**BACKGROUND**

The Department of Anesthesiology, University of Ottawa, launched a competency-based residency training program July 1, 2015 following successful application of a Fundamental Innovations in Residency Education (FIRE) grant from the Royal College of Physicians and Surgeons of Canada (RCPSC). This poster summarizes the overall design of the program.

**PROGRAM DESIGN**

- The Education Design Steering Group conceptualized program design and submitted FIRE application to RCPSC.
- Approval → launch of anesthesiology CBD two years ahead of RCPSC schedule for national implementation.
- Developed EPAs to be achieved by the end of the program and milestones for each stage of training based on National Curriculum for Canadian Anesthesia Residency. *Cf. RCPSC that defines EPAs for each stage of training.*
- Elimination of curricula (e.g., BCT) that do not contribute to achievement of defined EPAs → potential to finish in 4 years.
- Comprehensive curriculum that cultivates and assesses competency in all seven CanMEDS roles.
- Robust, frequent, multifaceted assessment.
- Modular-based spiral curriculum that revisits and reinforces core and subspecialty competencies of anesthesia. Faculty development to support program implementation.

**LONGITUDINAL CURRICULUM SIMULATION:**

- Integrated throughout 4-year program.
- Scenarios designed to reflect clinical situations that are rare or critical to competency as an anesthesiologist.
- FOUNDATIONS: 18 high fidelity simulation scenarios geared towards junior level of training; CORE OF DISCIPLINE AND TRANSITION TO PRACTICE: 33 scenarios of higher complexity.

**INTRINSIC CANMEDS ROLES:**

- Faculty “Champions” assigned to each role to support teaching and assessment of the role.
- TRANSITION TO DISCIPLINE: Roles introduced.
- FOUNDATIONS OF DISCIPLINE: Each role is addressed through an interactive session involving small group discussions, case-based learning, educational “games” (e.g., scratch card quizzes), role playing, reflections, online modules, self-assessments, and small assignments.
- CORE OF DISCIPLINE: Three sessions a year, organized by themes (e.g., ethics, patient safety, quality improvement) that specifically address the intrinsic roles.
- Coaching platform to support ongoing development of intrinsic competencies through reflection and coaching.
- Daily assessment using Clinical Case Assessment Tool.

**PROGRAM STRUCTURE**

- Concept of 13 four-week blocks per year retained to facilitate scheduling.
- “Hybrid” competency-based medical education program: Competency is standardized and time is flexible in one direction (i.e., training may be extended but not shortened).
- “Spiral” structure of program means residents have repeated exposure to various elements of anesthesia practice at multiple points during residency.

**CLINICAL COMPETENCE COMMITTEE**

- Comprises Associate Program Director (CBD Lead), 1 RPC member, and 2 additional faculty with interest in education.
- Meets bi-annually.
- Reviews resident progress, monitors the outcome of individual learning plans, and makes promotion decisions based on attainment of milestones and requirements.
- An external Anesthesia Program Director reviews CCC decision for final promotion from Transition to Practice.

**REQUIRED RESOURCES**

- **MONETARY FUNDING:** Department of Anesthesiology, PGME Office, and Faculty of Medicine, University of Ottawa.
- **EXPERTISE** (paid and unpaid): Curriculum Steering Committee, faculty members, educational consultant, technology/programming, and research/program evaluation.
- **TIME AND EFFORT** (largely unpaid): Faculty members.

**NEXT STEPS**

- Development of a dashboard to report on resident progress.
- v2.0 of electronic learning and assessment platforms based on feedback following implementation.
- Ongoing program evaluation.

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