



2019
Competence by Design
INNOVATOR



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Favourite faculty development resource: www.med.mun.ca/CBME

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What major lesson have you learned?

The biggest lesson is that you can't do this on your own. You need a team with focused members who can take on various tasks such as faculty development, curriculum mapping, and looking into e-portfolio options. It's the classic idea of many hands make light work. Also, with the two of us working so closely together on implementation, there's always someone available to go to important meetings. Spreading out the responsibility has been a great decision.

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

We've had a robust communication strategy. Our faculty development committee produces a monthly newsletter on new developments in curriculum design and other issues, and we've produced several videos of clinical encounters. We're using social media and email to spread news and developments. We have grand rounds focused on medical education, and we have a traveling road show that attends division meetings. Those are just a few of our efforts.

How do you see your program benefiting from CBD?

It was easy for us to see the benefits right away. We've always prided ourselves on clinical and bedside teaching, which is a challenge to document, and CBD helps us do a better job. CBD also fixes a lot of accreditation issues; we've found that the further along a program is on CBD implementation, the more robust that program is. Obviously, residents benefit from CBD. And not only have faculty become better coaches, but we're also starting to see that implementation will kickstart the academic careers of some junior faculty.

What has been your biggest challenge in implementing CBD?

Finding a tool to make the assessment process work has been a challenge. We had a soft rollout over the winter on a paper-based assessment system. We learned that a robust electronic tool is essential to make the process work.

Advice to other program directors?

Again, no program director should try to do this without support from a large team. Even with our relatively small program, where most residents work in the same place, it would have been difficult to manage CBD implementation without the benefit of people bringing their individual expertise to the process.

What tools are you using to engage faculty?

We're using all the communication tactics we spoke about earlier: newsletters, social media, videos, grand rounds and the rest. But in the end, the best way to engage faculty is through a face-to-face encounter. Those in-person encounters remove the anxiety about change, because they reinforce that we're all in this together.

What are you particularly proud of about your CBD journey?

I'm most proud of our excellent team. CBD implementation has melded into a continuous quality improvement exercise in our program. So, our ability to work well together and recognize the small and large benefits had made the program more robust. Faculty are becoming better at it and it's helped us adjust our curriculum. I'm proud of the uptake.