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Competency Based Medical Education (CBME):
Implications and Practical Tips for GIM

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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.

**Learning Objectives:**
1. Understand the changes that CBME will have on current Canadian IM training programs.
2. Apply direct observation, feedback and coaching models in a time-efficient manner to a variety of GIM teaching settings.
3. Apply the concept of entrustment to resident assessment
**Definition:** A Conflict of Interest may occur in situations where the personal and professional interests of individuals may have actual, potential or apparent influence over their judgment and actions.

“I have no conflicts to declare”

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Icebreaking Exercise
What are your biggest challenges in giving feedback?
Our current medical education model: the tea steeping model

Is there a better way to ensure competence than just time spent?
CBD

• Competence by Design (CBD) is the Royal College’s multi-year, medical education, transformational change initiative aimed at implementing a CBME approach to education and assessment to residency training and specialty practice in Canada.

• “what abilities do physicians need at each stage of their career?”
CBD Competence Continuum
EPAs and Milestones at each stage of progression

• **Entrustable Professional Activity (EPA)** – An essential **task** of a "discipline" that an individual can be trusted to perform independently in a given context
  • Used for assessment
  • Encompasses multiple milestones
  • E.g. manage a complex patient, run a clinic

• **Milestone** - A defined, observable marker of an individual's **ability** along a developmental continuum
  • Used for planning and teaching
  • Based on CanMEDS Roles
  • e.g. generate a ddx, communicate with a patient
Key concept of EPAs - Entrustment
Foundation EPA examples

1. Assess, dx, initiate management of common acute presentations
2a. Managing admitted patients with common problems, advance plan
2b. Acute care admissions – communicate with patient
2c. Handover
3. Consult Healthcare professionals, integrate their recommendations into care plan
6. Discuss and establish Goals of Care
Core EPA examples

1. Assess, dx and manage complex/atypical acute medical problems
5. Perform procedures of IM
6. Assess capacity for medical decision making
7. Discuss serious/complex aspects of care with patients and family
Progression of EPAs for Internal Medicine

- **Transition to Discipline**
  - Assess, provide initial management and obtain help for unstable patients

- **Foundations of Discipline**
  - Assess, dx, initiate management of common acute presentations

- **Core of Discipline**
  - Assess, dx and manage complex/atypical acute medical problems

- **Transition to Practice**
  - Managing an inpatient medical service
Challenges

• What are the challenges to completing workplace based assessments (EPAs) in our residency training environment?
Exercise - Your CTU consults

1. 55 y/o male, alcoholic cirrhosis, with hepatic encephalopathy
2. 60 y/o male with hypertensive urgency
3. 72 y/o female, metastatic lung cancer, with recurrent aspiration pneumonia.

• How will you plan your review of patients?
Coaching

A coach’s priority is to promote *improvement*

Judgment is not the purpose
Coaching in the Moment: A Process

1) RAPPORT
2) EXPECTATIONS
3) OBSERVE
4) CONVERSATION
5) DOCUMENT

RX-OCD
Initial Conversation: Rapport

- Employ techniques to create a safe learning environment
- Form an educational partnership – Growth mindset
- Being explicit about the part of the clinician’s role as a learning coach
Initial Conversation: Expectations

- Discuss specific learning goals and objectives, related to milestones, competencies and EPAs

How can you do this when you are on call with senior resident in the ED?
Exercise - Your CTU consults

1. 55 y/o male, alcoholic cirrhosis, with hepatic encephalopathy
2. 60 y/o male with hypertensive urgency
3. 72 y/o female, metastatic lung cancer, with recurrent aspiration pneumonia.

• How will you plan your review of patients?
  • Over the phone with Senior Resident in ED
  • With your team the next morning?
Observation Strategies

- Orient the trainee to being observed

- Two approaches
  - Watch it all
  - Watch bits and pieces
    - Some aspect of history
    - Repeat physical exam
    - Provide the plan

- Introduce concept to patient
  - “I’m a fly on the wall”

- Define what you need to watch

- Make a schedule to observe
What about indirect observation?

- Inferences you make from clinical work
  - Case presentations
  - Chart review
  - Information you find out when you see patient
- Interactions with other team members
  - “I really don’t like being on call with Dr. X”
- Comments from patients and families
  - “She is wonderful… keep her!”
- Ask them why
  - Follow up questions when needed
- Thank them for telling you
EPA – Assessment Tools

• What tools are you using?
  • Royal College ePortfolio
12. This trainee is able to perform complete and appropriate assessment of complex clinical presentations, including consideration of competing treatment needs: *

- Not observed
- In Progress (on their way but has not yet mastered)
- Achieved (able to do this independently)

13. comments for the above

Enter your answer

14. This trainee is able to monitor the evolution of the clinical course and/or the patient’s response to treatment: *
Traditional rating scale anchors

• 1 – Consistently below expectations
• 2 – Sometimes below expectations
• 3 – Meets expectations
• 4 – Sometimes above expectations
• 5 – Consistently above expectations

• What works?

• What does not work?
Rating scale anchors

• 1 – “I had to do”
• 2 – “I had to talk them through”
• 3 – “I had to direct them from time to time”
• 4 – “I needed to be available just in case”
• 5 – “I did not need to be there”

• What do you think?
Do they work?

- Highly reliable & excellent evidence for validity
  - A large improvement on most other assessment tools
- Do not need rater training beyond reading the instructions
- Residents accept “low marks”
- Staff uses whole scale
- Residents note increased daily feedback when these tools used


How to Use these Tools

• Do not be afraid to assign the rating that describes the performance

• Focus on today’s performance
  • i.e. Do NOT worry about what this means for the future

• Do not be so worried about how the resident will react to being told that they are not a “5”
  • i.e. Most know that they are not ready to be entirely on their own

• Prepare residents for the different approach
How to Use these Tools

• What about situations where I do not see an entire EPA?
  • Common
  • Partial assessment is better than no assessment
    • Useful to know that they can do part of the EPA
  • Options
    • Complete part of an EPA rating form
    • Do only a narrative assessment
Rating the learner – case presentation

• EPA 1 – Core of Discipline - Assessing, diagnosing and managing patients with complex or atypical acute medical presentation

Milestones

Medical Expert
2.1 consider clinical urgency and comorbidities in determining priorities to be addressed
2.2 Generate and prioritize ddx
2.2 Select and interpret appropriate diagnostic tests

Communicator
5.1 Document clinical encounters to convey clinical reasoning
This is a 55-year-old man with a history of alcoholic cirrhosis, complicated by GIB from esophageal varices and prior SBP. He is on Norfloxacin, Lasix, Spironolactone and Lactulose. He has been abstinent for 2 years.

His wife brought him to the ED because he was awake all night and didn’t know where he was this morning. His wife reports that he had 1 BM yesterday and none today. He has some intermittent peri-umbical abdominal but has no melena. He has no resp or urinary symptoms to suggest infection.

He was given lactulose in ED with improvement in his symptoms.

On exam, he has asterixis. His Tmax was 37.8. He is not oriented to place or time. His cardiac and resp exam are unremarkable. He has no abdominal pain but has evidence of ascites.
His labs showed a WBC of 11. His Hb is 105 and platelets are 90, unchanged from 1 month ago. His INR, liver enzymes and liver function are also unchanged. His CXR shows no infiltrates and his U/A is unremarkable.

I think the cause of is confusion is hepatic encephalopathy precipitated by constipation. There is no evidence of GIB or infection.

I think his abdominal pain is from his ascites. I recommend doubling his dose of Lasix and Spironolactone.

He wants to go home and I think that it’s safe for him to go home with follow up with the hepatology clinic and his family doctor.
Using Different Scales

Rating scale A
1. rarely meets expectations
2. inconsistently meets expectations
3. meets expectations
4. sometimes exceeds expectations
5. consistently exceeds expectations

Rating scale B
1. requires complete guidance; “I had to do”
2. able to perform but requires repeated direction; “I had to talk them through”
3. some independence but had to direct them from time to time; “I needed to prompt”
4. independent for most things but requires assistance for nuances; “I had to be there just in case”
5. complete independence; “I did not need to be there”
Engage in a Conversation

• Between the clinician and the resident
• Related to the task that was observed
• To ensure the resident understands how improvements could be made (growth mindset)
Coaching Feedback

Feedback = *information* about what was observed compared to an expected standard

Feedback

Observation of Work

Coaching Feedback = feedback + *actionable suggestions* for improvement

Observer makes determination of quality of observed task
Exercise - Your CTU consults

1. 55 y/o male, alcoholic cirrhosis, with hepatic encephalopathy

• How will you coach this learner based on their case presentation?
Levels of Feedback: Behavioural Feedback

SPECIFIC TEACHING BEHAVIOURS:

• describe learner performance as behaviours
• tell learner *why* performance is correct or incorrect
• give reasons for agreement/disagreement
• offer behavioural suggestions for improvement
Levels of Feedback: Behavioural Feedback

EXAMPLES:

• “Your case presentation was clear and well organized”.

• “Your report does not include all of the important test results”.

• “I agree with you because….”

• “Next time, I would try….”

Shelley Ross, U of Alberta – next time…try…because… suggest… consider
High Quality Comments

• Justify the ratings

• Have specific examples

• Provide recommendations for improving performance

• Written in a supportive manner

• Detailed enough for an independent reviewer to understand the issues
How to write descriptive comments

• Transform your verbal feedback into written comments
• Focus on behaviors – not attitudes
• Be specific
• When possible discuss the outcome
• Note their response to the feedback
• Write it down
Behaviours – Not Attitudes

• Example
  • “Lazy” resident
Behaviours

• Attitude
  • Lazy

• Behaviours & (Outcomes)
  • Consistently late (staff work late to accommodate)
  • Does not follow up on tests (missed critical issue)
  • Does not answer pages (called staff/other resident)
  • Does not do assigned readings (staff wastes time in teaching session)
Okay comments

- Responds well to feedback
- Communication skills need work
- Read more
- Great case presentations
Better comments

• Responds positively to feedback. E.g. Noted that you missed an enlarged spleen by not identifying the landmarks properly. Reviewed proper technique for examining for the spleen. On observation at a later point during the clinic you had altered your physical exam appropriately.

• Tendency to use too much medical jargon when explaining issues to patients. E.g. In the patient with an abnormal lesion on the chest x-ray you said, “It could be a granuloma, a malignancy…”

• Focus pharmacology reading on the evidence for heart failure management…. need to be able to advance the management of patients when they don’t respond to 1st line treatment

• Case presentations in clinic are succinct and include all relevant info e.g. Patient with back pain… you were able to focus on the issues relevant to the question asked by the referring doctor in presenting the case. Next time consider the impact of the pain on her social life
The Achilles heel of CBD ???

- Time and resource intensive
  - How to fit teaching, observing, coaching, assessment into workflow
- Faculty development and engagement
- Training non-physician observers
- Courage to say “you are not ready yet”
- Getting the technology right
- Not perfect - Seeing what works and doesn’t work
- Research to study process and outcomes
  - intended and unintended (rater fatigue)
Creative Contributors

• Adelle Atkinson
• Farhan Bhanji
• Wade Gofton
• Danny Panisko

Work based assessment resource

Where can you find resources?

http://www.royalcollege.ca/rcsite/home-e
Questions

Thank you!

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