

## **Surgery 2017: A snapshot on the competency-based medical education in surgical specialties at Faculty of Medicine, University of Alberta, Canada; Where to start?- Nahla Gomaa, University of Alberta**

**Nahla Gomaa**

University of Alberta, Canada

The University of Alberta as well as many Canadian universities is starting Cohorts of competency-based medical education (CBME)-training of residents soon. The last couple of years were spent on intensive resource preparation for this initiative. Grand rounds for faculty development and open sessions for questions and answers have been running. The Royal College of Canada has provided a parallel intensive training for the program directors and a tremendous support with the e-portfolio. Where are we heading in the coming decade of medical education with this initiative? Is it going to change the face of surgical training, and what are the expectations of our surgical educators? This is a short talk about the conceptual framework of competency by design (CBD) and CBME, efforts that have been put into this change in medical education, and some questions waiting for answers.

### **Competency-based Medical Education and its Rationale:**

The point of granting clinical instruction is to prepare graduates to productively deal with the wellbeing needs of the general public. The present clinical training framework depends on an educational plan that is subject-focused and time sensitive. Most assessments are summative, with little open door for input. The instructing learning exercises and the appraisal strategies center more around information than on demeanor and abilities. Accordingly, graduates may have remarkable information, however may do not have the fundamental clinical abilities required practically speaking. Likewise, they may likewise come up short on the delicate abilities identified with correspondence, specialist understanding relationship, morals, and polished methodology.

Competency-based clinical training (CBME) has been recommended and attempted to handle these worries. Competency is characterized as "the capacity to accomplish something effectively and efficiently,"[1] and CBME is a way to deal with guarantee that the alumni build up the abilities required to satisfy the patients' needs in the general public.

### **Introduction:**

Postgraduate clinical instruction preparing in Canada has been in a change from a simply time sensitive model to a more ability based model. The new model spots more prominent accentuation on occupants showing capability in the basic abilities of their future calling, a model known as Competency-Based Medical Education (CBME), than on time spent in the program. In Canada, Family Medicine residency preparing was

the first to progress executing the College of Family Physicians of Canada's Triple C Competency Based Curriculum.1

All the more as of late, the other 66 fortes have started their progress to the Royal College of Physicians and Surgeons' Competence By Design2(CBD) model in an organized style with seven accomplices changing between 2017 to 2023. Center Internal Medicine residency preparing was a piece of the 2019 companion, however the program at the University of Alberta changed to a CBME model ahead of schedule, with a pilot in July 2016 and dispatch in July 2017, two years before most other Canadian projects. In July 2018, we made the last changes to meet the Royal College's CBD necessities of adding achievements to our EPA structures. The motivation behind this paper is to portray our way to deal with drawing in inhabitants about CBME, to show the adequacy of our methodology, and to share assets we created between July 2016 and July 2018 that may help the more than 50 different claims to fame the nation over dispatch in the coming years.

In July of 2016 we adjusted our Mini-CEX structures to utilize entrustment language and mapped them to the draft form of the Entrustable Professional Activities (EPAs) accessible from our strength board. We requested that occupants endeavor one EPA perception for every week, except not many inhabitants had the option to get the mentioned one EPA for every week. There were different reasons advertised.

To address this, we led a necessities evaluation in January 2017 in which we overviewed our inhabitants (56 of 99 reacting), requesting that they rate their consent to proclamations with respect to their comprehension of the reason and procedures of CBME, and their comprehension of EPAs and procedure to procure them. Remark boxes were given to occupants to expand on any boundaries. Our examination morals board endorsed these information assortment methods just as a subsequent study. The outcomes showed a couple of territories that should have been focused on. To begin with, inhabitants didn't completely comprehend what an EPA was and which to get at some random time. Second, occupants felt they and their preceptors were uncertain of their job in CBME, for example who is driving this procedure. At long last, inhabitants didn't see how CBME was being operationalized, explicitly, how singular evaluations would be utilized to close down EPAs and permit occupant progress through stages.

To address these, we adopted three strategies. In the first place, we made a progression of short 5-10-minute online recordings clarifying the reason for CBME including the jobs of different partners, what a competency-based evaluation structure resembles, and ways to deal with arranging which EPAs to get and how to approach preceptors for them.

**Evaluation of Initiatives:**

In fall of 2017, a quarter of a year into another scholarly year, we rehashed our past overview with 68 of 99 occupants reacting. We had accomplishment with improving inhabitants' information on their job in CBME (medium impact size), and their view of their preceptors' comprehension of CBME (medium impact size), yet not their preceptor's comprehension of their job in CBME (non-noteworthy increment). Inhabitants had a superior comprehension of what EPAs were (enormous to huge impact size), and how evaluations were utilized to close down EPAs (medium to huge impact size).

The remarks demonstrated that the biggest obstructions were occupied clinical administrations in which occupants didn't feel they could request that preceptors set aside the effort to round out the EPA structure, and successive circumstances where the inhabitants checked on with a senior occupant/subspecialty individual and not the going to doctor. Another obstruction was that our new appraisal framework (which was adjusted from our clinical school's privately evolved framework for our July 2017 dispatch) didn't have a pursuit work, so occupants needed to know which EPA secured, for instance, Breaking Bad News and frequently chose a couple of EPAs before finding the right one.

**Conclusion:**

The assets we have created have pushed our inhabitants' change to CBME and have started helping other residency programs locally. There is still work to be done as far as improving our appraisal framework to address the issues of occupants with highlights like a hunt capacity, and we need different procedures to assist personnel with understanding their job in CBME.