FIVE PRESCRIPTIONS TO TREAT YOUR CBD

Practical guide
for program directors

FÉDÉRATION DES
MÉDECINS RÉSIDENT·E·S
DU QUÉBEC

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INTRODUCTION

After almost 10 years, thousands of hours of work and meetings, and the investment of tens of millions of dollars, "Competence by Design" is here to stay. Despite its metamorphoses and its ever-broader inclusion of sometimes disparate educational concepts, no sustainable solution has been found to reduce the cost and administrative burden associated with CBD.

While this theoretical framework will continue to apply to residents and their supervisors in specialty programs recognized by the Royal College of Physicians and Surgeons of Canada (RCPSC), the *Fédération des médecins résident·e·s du Québec* offers you some tangible solutions to help your residents and programs focus on learning rather than paperwork.

Many programs are already implementing one or more of these suggestions, and we congratulate you if you are one of them!

Here are five remedies you should try to treat your CBD

TALK ABOUT COMPETENCIES RATHER THAN FORMS

There is more to CBD than Entrustable Professional Activities (EPAs), and there is more to EPAs than "EPA observation forms." But a good number of residents and supervisors are under the impression that CBD just comes down to those infamous time-consuming forms, so they focus on forms rather than learning.

While each EPA does have to be assessed, the use of observation forms is never mandatory. It is possible to require fewer observation forms than the Specialty Committee suggests, or even not to use them at all for any given EPA. In our experience, these forms have limited value to drive assessment and feedback, whereas they entail considerable administrative costs.

Show your residents that you are more interested in their competence than in their skill at having forms filled out. Instead of adopting the RCPSC Specialty Committee's "targets" uncritically, set flexible expectations based on your experience, and give your residents examples of successfully completed EPAs to guide them.

In some cases—such as research, teaching, or medico-legal activities—collecting additional forms is not very helpful, since these tasks generate written artifacts. For instance, a resident's research summary and statement of their contribution to the project can be directly assessed, so there is no need to ask the project supervisor to complete an EPA observation form.

Similarly, if your rotation assessments, in-house exams or other systems allow you to assess an EPA adequately, your program can decide to use these alternative methods to assess EPAs instead of observation forms.

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USE THE RIGHT TOOLS TO QUANTIFY EXPOSURE

Many specialties use EPA observation forms in a bid to ensure minimum exposure, particularly for technical skills. When the evidence or generally accepted standards in your discipline suggest a minimum number of procedures to attain an acceptable level of competence, then use tools more closely geared to counting, such as case logs, number of half-days in clinic, or procedure-tracking applications. EPA observation forms are a poor indicator of actual exposure, with their variation in number depending more on how interested the supervisor is in completing forms.

The combination of a small number of EPA observation forms (one or two) and a case log provides much richer information for assessing competency in an EPA than a larger number of EPA observation forms without any other quantification of clinical exposure.

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CONCENTRATE ON NARRATIVE COMMENTS

The use of entrustability scales in EPA assessment forms (such as the O-SCORE) converts them into pass-fail activities that are carefully selected by residents. If you want to numerically score your residents' competency, you should use structured exams or simulations whose validity can be ensured. Outside those contexts, it is preferable to disregard numerical scores; notify your residents and supervisors accordingly.

It is narrative comments that will enable you to make and justify your decisions in competence committees. If all narrative comments are not systematically read by the file reviewer, there are too many observation forms, or there is little substance in the comments.

Drastically reduce the number of forms required, and follow up with the supervisors who submit forms with no useful narrative comments. Continuous training of supervisors and file reviewers is essential, and requires a collaborative approach among program directors, university departments, and postgraduate education offices.

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HELP KEEP YOUR COLLEAGUES HONEST

Residents want real feedback on their competence, even when it is negative or critical. But when any negative assessment, particularly in writing, creates a high risk of a failed rotation, extension of training, or the impression that their future may be affected, residents are placed on the defensive, and supervisors hesitate to document their real feedback. This effect is strongest early on in training, even though it is the ideal time for residents to focus their learning efforts where they are most needed.

In the worst-case scenario, programs receive only informal echoes of a resident's difficulties, without the learner necessarily being aware of it, and resign themselves to waiting for a failed rotation, which could only happen very late, or fall back on the certification exam as a "last-ditch filter," with disastrous consequences for learners in difficulty.

EPA observation forms represent a useful opportunity for obtaining a written, relatively "safe" assessment. Set clear guidelines for their use: comments gathered will be used solely for assessing the EPA in question, and will not be taken directly into account for evaluation of the rotation itself, promotion from one phase of training to another, or upcoming residency matches.

Convey this policy clearly to your residents and supervisors, ideally in the forms themselves, on an ongoing basis. You will then be offering them a transparent, low-stakes mechanism for optimizing each learner's path. The programs that publicly state that they have benefited from CBD generally have such characteristics!

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PASS ON YOUR DECISIONS IN A TIMELY MANNER

Some phases in training under CBD can be very long—as much as three years in five-year primary specialties. Do not wait for these phases to be completed before checking residents' progression in each EPA.

It is sometimes possible to demonstrate competence in an EPA quite early in a training phase. If you are in a position to reach such a determination, let the resident concerned know as early as possible and tell them to focus their documentation efforts on other EPAs.

This does not mean that your learners will stop acquiring competencies in these areas or EPAs, but rather that they will be able to focus their staff physicians' administrative efforts on what is strictly necessary. In fact, in our experience, it is clinical needs and the organization of rotations that dictate residents' exposure, rather than the number of forms to be filled out. What's more, highly expert feedback and coaching for residents who have already achieved the expected competency is hard to capture further, even in the narrative comment section of a form.

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RCPSC, CBD Technical Guides

(1) *ASSESSMENT*, version 1.0 (June 2025)

(2) *COMPETENCE COMMITTEES*, version 2.0 (June 2025)