



2019
Competence by Design
INNOVATOR

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

What major lessons have you learned?

It's critical to prepare at least two years in advance for the transition. This is especially important in a surgical discipline because so many elements must be managed, including getting staff buy-in. It's a big ask to have busy surgeons manage evaluations at the end of their long day, so the CBD system must be simple and seamless.

What has been your biggest challenge in implementing CBD?

One major challenge in applying CBD to a surgical discipline is that residents have many operative skill EPAs to meet, yet we only do one or two procedures a day. This means the process can take a great deal of time and effort compared to a medical practice where a resident may do many patient consults and interactions in a day.

Advice to other program directors?

Attend workshops so you understand the principles and process involved in CBD implementation. Incorporate a competence committee, expose faculty to CBD over several sessions, get a well-organized program administrator in place ahead of time, and start working on rotation curriculum a year before transition.

How do you see your program benefiting from CBD?

The people who will benefit most are the residents. In the previous system, some residents did not progress as much as they could, but the evaluation system didn't reveal that to us with objective evidence. CBD gives us the structure and evidence we need to identify the struggling resident and either help them become a surgeon or help them realize this is not the right career path.

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

It's important to expose faculty to CBD a little bit at a time, frequently and continuously. But the main thing is to involve key faculty in the new CBD program to help create what I call "peer-pressure change." We do repetitive divisional rounds presentations on CBD, where we update faculty on processes. We also have a fixed agenda item for CBD at divisional meetings.

What tools are you using to engage faculty?

We're using the tools on the Royal College's CBD website, which we've found very useful.

What are you particularly proud of about your CBD journey?

I'm particularly proud of our residents, who have gone out of their way to help map a new clinical rotation curriculum to the requirements of CBD. I'm also proud of Dalhousie University for the support and hard work it has put in over several years to ease our transition to CBD. Dalhousie has run many workshops to help us prepare, and also provided us with some effective software for managing evaluations. The software component has been one of the keys to success.

