Learning Outcomes

1. Describe the Royal College of Physician and Surgeon’s Competence by Design (CBD) initiative.

2. List the ways that the CBD initiative will impact General Internal Medicine (GIM) postgraduate training.

3. Compare and contrast the future of GIM education with postgraduate training in the time of Sir William Osler.
The following presentation represents the views of the speaker at the time of the presentation. This information is meant for educational purposes, and should not replace other sources of information or your medical judgment.
What is Competence by Design (CBD)?

• “The CBD initiative will transition specialist medical education from a traditional time-based model to a hybrid form of competency-based medical education (CBME). CBD is a multi-year transformational change initiative”.

• RCPSC Website - http://www.royalcollege.ca/rcsite/cbd/competence-by-design-cbd-e
Why Change?²,³

“that the direction in which education starts a man will determine his future life.”

Pillars of CBD*

1. Clear articulation of Graduates Outcomes
2. Deliberate Entrustment
3. Learning in Authentic Environments
4. Facilitated Learner Continuous Improvement
5. Program of Assessment

* According to S. Card.
One - Clear Articulation of Graduates Outcomes.

“Competency-based Medical Education is an approach to preparing physicians for practice that is fundamentally oriented to graduate outcome abilities and organized around competencies derived from an analysis of societal and patient needs.”

Frank et al. 4
Building a General Internist

**GIM Approach = Foundation**
- Patient not organ centered
- Optimize not maximize care
- Holistic and Comprehensive
- Evidence (intelligence) informed
- Anticipate and Coordinate
- Collaborative Practice
- Adapt to context
- Life Long Learner

**Acute and Critical Illness**
- Common
- Emergent
- Multisystem
- Undifferentiated
- Autonomous AND Safe
- With Stressors
  - Pregnancy & Surgery

**Chronic Illness**
- Preventive Care
- Single or Multiple
- Competing priorities
- Uncertainty
- Ambiguity

Roof = Adapted to Context
Preparation NOT Competent versus Expert
“on the absence of the sense of responsibility which permitted a criminal laxity in medical education unknown before in our annals.”

Sir William Osler²
Two – Deliberate Entrustment\textsuperscript{10}
Entrustable Professional Activity (EPA)\textsuperscript{10}

<table>
<thead>
<tr>
<th>Not Assessed</th>
<th>Does Not Meet</th>
<th>Meets</th>
<th>Exceeds</th>
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<tbody>
<tr>
<td>MEDICAL EXPERT Knowledge of Anatomy</td>
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<tr>
<td>COMMUNICATOR Informed Consent</td>
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<td>COLLABORATOR Collaborates with nurses</td>
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<td>ADVOCATE Uses procedure wisely</td>
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<td>PROFESSIONAL Knows limits</td>
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- I entrust this resident to perform ABGs unsupervised.
  - Yes
  - No

“One of the chief reasons for this uncertainty is the increasing variability in the manifestations of any one disease”.

Sir William Osler. \textsuperscript{2}
Undoing the Pixelation of Medical Education.
Three – Learning in Authentic Environments.

- “Ask any physician of twenty years’ standing how he has become proficient in his art, and he will reply, by constant contact with disease; and he will add that the medicine he learned in the schools was totally different from the medicine he learned at the bedside.”

- “the best teaching is that taught by the patient himself.”

- Sir William Osler. ²
What is “Service”?  

- “contribution to the welfare of others”  
  - Merriam Webster Dictionary  

- Service demands must not interfere with the ability of the residents to follow the academic program.  
  - RCPSC “B” Accreditation Standards.
• “I desire no other epitaph – no hurry about it, I may say – than the statement that I taught medical students in the wards, as I regard this as by far the most useful and important work I have been called upon to do.”

• Sir William Osler²
“What, after all, is education but a subtle, slowly-affected change....”

Sir William Osler²
“More perhaps than any other professional man, the doctor has a curious – shall I say morbid? – sensitiveness to (what he regards) personal error. In a way this is right; but it is too often accompanied by a cocksureness of opinion which, if encouraged, leads him to so lively a conceit that the mere suggestion of mistake under any circumstances is regarded as a reflection on his honour, a reflection equally resented whether of lay or of professional origin.

Sir William Osler²
Start out with the conviction that absolute truth is hard to reach in matters relating to our fellow creatures, healthy or diseased, that slips in observation are inevitable even with the best trained faculties, that errors in judgment must occur in the practice of an art which consists largely of balancing probabilities; - start, I say, with this attitude in mind, and mistakes will be acknowledged and regretted but instead of a slow process of self-deception, with ever increasing inability to recognize truth, you will draw from your errors the very lessons which may enable you to avoid their repetition.”

Sir William Osler²
“To cover the vast field of medicine in four years is an impossible task. We can only instil principles, put the student in the right path, give him methods, teach him how to study, and early to discern between essentials and non-essentials”.

“Perfect happiness for student and teacher will come with the abolition of examinations, which are stumbling blocks and rocks of offence in the pathway of the true student”.

Sir William Osler²
Program of Assessment

• “and the degree could be safely conferred upon certificates of competency, which would really mean a more thorough knowledge of a man’s fitness than can possibly be got by our present system of examination.”

• Sir William Osler\(^2\)

Source of Images – Osler Library
Why Change?

1. Clear articulation of Graduates Outcomes
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4. Facilitated Learner Continuous Improvement
5. Program of Assessment

1. Meet societal needs.
2. Focus training on tasks
3. Back to the bedside – one’s future career.
4. Educational Alliance.
5. Avoid high stakes exams as main measurement of attainment of competency.
McGill University Faculty of Medicine at its Semicentennial, 1882

Standing, from left to right, are Thomas G. Roddick, George Ross, William E. Scott, William Osler, Francis J. Shepherd, William Gardner, George W. Campbell, Gilbert Prout Girdwood, Frank Buller, and Richard L. MacDonell. Sitting, from left to right, are Robert Palmer Howard, William Wright, John William Dawson, Duncan C. MacCallum, Robert Cruik, and George E. Fenwick.

Source of Images – Osler Library
Complex Systems\textsuperscript{17,18}

Health Care & Medical Education
Era of General Internal Medicine

- Leaders in:
  - Adaptability
  - Relationships
  - Systems Engineering
  - Education
  - Patient Safety
  - Complex Care
  - Wellness, Resilience
  - And More...

Source of Images – Osler Library
Building a General Internist\textsuperscript{5-9}

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**Roof = Designed for Complexity**
Trained for individual competency
AND able to practice and lead collectively
“Imperturbability means coolness and presence of mind under all circumstances, calmness amid storm, clearness of judgment in moments of grave peril, immobility, impassiveness, or, to use an old and expressive word, *phlegm*. It the quality which is most appreciated by the laity though often misunderstood by them; and the physician who has the misfortune to be without it, who betrays indecision and worry, and who shows that he is flustered and flurried in ordinary emergencies, loses rapidly the confidence of his patients.”

“In a true and perfect form, imperturbability is indissolubly associated with wide experience and intimate knowledge of the varied aspects of disease.”
“So on our heels a fresh perfection treads, born of us, And fated to excel us.”

Quoting Oceanus Sir William Osler²
Thanks to:

- Dr. Robert T. Card for lending me his copy of *Aequanimitas* given on his graduation in 1964.
- Niklos and Scott.
- The Sir William Osler Library for permission to reproduce the pictures in this talk. [https://www.mcgill.ca/library/branches/osler](https://www.mcgill.ca/library/branches/osler)
- Canadian Society of Internal Medicine.
- A multitude of people in this room that are true physicians dedicated to improving their patients’ care current and future.
References:

6. Card SE, PausJenssen AM, Ottenbreit RC. Determining specific competencies for General Internal Medicine residents (PGY 4 and PGY 5). What are they and are programs currently teaching them? A survey of practicing General Internists.