Bethune et al.: Competency Based Medical Education in Early Post-Graduate Training – What Does It Look Like for Diagnostic Specialties Like Pathology?

Our proposal is to pilot the implementation of certain aspects of CBME into the Introductory Pathology rotations, in order to improve the utility of such rotations for the residents, establish reasonable Milestones to be met, and to develop assessment tools for evaluators. In addition, through the implementation of the program, an educational resource tool (E-book) will be created and be available for future residents to use and expand upon. We will also evaluate (from resident and staff perspective) the success of implementing CBME in this small aspect of the curriculum, prior to its formal implementation as mandated by the Royal College.

The specific objectives are as follows:

1. To review the literature on CMBE for diagnostic specialties and informally interview select individuals who may assist in the development of the pilot program.
2. To refine the Goals and Objectives for Introductory pathology rotations to meet the Competency by Design framework (i.e. to establish Milestones to be taught/assessed in Intro to Pathology rotations, including clinic-radiologic-pathologic correlation skills).
3. To pilot the updated rotation for PGY1/2 residents in 2018/19.
4. To develop and implement CBME-based assessment and evaluation tools for this rotation.
5. To create a teaching database (E-book) for future residents.
6. To evaluate the success of the implemented changes by both residents and staff.
7. To present the findings to the stakeholders locally (RPC and faculty) and at an appropriate scientific meeting.

Cameron/MacLeod et al.: Resilience by Design? Transitions to Competency-Based Medical Education at Dalhousie and Implications for Resident Stress and Burnout

This case study will explore implications of CBME transition for the mental health and wellbeing of resident doctors at Dalhousie, and offer practical suggestions for providing institutional support.

The objectives of this research are therefore to:

1. Conduct a critical literature review on implications of transition to CBME for resident doctor wellbeing, specifically stress and burnout;
2. Investigate key stakeholder perspectives on how CBME affects/might affect Dalhousie resident wellbeing; and,
3. Provide a theoretical framework and practical suggestions for supporting resident wellbeing through the transition to CBME at Dalhousie.
Chisholm et al.: Resident Use of an E-portfolio System to Demonstrate Competence in Anesthesia

The development and implementation of Dalhousie Anesthesia’s new curriculum, and specifically the introduction of the self-directed e-portfolio, offers a unique opportunity to understand how resident self-assessment works in the context of CBME.

The goals of this research are two-fold.
- The first is to gain an understanding of the quality and quantity of evidence required to demonstrate competency in a range of EPAs.
- Second, we wish to explore and understand the experiences of residents as they gather evidence of competency and submit that evidence for the competence committee’s consideration.

In addition to examining de-identified materials submitted to the competence committee, we will collect rich qualitative data via interviews with residents who have recently made submissions to the committee, enabling us to capture information on the self-assessment process that underlies this decision.

MacLeod et al. Exploring Language for Communication Competency in Choosing Wisely Canada

Choosing Wisely Canada (CWC) is a movement to encourage conversations between doctors and patients about unnecessary testing/procedures and medications. There are over 250 recommendations for improving the use of healthcare resources. Primary care physicians’ ability to effectively respond to requests for diagnostic and screening tests, while maintaining the therapeutic relationship with their patient, presents a challenge to the success of the Choosing Wisely campaign.

Our goal is to support the existing communication framework provided by Choosing Wisely Canada by supplementing the factual linear structure of 'what to do' with guidelines on 'how to talk' - helpful phrasing to use and key concepts to convey during these conversations. The research project will entail the development of a resource guide for supporting CWC conversations. We will focus on the recommendations that have been identified as a priority for the provincial CWC campaign for Nova Scotia, and are addressed in an existing CWC communication toolkit:

1. Don’t do imaging for lower-back pain unless red flags are present.
2. Don’t use antibiotics for upper respiratory infections that are likely viral in origin, such as influenza-like illness, or self-limiting, such as sinus infections of less than seven days of duration.
3. Don’t use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia, agitation or delirium.