



2019  
Competence by Design  
**INNOVATOR**

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LAUNCH: 2018

Favourite faculty development resource: [Journal of Graduate Medical Education](#)



## What major lesson have you learned?

CBD implementation can come with considerable anxiety, so it's important to make sure everyone understands you're not changing everything. With CBD, we continue to do many of the things we always have, such as indirect observation. This is important to communicate in disciplines like surgery and internal medicine where faculty tends to worry about how they can fulfill the requirements of CBD and still work in a fluid fashion.

## What has been your biggest challenge in implementing CBD?

Just that there's so much to do. It's important as a program director to understand that you need help, and you need it early. You absolutely need to make sure that teachers on the clinical side, who are close to the residents, are involved. Everyone has to be on the train from the beginning.

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

Good communication is the key. Communicate regularly and repeatedly – verbally, through email, in meetings – in whatever you can to get people more involved. It's also important to take frequent pulse checks with faculty. This can be a formal meeting or just running into someone in the hall. Ask how things are going. It helps people remember their responsibilities and that they're supported in this journey.

## Advice to other program directors?

Give everyone involved in CBD implementation ownership of the process, and get buy-in from the beginning. When we began drafting the EPAs, we asked faculty and residents to review them and comment. By showing them early drafts, the EPAs were easier for them to grasp and accept. They didn't feel it was remote or something to fear.

## How do you see your program benefiting from CBD?

We have more direct observation of residents, and direct observation improves the quality of feedback. Also, the philosophy of CBD – that it's acceptable and even beneficial to make mistakes – is conducive to better learning. This change in how we view teaching lowers the level of stress for residents, which is a benefit to everyone.

## What tools are you using to engage faculty?

At first, we did formal preparation and planning to engage faculty, such as workshops at various sites across the university. We're now in the process of meeting all faculty face to face at every location. Asking faculty personally if they have suggestions is the most valuable engagement tool we've used because it helps keep the ball rolling.

## What are you particularly proud of?

I'm particularly proud that everyone on our team was willing to be involved early. All of us responded to the challenge with enthusiasm and an open mind. That makes us proud because there was a lot of fear before we began CBD implementation. But everyone got on board early, and they're still really in it.

