

LONGITUDINAL MONITORING IN RESIDENCY PROGRAMS

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Background

Residency programs have embraced the CanMEDS Physician Competency Framework and Faculty must teach and assess the different roles of that framework: Medical Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar, and Professional. Working in silos is no longer possible; rather, it has become essential to work together to develop a global vision of the program, aiming for the same targets and orchestrating efforts to achieve them. We must develop and make available various tools (rubrics, observation tools, guidelines, formative assessment tools, etc.) to support the team's efforts.

We have developed pedagogical websites for residency programs in a common technological architecture, making available different tools allowing for longitudinal monitoring of residents' accomplishments throughout the program.

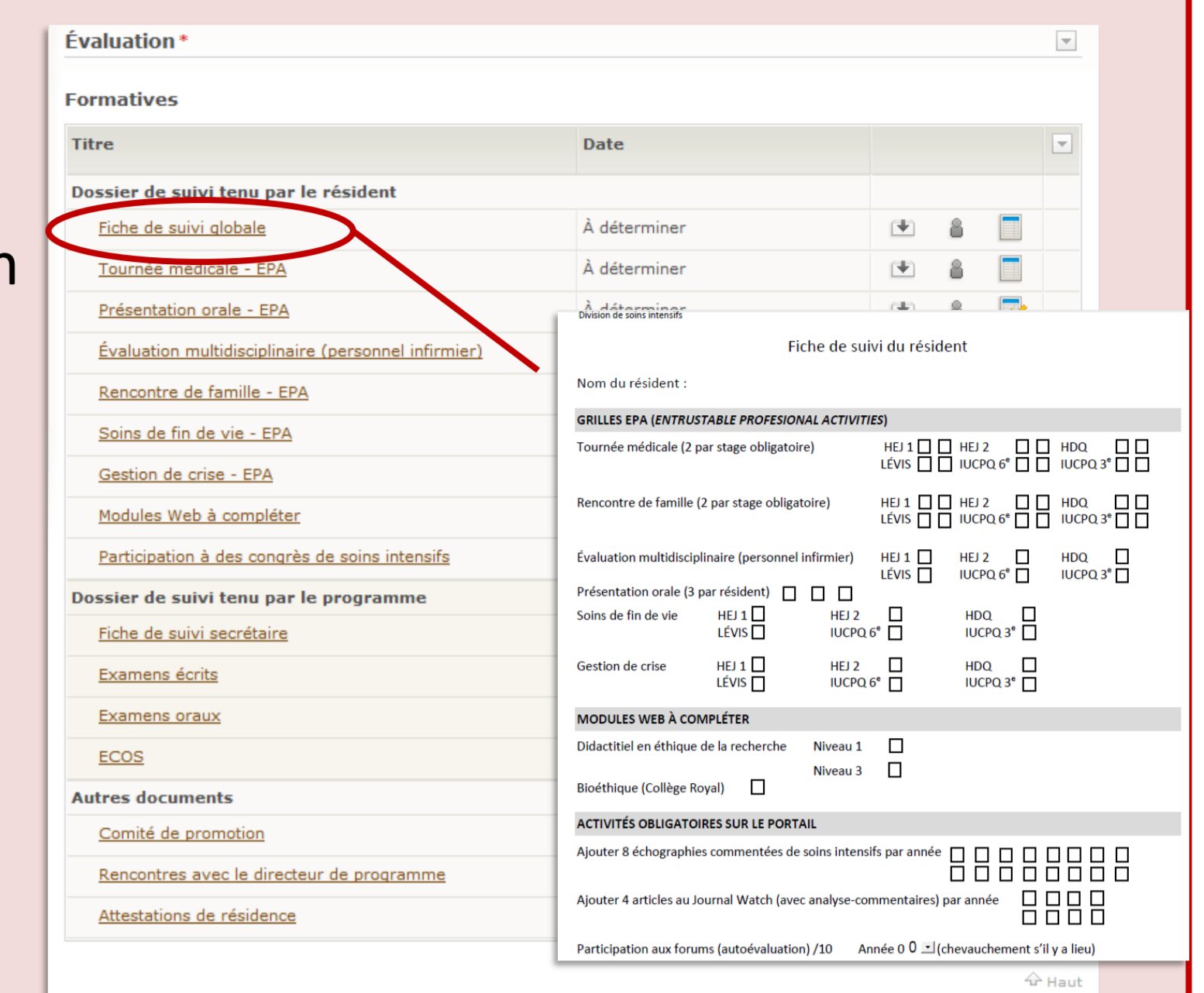
Goals of Pedagogical Website for Entire Programs

- 1) **Develop a shared vision** of the program;
- 2) **Centralize information** about the program and its activities (for residents AND supervisors) → on the WEB (secure site);
Learning goals
Various pedagogical opportunities to reach them
- 3) **Offer discussion space** for:
Faculty to discuss the program or a resident competency level (upon consent of the resident)
Clinician educators and residents to discuss cases or other important questions

Portfolio

Also offers the opportunity for residents to set up a **portfolio** in which they (and the program) gather:

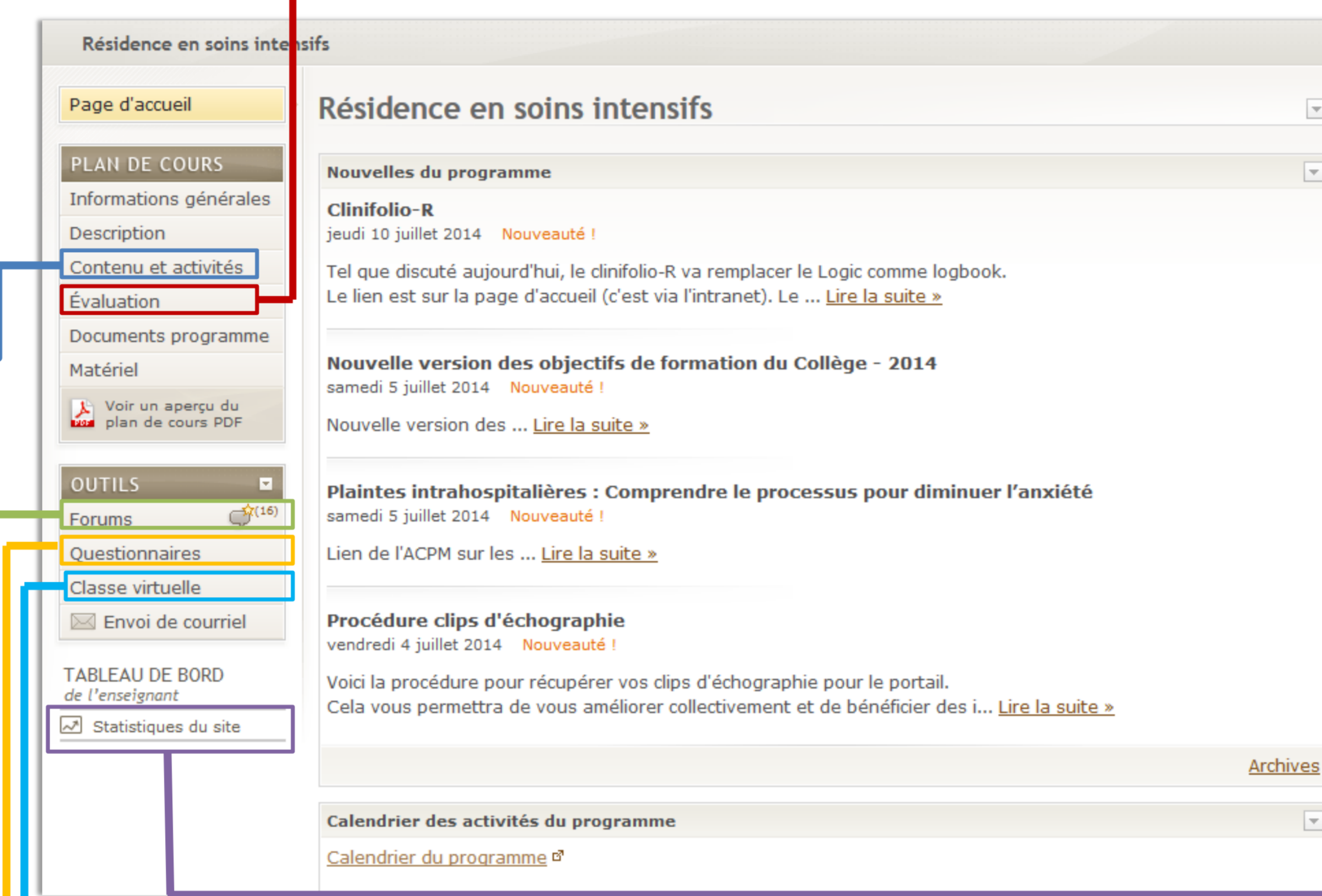
- Their learning plan (according to the program plan) or a program checklist to complete
- Evidence of their competency level



Shared Pedagogical Content

Examples:

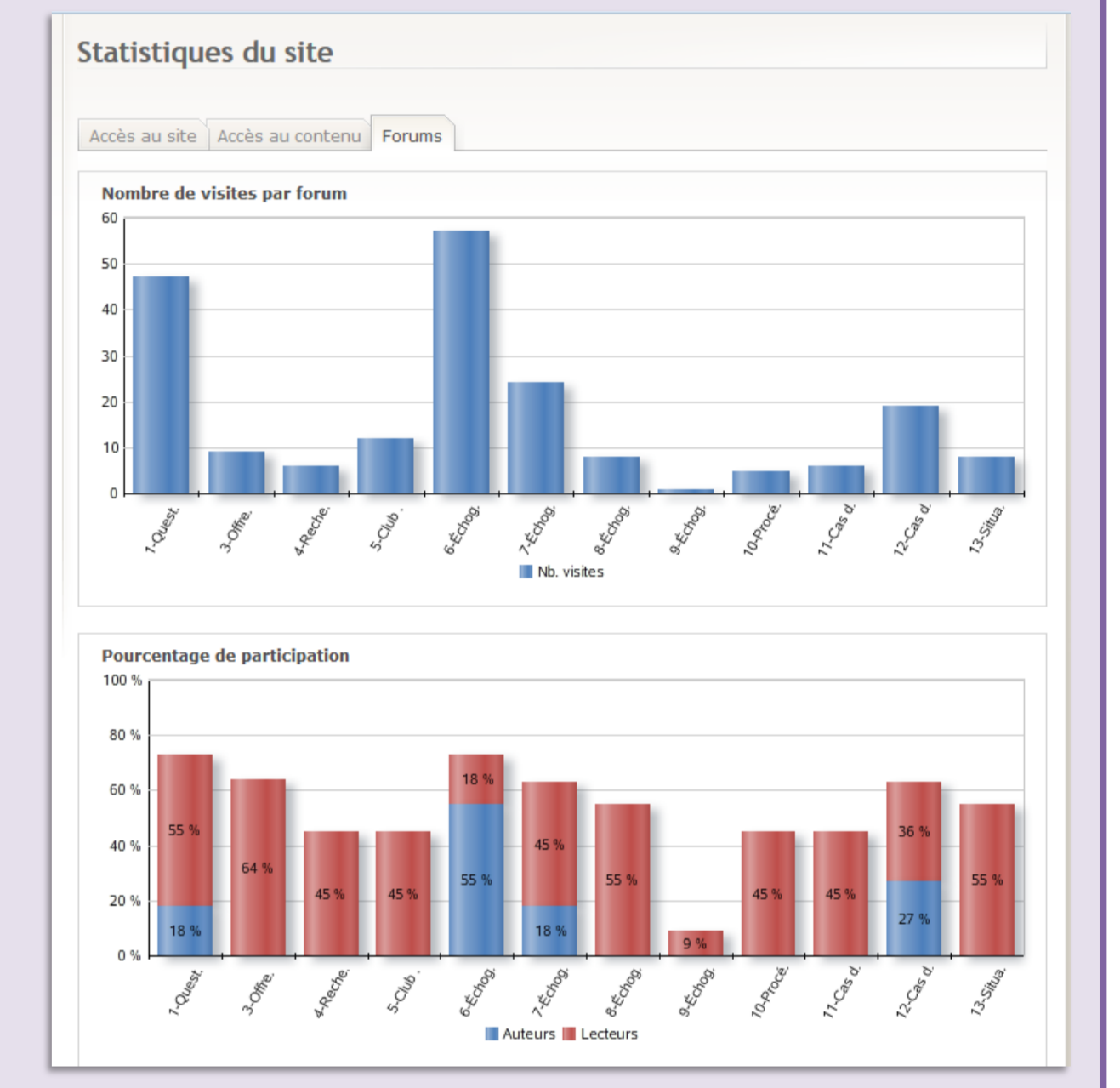
- Pedagogical objectives or competencies
- Program mapping
- Scientific articles (that can be proposed by residents)
- Videos (demonstrations of technical skills, conferences, etc.)
- Podcasts
- Photos
- Rotation descriptions
- Observation grids used in the program



Statistics

Statistics available in the technological architecture:

- access to the site (number of visits, dates of visits, duration of visits)
- access to different content (this gives us a good idea of what is very useful)
- access to discussion forums (number of visits, percentage of participation (authors, readers))



Use of Discussion Forums

Général	Visites	Subj.	Msg	Dernier message
Questions du directeur de programme	66	4 / 6	par An 12 juil	
Forum discussion résidents	47	3 / 3	par Jo 10 juil	
Offres d'emploi	18	1 / 1	par Di 26 mai	
Recherche	12	1 / 1	par Di 26 mai	
Littérature soins intensifs				
Club de lecture	23	2 / 2	par Jo 3 juil	
Échographie soins intensifs				
Échographie cardiaque	91	3 / 14	par Sa 25 mai	
Échographie pleuro-pulmonaire	39	3 / 7	par An 12 juil	
Échographie vasculaire	12	1 / 1	par Jo 3 juil	
Échographie - Autres	1	0 / 0		
Procédure pour les clips d'échographie	8	1 / 1	par Jo 4 juil	
Cas d'intérêt - Pratique réflexive				
Cas d'intérêt médicaux	10	1 / 1	par Di 26 mai	
Cas d'intérêt au niveau éthique ou légal	32	3 / 5	par An 21 juil	
Situations professionnelles difficiles - gestion conflits	15	1 / 1	par Dominique breault 26 mai 2014, 10h47	

Private discussions

- Discuss one on one or in small subgroups
- Discuss an evaluation
- Pedagogical use (mentoring, coaching, etc.)

Group discussions

- Discuss clinical cases
- Pedagogical discussions

Use of Questionnaire Tool

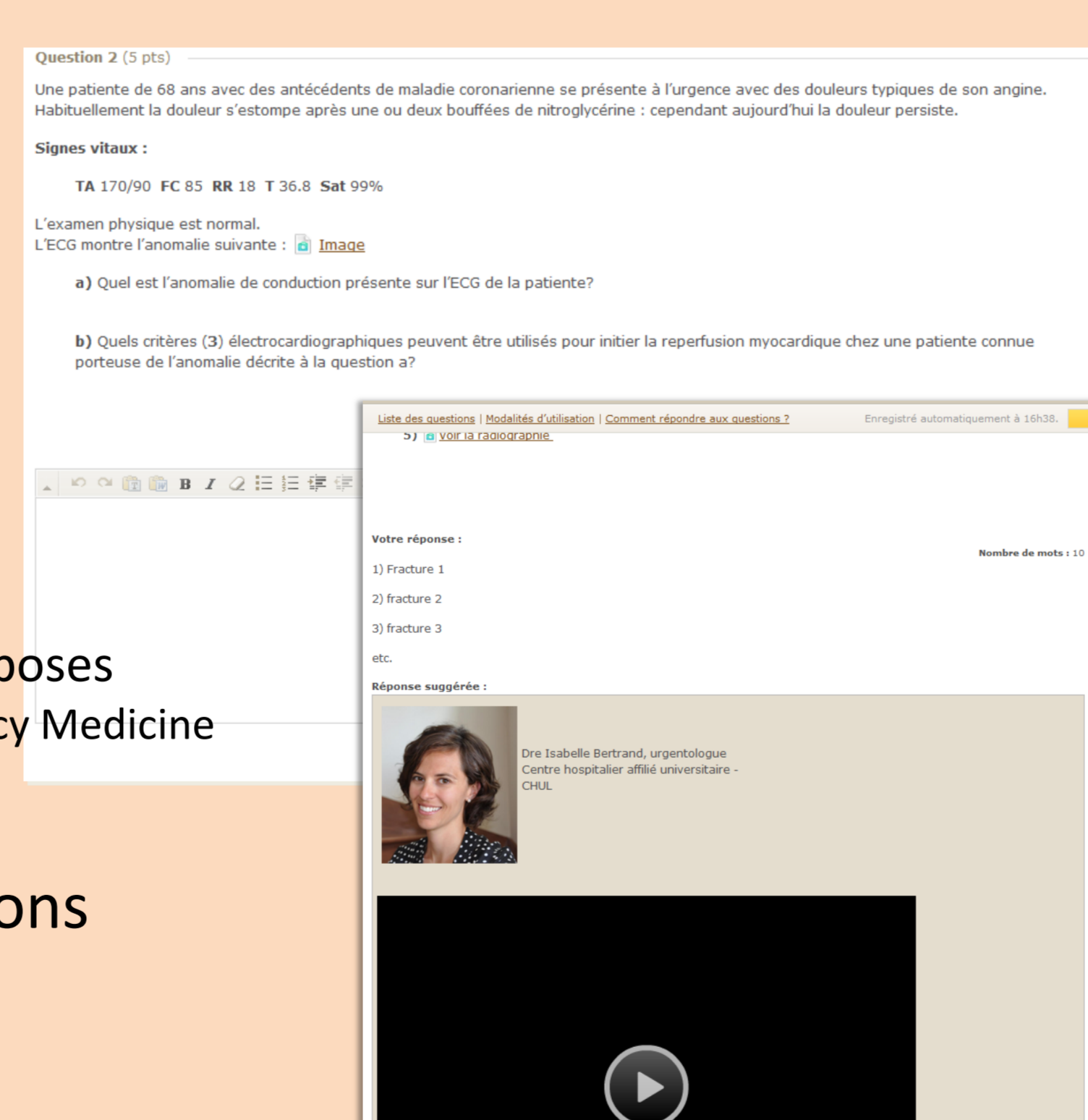
Different types of questions

- Multiple choice,
- long and short answers,
- image map,
- matching,
- etc.

Different uses

- Exams (Intensive Care)
- Question bank for formative purposes (more than 200 questions in Emergency Medicine program)

→ With additional explanations recorded by the supervisor



Virtual Classroom

Can be used for:

- Oral presentations
- Strategic or pedagogical meetings
- Speakers (abroad)

All sessions are recorded and are available to those who have registered

Conclusions

We aim at maximising pedagogical effectiveness. Sometimes, less is best. We are aware that the danger with the popularity of some solutions is to cross the barrier of "too much". The right balance is sometimes difficult to find, so we have to test and work in close collaboration with every user (program directors, supervisors, residents, etc.). Fifteen programs have adopted this approach and we expect more. Program directors we questioned said they are satisfied with the solution. They appreciate the ease of use, they say that it improves communication between the different stakeholders and they see benefits in centralizing information and tools. The orchestration of efforts throughout the different programs is also appreciated (It saves time!).

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