

CBD Getting Started

As Competence by Design (CBD) rolls out across the country, residents will be asking you to complete assessments based on your observations of their performance in the workplace.

Definitions:

Competence by Design (CBD)	The RCPSC's hybrid Competency Based Medical Education (CBME) design where residents must demonstrate an acceptable level of competence <u>and</u> complete their service contract before moving on to the next stage of training.
Entrustable Professional Activities (EPAs)	A key task of a discipline that a resident can be trusted to perform without direct supervision in a given context, once sufficient competence has been demonstrated. Each EPA is made up of a number of <i>milestones</i> .
Milestones	An observable marker of a resident's ability along a developmental continuum. Milestones are more detailed than EPAs, and are for planning, teaching and assessment.
O- Score	A likert scale to rate a learners competence from the faculty perspective: 1. – "I had to do" - Requires complete hands on guidance, did not do, or not given the opportunity to do 2. – "I had to talk them through" – Able to perform tasks but requires constant direction 3. – "I had to prompt them from time to time" – Demonstrate some independence, but requires intermittent direction 4. – "I needed to be in the room just in case" – Independence but unaware of risks and still requires supervision for safe practice 5. – "I did not need to be there" – Complete independence, understands risks and performs safely, practice ready.

What has changed?

ITARS/ITERS are being (mostly) replaced by workplace based assessments (WBA). In CBD, WBA include EPA observations, procedural observations, narrative feedback, and multisource feedback. The minimum number and context for each of the assessments has been defined by each Royal College specialty committee. Each assessment will be based on a single observation of performance and will use the O-score to rate performance on EPAs and procedures.

The O-Score is also new as an assessment scale. It is a validated scale that was originally developed for surgical programs. The O-Score is an **entrustment** scale, meaning that it is designed around a supervisor/attending's 'trust' in a resident's clinical practice.

Competence Committees

Competence committees (CCs) are a requirement of the RCPSC in CBD. CCs are composed of clinical teaching faculty including the program director. *Each committee member* is responsible for reviewing and presenting a resident's assessments to the committee. Each resident must be reviewed at least twice a year. It will be up to a Competence Committee to recommend resident progression to the Residency Program Committee.

How it affects Me?

If you are already doing WBA and direct observation, not much will change except for how you document these encounters. Additionally, the specific tasks you are required to observe may be more explicitly defined. As of July 2018, all CBD programs will use Entrada to record resident observations.

Implementation

Once you have observed a resident in the workplace, you may complete an assessment of their performance using Entrada. Based on your observations, you will assess their performance on the activity using the O-Score, **and** provide narrative feedback for the learner. Your feedback is important as it will guide the resident's learning. Try to include at least one **specific** suggestion for improvement.