

# *SPECIAL CALL FOR PROPOSALS ON “COMPETENCY BASED MEDICAL EDUCATION”*

**Dalhousie Medical Education “Living Laboratory” Fund:**

**Deadline – 14 November 2017**

## **1. INTRODUCTION**

The Dalhousie Medical Education Living Lab Scholarship Fund was established to build capacity and accelerate partnerships focused on addressing priority medical education needs and research questions.

The goal of this fund is to:

- foster scholarship and evaluation aligned with a priority research theme
- foster the development of evidence-informed educational resources for use in Dalhousie programs
- strengthen collaborative research teams positioned for additional funding opportunities (e.g. larger grant proposals)

## **2. PROGRAM SUMMARY**

Dalhousie Faculty of Medicine can benefit from continued innovation and improvement. The Medical School is a “living laboratory” providing a wealth of unique opportunities for education scholarship in a real-world education context.

The Dalhousie Medical Education “Living Laboratory” Fund will promote and support scholarship, educational resource development and evaluation that relate directly to an important question emerging from Dalhousie Medical School across the UGME-PGME-CPD education continuum.

Units/researchers/educators are encouraged to collaborate and build multidisciplinary teams (experienced investigators as well as educators new to the field of medical education research.)

The fund is overseen by the CPDME or PGME (as appropriate) unit in collaboration with at least one other unit across the continuum and administered through the CPDME unit.

## **3. RESEARCH, EDUCATIONAL RESOURCE DEVELOPMENT AND EVALUATION PRIORITY FOR 2018/19**

The focus topic for this round of Living Lab funding is *Competency-Based Medical Education*

## **4. AWARDS FOR 2018/19**

*Scholarship Grants (Research/Educational Resource Development/Evaluation Study)*

Multiple grants up to \$5,000 (completion required by the earlier of: 18 months of date of award decision or one-year after REB approval)

Required Reporting will include:

- A progress update at 6, 12, and 18-months;
- Delivery of a presentation 18-months post award at the CPDME education research symposium for all recipients or their appointees; and,
- 18 months after funds have been awarded (i.e. 18-months from the date of the letter confirming the award), all residual (unused) funds will be returned to CPDME and re-allocated for the next round of funding.

## 5. DEADLINES

1. Call for proposals: October 10, 2017
2. Living Lab grant writing workshop/info session: October 30, 2017 (optional)
3. Proposal submission: November 14, 2017, 1600 Atlantic
4. Funding announcements: December 1, 2017
5. Competency Based Medical Education Living Lab presentations: June 2019.

## 6. OVERARCHING CRITERIA FOR APPLICATIONS

Proposed projects will:

- directly address Competency Based Medical Education at Dalhousie, though may relate to any level of training across the UGME-PGME-CPD continuum;
- apply specifically to education scholarship (only scholarly activities where the primary purpose is education are eligible – this may include education research, educational resource development, and/or evaluation);
- require a Dalhousie Faculty of Medicine Faculty or Education Research Staff member as the Principal Investigator<sup>1</sup>;
- not include money for salaries or income for any co-investigator(s) other than Dalhousie medical students (Note that all Research in Medicine (RIM) funding for the student must be spent prior to students being paid through this grant. Failure to apply does not allow payment through this grant).

## 7. APPLICATION PROCESS AND BUDGET GUIDELINES

Submit proposals electronically, by email to: [deirdre.harvey@dal.ca](mailto:deirdre.harvey@dal.ca)

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<sup>1</sup> Residents and graduate students may apply as co-principal investigator with a faculty member. In this case, the resident or graduate student could be named a co-principal investigator and may take the lead on conducting the research; however, the faculty member would be named principal investigator and would be responsible for monitoring the funding and the research account would be established in her/his name.

Applications may be **a maximum of 6 pages** (12-point font, single-spacing and standard page margins: 2.54 cm top & bottom, 3.17 cm right & left; references may be provided in 10-point font) and will include the following sections:

1. **Identification:** study title; name, affiliation and contact information for principal investigator(s); name(s) and affiliation(s) of co-investigator(s); Applications should include a minimum of 2 investigators, preferably 3 or more with differing expertise/perspectives.
2. **Team members:** Brief description of team member roles and qualifications.
3. **Brief description:** Specific research/resource development needs, evaluation questions and/or objectives being addressed, and brief description of project.
4. **Rationale:** How this project will advance the implementation, evaluation, understanding or mandate of Competency Based Medical Education.
5. **Literature review:** What is known about this topic? Provide a brief review of relevant research literature that situates the question or tool being explored or developed in the project within exigent scholarly work. Where possible, indicate relevant concepts or principles guiding the proposed study.
6. **Methods:** Description of research/resource development plan, evaluation design, study population, recruitment procedures, data collection tools/approaches, data analysis, and other information as needed to clearly describe the project. Methods proposed may be quantitative, qualitative or mixed. Where educational resources are being developed, the evidential basis for their need, development and an evaluation plan for their effectiveness are key components of the methods.
7. **Knowledge translation plan:** target audience that includes key stakeholders, dissemination tactics, and translation to other areas of application and segments of the continuum of medical education.
8. **Project schedule:** Please indicate whether Ethics approval will be required and include this in the schedule.
9. **Budget:** See Budget Guidelines below.
10. **References.**

\*\*Not included in page count: Two-page CV for principal investigator.

### Budget Guidelines

Include an estimate of expenses in table format (see sample below).

Sample budget table

Item	Description	Estimated Hours	Estimated Cost	Total
Research Assistant**	Develop and pilot test questionnaire	40 hours	\$20/hour	\$800
Data entry assistant	Enter quantitative data	10 hours	\$15/hour	\$150
Statistician consultant (Research methods unit)	Advice regarding analysis	3 hours	\$75/hour	\$225
<b>Total budget</b>				<b>\$1175</b>

\*\*Important guidelines re Research Assistant Support

- The Offices of UGME, PGME and CPDME each have full-time Evaluation Specialists to support their evaluation and research mission. The respective Evaluation Specialists' time will not be remunerated in these proposals and it should not be assumed that this individual will automatically be available to help with specific project implementation.
- A letter of support from the Associate Dean in UGME, PGME or CPDME is required to ensure the required support is available from the relevant Evaluation Specialist. It is expected that the Associate Dean will consider such things as: already existing projects, strategic importance of the project to the mandate of the unit, feasibility of completion within the required time frame and investigator track record in making a decision on support. Where support from the relevant Evaluation Specialist is not available, external research support (e.g., a Research Assistant) will be considered. In these cases, the Evaluation Specialist may be available to assist with design and analysis questions (at their discretion).
- Regardless of whether your research support is provided internally through your respective Associate Dean (and hence does not require reimbursement) or externally, include the salary amount and description in your grant.

Note: **Funding is not provided** for investigators' salaries, major equipment purchases or rentals, or indirect costs like training. Travel for dissemination of findings is not included.

## 8. REVIEW COMMITTEE

The Peer Review Committee will be comprised of 4 members plus a chair and represent UGME, PGME, CPDME, and DMNB. The chair will be the Head of CPDME.

The Peer Review Committee will make final decisions regarding successful candidates based upon overall evaluations of the degree to which the criteria are met. There will not be an appeal process. All applicants will receive formative feedback on their grants and rationale for the decision.

In making decisions, the Committee will rate the proposals using the Review Criteria below Section 9, and consider the overall criteria for applications provided in Sections 6, 7.

The review committee will also:

- look for similarities across submissions in an effort to encourage partnerships and collaboration among potential studies; and,
- link researchers with potential provincial or federal resources in their field.

Funding **will not be disbursed** until receipt of research ethics approval, if required. No extensions will be granted due to REB delays.

## 9. REVIEW CRITERIA

Reviewers will assess the clarity and appropriateness of the proposal overall, and with particular attention to the methods section and the rationale/potential significance of the study.

### 1. **Challenge – The aim and importance of the endeavour (40%):**

- originality, significance and expected contribution to knowledge or functional resources around CBME

- expected contribution to the Dalhousie medical curricula
- the degree to which the highlighted literature helps situate the scholarly work being pursued
- appropriateness and clarity of the methods/approach

2. **Feasibility – The plan to achieve excellence (40%):**

- probability of effective and timely attainment of the project objectives
- appropriateness of the requested budget and justification of proposed costs
- quality of knowledge mobilization plans, both internal and external to Dalhousie Faculty of Medicine including effective knowledge dissemination
- strategies and timelines for the design and conduct of the activity/activities proposed

3. **Capability – Collaboration and the expertise to succeed (20%):**

- experience and expertise of the research team
- ability of the research team to complete the research as described
- potential to make future contributions

## 10. MORE INFORMATION

Regarding call for proposals [constance.leblanc@dal.ca](mailto:constance.leblanc@dal.ca) (902) 494-1236 or [anna.macleod@dal.ca](mailto:anna.macleod@dal.ca) (902) 494-7861

Submissions are to be sent electronically to: [deirdre.harvey@dal.ca](mailto:deirdre.harvey@dal.ca) (902) 494-2234. Paper submissions will not be accepted.

Please plan to attend:

**LIVING LAB GRANT WRITING WORKSHOP AND INFORMATION SESSION**

October 30, 2017

4:00-5:00pm

Location:

Halifax G-36  
Saint John DMNB 221  
Fredericton DECH 208

Facilitated by: Dr. Anna MacLeod

## **APPENDIX 1: PRIORITIES AND QUESTIONS IN COMPETENCY BASED MEDICAL EDUCATION FOR 2017-18: UGME, PGME, AND CPDME**

List of potential topics:

- a) How can we best revise/adapt our teaching and assessment in residency programs to become competency based?
- b) What are the best faculty development activities to prepare faculty for the transition to competency-based postgraduate education and assessment?
- c) What resources can programs use to engage faculty and residents in CBME?
- d) What are the primary challenges for residents entering CBME programs?
- e) What are the challenges and benefits for residents in traditional education cohorts when CBME is implemented?
- f) How can simulation be used to enhance competency-based teaching and assessment in PGME programs?
- g) What does competency-based medical education look like for the non-medical expert / intrinsic roles?
- h) What will be the remediation needs on a competency-based system?
- i) What strategies at the UGME level best prepare learners for a competency-based approach?
- j) How can-based education be incorporated (/ introduced) in the UGME curriculum?
- k) What would competency-based CPD look like?
- l) What attitudes do faculty and residents hold about competency-based education?
- m) To what extent are do faculty understand of our move to competency-based residency?