The following is a “worksheet” for you to work through as you make your plans for the transition to CBD. It is designed to help you consider the various implementation elements that the PGME office feels are important for the successful launch of CBD in your program. Where possible, hyperlinks are provided to assist you with supplemental reference materials. Additional non-web based content has been provided as attachments in the email along with this document. Please note that the Royal College has recently revised the CBD section of their website. Included in this site is a new searchable “Tools and Resources” section. We recommend checking it out:


1. Curriculum Map
   a) Outline how your curriculum will look for your new CBD residents – focus on their clinical educational experience (ie – clinical rotations/blocks) and orientation/bootcamp blocks if you plan on doing that. If you only have a curriculum for your transition to discipline and Foundations stages for now, that’s OK.
   b) Have you removed or reduced any clinical experiences that currently exist in your program?  
      YES  NO
   c) Will you require certain rotations to be completed at a certain time of year? (eg – must be done in first 3 months, must not occur in preceding 4 months of spring exams)
      YES  NO
   d) If you answered YES to either b or c above:
      (1) Has the receiving clinical service been notified of this anticipated change? YES  NO
      (2) Has the receiving clinical service expressed concern regarding this change? YES  NO
   e) Have you reviewed the CanMEDs 2015 requirements, including the “special addendum”?
      YES  NO

CanMEDs 2015 Interactive:

http://canmeds.royalcollege.ca/guide

Special Addendum:


Consider scanning your overall curriculum (clinical curriculum plus academic programming) to ensure that the required key competencies are taught somewhere in your program (many of them will be taught throughout). If you created your PSQ for the last accreditation, you will be familiar with scanning your curriculum to answer the questions...How does your program teach (CanMEDS role – communicator, collaborator etc)? So this work has likely already been done at the last accreditation
cycle. If you are new to the PD role, please take a look at your program’s PSQ from accreditation. Please note that the competencies in the special addendum are new, so pay special attention to those as you may find a couple of gaps in your curriculum that require attention. Resources to support programs in teaching patient safety and quality can be found on the PGME website. https://cumming.ucalgary.ca/pgme/home/canmeds-2015-0

2. Assessment Map
   a) Outline your overall assessment strategy for your CBD residents. Include when you plan to conduct your EPA assessments. For example, for each rotation, indicate which EPAs will be assessed. Indicate which must be assessed on the rotation (ie – there is little opportunity to assess the EPA elsewhere) and which can be assessed. Indicate the number of successful assessments recommended for each EPA.
   b) Indicate what other assessment elements you intend to use for your CBD residents – e.g. 360, OSCE, other exams, daily observations, ITERS etc.
   c) Faculty will be asked to Observe residents in the workplace, Coach residents for performance improvement, and Document resident performance. Please comment on the anticipated demands on faculty time that your assessment plan will require. Consider the estimated time that each EPA assessment will require over and above what would likely be occurring now. For example, in some circumstances, residents are already routinely observed and coached and the only additional element will be integrating the documentation into a faculty member’s workflow. In other circumstances, you might be asking a faculty member to observe and coach on an activity that previously the resident was generally left to do on their own. Working through this will enable you to have an answer when your staff ask how much extra time is going to be required. It will also enable you to adjust your assessment map to ensure that the workload on faculty is balanced and reasonable.

The Royal College has designed 4 CBD Assessment Templates that will be used within the RC ePortfolio to assess CBD residents. For more information, please see: http://www.royalcollege.ca/rcsite/cbd/assessment/wbas/cbd-assessment-templates-e

The following is a resource for program directors for providing faculty development on Work Based Assessment.

The Royal College has created a Work Based Assessment Implementation Guide to assist program directors and CBD leads. It is included as an attachment for you.

A sample Assessment Map is also included as an attachment.

If you would like assistance creating your assessment maps, please contact Dr. Jason Lord, Director of Assessment, PGME (lordj@ucalgary.ca). The Taylor Institute at the U of C is also available to assist you with curriculum and assessment mapping. Please contact Dr. Frances Kalu for assistance (fukalu@ucalgary.ca).
3. CBD Leadership Team
   a) Outline who your CBD leadership team members are. These are the folks who will be helping you do the implementation. For example:
      i) CBD lead
      ii) Assessment Lead
      iii) CBD Site Lead
      iv) Other?
   b) Are you or any other educational leaders from your program participating in the CBD Working Group at PGME?  YES    NO

   This group is open to all who are interested – it is a forum to brainstorm, share resources, and learn from those who are in earlier cohorts. All are welcome (PAs, PDs, CBD leads, faculty). Simply have those who are interested email Kelly.millar@ahs.ca to get on the email distribution list.

4. Competence Committee (CC)
   a) Describe who will sit on your CC – indicate their role (if relevant), including who will chair
   b) When will your CC meet in 2018/2019?
   c) How will you structure you deliberations?
   d) Consider what your terms of reference will be – you may use the generic RC version, or may choose to personalize it.
   e) Have you reviewed the Royal College Resources on Competency Committees? YES     NO

   http://www.royalcollege.ca/rcsite/cbd/assessment/competence-committees-e

   Royal College guidelines on competence committees have been included as attachments.

5. Faculty Development Strategy
Your faculty will require education on a number of CBD related faculty development elements. These include:

   • “CBD 101” (a broad overview)
      o Ideally delivered early
      o PGME can deliver, or you can
      o Consider inviting us to rounds, a division meeting, a retreat etc
      o We will also be doing general CBD 101 sessions at various hospitals to catch those who miss their program-specific sessions
      o Multiple on-line resources are available for self-study at the RC website. A “CBD cheat-sheet for faculty” is included as an attachment
   • Effective workplace-based “coaching” and assessment (ie. Giving effective feedback)
      o Delivered in the year prior to launch and ongoing
We are working with the faculty development office to put together a resource that programs can draw upon.

Many of you have local faculty with an interest in this area – please use them (and let us know who they are!!!)

The RC has some resources to help you – check these out: [www.royalcollege.ca/rcsite/documents/cbd/full-meantime-guide-e](http://www.royalcollege.ca/rcsite/documents/cbd/full-meantime-guide-e). Scroll down to the section: “Prepare clinical teachers to observe, coach and document”

- **Your assessment strategy as it applies to the faculty**
  - Delivered in the 6-7 months prior to launch
  - Tell the faculty what they will be asked to do – what, when, how often, estimated time commitment

- **Electronic Assessment platform**
  - Delivered in the months leading up to the launch

Some programs may choose to do these elements separately, and some may prefer to combine into a larger session.

Enter your planned Faculty Development Events below:

<table>
<thead>
<tr>
<th>Date</th>
<th>Focus</th>
<th>Site</th>
<th>Audience</th>
<th>Delivered by</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**6. CBD Academic Advisor Program**

Academic Advisors are not required for CBD, but are strongly encouraged by our office. A description of an academic advisor program is attached.

a) Do you have an academic advisor Program? **YES**  **NO**

b) If **YES**:
   - Have you identified your AAs?  **YES**  **NO**
   - Have you arranged to have them trained (PGME can do)? **YES**  **NO**
   - How often will they meet with your residents?
   - Have you notified PGME if they will require funding? (ie – not AARP, not GFT) **YES**  **NO**
   - Have you customized the learning change plan for your program? **YES**  **NO**
   - Do you have a written description/vison for your AA program?  **YES**  **NO**

c) If **NO**, please outline how residents will receive regular high level review of their progress, assistance to make learning plans, and review of upcoming learning experiences to ensure they will meet the resident’s learning needs.

The PGME office can provide a workshop to train your Academic Advisors. The training is based on the R2C2 model of Evidence Informed Facilitated Feedback. Included in this workshop is the introduction of a Learning/Change Plan. To arrange training, please contact Kelly.millar@ahs.ca.

An R2C2 trifold and sample Learning Change Plan are included as attachments.
7. Engagement

a) Off service: (there is some duplication here from section 1 – but it is very important – so it is repeated!)
   i) Have you notified any off service rotations if you are planning any changes to the structure of the rotation? YES NO
   ii) Have you notified PGME if a desired change in resident service delivery may lead to patient care staffing shortages? (Please do this as early as possible – even if you are not sure, please notify us) YES NO
   iii) Have you met with the off service rotation education representatives to discuss any desired changes to the current assessment strategy? (ie – replacing an ITER with a specific EPA assessment). YES NO
   iv) Have you provided any needed faculty development for off-service faculty/rotations? YES NO

b) On service:
   i) We recommend allowing your faculty the opportunity to provide input and feedback on your curriculum and assessment plans as you develop them – for example...consider having a fall education retreat.

   Have faculty been given the opportunity to provide input on the proposed curriculum and assessment plans? YES NO

c) Other stakeholders
   i) We recommend touching base early and regularly with other stakeholders. Have you met with:
      (1) Your department head (and/or deputy dept head for education) YES NO
      (2) Your department manager YES NO
      (3) Your current residents YES NO
      (4) Allied health care workers who you might like to have provide feedback to your residents YES NO
      (5) Others??

d) Incoming CBD Residents
   i) Getting buy-in from your CBD residents will be essential for the successful implementation of CBD.

   Have you generated some orientation materials for CBD residents (templated versions are available from the RC)? YES NO

   Have you created a “how to” or program manual that outlines the expectations for your CBD residents? YES NO
8. Administrative
   a) Program Administrators – please do your best to keep your administrators apprised of your vision and plans for CBD. We encourage you to include them in your faculty development sessions and leadership meetings. The PGME office has provided and will continue to provide information sessions to the PAs on CBD topics.
   b) Funding – please take advantage of the funding that we have secured to support the implementation of CBD. Please see the PGME CBD Funding Memo attached for more details. If you are struggling to come up with ways to utilize these funds, please contact Kelly.millar@ahs.ca to arrange a meeting to discuss.
   c) In the fall, each program who is a candidate to launch CBD the following July will be asked to provide a brief summary of their implementation progress to the CBME committee (15-20 min, may be done via teleconference). In advance of this presentation, you will be asked to provide some written materials for the committee to review. (These materials will be a selection of the items included on this worksheet). For additional details and assigned dates, please see the following attachments:
   “Guidelines for reporting to the CBME committee”
   “Program presentation schedule for the CBME committee”

   All of the resources in this document will be uploaded to the PGME website shortly.