CanMEDs 2015 Update

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CanMEDs 2015

- Officially launched at ICRE
- Available on-line at the Royal College website
- Designed to be integrated with Competence By Design (will discuss later)
CanMEDs 2015 – key changes

• General:
  – Less overlap between roles
  – Key content additions:
    • Patient safety & Quality Improvement
    • eHealth & Technology
  – Milestones created within each role
    • Milestones to be discussed further in CBD session
Key Content Changes to Consider: Medical Expert

- Patient safety and quality improvement have been emphasized as key components of medical expertise
  - Recognize and respond to harm/patient safety incidents
  - Promote patient safety and address human and system factors
    - How will these be taught and assessed?

- The ability to recognize and respond to complexity, uncertainty, and ambiguity has been added
  - Do your residents receive feedback on this ability? Could it be specifically assessed in an assessment tool? (eg. Added item to a daily encounter card)
Key Content Changes to Consider: Communicator

- Focuses exclusively on the interaction between physicians and patients (parents, caregivers)
  - Communication with other health care professionals in your objectives and assessment tools should be moved to the collaborator role
- Includes disclosure of patient safety incidents
  - How are your resident taught this? Are their abilities assessed? (OSCE?)
- Includes assisting patients to access information technology to support their care/health
  - Are these resources known to your residents? Do residents know which discipline related sites are evidence-based or endorsed? Could this be added to rotation objectives? Could this be an element in an OSCE station?
Key Content Changes to Consider: Collaborator

• New key competency: handover
  – Demonstrate safe handover of care, using both verbal and written communication, during patient transitions
    • How do you teach residents to do handover?
    • Are residents formally assessed at handover?
Key Content Changes to Consider: Leader

• Name changed from Manager
  – Change the name on your objectives and assessment forms

• Emphasis on patient safety and quality improvement
  – How are these taught? Assessed? Is there documentation that a resident has participated in and learned from a quality improvement initiative and/or patient safety incident?

• Competence in health care informatics has been emphasized
  – Consider your core IT applications: Is orientation to those applications tracked? Could proficiency be assessed?
Key Content Changes to Consider: Health Advocate

• The definition and description of the role have been revised to enhance clarity
  – If you have struggled to get a clear vision of this role within your discipline, I would suggest reading this section – its just one page

• The key and enabling competencies are quite concise
  – Could advocacy at the patient level be observed and assessed?
  – Are residents exposed to community/population level advocacy?
  – Of note: the language has changed from “describe”, “identify” and “appreciate” to “respond to” and “contribute to a process” (from knowledge to demonstrated abilities)
Key Content Changes to Consider: Scholar

- The concept of research broadened ("scholarly inquiry")
- Less emphasis on conducting research, more emphasis on being a consumer of scholarly inquiry
- I suspect this will need some interpretation by your specialty committees in terms of actual requirements for your discipline
Key Content Changes to Consider: Professional

• Increased emphasis on physician health and well-being
  Are sessions on health and well-being included in your program? Could this be part of a discussion in the workplace? (eg. How is shift work affecting you?)

• Added competency: Exhibits professional behaviors in the use of technology enabled communication
  – Does your program explore which technologies are being used and discuss professional behaviors relating to their use?
CanMEDS Resources: Just getting started?
Start here:
http://www.royalcollege.ca/portal/page/portal/rc/canmeds
CanMEDs Interactive

http://canmeds.royalcollege.ca/
Additional CanMEDS Resources:

- The CanMEDs Teaching and Assessment Tool Guide
The 7 **Role** chapters have a common *anatomy*

1. Why the Role matters
2. What the Role looks like in daily practice
3. Preparing to teach the Role
4. Hints, tips, and tools for teaching the Role
5. Hints, tips, and tools for assessing the Role
6. Suggested resources
7. Other resources
   - Chapter Appendix with the teaching tools and assessment tools
• **Teaching Tools**
  • Ready to use and easy to customize tools for the Role incl notes to learners
  • Approximately 5-8 tools per Role

• **Assessment Tools**
  • Ready to use and easy to customize tools for the Role includes answer keys if appropriate
  • Approximately 3-5 tools per Role
Patient Safety and Quality

• Competencies woven throughout CanMEDS
• How can you teach and assess these?
  – Local resources
  – Canadian resources
  – International resources
Local Resources for Teaching Patient Safety and Quality

• Alberta Health Services
  – Quality and Patient Safety Integrated Curriculum

• Health Quality Council of Alberta
  – Provides patient safety education

– A presentation on each of these resources is coming up next!
Additional Canadian Resources: Safety and Quality

• CMPA – good practices guide
  – https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/index/index-e.html

• Royal College
  – Teaching Quality Improvement in Residency Education (epub)
  – Free for a limited time
The guide is organized in colour-coded domains or themes which match the 6 domains of the CPSI-RCpsc Patient Safety Competencies framework [REF]. The CMPA has added an additional domain called Professionalism. Each domain is comprised of a number of topics.

1. **Patient safety**
   - Safety — a core value

2. **Teams**
   - Working together to make things better

3. **Communication**
   - Key to safe patient care

4. **Managing risk**
   - Reducing risk improves patient safety

5. **Human factors**
   - Influences on performance

6. **Adverse events**
   - When things go wrong

7. **Professionalism**
   - Medicine's contract with society

Faculty Resources Index
- Resources for teaching
Additional International Resources: Safety and Quality

• Institute for Healthcare Improvement (IHI)
• WHO
IHI OPEN SCHOOL ONLINE COURSES

The IHI Open School offers online courses in quality improvement, patient safety, and leadership. Earn a Certificate of Completion or Continuing Education Credits.

Students: FREE | Professionals: By Subscription

Online courses available on these topics:

- Patient Safety
- Leadership
- Improvement Capability
What do I need to do, and when? IT DEPENDS.

<table>
<thead>
<tr>
<th></th>
<th>Cohort 2</th>
<th>Cohort 3</th>
<th>Cohort 4</th>
<th>Cohort 5</th>
<th>Cohort 6</th>
<th>Cohort 7</th>
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</thead>
<tbody>
<tr>
<td>Urology</td>
<td>Neurosurgery</td>
<td>General Surgery</td>
<td>Orthopedic Surgery</td>
<td>Dermatology</td>
<td>Colorectal Surgery</td>
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<td>Cardiac Surgery</td>
<td>Plastic Surgery</td>
<td>Vascular Surgery</td>
<td>Ophthalmology</td>
<td>General Surgical Oncology</td>
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<td>Pediatrics</td>
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<td>Neuropathology</td>
<td>Diagnostic Radiology</td>
<td>Thoracic Surgery</td>
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<td>Anatomical Pathology</td>
<td>Physical Medicine and Rehabilitation</td>
<td>Neurology</td>
<td>Medical Genetics</td>
<td>Interventional Radiology</td>
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<td>Nuclear Medicine</td>
<td>Hematological Pathology</td>
<td>Public Health and Preventive Medicine</td>
<td>Palliative Medicine</td>
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<td>Surgical Foundations</td>
<td>Radiation Oncology</td>
<td>Psychiatry</td>
<td>Hematology</td>
<td>Pediatric Emergency Medicine</td>
<td>Pain Medicine</td>
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<td>Gynecologic Reproductive Endocrinology and Infertility</td>
<td>Developmental Pediatrics</td>
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<td>Cardiology</td>
<td>Pediatric Surgery</td>
<td>Maternal-Fetal Medicine</td>
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<td>Neonatal-Perinatal Medicine</td>
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<td>Medical Microbiology</td>
<td>Endocrinology and Metabolism</td>
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Cohorts 1 and 2
(Med onc, ENT, IM, Anesth, GI, Surg F)

• The RC recognizes that these programs are already undergoing major reform with CBD

• Not asking that all of your documents be immediately updated to CanMEDs 2015, as this will occur as part of the CBD transition (they don’t want to create unnecessary extra work)

• At present, I would advise:
  – Familiarize yourself with the changes and new content
  – Prepare to teach/assess the new content
  – Adopt CanMEDs 2015 in newly designed or revised programming and assessments
Cohort 3 and later

- The RC does not want to delay the introduction of CanMEDs 2015 until you do the CBD transition
- There is a proposal to add a generic addendum to your Specialty Objectives of Training which will include the key CanMEDs changes (patient safety, QI, eHealth)
- You will likely be asked to aim to integrate the Safety/QI/eHealth content into your program for July 2016
- I would advise working towards updating your teaching curriculum and assessments with the goal of having things updated over the next 1-2 years – high priority new content may be required by the RC for July 2016
Specifically, what should I change?

• Review the following to ensure alignment with CanMEDs 2015:
  – Objectives of Training – overall objectives and rotation-specific objectives
  – Teaching curriculum – how are the elements of the roles taught?
  – Assessments – how are the elements of the roles assessed?