

# COMPETENCE BY DESIGN (CBD) TERMINOLOGY

## FRAMING CONCEPTS

### CBME and CBD: Differences and Similarities

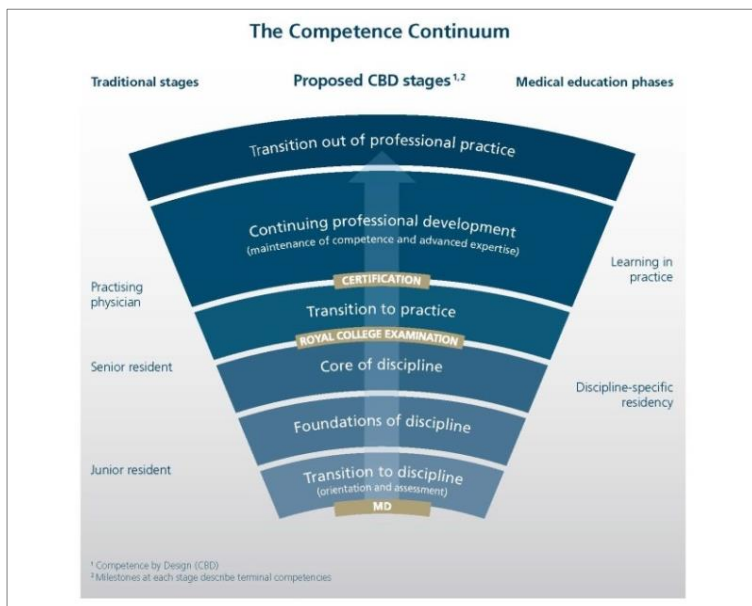
We've noticed that with increasing frequency that Program Directors are trying to sort out the differences between CBME and CBD and what the impact is for them, their residents, their program, and their faculty. Competent means possessing the required abilities in all domains (areas) in a certain context at a defined stage of medical education or practice.

**Competency-based medical education (CBME)**<sup>1</sup> is an outcomes-based approach to the design, implementation, assessment, and evaluation of an educational program using an organized framework of competencies (e.g. CanMEDS 2015).

**Competence by Design (CBD)** is the Royal College's "brand" of CBME and is their transformational initiative designed to enhance competency-based medical education (CBME) in residency training and specialty practice in Canada.

The **Competence Continuum** reflects the developmental stages of professional practice (See Figure 1 below). In each stage there will be specific milestones that a resident will be expected to demonstrate before moving to the next stage. The duration (e.g. weeks, blocks, months) for each stage is being determined by each specialty as part of their cohort plans for implementation of CBD.

**Figure 1. The Royal College Competence Continuum Stages**



- The first stage for residents is **Transition to Discipline** that will include an orientation to and demonstration of readiness for the autonomy of residency education.
- **Foundations**, the second stage of the continuum of residency education, is when the basics, including the most common and frequent patient problems of the specialty, are taught, learned, assessed and demonstrated.
- **Core** is the third stage of the continuum of residency education where the patient problems are increasingly complex and complicated and where the more rare patient problems are managed. It is anticipated that in the future the specialty exam will be administered near the end of the Core stage.

- The fourth and final stage of residency education is **Transition to Practice**, which focuses on ensuring residents' confidence and competence to practice within their discipline.

## Competence By Design (CBD) Terminology Reference Sheet

### Milestones

A milestone is the expected ability of a health care professional at a stage of expertise. CanMEDS milestones illustrate the expected progression of competence from novice to mastery associated with each enabling CanMEDS competency.

Milestones:

- Illustrate the developmental nature, features, and progression of the competencies
- Assist learners in monitoring their own developmental progress
- Are used as a reference to monitor individual learner progress
- Guide teaching program development
- Assist in the early identification of learners whose progress is not following the typical development sequence and initiate early intervention

**Entrustable Professional Activities (EPAs)** are an approach to competency based medical education (CBME), which focuses on 'real' clinical activities and tasks of the discipline that are carried out in day-to-day practice.<sup>3</sup> Learners, teachers and assessors will focus on concrete critical clinical activities that provide insight to the residents' development, progress and proficiency. The notion of 'trust' is not new to residency education as, each day, faculty members decide which patients or patient problems they assign to which residents. An EPA is a statement about a task of a discipline that you trust a learner to do without direct supervision. EPAs aim to provide consistency to when, how and where specific activities of a discipline are taught, learned, assessed and entrusted.

**RC-Entrustable Professional Activities (RCEPA)** is the Royal College approach to EPAs. An RCEPA is linked to a specific stage of the competence continuum and integrate multiple CanMEDS milestones from various CanMEDS Roles relevant to that stage. The Medical Oncology Specialty Committee has created RCEPAs for Medical Oncology which faculty will "sign-off" on after they are confident the residents will be able to perform the activity independently. A few examples are : Provide an initial medical oncology consultation, Prescribe systemic therapy, Transition care from active systemic therapy to end of life care. Royal College EPAs allow for authentic, work-based assessment that is targeted at the daily tasks of physicians'. As a supervisor in Medical Oncology, you will observe and record a resident on an EPA multiple times and you may only 'unpack' an EPA and look at all of the milestones if/when a learner fails to progress.

### FAQs

#### Is it feasible for me to do all of the new CBD assessments in a busy clinical practice?

Yes, our purpose is to design CBD assessments so they are feasible to do during a busy clinical program. In CBD, we make use of a teacher's clinical oversight activity to engage in work-based assessment of resident performance. With the introduction of EPAs and milestones, the assessment criteria will be more explicit and deliberate and we will ask teachers and residents to focus on a small number of specific tasks or milestones. Early in the implementation we will seek input about the quality and functionality of the assessment tools.

#### How will CBD affect me?

We want you to think of yourselves as coaches who work with the resident to help develop their skills. We want you to incorporate direct or indirect observation on a regular basis that is practical for the reality for you and your work team. We want you to give short focused feedback and complete a very brief record of observed performance.

#### References

1. Frank JR, Snell LS, Cate OT, Holmboe ES, Carraccio C, Swing SR, Harris P, Glasgow NJ, Campbell C, Dath D, Harden RM, Lobst W, Long DM, Mungroo R, Richardson DL, Sherbino J, Silver I, Taber S, Talbot M, Harris KA. Competency-based medical education: theory to practice. *Med Teach*. 2010;32(8):638-45.
2. [http://www.cfpc.ca/uploadedFiles/Resources/Resource\\_Items/Triple\\_C/3%20Defining%20the%20Three%20Cs%20of%20the%20Triple%20C%20Competency-based%20Curriculum.pdf](http://www.cfpc.ca/uploadedFiles/Resources/Resource_Items/Triple_C/3%20Defining%20the%20Three%20Cs%20of%20the%20Triple%20C%20Competency-based%20Curriculum.pdf)
3. Ten Cate, O. and Scheele, F. Competency-Based Postgraduate Training: Can We Bridge the Gap between Theory and Clinical Practice? *Academic Medicine*, 2007;82(6):542-547.