

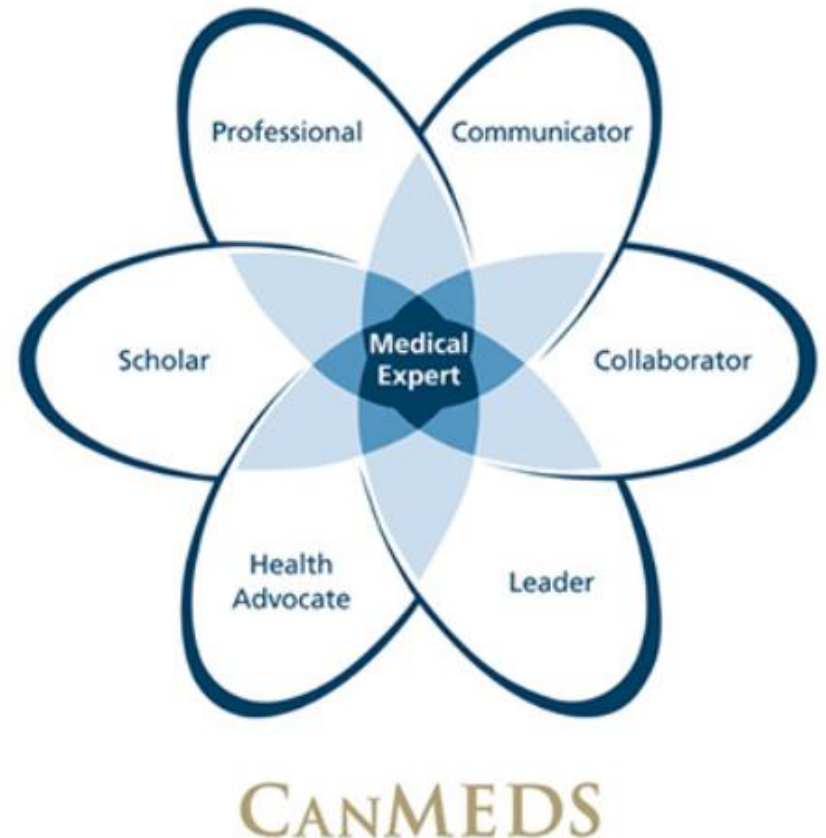
CanMEDs 2015 Update

Kelly Millar, MSc, MD, FRCPC
Assistant Dean, PGME

CanMEDs 2015

e

- 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>



[MAINPORT](#) | [Login](#) | [Français](#)

[About Us](#) | [Our Members & Volunteers](#) | [Credentials, Examinations & Accreditation](#) | [Awards & Grants](#) | [Policy & Advocacy](#) | [Resources](#)

CanMEDS

- [About Canmeds](#) >
- [Teaching and assessing CanMEDS Framework](#) >
- [CanMEDS interactive](#) >
- [KeyLIME podcasts](#) >
- [Resources](#) >
- [Clinician educator program](#) >

Too busy to teach CANMEDS? Let us help.

Download the Springboards app
Royal College of Physicians and Surgeons of Canada



royalcollege.ca/canmeds/resources/apps EDS framework



Clinician educator program



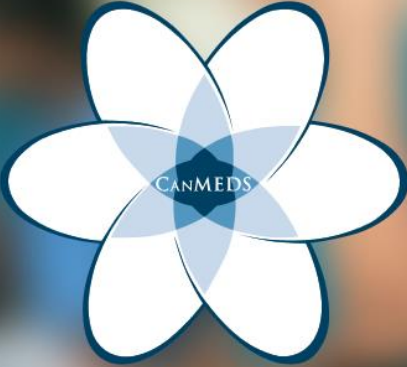
eStore

CanMEDs Interactive

<http://canmeds.royalcollege.ca/>

CANMEDS About ▾ Framework Milestones ▾ Tools Français

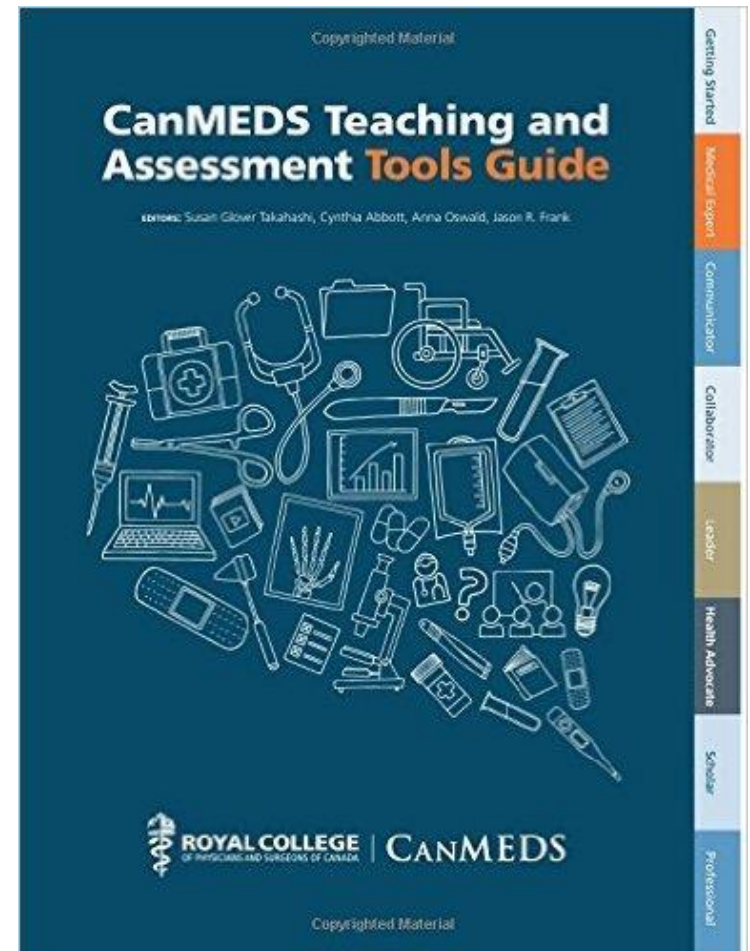
feedback



CanMEDS **Interactive**
released to pique your interest

Additional CanMEDS Resources:

- The CanMEDs Teaching and Assessment Tool Guide
 - <http://canmeds.royalcollege.ca/en/tools>





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

CMPA Good Practices Guide

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



- 5. Human factors**
Influences on performance



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



- 6. Adverse events**
When things go wrong



- 3. Communication**
Key to safe patient care



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



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



- Faculty Resources Index**
Resources for teaching

http://www.royalcollege.ca/portal/page/portal/rc/canmeds/resources/publications#QI_Residency_education

[QI]

Teaching **Quality Improvement**
in Residency Education

ROGER Y.M. WONG



Additional International Resources: Safety and Quality

- Institute for Healthcare Improvement (IHI)
- WHO

<http://www.ihl.org/education/webtraining/Pages/default.aspx>

IHI OPEN SCHOOL ONLINE COURSES



Open School

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



World Health
Organization

Patient Safety

A World Alliance for Patient Health Care

Patient Safety Curriculum Guide
Multi-professional Edition



- <http://www.who.int/patientsafety/education/curriculum/tools-download/en/>

What do I need to do, and when? IT DEPENDS....

	Cohort 2,	Cohort 3	Cohort 4	Cohort 5	Cohort 6	Cohort 7
2015	2016	2017	2018	2019	2020	
Urology	Neurosurgery	General Surgery	Orthopedic Surgery	Dermatology	Colorectal Surgery	
Anesthesiology	Cardiac Surgery	Plastic Surgery	Vascular Surgery	Ophthalmology	General Surgical Oncology	
Internal Medicine	Pediatrics	Obstetrics and Gynecology	Neuropathology	Diagnostic Radiology	Thoracic Surgery	
Gastroenterology	Anatomical Pathology	Physical Medicine and Rehabilitation	Neurology	Medical Genetics	Interventional Radiology	
Forensic Pathology	General Pathology	Nuclear Medicine	Hematological Pathology	Public Health and Preventive Medicine	Palliative Medicine	
Surgical Foundations	Radiation Oncology	Psychiatry	Hematology	Pediatric Emergency Medicine	Pain Medicine	
	Emergency Medicine	Respirology	Pediatric Hematology/ Oncology	Gynecologic Reproductive Endocrinology and Infertility	Developmental Pediatrics	
	Critical Care Medicine	Cardiology	Pediatric Surgery	Maternal-Fetal Medicine	Neuroradiology	
	General Internal Medicine	Rheumatology	Clinical Pharmacology/ Toxicology	Gynecologic Oncology	Pediatric Radiology	
	Nephrology	Geriatric Medicine	Forensic Psychiatry	Infectious Diseases	Occupational Medicine	
		Neonatal-Perinatal Medicine	Child and Adolescent Psychiatry	Medical Microbiology	Endocrinology and Metabolism	
		Clinical Immunology and Allergy	Geriatric Psychiatry	Medical Biochemistry		
			Adolescent Medicine			

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?