Medical Oncology – Road to CBD

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Disclosures

- Received honorariums from Eisai, Taiho, Roche, Lilly, Amgen, and Leo for consultant work
- Investigator on trials with Bayer, BMS, Lilly, Roche, Astra-Zenca and Amgen
- Have investments with marijuana stocks

Outline

- Program description
- Journey to implementation
- Pilots
- Learning points
- Moving forward

Program Description

- 2 year program – post 3 years of internal medicine
- 4 residents per year
- 28 faculty members in Vancouver
- Distributed sites: FVCC, Victoria, Kelowna
- Community sites

Journey to Implementation

- 5 years ago – Pilot program for implementation
- Royal College Workshops
- Delayed launch:
  - Lack of knowledge/support for electronic platform
  - Support for implementation?
  - 2 year program – we really need to make sure we were almost 80-90% ready to go

Journey to Implementation

- Everyone was learning what to do…..
  - Milestones, EPA's – how to we create this
  - Royal College was still figuring things out
  - Went back to the drawing board several times
- Advantage for programs starting now – there is a template and a clearer idea of how to do this

Journey to Implementation

- Should do this nationally
  - The EPA's should be really the core things needed to make up your profession
    - Break bad news
    - Order chemo – know the side effects etc
  - Milestone – try not to have too many!!!
  - How many do you need? How many successful ones?
  - Documentation – make it a separate EPA – if it is imbedded within an EPA – then delays the feedback until dictation ready

Journey to Implementation

- RTE – is the bonus
  - Teach residents about clinical trials
  - Exposed to enrollment and follow-up of clinical trial patients
- Allow the system to be flexible to accommodate the differences between programs – otherwise the programs all become the same – and we would lose the diversity
- 360 reviews – should it include patient reviews? – Need to be careful – may give info patient what they want to hear versus what they need to hear

Journey to Implementation

- Change the culture:
  - Current – ITER – Pass/Fail
    - Discordance between ITER and hallway conversation
  - Moving forward – this will change on both resident and faculty
    - Sample observations to give feedback to improve
    - There are times when the resident can't complete the task
    - THAT'S NORMAL!!!
    - In the end – it's better to have a culture to have learners can feel it is OK to not be perfect and to provide meaningful feedback

Courses

- ACGME course – Developing Faculty Competencies in Assessment - April 15-20, 2018 Chicago - $1800
- Workshops, Lectures and a Simulation Lab – Giving feedback to residents
- Would go with one or two motivated members

Curriculum Development

- Next two curriculums – one for staff and for residents:
  - 1) What is CBD
  - 2) Tips for Coaching
  - 3) How to give Feedback
  - 4) Workplace assessments
  - 5) Flipped classrooms

  - Residents:
    - How do I ask my staff person for the assessments

Pilots

- Attempted using EPA's
  - Initially a failure – no resident or staff buy in
    - Introduced work place assessments
  - Currently as the culture is changing – pilots are becoming more successful – seeing more feedback given to residents
    - Still some – drawing the line down the feedback

Things I wish I knew

- It's NOT all about EPA's
  - There's RTE's as well!
  - Curriculum mapping/EPA mapping – where can the EPA's be achieved in the schedule
  - Use the EPA's really as the big pieces – RTE's can be bonuses
  - The workplace assessment should be user friendly – how does it work into clinic
  - Create the EPA's to be manageable – Look at how many milestones – cognitive load
  - Faculty Development
    - Staff already do this – they already tell you who can truly do clinical work
    - If the resident can't do it – then use the milestones
    - Their assessment will not fail them!!! Giving feedback to help improve. Promote a culture it's OK to make mistakes as long as you improve and learn from them
  - Start your competency committees now – we have them for 6 years

Final Thoughts

- What is the goal of this?
  - 1) catch residents who need help earlier
  - 2) provide truly more meaningful feedback to all residents – and have it recorded (no more – read more)
  - 3) guide residents to be more reflective of their practice (Section 3 of MOC)
  - 4) developing of better culture in medicine to providing open and honest feedback so that we all can improve (I find some of the most meaningful feedback about my patient communication comes from residents and medical students)
- I need to figure out a bigger stick for assessments that are not completed from a staff perspective
- Money! – Fortunately we are salaried – but you can ask everyone to such everything up – with CST, increased work load etc…
- Assign each resident a supervisor to review progress – have residents present their portfolio at the CC???