

Residency Education 101: A brief primer

New Faculty Orientation - Department of Psychiatry

October 29, 2021

Adrienne Tan, MD, FRCPC, FACLP

Director, General Psychiatry Residency Program



Psychiatry
UNIVERSITY OF TORONTO



Welcome



Disclosures

None related to this presentation

Addendum: questions and answers



Learning Objectives

By the end of this presentation, participants will be able to:

1. Define the goals of residency training.
2. Identify the core structures and people who support residents.
3. Reflect on their goals and aspirations in postgraduate education.



Agenda

Topic	Details
Residency Training: The Big Picture	Background information
Anatomy of Residency Program	Structures and People
CBD 101	EPAs, coaching, competence committees and more!
Medical Education Competencies	Core competencies and roles
Residency Program Opportunities	Many opportunities to teach and lead
Q&A	Lifelong learning...





Residency Training

The Big Picture

Residency Training: The Big Picture

Postgraduate Education = residency, fellowship, AFCs (Areas of Focused Competence - Addiction, C-L Psychiatry, Sleep Disorders Medicine)

What is the purpose of residency training?

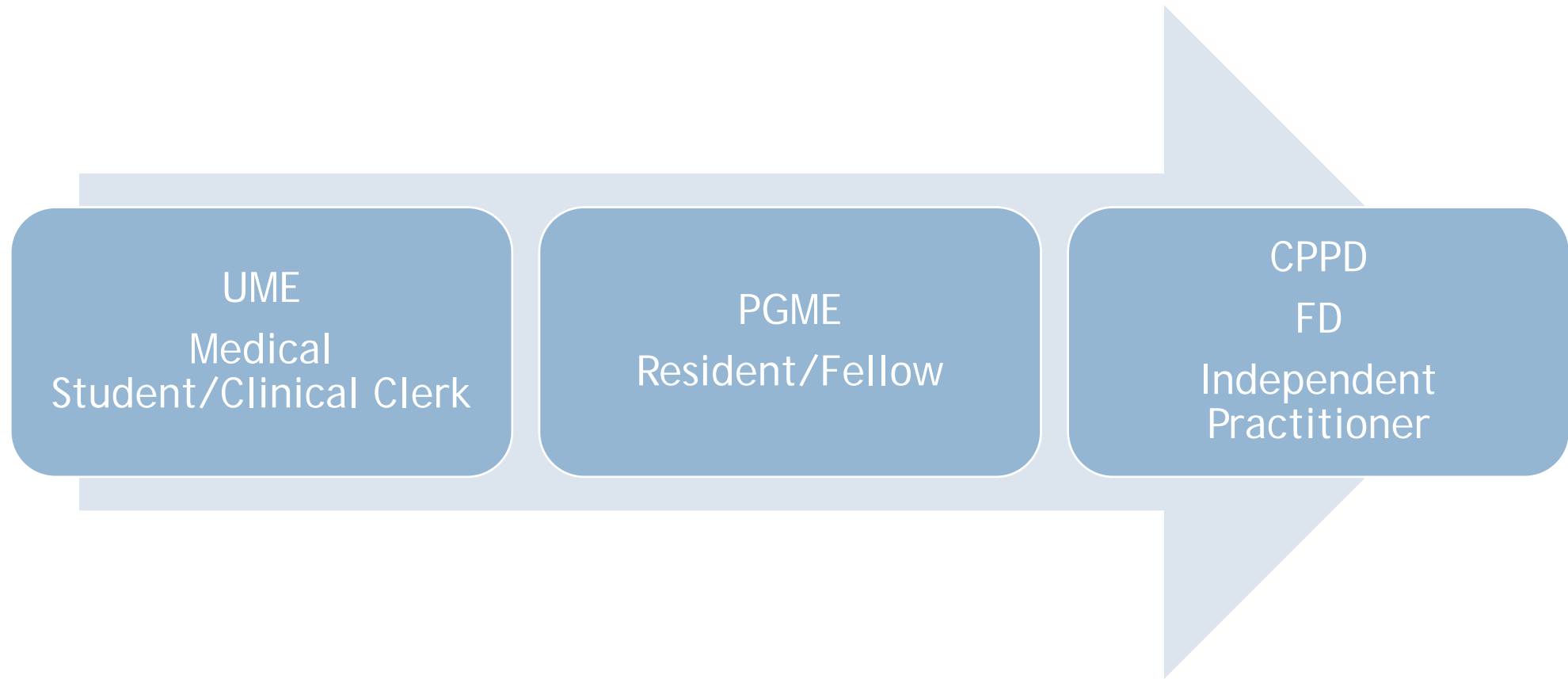
- To prepare residents for unsupervised practice aligned with societal needs.

What is a resident?

- A physician who has completed undergraduate medical training and has 3 inter-related roles (to prepare them for unsupervised practice):
 - Learner - UofT PGME (Temerty FoM) registered in RC program
 - Service provider - Hospital sites as per MOHLTC → PARO-CAHO collective agreement
 - Member of regulated health profession - CPSO, education certificate/license



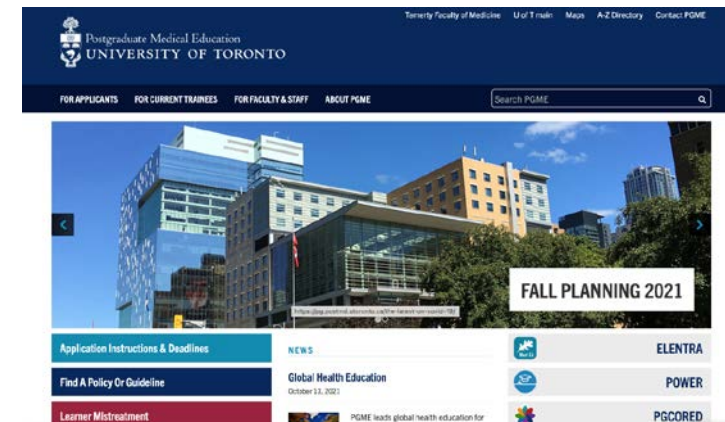
Residency Training: The Big Picture



Residency Training: The Big Picture

In order to supervise residents, all faculty teachers/supervisors need to have working knowledge of the following:

- PARO-CAHO collective agreement <https://myparo.ca/your-contract/>
- CPSO Professional Responsibilities in Medical Education <https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Professional-Responsibilities-in-Medical-Education>
- UofT PGME policies and offices related to supervision of trainees → consult PG Site Director and Program Director as needed
 - Policies
 - Offices - Learner Experience Office, PG Wellness Office<https://pgme.utoronto.ca/>



Residency Training: The Big Picture

<https://www.psychiatry.utoronto.ca/> > Education > Postgraduate Education

MD PROGRAM >	<h2>Postgraduate Education</h2> <hr/> <p>As the largest psychiatry training program in North America, our Postgraduate Medical Education program continues to explore and push the boundaries of knowledge that will be useful to future clinicians and their patients.</p> <hr/>
POSTGRADUATE EDUCATION v	
Awards and Recognition	
Current Residents >	
Prospective Residents	
Meet the Team	
Resident Wellness	
Resident Leadership	
Clinician Scholar Program ↗ >	
Clinician Scientist Program	

CURRENT RESIDENTS

Current residents are invited to review the resources here.

Learn More >

RESIDENT WELLNESS

The Department of Psychiatry is committed to a culture of wellbeing.

Learn More >

NEWS & EVENTS

Stay up to date on Department news and events!

Learn More >





Anatomy of Residency Program

Structures & People

Anatomy: Structures

University

- Temerty FoM
 - Vice Dean Medical Education
 - Associate Dean PGME
- Departmental
 - Chair
 - VC Education
 - Program Director (report to Chair through VC Education & Associate Dean, PGME) → Residents
 - Faculty Teachers (university)

Hospital

- Hospital Leadership (CEO, CMO etc.)
- PIC
- PG Site Director
- Staff Psychiatrist (hospital)

Affiliation Agreement
University x Hospital



Anatomy: Structures



Advancing learning for specialist physicians to deliver the best health care for all.

- Psychiatry Training Experiences
- Competencies
- Standards for Accreditation (CanERA <https://www.canrac.ca/canrac/about-e>)

Royal College Website

<https://www.royalcollege.ca/rcsite/ibd-search-e?N=10000033+10000034+4294967084&label=Psychiatry>



Anatomy: People

Faculty Member	Role
Adrienne Tan	PD / Director, General Psychiatry Residency Program
Deanna Chaukos	Associate PD (wellness, assessment)
Petal Abdool	Assistant PD, IMG
Inbal Gafni	Assistant PD, Curriculum & Assessment (PCS, curriculum)
Samantha Wallenius	Assistant PD, Indigenous Stream
Team Member	Role
Robert Gardin	Program Officer
Tammy Mok	Data Analytics & STACERs
Michael Hernandez	Program Administrator





CBD 101

CBD is a hybrid CBME model designed to work within the Canadian context, and combines a time-based and an outcomes-based approach to learning...using CanMEDS 2015 as an organizing framework of competencies.

CBD 101

<https://www.royalcollege.ca/rcsite/cbd/what-is-cbd-e>

CBD can be explained as:



Stages of Training

The Royal College Specialty Committees organize each specialty program into four distinct stages of training.



Clear learning objectives

Within each stage of training, residents are provided with a list of learning objectives called Entrustable Professional Activities (EPAs) and milestones, based on the CanMEDS 2015 framework.



Residents observed

The resident must be observed completing each EPA. This allows for coaching and feedback opportunities to guide learning.



Observations documented

Observers record EPA observations and feedback on resident performance in an electronic portfolio. The resident can review the information to drive performance improvements.



Committee Review

At regular intervals during each stage of training, a competence committee reviews the documented observations along with other assessment data in the electronic portfolio and provides the recommendation to the Residency Training Committee on the resident's progression to the next stage of training. Any gaps in learning are identified and addressed prior to progressing to the next stage.



Progress to next stage

The residence will progress to the next stage to tackle a new set of competencies or EPAs. Resident progress is assessed at all four stages of training, before being permitted to progress to the next stage. The Royal College exam becomes only one of many assessment points. Under CBD, specialty committees have the flexibility to move the Royal College exam to the end of stage three, to allow residents to focus on the transition to practice stage.



CBD 101

A resident's journey to certification

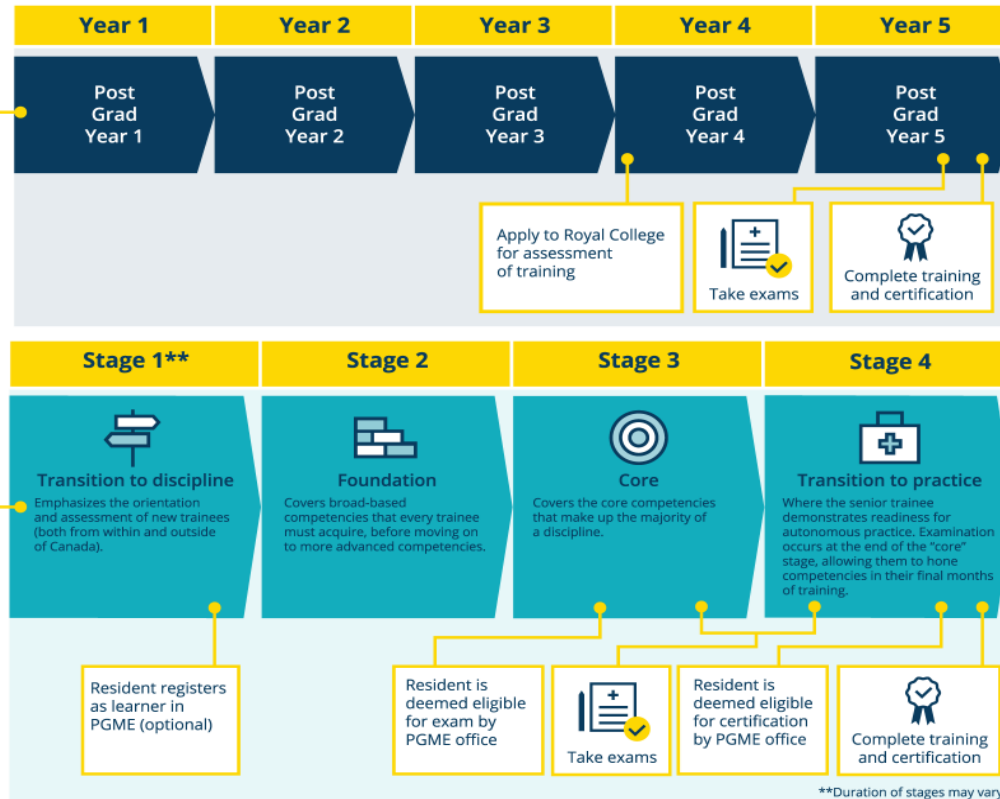
Example of a five-year primary speciality

Competence by Design

Pre-CBD journey
Time-based, with the resident progressing through rotations. Before entering their final year, resident applies to Royal College for assessment of training and exam eligibility. They must complete full training and pass exam before being eligible for certification.



CBD journey
Resident moves through four stages of training, each of which include discipline-specific EPAs and CanMEDS milestones. Through workplace-based assessment, they demonstrate competencies that are documented by front-line faculty. Their program deems them exam-ready, and they are eligible for certification once they have passed their exam and completed their full training.



**Duration of stages may vary

Enter professional practice

Enter professional practice

<https://newsroom.royalcollege.ca/how-a-residents-journey-to-certification-changes-under-competence-by-design/>



CBD 101 “on the ground”

- Direct observation & Feedback → EPAs (Entrustable Professional Activities)
 - a unit of professional practice that can be fully entrusted to a trainee, as soon as he or she has demonstrated the necessary competence to execute this activity unsupervised
 - offer the advantage of being directly observable and measurable, integrating knowledge, skills, and attitudes into authentic professional tasks
- Coaching and Competence Committee (Psychiatry Competence Subcommittee)
 - Programmatic Assessment (multiple data points, multiple low-stakes assessments, “wisdom of the crowd”)
- RC Exam moving to PGY4 in 2023-24 academic year (current PGY2s)
 - RC exam as “another data point” vs. arbiter of readiness for practice
- Greater attention to transitions - TTD and TTP stages of training



CBD 101 “on the ground”

What's time got to do with it? Does time matter in CBD/CBME? And what happens if a resident wants to take a significant amount of time off of rotation for various activities?

- CBME - time as a resource (for direct observation, feedback, clinical care etc.) vs. arbiter of competence
- Patient care responsibilities and clinical service -consistency & reliability
- Key question - Has the resident met the *goals and objectives* of the rotation?
- **Competence Committee** decides on progress and progression in residency training

Remember time away due to *core teaching* is considered part of a clinical rotation



CBD 101: Coaching and Rx OCR

Rx OCR - Coaching Model

- <https://www.royalcollege.ca/mssites/rxocr/en/content/index.html#/>





Medical Education: Competencies

Here is a secret hidden in plain sight: *good teaching cannot be reduced to technique; good teaching comes from the identity and integrity of the teacher.*

-Parker Palmer

Medical Education Competencies

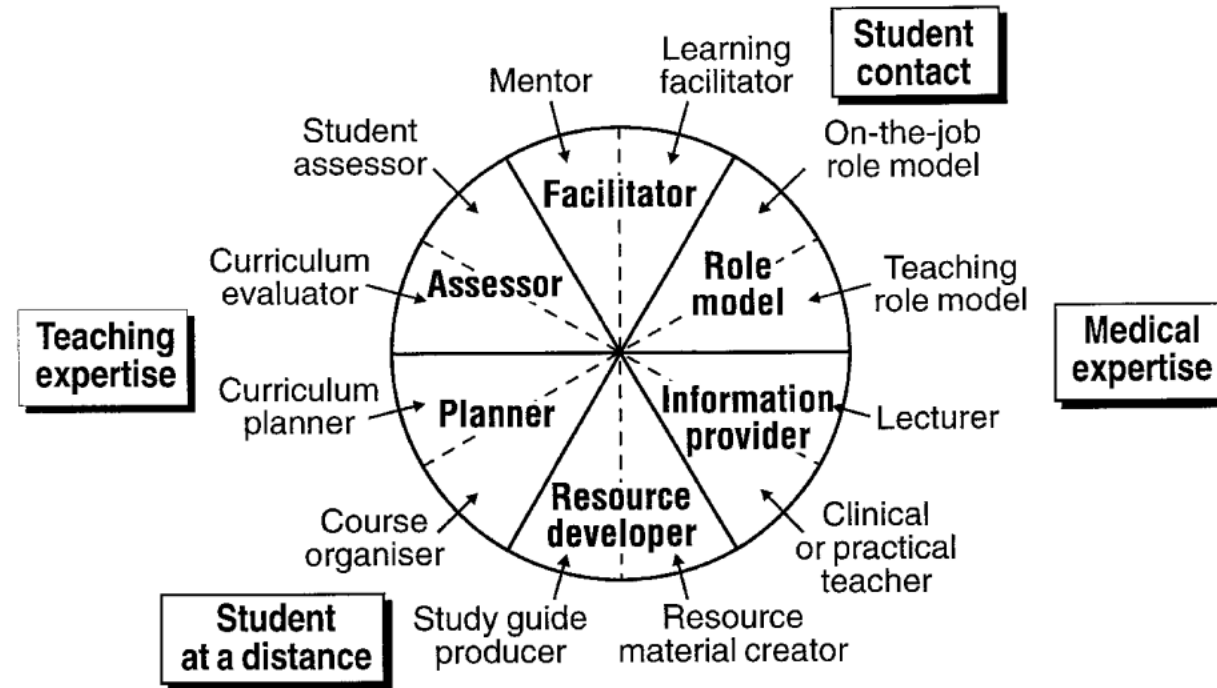
Five core competencies

- Facilitate learning
- Curriculum design and instruction
- Assessing learning
- Scholarship of teaching and learning
- Education leadership and administration

Constance R. Tucker (2017): If medical education was a discipline, she would have five core competencies, *Medical Teacher*, DOI: [10.1080/0142159X.2016.1270435](https://doi.org/10.1080/0142159X.2016.1270435)



Twelve Roles of the Teacher



Crosby, R. M. H. (2000). AMEE Guide No 20: The good teacher is more than a lecturer - the twelve roles of the teacher. *Medical Teacher*, 22(4), 334-347.

<https://doi.org/10.1080/014215900409429>



Residency Program Opportunities

- CaRMS/PGY1 Admissions
 - File review, Interview
- Clinical teaching (rotation-based) & Assessment (informal remediation, STACERs)
- Subcommittees and Working Groups
 - Assessment, Curriculum, Program Evaluation - many others
- Core Teaching - many opportunities from PGY1-5
 - Contact Assistant PD, Curriculum & Assessment
- CBD
 - Coaches/PCS
- Leadership opportunities → ongoing Faculty Development
 - Rotation coordinators/leads
 - Curriculum leads (e.g. QI, MBC, EBM, Equity and Social Justice)
 - PG Site Director



Key Points

Learning Objectives

1. Define the goals of residency training.
2. Identify the core structures and people who support residents.
3. Reflect on their goals and aspirations in postgraduate education.

Summary

- Prepare residents for unsupervised practice
- Hospital x University, key ppl in PG Education
- New structures in CBD / CBD 101
- Multiple roles of teacher, many opportunities to contribute



Q & A



General questions about residency program? Postgradoffice.psych@utoronto.ca

adrienne.tan@utoronto.ca or adrienne.tan@uhn.ca

