

Faculty Time and CBME – It's Possible



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Disclosure

None

I firmly believe in one of the key lessons of the family physician – sometimes doing nothing (or stopping doing something) is the best treatment.

Use Statement

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Objectives

1. Compare and contrast time based medical education from competency based medical education (CBME)
2. Describe continuous quality improvement tools and concepts that should be utilized in the implementation of CBME
3. Identify and plan for removal of one system barrier/process at the home institution



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Introductions and Caveats

- Four Letter Words
- Unfunded Mandates
- Kool-Aid



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Write/ Pair/ Share

- What are your greatest hopes and fears for CBME?
- Write them down
- Share with your neighbor
- Share them with the larger group



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Medical Education:

Time (Structure Process) Based vs Competency-Based

	Educational Program Approach ¹	
Variable	Structure/Process (Time)	Competency-based
1. Driving force for curriculum	Content-knowledge acquisition	Outcome-knowledge application
2. Driving force for process	Teacher	Learner
3. Path of learning	Hierarchical (Teacher -> student)	Non-hierarchical (Teacher <-> student)
4. Responsibility for content	Teacher	Student and Teacher
5. Goal of educ. encounter	Knowledge acquisition	Knowledge application
6. Typical assessment tool	Single subjective measure	Multiple objective measures
7. Assessment tool	Proxy	Authentic (mimics real tasks)
8. Setting for evaluation	Removed (gestalt)	"In the trenches" (direct obs)
9. Evaluation	Norm-referenced	Criterion-referenced
10. Timing of assessment	Emphasis on summative	Emphasis on formative
11. Program completion	Fixed time	Variable time



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TBME vs CBME

In your small groups identify the efforts in your programs that are TBME and those that are CBME.

DETOUR





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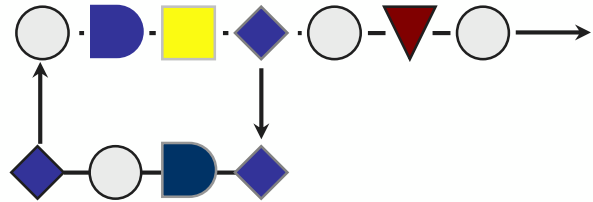
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Utilizing lessons from other areas of knowledge

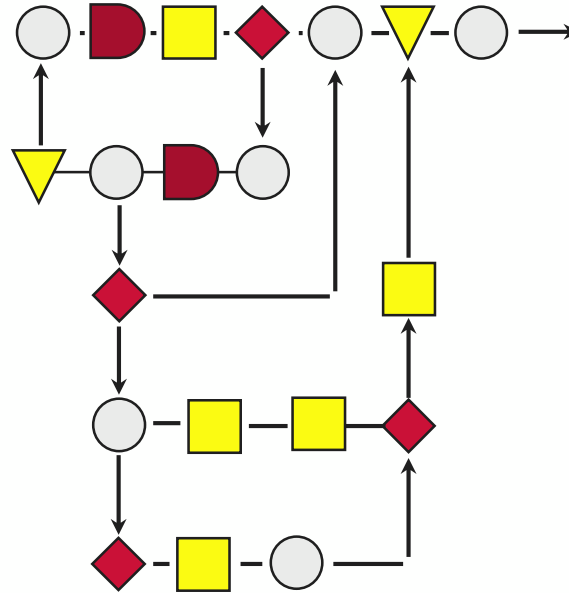
- CQI (Value Stream Mapping, RCA, and Waste)
- Physician Burnout



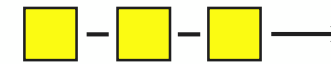
What it is thought to be...



What it actually is...



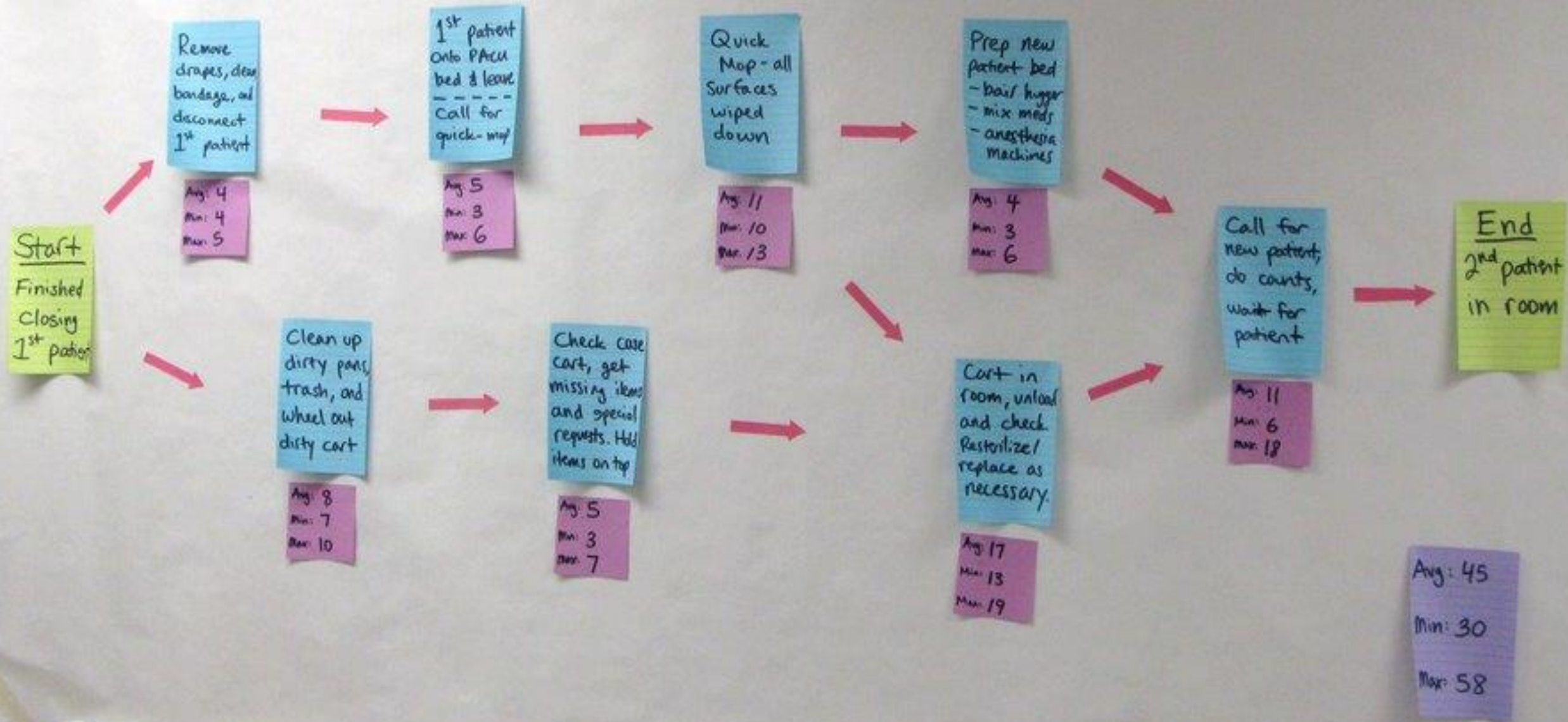
What it should be



There are usually three versions of a process

Total Joint Room Turnovers Process

Current State 3/2/09



Muda

“Corpse Flower”

Rafflesia tuan-mudae
mature" by Pasha
Kirillov is licensed
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5 Why's

Problem: The Washington Monument was disintegrating

- **Why disintegrating? *Use of harsh chemicals***
- **Why using harsh chemicals? *To clean pigeon poop***
- **Why so many pigeons? *They eat spiders and there are a lot of spiders at monument***
- **Why so many spiders? *They eat gnats and lots of gnats at monument***
- **Why so many gnats? *They are attracted to the light at dusk.***

Answer: Turn the lights on later



Lessons from Burnout²

Driver dimensions





Returning to CBME - Group Activity and Action

- Identify a list of barriers or process that are extraneous
- Commit to eliminating or changing at least one item on your list and share that commitment with the group



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Report out



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Conclusion and Take Home

- Utilize our most useful prescription

Any questions?

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<https://www.acgme.org/Portals/o/MilestonesGuidebook.pdf> . Accessed March 15th, 2024
2. Shanafelt TD, Noseworthy JH. Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. Mayo Clin Proc. 2017 Jan;92(1):129-146. doi: 10.1016/j.mayocp.2016.10.004. Epub 2016 Nov 18. PMID: 27871627.



Additional Materials

1. Smith GL, Hannah S, Mountford J, *et al.* Model to reduce waste in healthcare and add value. *BMJ Open Quality* 2022;**11**:e001655. doi: 10.1136/bmjjoq-2021-001655.
2. McIntyre M. Identifying the Seven Wastes to Build a Lean Healthcare Improvement Foundation. Virginia Mason Institute. Jan. 19th, 2023.
<https://www.virginiamasoninstitute.org/identifying-the-seven-wastes-to-build-a-lean-foundation/> Accessed March 15th, 2024.