



2019
Competence by Design
INNOVATOR

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LAUNCH: 2017

Favourite faculty development resource: [RC cases for competence committees](#)



What major lesson have you learned?

Try not to drink the ocean, and identify champions early to get them educated in the process. CBD is an amazing opportunity for them to get involved and help shape what people do locally. Go for some easy wins and celebrate those wins publicly! Pick a couple of activities that you trust your residents to do with minimal supervision and build an assessment around them. You'll get a feel for the work and get the motivation that comes with success.

What has been your biggest challenge in implementing CBD?

Because our department is the first through the door with CBD, we don't have others to turn to for advice. There is also variation in understanding what CBD is and is not, but that is getting better. CBD is putting us at the forefront of the biggest medical education experiment in the last 100 years. So, there are challenges in convincing people that we need this. I'm confident that people will be convinced once they see CBD in action.

How do you see your program benefiting from CBD?

CBD will help us better support learners who are either struggling or way ahead. Through CBD's process and portfolio reviews at the competence committees, we'll be able to identify challenges of struggling learners more swiftly and support the rock stars with personalized learning plans. CBD is about raising the bar for everyone.

What tools are you using to engage faculty?

Faculty development sessions, one on one guidance, personal invitations to get involved in areas aligned with their strengths and trying to not overburden the heavy lifters. We try to focus on the wins and use them to motivate toward the next win! We want our fairly small faculty to all feel like part of this team and that their opinions and contributions are valued.

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

Deliberate change management. We try to make sure the messaging of where we are going and why is clear and targeted. We enable the faculty to take ownership in this change and control aspects of it. They trust that we are working together and that their contributions are valued, regardless of the magnitude. The goal is to be part of the change, not to feel like the change is happening "to them".

What are you particularly proud of about your CBD journey?

I see great benefits for residents in the system now who will take the competency-based approach into their professional development. We're training our residents to learn in this new environment, so it's all they know. My hope is that, when they graduate, the practice environment will include more authentic, real feedback for faculty members. The culture will hopefully translate through to a continuum of improved practice and better patient care.

Advice to other program directors?

CBD is better work, not necessarily more work. We found we were able to protect the great things we already did – such as our excellent and very active academic program – and fit it within the new paradigm of CBD. We deleted our ineffective generic daily assessments, changed our ITARs to something more usable and improved our scheduling. The idea is to let CBD replace what you're already doing with something better – and preserving the valuable work you're already doing.

