



CBD Implementation Planner

for program directors and residency programs

As a program director (PD), you will play a central role in your program's transition to Competence by Design (CBD): you will be the educational architect, team lead and change manager. Leading change on this scale requires you to build awareness, support, readiness and commitment in your local environment. As a result implementation may take longer and be more difficult than you might first anticipate. You are not alone though: there are people at your institution and across the country who can help to make your implementation of CBD as smooth as possible.

A small group of clinician educators, program directors and competency-based medical education (CBME) leads created this planner for PDs on the basis of what we characterize as "fairly typical" patterns and strategies that enable implementation. Depending on your discipline, systems and institution and the needs, priorities, resources and size of your program, implementation tasks may happen earlier or later than indicated, and they may take longer than anticipated. Don't worry if you have additional or fewer tasks on your own list. To be safe, connect with your local systems and resources early on to ensure that you are implementing CBD according to the policies of your institution and within a timeline that facilitates success. If you need help connecting with your local CBD implementation resources, contact your postgraduate (PG) dean or local CBME lead.



You will find that this CBD implementation planner is organized by blocks of time that work-back from "the big day" i.e. a July 1st CBD launch. The idea is that you can plan and judge your progress based on how far you are from your planned launch. Remember though, there will be variability in timelines and activities, which is entirely acceptable and expected. Notice too that we have organized the typical activities into 3 big buckets to help you more easily think about and organize your work: (1) team and resources, (2) structure and (3) capacity building.

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Prepare



Prepare for CBD redesign, including program alignment

(includes workshop 1)

Team and resources

- **Learn more about CBD** by reading the rationale and background materials. You will need to know this because of your role the lead and key resource for your program.
- **Build a team** within your program. Recruit supportive faculty and residents to share the work and build momentum.
- **Connect with your PG office and your local CBME lead** to identify local supports and directions:
 - Connect with other disciplines about lessons learned.
 - Obtain the policies, procedures and practices for CBD implementation from your PGME office (e.g., assessment platform, learner handover, competence committee, academic advisors).
 - Discuss how to share the load (e.g., CBME committee, associate PD, resident leads, administrative and educational support).
- **Inventory resources** that you can use to guide your plans (e.g., CBD Resource Directory, Meantime Guide).

Structure

- **Ask yourself if any rotation and service changes may be required** for CBD implementation (e.g., adding a boot camp, creating additional training experiences and/or rotations; moving experiences/ rotations earlier or later to ensure entrustable professional activities (EPAs) are completed at the appropriate stage).
- **Work with your CBME lead and/or PG dean** to explore impact and plan for implementation. Moving, adding or deleting experiences may have service implications.
- **Form a competence committee** to take on progress decisions. You may be able to realign your RPC or assessment committee into a competence committee.
- **Plan for structured competence committee discussions** and decision-making about residents' progress including enhanced use of reporting tools and other documentation.

Capacity building

- **Consider conducting a needs assessment** in your program. These data could also be used as a baseline for future evaluation activities.
- **Work on your program's feedback culture and coaching skills** (e.g., identify keen, skilled faculty and resident leads; select feedback model(s); create opportunities to observe, coach and document residents in the current structure; refresh PD/resident meetings).
- **Field test a small selection of work-based EPAs**, even if only available in draft form. **Plan when and where you can share CBD changes** with your local stakeholders (faculty, residents, RPC, department/division head, affected clinical services and other residency programs)
- **Provide brief updates and CBD faculty development** at existing meetings/events with faculty and residents. Create 3, 5, 15-minute scripts of key messages and then be strategic about when to use the shorter vs longer versions.