



McMaster Pediatric Residency Program

MacPeds

Longitudinal CanMEDS Competencies

LCC

Guide

Contributors:

Director: Moyez Ladhani, Program Director

Planners:

1. Session 1	CanMEDS: Professional:	Attire and Behaviour	Dr. M Ladhani
2. Session 2	CanMEDS: Communicator:	Documentation	Dr. K Hallett
3. Session 3	CanMEDS: Advocacy:		Dr. A Niec
4. Session 4	CanMEDS: Professional:	Well-being:	Dr A Niec, V. Spironello
5. Session 5	CanMEDS: Scholar	Reflection: Career	Dr. M. Ladhani
6. Session 6	CanMEDS: Professional:	Error Disclosure	Dr. A. Kam
7. Session 7	CanMEDS: Advocacy	Health Literacy	L. Wizowski
8. Session 8	CanMEDS: Communicator	Breaking Bad News	M. Ladhani

Faculty:

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Objectives:

The Goal of the curriculum will be to teach non-medical expert CanMEDS competencies. Residents will be taught the multi-faceted Roles they will be called upon to play in their professional duties. The curriculum will cover the following 6 domains:

1. Communicator:

A. Interview skills:

Recognize that being a good communicator is an essential function of a physician, and understand that effective patient-physician communication can foster patient satisfaction and compliance, as well as influence the manifestations and outcome of a patient's illness.

- Identify the essential elements/tasks of communication in a medical interview as delineated in the Kalamazoo Consensus Statements. These include:

- Building a Relationship
- Opening a Discussion
- Gathering Information
- Understanding the Patient's Perspective
- Sharing Information
- Reaching Agreement
- Providing Closure

B. Written Communication: Conveying effective written information for patient care.

C. Breaking Bad News

D. Addressing End of Life Issues:

E. Disclosure of error or adverse event

F. Informed consent and capacity assessment.

2. Collaborator:

A. Effective Teams, Understanding Roles and Responsibilities, Team Dynamics

B. Conflict Resolution, Management and Prevention

C. Collaboration with Community Agencies

3. Manager: TBA

4. Health Advocate:
 - A. Disease Prevention, Health Promotion
 - B. Determinants of Health
 - C. Patient Safety
5. Scholar:
 - A. Giving Feedback
 - B. Resident as a Teacher
 - C. Self Reflection
6. Professional:
 - A. Bioethical Principals and theories
 - B. Disclosure of Error or adverse events
 - C. Physician well being

Format: The curriculum will be a three year curriculum, one hour every third Tuesday of the month. Residents will be in small groups of 11-12 residents facilitated by two faculty members. Residence will be provided advance reading material and are expected to come to the session prepared for discussion. The sessions will involve discussion, role play, video scenarios and occasional lecture format. The facilitators are there to facilitate and are not necessarily content experts. They may or may not lead the discussions. The groups may want to discuss this upfront. Groups may consider rotating the students to lead the discussions.

Reflection: Residents will have to complete two reflections per year. The residents will be expected to share their reflections during sessions scheduled. It is expected that residents will hand in their reflections to their facilitators for review one to two weeks prior to the scheduled sessions.

1. The residency journey
2. Physician well being

Consider checking out this on-line blog which nicely outlines *The Seven Reasons Doctors Write* -- personal and professional benefits which will last a lifetime.

<http://medhum.med.nyu.edu/blog/?p=151>

Attendance:

Residents must attend LCC, they are mandatory. If a resident misses LCC, there must be a valid reason approved by their facilitators. Approval will not be granted lightly. A resident can miss more up to 20% of the sessions for legitimate reasons. After which they will be given an incomplete on their evaluation. Attendance and successful completion of the LCC curriculum is a requirement of the program.

Staff attendance: There is two staff members assigned to each group. It is expected that every attempt will be made to have both staff in attendance, however clinical and administrative responsibilities may not allow for that. If both staff cannot attend a session they will recruit another member for the LCC faculty to facilitate their group.

Evaluation:

Evaluation in the LCC will include formative and summative evaluations which are all designed to help the resident achieve medical competence. Evaluation will be completed by the Facilitators taking into account all sources of data pertaining to resident's performance. While formative feedback should be sought and delivered on a continuous basis, formal written evaluations will be completed at the end of each academic year by the Facilitators.

Over the course of the months spent together in the LCC Group setting, there are 4 key sets of skills and behaviours upon which students are evaluated by one another and their facilitators. Students are expected to demonstrate proficiency along all four domains and to continue to maintain/improve over time.

1. Accountability/Respect

Standard: Attends tutorial. Is on time for tutorials, Informs people of pending lateness or absence. Is prepared for sessions and able to contribute to group discussions beyond merely "uninformed opinion". Helps visitors to group (including standardized patients and other guests) feel welcome by demonstrating a professional appearance, attending to introductions, etc.

Exemplary: Demonstrates all of the above in a manner consistent with independent professional practice.

2. Respectful Listening

Standard: During interactions with colleagues, guests and facilitators, able to demonstrate good eye contact, awareness of non-verbal cues. Does not interrupt, allows people to complete thoughts.

Exemplary: Is also able to participate in modeling and feedback with peers in such a way as to increase the skill level of colleagues.

3. Balancing Inquiry and Advocacy

Effective participation in groups and other relationships means inquiring into the point of view and needs of others as actively as you advocate for your own. It also implies a willingness to be changed by what someone else says and an openness to believe you have something to learn from another.

Standard: Able to describe and explain one's own reasoning, assumptions, values and opinions. Is not defensive when one's own ideas or beliefs are questioned. Able to reveal and invite input in areas where thinking is the least clear or well formed.

Able to draw out other's reasoning in a way which is curious and empathic and does not invoke defensiveness. Able to explore another's experience, without a pre-set agenda, to make possible new insights or understandings. Able to accurately check or reflect back what another is trying to say. Can generate or consider alternative perspectives.

Exemplary: Able to demonstrate the above in a way which provides genuine leadership to the group which is recognized by peers and facilitators. Contributes in an active and explicit way to the development of peers by their honesty, courage and clarity of thinking.

4. Taking Experiential Education Seriously

The ability to use one's own experience, attitudes, values and assumptions as a source of ongoing inquiry and learning is the foundation of practice as a physician. Such a skill allows for "raw experience" to be transformed into insight, wisdom and expertise.

Taking one's experience seriously does not mean agreement, avoidance of conflict or "playing the game". It requires honesty with one's self and others about what is happening in any given moment - and the willingness to engage in an exploration of that experience with others. This inevitably leads to difference or conflict which is in itself an important basis for further inquiry.

Standard: Honest about both interest and disengagement. Willing to provide and receive constructive feedback without defensiveness or hostility. Demonstrates a willingness to consider how one's behaviour impacts upon others by providing and receiving observations regarding group process, and the roles of each group member, including self. Over time, demonstrates the ability to take risks in the service of personal or group learning. Finds a way to maintain engagement despite differing values or opinions.

Exemplary: Able to engage in difference and conflict in a way which provides genuine leadership to the group which is recognized by peers and facilitators. Comfortable with both emotion and reason and uses both in learning. Actively takes risks on behalf of own learning and group function.

**Longitudinal CanMEDS Competencies (LCC)
RESIDENT LEARNING EVALUATION**

Student: _____

LFs: _____

December

June

Overall Evaluation Satisfactory Provisional Satisfactory Unsatisfactory

Domain Evaluation

Respectful Listening Satisfactory Provisional Satisfactory Unsatisfactory

Comments _____

Accountability Satisfactory Provisional Satisfactory Unsatisfactory

Comments _____

Balancing Inquiry & Advocacy Satisfactory Provisional Satisfactory Unsatisfactory

Comments _____

Taking Experiential Learning Seriously

Satisfactory Provisional Satisfactory Unsatisfactory

Comments _____

Educational Prescription: _____

LF Signatures: _____

Groups for LCC 2011-2012

<u>RED</u>	<u>GREEN</u>	<u>PURPLE</u>	<u>YELLOW</u>
<u>Drs Hunter and Scheinemann</u>	<u>Drs Grant and M. Parker</u>	<u>Drs Hallett and Ladhani</u>	<u>Drs Baird and Thompson</u>
CHO, Romy	DOWHANIUK, Jenna	FREI, Julia	GENIER, Kim
KHAN, Rubeena	MARTINEZ, Andrea	MOFFATT, Anne	NASHID, Nancy
RAYAR, Praveen	STANISZ, Joanna	VASHISHTHA, Sanjay	AL-AIFAN, Meshari
AL-GHANEM, Ghanem	ASIM, Shiba	GONZALEZ-FONSECA, Adriana	GUPTA, Shikha
HARVEY, Greg	KAY, Stephanie	MUCCI, Andrea	RODRIGUES, Allison
SALVADOR, Jillian	SMITH, Jennifer	SIAPNO, Lia, Abigail	TANGUAY, Sophie
ALMAJID, Khalid	BHATT, Mihir	DELLAVEDOVA, Jonathan	BLACK, Graham
EL SAYED, Manal	FERNANDES, Nicole	HUNT, Erica	KHAN, Sarah
MONROY, Rocio	STAN, Florentina	TOEWS, Heather	UTHAYALINGAM, Sarangan
ZUBAIRI, Mohammad	AMER Tehmina	BALAKRISHNAN, Sadhana	DEKNA, Maisa
NOLAN, Kathleen	PARKER, Kristy	RANGANATHAN, Meenatchi	UMAMAHESWARAN, Meera
TSENG, RENEE	Turnbull, Kaitlyn		

Rooms for LCC 2011-2012

8-9am

	RED	GREEN	PURPLE	YELLOW
	<u>Drs Hunter and Scheinemann</u>	<u>Drs Grant and M. Parker</u>	<u>Drs Hallett and Ladhani</u>	<u>Drs Baird and Thompson</u>
September 20, 2011	1K10	4N42	1J9	1K9
October 18, 2011	1K10	4N42	1J9	1J9A
November 15, 2011	1K10	4N42	1J9	1J9A
December 20, 2011	1K10	4N42	1J9	1J9A
January 17, 2011	1J9A	4N42	1J9	4N55A
February 21, 2012	1J9A	4N42	1J9	4N55A
March 20, 2012	1J9A	4N42	1J9	4N55A
April 17, 2012	1J9A	4N42	1J9	4N55A
May 15, 2012	1J9A	4N42	1J9	4N55A
June 19, 2012	1J9A	4N42	1J9	4N55A

Topics for LCC 2010-2011

	<u>Topics</u>	<u>CanMEDS</u>	<u>Prepared by:</u>	
September 20, 2011	Professional Attire, Behaviour	Professional: Codes of Behaviour	Dr. M. Ladhani	
October 18, 2011	Documentation	Communicator	Dr H. Hallett	
November 15, 2011	Advocacy	Advocacy	Dr A Niec	
December 20, 2011	Well-Being	Professional	Dr A. Niec Valerie Spironello	
January 17, 2011	Free session, Reflections Review(The Residency Journey), Evaluations	Scholar Communication Collaboration Professional	Dr. M. Ladhani	
February 21, 2012	Error Disclosure	Professional	Dr. A. Kam	
March 20, 2012	Health Literacy	Advocacy	Wizowski, Lindsay	
April 17, 2012	Breaking Bad News	Communicator	Dr. M. Ladhani	
May 15, 2012				
June 19, 2012	Free session, Reflections Review(Physician Well Being), Evaluations	Scholar Communication Collaboration Professional	Dr. M. Ladhani	