



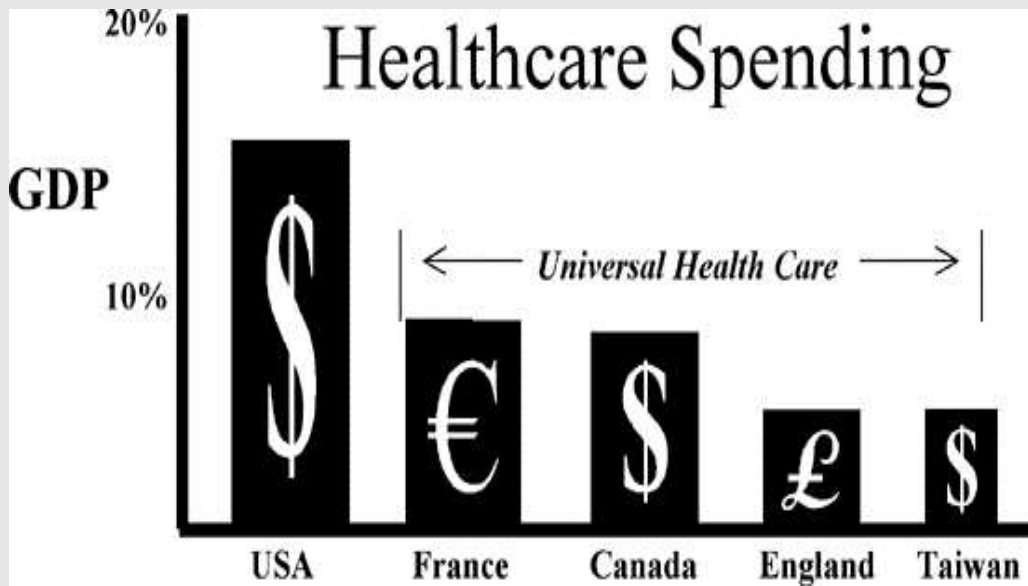
J. DAMON DAGNONE  
**CHANGING  
TRAINING**  
ACROSS AN ENTIRE MEDICAL SCHOOL



Designing  
Competency  
at Queen's

**ENHANCING  
POSTGRADUATE  
MEDICAL  
EDUCATION**

Disclaimer, I am a Canadian medical educator and clinician...



## Queen's University by the numbers...



- 400 Medical School students
- **580 Graduate Surgical & Medical trainees**
- 300 faculty physicians
- 14 departments, 30 specialties
- Health Region ~ 500,000 patients

## Institutional Strengths



SOM Strategic plan

Academic funding formula

Small institutional size

Excellent prior accreditation

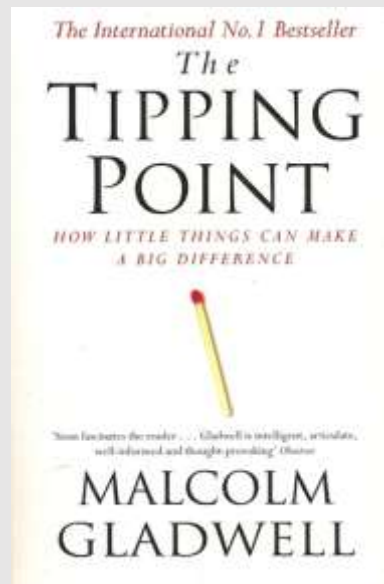
State of the art simulation facilities

Institutional expertise in CBME

## OUR STRATEGY – HOW WE DID IT



- A Unified Vision
- Institutional Funding
- A Central Team's Work
- Creating 29 Program Teams



## ESSENTIAL CONFLICTS

Resident wellness  
Patient safety  
Sleep deprivation  
1000's of articles



Competence  
Volume of experience  
Continuity of care  
1000's of articles

## SOME FUNDAMENTAL TRUTHS

We will not revisit the past

Current training models are not based in evidence

Big challenges require creative solutions

We can no longer afford to work at the edges; rather  
we need to cut to the heart of the problem

# An Institutional Vision for CBME



## The National Plan for CBME Implementation in Canada

Confirmed Launch Year	Confirmed Launch Year	Targeted Launch Year*	Targeted Launch Year*	Targeted Launch Year*	Targeted Launch Year*	Targeted Launch Year*
2017	2018	2019	2020	2021	2022	2023
Anesthesiology	Medical Oncology	Anatomical Pathology	Cardiology	Adolescent Medicine	Dermatology	Colorectal Surgery
Otolaryngology-Head and Neck Surgery	Forensic Pathology	Cardiac Surgery	General Surgery	Child and Adolescent Psychiatry	Diagnostic Radiology	Developmental Pediatrics
	Emergency Medicine	Gastroenterology	Obstetrics and Gynecology	General Internal Medicine	General Radiology	Endocrinology and Metabolism
	Surgical Foundations	Critical Care Medicine	Rheumatology	Immunology and Allergy	Gynecologic Reproductive Endocrinology & Infertility	General Surgical Oncology
	Nephrology	General Internal Medicine	Neonatal-Perinatal Medicine	Forensic Psychiatry	Infectious Disease	Interventional Radiology
	Urology	Internal Medicine	Nuclear Medicine	Geriatric Psychiatry	Maternal-Fetal Medicine	Neuroradiology
		General Pathology	Physical Medicine and Rehabilitation	Hematological Pathology	Medical Biochemistry	Occupational Medicine
		Neurosurgery	Psychiatry	Hematology	Medical Genetics	Pain Medicine
		Pediatrics	Respirology	Neuropathology	Medical Microbiology	Palliative Medicine
		Radiation Oncology	Clinical Immunology	Neurology	Ophthalmology	Pediatric Radiology
		Geriatric Medicine		Orthopedic Surgery		Thoracic Surgery

**All 29 Programs at Queen's to START in 2017**

## OUR STRATEGY – HOW WE DID IT



### ✓ A Unified Vision

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We are a partner in the Faculty of Health Sciences



# Strategic Plan

THEME	STRATEGIC OPPORTUNITY	INITIATION TIMEFRAME
Innovative models of training and practice	Evolve new models of medical education and training that are competency-based and career-focused	Year 1-2
	Through novel educational and professional development programs, prepare graduate students for emerging health sciences careers	Year 1-2
	Foster transdisciplinarity while enhancing the efficiency of training delivery	Year 3-5
	Adopt alternate channels for the delivery of education	Year 3-5

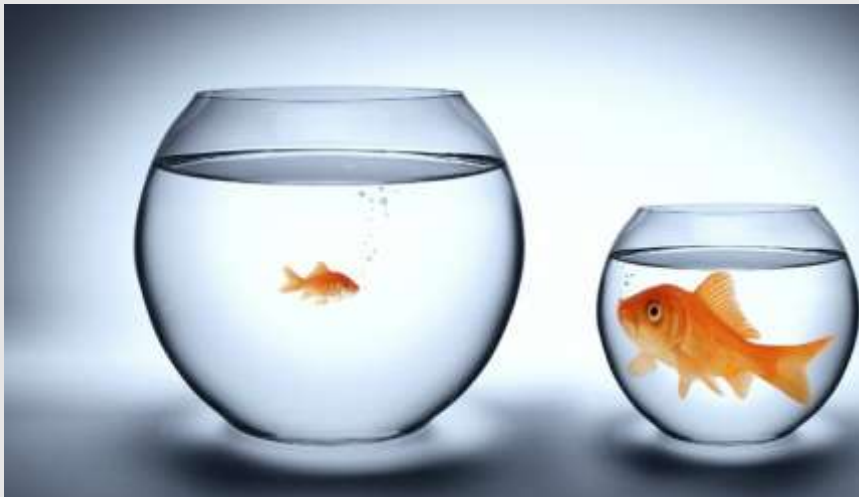
## Strategic 1X CBME Investments



- Priority spending
- Budget carry overs
- SOM savings



All Depts received equal transitional funding



Academic Site Funding Structure



## Our Academic Medical Organization (SEAMO)



KGH

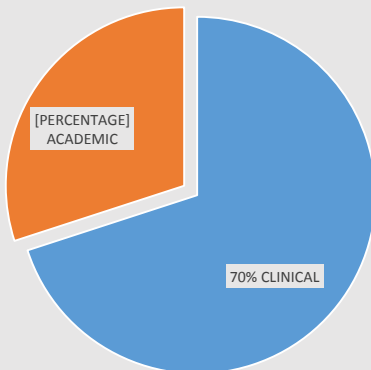
Kingston  
General  
Hospital

Kingston Health  
Sciences Centre  
Centre des sciences de  
la santé de Kingston



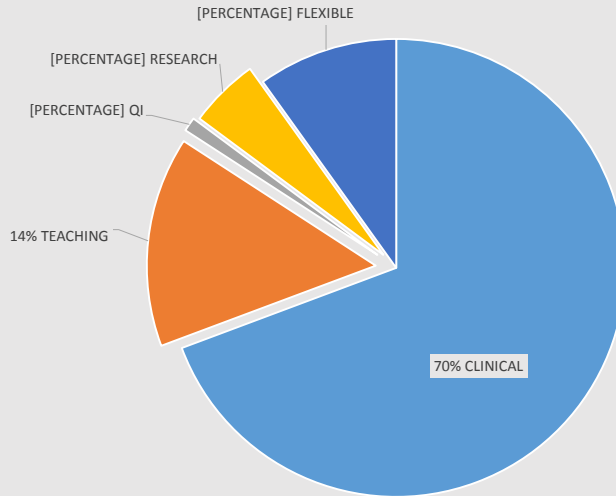
Providence  
Care

## SEAMO academic funding plan

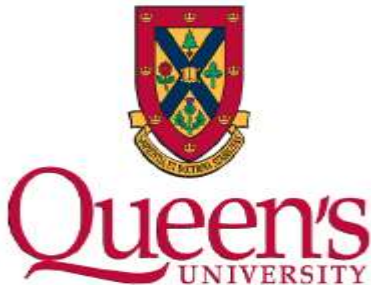


- Single envelope funding
- 300 faculty physicians
- 14 Departments & 30 Specialties

## Academic Deliverables for all Depts



## OUR STRATEGY – HOW WE DID IT

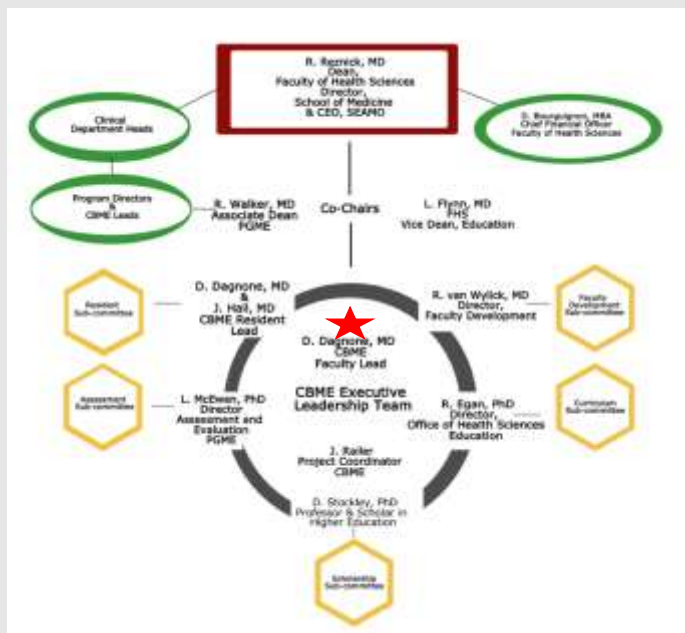


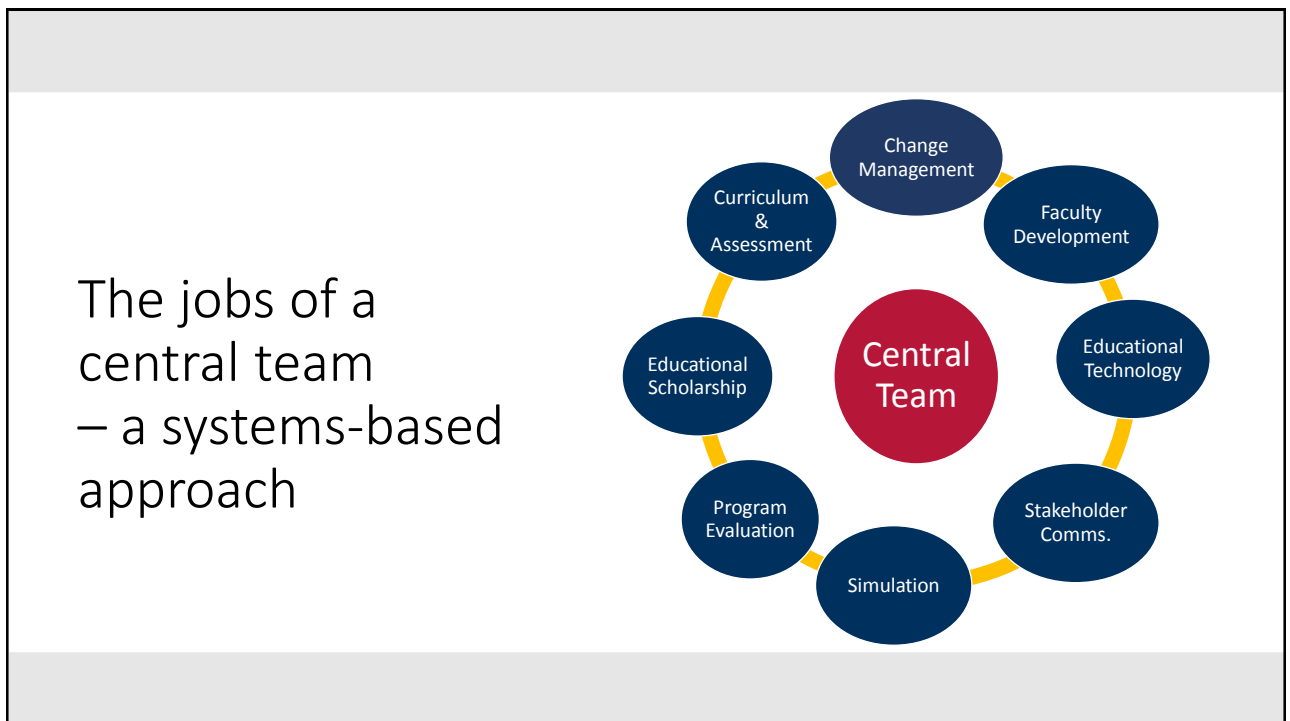
- ✓ A Unified Vision
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# Creating a Central Team



# CBME Executive Team Organizational Chart





## A UNIFIED VISION



Getting everyone  
on board

Change management

Socialization

Inspiration

## FACULTY DEVELOPMENT

Program Leaders  
Frontline Faculty  
Residents (current and incoming)  
Program Administrative Assistants



9 Program Leader Workshops  
Regular small group sessions  
Weekly One-on-One Consultations

# IT PLATFORM

Putting technology to work:  
Every resident has  
their own dashboard



# ENGAGING PARTNERS & STAKEHOLDERS

COMMUNICATION, COMMUNICATION, COMMUNICATION



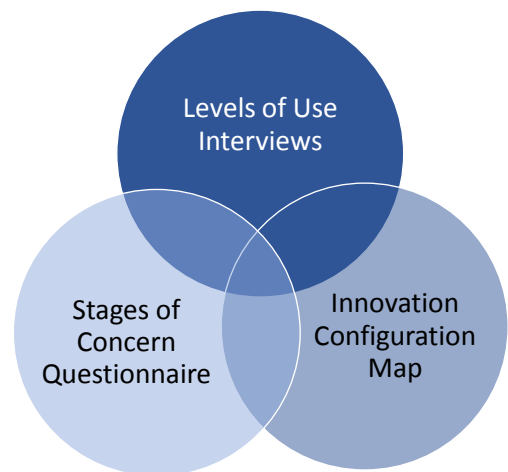
## MUCH MORE SIMULATION



Low Tech Models / High Fidelity Environments/ Deliberate Practice  
Cadaver-based Training / Team Training / Virtual Reality

## PROGRAM EVALUATION

Evaluation will be conducted using the three components of the Concerns Based Adoption Model (CBAM): Stages of Concern questionnaire, Levels of Use interviews, and Innovation Configuration map





## EDUCATIONAL SCHOLARSHIP



## OUR STRATEGY – HOW WE DID IT



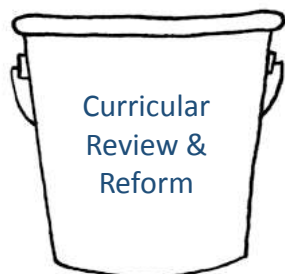
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## CREATING 29 PROGRAM TEAMS

Program Director  
CBME Lead  
Education Consultant  
CMBE Resident Lead  
Program Administrator



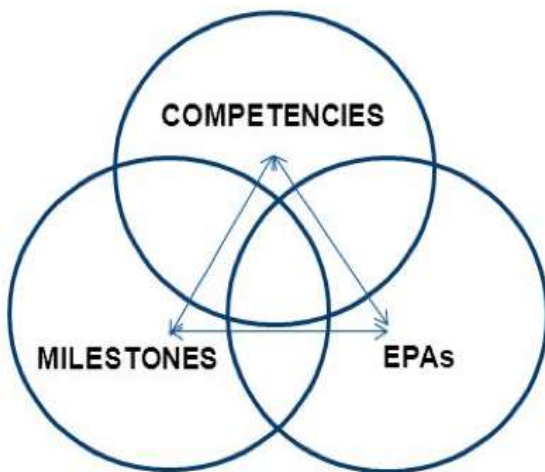
## PROGRAM TEAM ACTIVITIES



# CURRICULAR REVIEW & REFORM



# EPAS & MILESTONES

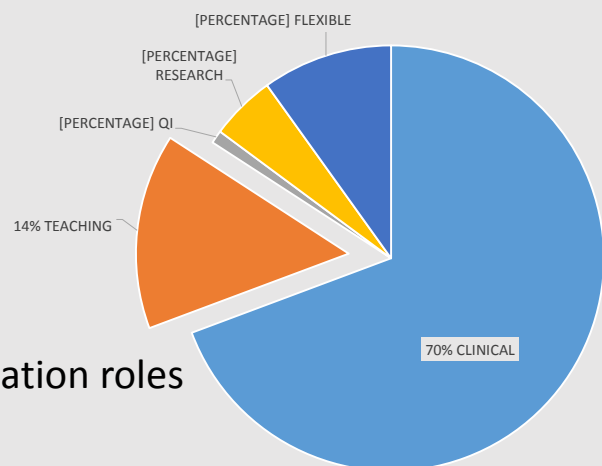
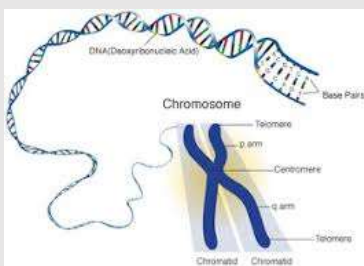


# COMPREHENSIVE ASSESSMENT REFORM



- Written Examination
- Work-place Based Assessment
- Direct Observation
- Clinical Simulations
- Multisource Feedback
- Electronic Portfolios

# INTEGRATION into the DNA of our institution



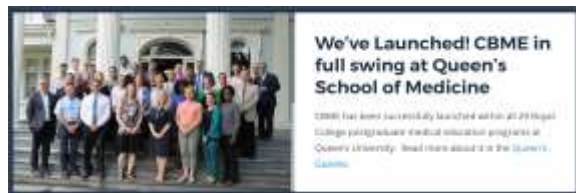
Sustained funding for NEW education roles

Redefined GME deliverables

## IN KIND faculty time



Every CHAMPION went “above and beyond” the minimum requirement for their PROGRAM



Lessons Learned – Year 1



# Launch Success



- Change leadership
- Socialization
- Inspiration
- Empowerment

# Academic Funding Structure



Signature Initiative





1X investments

Transition planning

A model for sustainability

# Stakeholder engagement

What Does CBME Mean to You?

 <b>Resident</b> <ul style="list-style-type: none"><li>Flexibility</li><li>Individualized learning</li><li>Enhanced assessment</li><li>Preparedness for practice</li></ul>	 <b>Patient</b> <ul style="list-style-type: none"><li>Clinicians focused on patient-centred care</li><li>Ability to contribute to resident assessment</li><li>Greater physician accountability</li></ul>
 <b>Faculty</b> <ul style="list-style-type: none"><li>Real-time assessments</li><li>Learner-driven</li><li>Well-defined learning outcomes</li><li>Focus on observable competencies</li></ul>	 <b>Society</b> <ul style="list-style-type: none"><li>Fulfills medicine's societal contract to serve patients and communities</li><li>Focus on skills such as professionalism, communication, and health advocacy</li><li>Tightens gap between medical education, health care delivered and societal health needs</li></ul>

## Focusing on all trainees

CBME cohort



Traditional cohort

## Cross-pollination





## THE VALUE PROPOSITION revisited



- A hard look at our curricula & criteria for advancement
- Ramped up assessment with a supportive IT Platform
- Enhanced faculty-resident engagement & empowerment
- Making explicit the financial costs of teaching
- The creation of a new sustainable model for GME



NEXT STEPS to CONSIDER...



## Pilot Testing



Hybrid models

Smaller schools

Leverage opportunities

## Provide a Spark



AACN

Hospitals

Colleges, Universities & Gov't

Philanthropy

## Develop a Unified Vision



Change leadership

Socialization

Inspiration

Empowerment



