

## **ABSTRACT: 2017 ELAM Institutional Action Project Symposium**

**Project Title:** Managing Change: Understanding faculty engagement for competency-based medical education

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### **Background, Significance of project:**

Competency-based medical education (CBME) has been described as a “transformational change initiative”. Over the next 7 years, all residency programs at Western University will transition to CBME. This will have major human resources implications for faculty because of the need for more direct observation of resident performance and more frequent resident assessment. Although engaged faculty will be critical to the success of CBME, the opinions of frontline clinicians have been underrepresented in the dialogue about its implementation. Education and administrative leaders must identify and recognize barriers that may derail the success of CBME, as well as potential faculty motivators, when planning implementation strategies.

**Purpose/Objectives:** To enhance strategic planning around human resources and faculty development, this study seeks to identify the potential barriers and facilitators of the transition to CBME *prior* to its implementation within the Department of Medicine at Western University.

### **Methods/Approach:**

This project uses a mixed methods approach. During the first phase, a 38-question faculty engagement survey on CBME was developed based on anticipated faculty roles in CBME, experiences with CBME post-implementation at other centers, and known barriers to faculty uptake of curricular change. The online survey was distributed to members of the Department of Medicine. In the second phase of the project, a detailed analysis of faculty CBME requirements for one Division (General Internal Medicine) was undertaken to create a portfolio of roles with explicit time allocations attached to each required activity. The information from this analysis will be combined with the engagement survey results to launch focus group discussions with frontline faculty members about their participation in CBME deliverables.

### **Outcomes and Evaluation Strategy:**

Preliminary survey data analysis shows that faculty members are uncertain of the benefits of CBME and the majority of them feel unprepared for their new roles. They expressed doubts about their ability to integrate more observation and assessment of residents into their workdays and worried about a reduction in their efficiency in clinics. Potential motivators of faculty participation included acknowledgement of CBME activities at time of promotion and stipends for assessment activities, and the development of a cadre of experts to perform direct observation and assessment activities in place of clinical supervisors. The analysis of the CBME requirements for the Division of GIM estimated that the 17 “Entrustable Professional Activities” for this residency program would require approximately 250 hours of additional resident observation and assessment time, as well as 50 hours of administrative time annually. Survey results, coupled with the blueprint for added CBME assessment time, are guiding focus group discussions to help overcome the barriers and to leverage the motivators of change identified in this project. Next steps include using this data to enhance strategic planning around human resources and faculty development in the Department of Medicine.

## BACKGROUND

- Competency-based medical education has been described as a “transformational change initiative” in medical education.
- Over the next 7 years, all residency programs at Western University will transition to CBME; this will have major human resources implications for faculty
- Although engaged faculty will be critical to the success of CBME, the opinions of frontline clinicians have been underrepresented in the dialogue about its implementation
- Leaders must identify and recognize barriers as well as potential faculty motivators when planning for this change

## OBJECTIVES

The project goals are as follows:

- To identify the current state of faculty engagement for CBME in the Department of Medicine
- To identify potential barriers and facilitators of the transition to CBME
- To develop a detailed human resources analysis for one division within the DoM (General Internal Medicine)

## METHODS

This is a mixed methods study using both quantitative and qualitative methods.

### Phase 1:

- Development of a CBME faculty engagement questionnaire
- Distribution of online survey to faculty members of the DoM

### Phase 2:

- Detailed review of documents related to CBME for one division within the DoM and develop a human resources plan for CBME

### Phase 3:

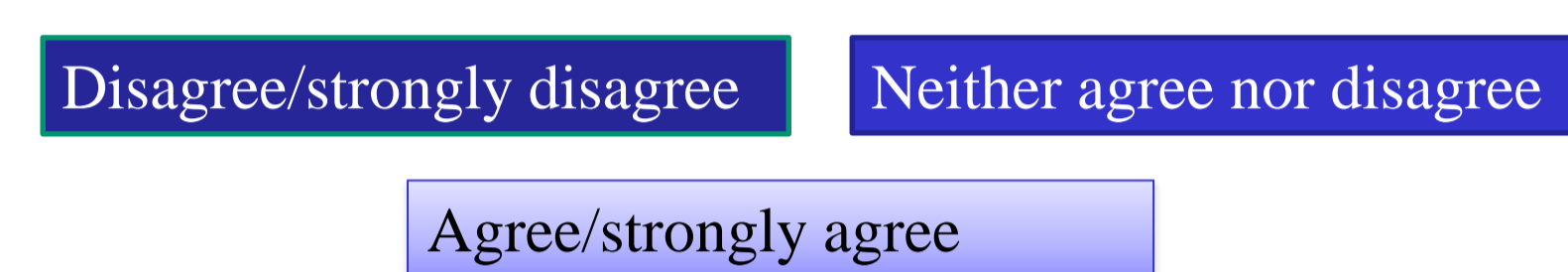
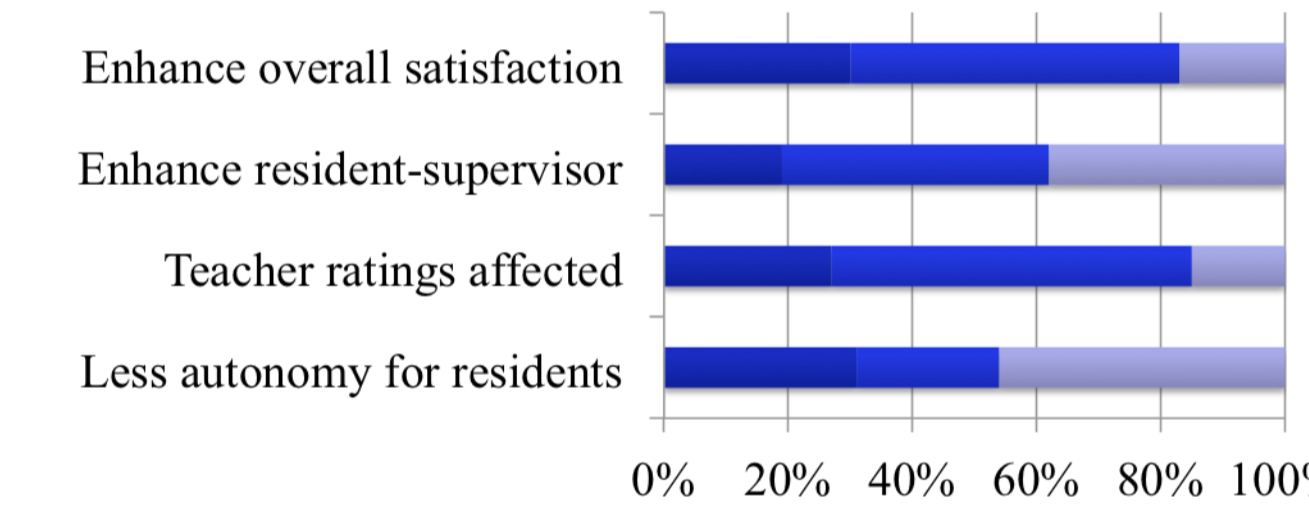
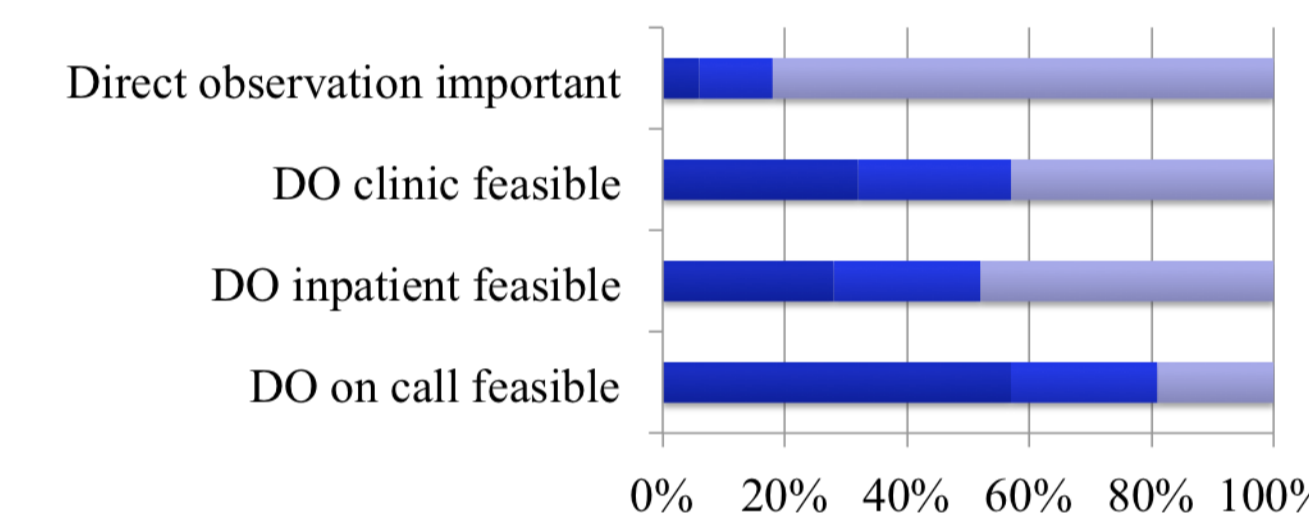
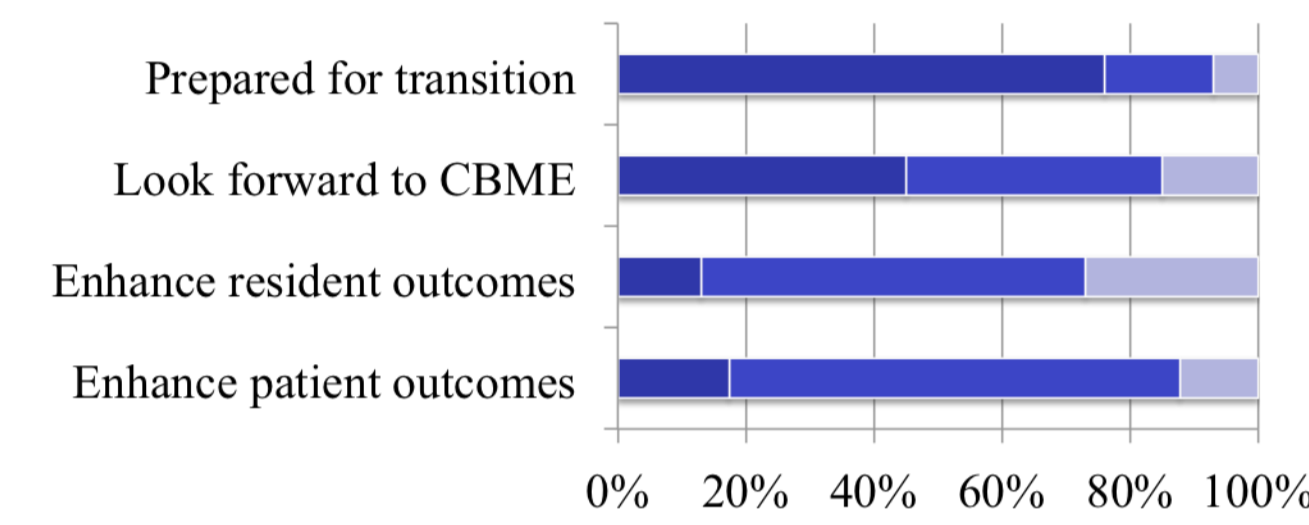
- Review of results of Phase 1 and Phase 2 with key stakeholders to develop strategies to enhance success of transition to CBME
- Focus group discussions with members of the division of GIM to develop a detailed human resources plan for CBME

## OUTCOMES

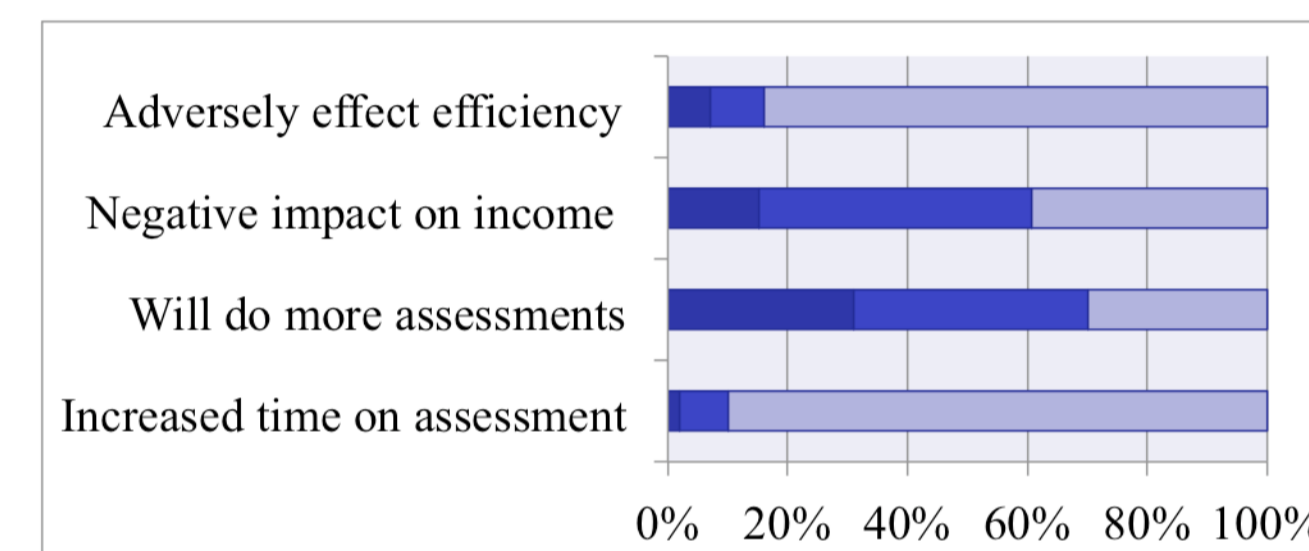
### PHASE 1: FACULTY ENGAGEMENT QUESTIONNAIRE (N = 96/150)

38 questions, online distribution

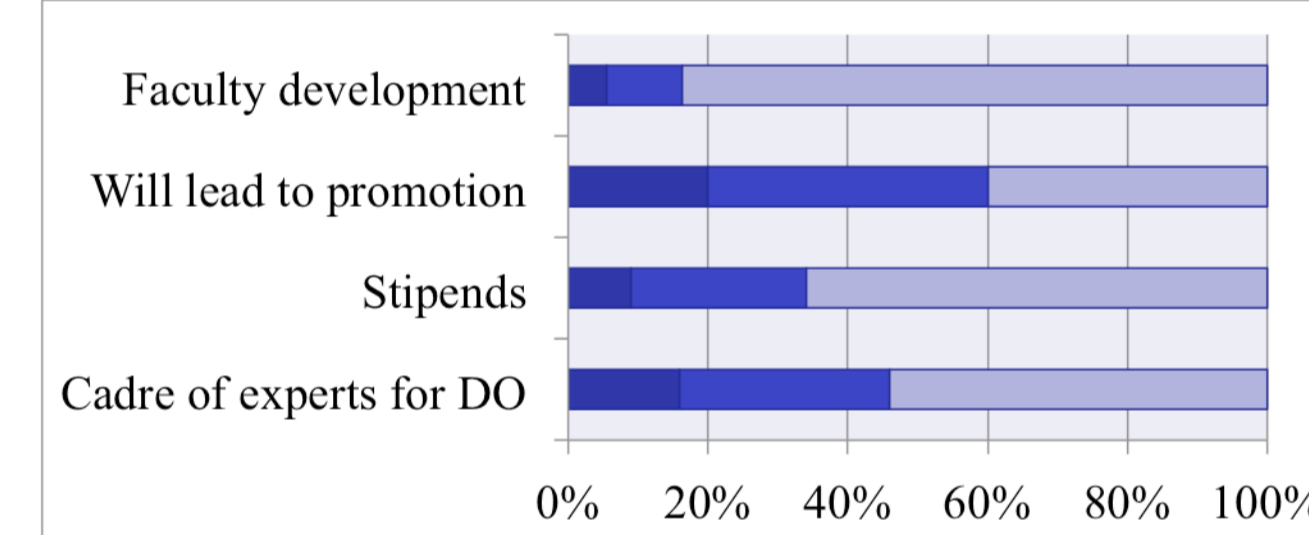
Clinician Teachers 50% Clinician Researchers 25%



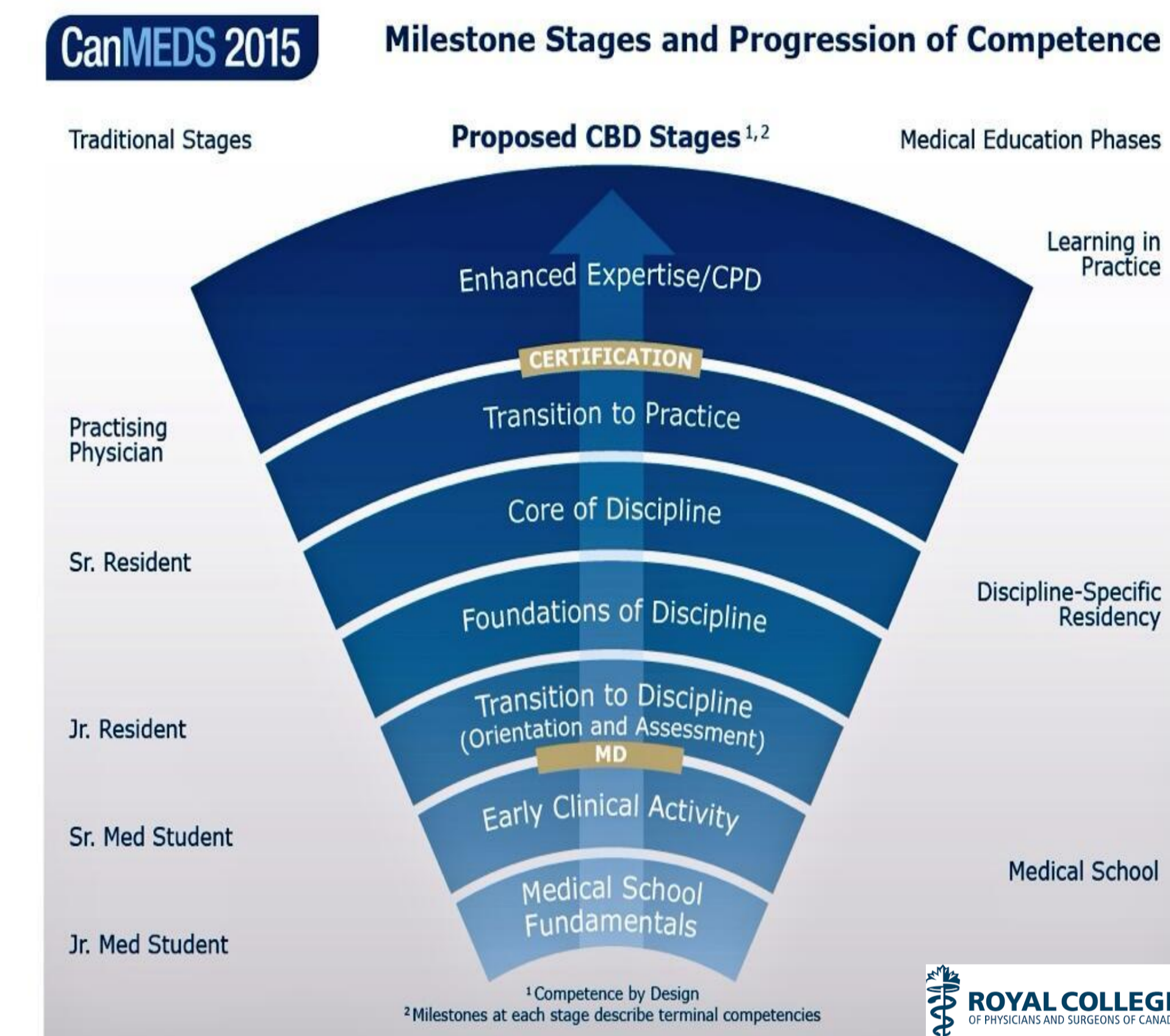
### Potential Barriers to CBME



### Potential Facilitators of CBME



### PHASE 2: DIVISION OF GIM: CBME HUMAN RESOURCES BLUEPRINT



### GIM Subspecialty Residency Program: CBME Blueprint

### Entrustable Professional Activities (n=23) and Milestones (n= 405)

### Faculty assessments per year (5 residents in each cohort)

- 70 Direct Observations
- 20 Workday Direct Observations
- 400 Indirect Observations
- 150 Chart Audits
- 15 Projects

### Assumptions, Human Resources Planning

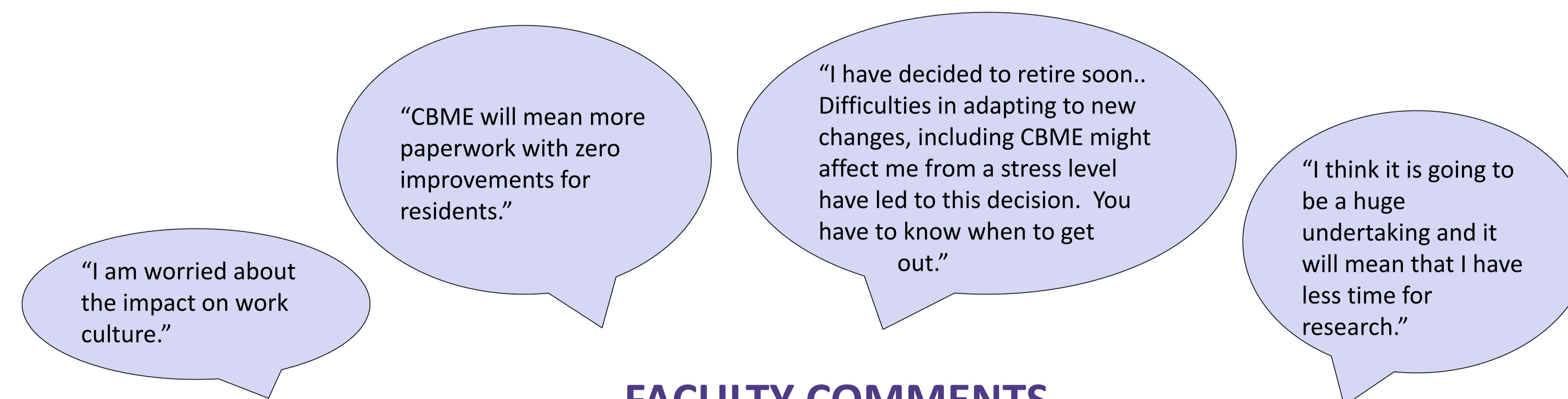
Direct Observations plus Assessment completion and review with resident:	1 hr
Workday Direct Observation with Assessment Completion and Review with Resident:	0.5 hr
Indirect Observation with Assessment Completion and Review with Resident:	0.25 hr
Chart Audit with Form Completion	0.25 hr
Scholarly Project	10 hr
Quality Project	5 hr
Personal Learning Plan	3 hr

### New Faculty Human Resources Requirements (per year)

Direct Observations plus Assessment completion and review with resident:	70 hr
Workday Direct Observation with Assessment Completion and Review with Resident:	10 hr
Indirect Observation with Assessment Completion and Review with Resident:	100 hr
Chart Audit with Form Completion	37.5 hr
Scholarly Project	50 hr
Quality Project	25 hr
Personal Learning Plan	15 hr

### ADDITIONAL FACULTY HOURS PER YEAR

307.5 hr



## FACULTY COMMENTS

## DISCUSSION

### Faculty engagement questionnaire

- Faculty do not feel prepared for the transition to CBME
- Barriers include uncertainty around benefits of CBME, perceptions of possible loss of income, inefficiency and added time for assessment
- Facilitators of change may be development of specific rewards – stipends, academic merit – and through faculty development around CBME
- Explore other strategies to shift time intensive direct observation to a small cadre of evaluation experts

### Division of GIM CBME human resources blueprint

- Large number of added observation, assessment and administrative hours require dialogue with members to fill, with financial support and efficiency strategies

## FUTURE STRATEGIES

### PHASE 3

### Focus group meetings with stakeholders

- Division of GIM members
- Department of Medicine chair, CBME representative
- Program directors
- Hospital leaders
- Medical school leaders

### Future strategies

- Advocate for EPAs and assessment strategies that acknowledge faculty concerns
- Create faculty development programs that focus on identified CBME needs
- Strategically develop informed faculty-wide human resources plans for CBME