



2019
Competence by Design
INNOVATOR

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Favourite faculty development resource: [Royal College CBD website](#)



What major lessons have you learned ?

Start early and slowly. Over three years, we introduced one direct observation a month using MINI-ACE, then biweekly, and now weekly. Initially, residents chose the competency to observe, but we've now integrated our EPAs. Observations were mandatory from the get go, but we kept enforcement loose. We now follow completion rates per cohort and site every week. Start early and flexibly with frequent reminders of the benefits, and faculty and residents will change their habits, thus changing the culture of supervision.

What tools are you using to engage faculty?

We've run successful, well-attended CBD events using these components: a general intro and reminder of key CBD concepts, a screening of clinical simulations followed by an interactive component where faculty provides feedback in front of their peers, and then discussing the feedback quality. We've focused a lot on feedback in our first two faculty development events, enabling faculty to discuss as a group how they would interact with residents and come up with specific, actionable feedback.

How do you see your program benefiting from CBD?

Regular assessments allow us to identify weaker residents earlier so faculty can step in and help. Faculty in general are more attuned to residents' needs. The program will inevitably improve in quality as a result of these things. We've already gained a lot from a training perspective.

What are you particularly proud of about your CBD journey?

My success in engaging and working with faculty is what I'm most proud of. My leadership is very supportive of CBD, but without buy-in from faculty it simply wouldn't work. As it stands, faculty is very supportive of our CBD transition. They communicate their discontent at times, but they're engaged and willing, which are the two essential ingredients for success.

How are you tackling the big issue of engaging your faculty and managing their expectations?

One of the smartest things you can do is accredit your CBD faculty development to encourage attendance. We've organized two interactive events this year with more than half our active teaching faculty having attended. We recorded them so that faculty who missed the events can access them online. We also make the events a bit special by asking local businesses to get involved and provide food or drinks.

What advice would you provide to other program directors?

Get excited by appreciating CBD's benefits for your residents and program to create buy in while recognizing how significant this endeavour is and how much you're asking of others. Flood yourself with information. I've attended ICRE since 2015 for the latest information on CBME and I'm often on the Royal College CBD website. I regularly share ideas and perspectives on implementation with other PDs.

What has been your biggest challenge?

I knew CBD was going to be on the agenda for my whole PD mandate. I spoke to family medicine PDs across Canada and took in as much information as I could. The centrepiece of our prep was the introduction of regular MINI-ACE observations. Next, we had to convince faculty of the value of those observations to change supervisory culture, made easier by starting early and slowly. Our fantastic faculty bought into this. Another challenge was predicting the human and financial resource costs of things like faculty development for our large program.