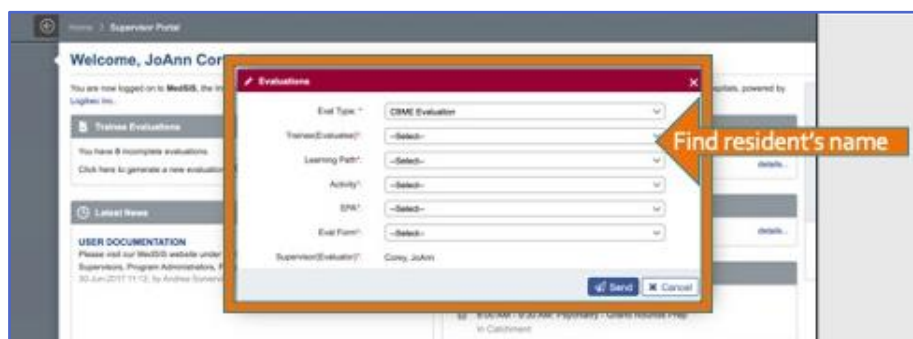
Step 3: Click "Trigger on Demand"

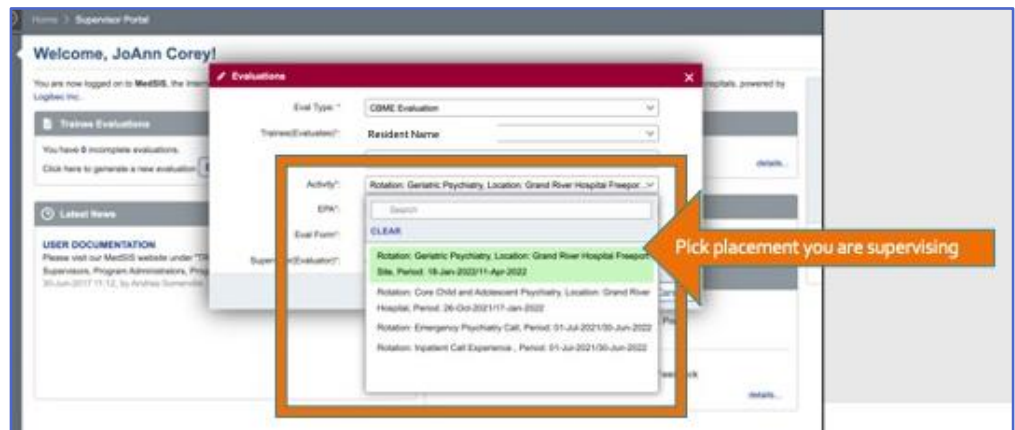**Step 4: From Drop-Down of Evaluation Types, Select "CBME Evaluation"**
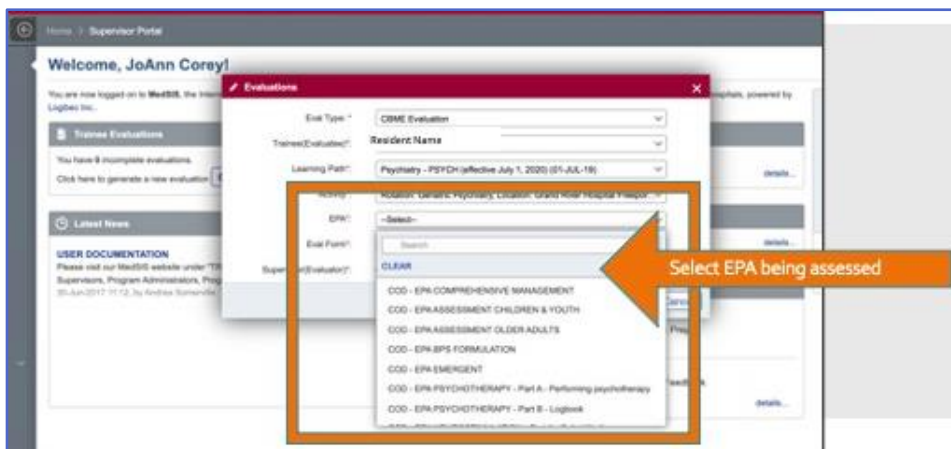

Step 5: Select Resident's Name

Step 6: The next drop down, the Learning Path, will autofill the current academic year
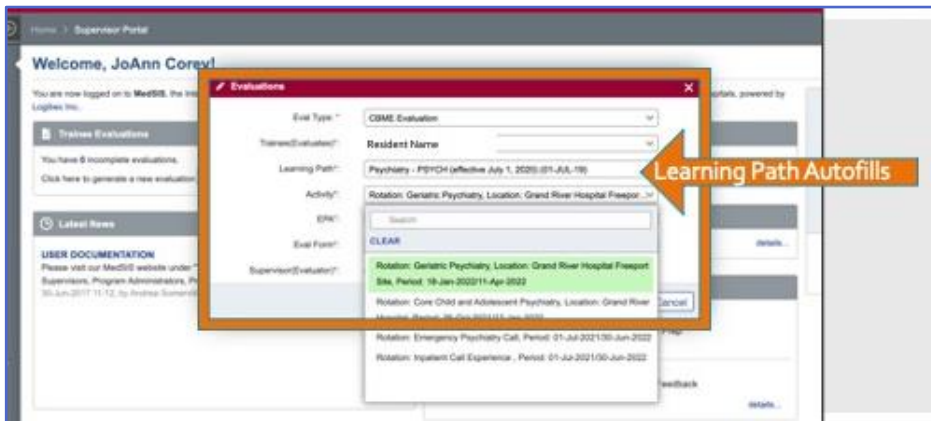
Step 7: In the "Activity" drop-down, select the rotation on which you are supervising.
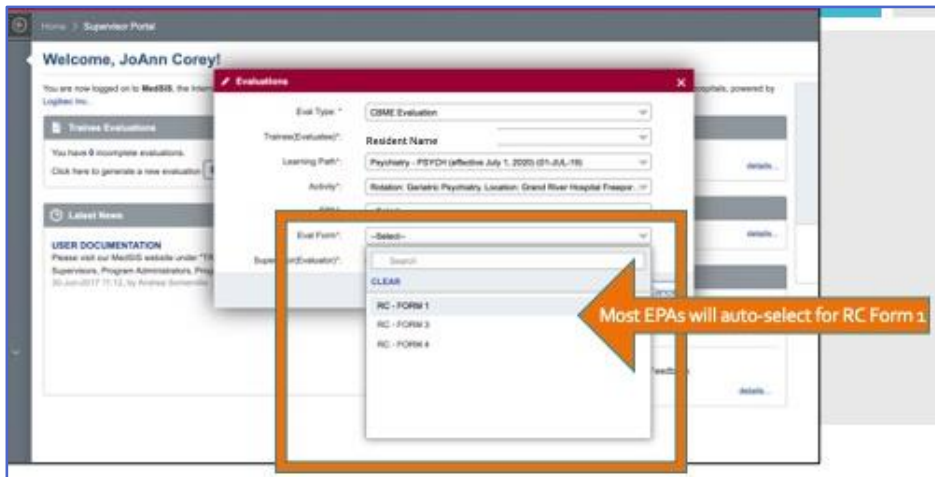

**Step 8: From the "EPA" drop-down, select the EPA you are assessing.**

Note:
The EPAs are labelled by stage.

TTD = Transition to Discipline
FOD = Foundations of Discipline
COD = Core of Discipline
TTP = Transition to Practice

Step 9: For the "Eval Form" drop-down, most EPAs will auto-select the correct eval form required.

Step 10: Click "Send". The evaluation form will then come up for you to complete.
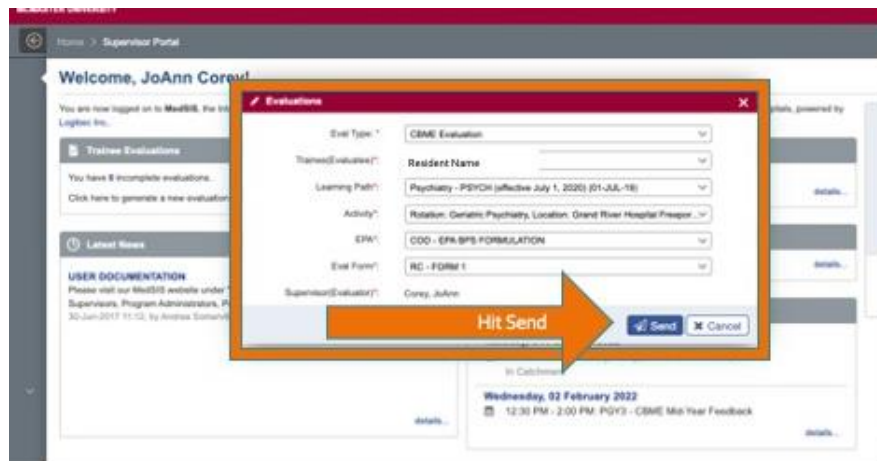
For MedSIS Instructions for use on Mobile Devices:
https://healthsci.mcmaster.ca/medsis/training/cbme

For additional MedSIS Instructions to Trigger an EPA Assessment on Desktops:
https://healthsci.mcmaster.ca/docs/librariesprovider30/training/pgme/students/how-to---trigger-on-demand-evalautions.pdf?sfvrsn=6667a62_2