

Departing Words from our CBD Lead



As residents are expected to complete their Professional Development Self-Assessment Forms (see below), and as my term as CBD lead comes to a close, I will use this space to reflect on my own professional development over the past three years. I hope this does not come across as an exercise in narcissism, but rather an attempt to understand where I've been, where the program has been, how we have grown, and where we are headed.

I started out on this journey 3 years into my staff role. I missed being in the thick of postgraduate education, and wanted to be at the table regarding decisions around residency training. A U of T graduate myself, I wanted to give back. I was also excited to work with and learn from Mark Fefergrad - a highlight of these past three years. We may have not agreed on every detail, but I have tremendous respect for his ability to manage and change such a large and complex program with the various personalities and organizational structures that come with the job. I have special regard for his ability to move the dial forward on issues such as social justice and systemic racism in a real and tangible way. Adrienne Tan has big shoes to fill (though I have every confidence she will do so with grace and rigour and linguistic aplomb)! I am also indebted to Kristen and Tammy for their indispensable work as CBD project managers, and for teaching me so very much about all things administrative.

When I applied for this position, my sales pitch was that I wanted to make the transition to Competency Based Medical Education "not suck". I wanted to limit administrative burden, help the system catch and support struggling residents early in their trajectory, and advocate hard at the Royal College for a reasonable suite of EPAs, with reasonable entrustability markers.

I think we were successful in this regard. Having learning to process and metabolize much feedback, we have been able to adjust the residency structure and CBD implementation as quickly as possible. It is not easy to turn a large ship on a dime, but we were able to make some significant adjustments to the original plans to accommodate feedback in a meaningful way.

We now have all the U of T EPAs transitioned to RC EPAs, we have a model for coaching and competence committee that I believe is sustainable and backed by careful program evaluation, we have 7 pilot residents

(bless them) that will be moving into the Transition to Practice stage of training come July, and 40 PGY1s who are in the full Royal College CBD model.

My hope is that after this period of significant change, in this chaotic and unpredictable (#covid19) world, that the program can now focus on small, iterative and incremental changes, and allow for a culture of productive failure and regular assessment to grow and thrive. I have certainly failed productively many times in my tenure as Associate Program Director – CBD. I appreciate your tolerance for my inevitable mistakes and your willingness to work together to manage this change.



Competence Reviews – What to Expect

One of the key features of the Competence by Design (CBD) model of resident training is the bi-annual competence review of each resident. These occur in November and May and consist of a thorough review of all assessment data for each resident.

What is included in the review materials?

- Entrustable Professional Activities (EPAs)
- ITERs or ITARs (for PGY1 only)
- STACERs
- Resident Self-Reflection Forms
- PGY1 Centering Madness Assignment Grade
- RES file, if applicable

What do the file reviewers do?

Each resident's file is assigned to a member of the Psychiatry Competence Subcommittee (PCS) who review details and present the resident's status to the committee. The committee makes a decision regarding the resident's progression through the stages of CBD, identifies any learning needs, and makes recommendations. The PCS reports will be released in late November/early December to residents and coaches.

Residents who have taken a Leave of Absence or have Accommodations: We want to provide a flexible and accommodating environment and the PCS will be aware of any Leave of Absence or Accommodations and the duration but not the reason why. Residents will not be penalized or unduly targeted if they have a gap in their training. However, they will still be required to achieve the same number of EPAs as their peers to progress from stage to stage.

EPA Expectations

Residents and coaches were recently sent information regarding current EPA observations and expectations leading up to the November reviews. Please note that the expectations are meant to be general guidelines. We will not hold residents accountable for achieving the specified number of EPAs in a specific rotation. We put EPA expectations on hold from March 2020 to June 2020, but will still count any that were attempted during that time. Residents were expected to start attempting EPAs again as of July 1, 2020.



CBD Professional Development Self-Assessment Form

This form will be included as part of the resident's file and is mandatory. Residents are encouraged to use this as an opportunity to reflect on where they are and where they want to be from a professional standpoint. It will help the committee to assess your developmental trajectory, in the context of other assessments.

Residents can inform the committee about barriers to EPA completion that would otherwise not be obvious. Residents should note that this will become part of their academic record. We have also built in an optional opportunity for residents to discuss their goals with their coach.



EPA FAQs

Q: Can I attempt EPAs that are not in my stage of training?

A: Definitely! Residents are always encouraged to reach forward to other EPAs. For example, a PGY1/2 can attempt EPAs in the COD stage and PGY3/4s can attempt TTP EPAs. These EPAs will still count!

Q: I have triggered numerous EPAs via the Complete and Confirm method but am experiencing low completion rates. What should I do?

A: The Complete and Confirm option is great especially now. It helps us adhere to sanitary and social distancing protocols. However, if possible, we encourage residents to use the Complete Now method if they are in the same location as their supervisor. This can also be done if you are having virtual supervision, where the resident can start the EPA and asks the assessor for their feedback. The resident can then type in the feedback. The Complete Now method provides the highest completion rates!

Q: Can I ask other residents to complete EPAs?

A: Yes! You need at least 51% of each EPA to be completed by faculty, but the other 49% can be done with residents or allied health staff. This is a good opportunity for a senior resident to practice giving formative feedback. You can also use this as platform to solicit feedback from junior residents.



Our September EPA Numbers are in! Each winner will be notified via email and will receive a Starbucks gift card.

- **PGY1:** Masoud Ahmadzadasl had the most EPAs completed with 12 submissions!
- **PGY2:** Benjamin Cassidy had the most EPAs completed with 9 submissions!
- **PGY3:** Bushra Khan had the most EPAs completed with 17 submissions!
- **PGY4:** Kirsten Penner-Goeke had the most EPAs completed with 5 submissions!



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