



2019
Competence by Design
INNOVATOR

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LAUNCH: 2018

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



What major lessons have you learned?

Start as early as possible to implement EPAs into the residency curriculum so faculty and residents have time to get used to these new methods of providing feedback. And encourage staff to provide feedback on what residents are doing well – not just identify deficiencies.

What has been your biggest challenge in implementing CBD?

Helping faculty understand how to use the O-SCORE Entrustability Scale. Some struggled, for example, with the concept of awarding a 5, which means “I did not have to be there.” For faculty to say that they literally did not have to be in the room is too much of a departure from tradition for some. Therefore, we had to focus on issues of interpretation.

Advice to other program directors?

I found it useful to invest substantial time in resident development. I spent one full day focusing just on the residents and empowering them to use CBD – for example, how to choose which EPA to tackle in a given clinical situation. In many cases, staff will turn to residents to clarify how the process is supposed to work, so residents need to be prepared.

How do you see your program benefiting from CBD?

CBD is creating more dialogue between faculty and residents, so it helps to build collegiality between learners and staff. I also feel that we’re going to be graduating residents who are more confident in their competencies. In the end, they will be more successful adult learners who take responsibility for their learning and are self-reflective. This will translate into better physicians.

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

At first, I enlisted help from faculty who had a particular interest in resident education. I also talked about CBD at resident meetings and rounds. I continue to bring updates to monthly department meeting and constantly report on our progress. I always come to meetings with a listening ear and recognize the contributions of faculty to keep them engaged.

What tools are you using to engage faculty?

Because we have a small faculty, I scheduled one-on-one sessions with every faculty member where I gave them a brief CBD primer with salient points about the transition, how it would affect them and how it could be rewarding to them. This helped make sure that faculty felt heard. I also reward highly engaged faculty with a resident for their clinic during the resident’s transition to practice.

What are you particularly proud of about your CBD journey?

I’m proud of our national specialty committee and how well we worked together to develop our new curriculum and EPAs. This early work gave me invaluable knowledge to bring back to my program, which made it easier for me to engage our faculty in the process of implementing CBD.

