

MacPeds LCC Curriculum

2017-2018

Editors: Drs. Stacey Marjerrison & Andrea Hunter



Faculty:

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Objectives:

LCC: Longitudinal CanMEDS Curriculum. The Goal of the curriculum will be to learn non-medical expert CanMEDS competencies. Residents will gain exposure to 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
 - B. Written communication
 - C. Breaking bad news: end-of-life issues, disclosure of error or adverse event, etc
 - D. Informed consent and capacity assessment
2. Collaborator:
 - A. Effective teams: understanding roles/responsibilities, team dynamics
 - B. Conflict resolution, management and prevention
 - C. Collaboration with community agencies
3. Manager:
 - A. Leadership
 - B. Health care costs/utilization
4. Health Advocate:
 - A. Disease prevention & health promotion
 - B. Social determinants of health
 - C. Patient safety
 - D. Political & patient-level advocacy
5. Scholar:
 - A. Giving and receiving feedback
 - B. Resident as a teacher
 - C. Self-reflection & lifelong learning
6. Professional:
 - A. Bioethical principles and theories
 - B. Physician well being
 - C. Confidentiality and privacy
 - D. Administration of a medical practice

Format:

The curriculum will be an evolving curriculum, to meet the changing needs of the learners. It will consist of pre-preparation, consolidated in one-hour sessions every third Tuesday of the month. Residents will be placed in small groups of 11-12 residents facilitated by two faculty members. The sessions will be prepared by staff members with expertise in the area. In advance of the session, residents will be provided with preparation materials. These may include evidence-based formal papers, but faculty are encouraged to also include informal materials such as videos (i.e. TED Talks), classical literature and personal narrative. Residents will be expected to review, digest and reflect on the material prior to the session. The group sessions will be an opportunity to discuss the residents' perspectives on what they reviewed in an open and judgement-free manner. The faculty are there to facilitate discussion, and ensure that interactions are respectful and balanced – they may not have

content expertise. The vision for LCC is to provide a forum to discuss approaches to some of the more challenging elements of careers in pediatrics with a supportive group of colleagues and mentors.

Attendance:

LCC attendance is mandatory. If a resident anticipates missing an LCC, there must be a valid reason pre-approved by their facilitators. Approval will not be granted lightly. A resident can miss no more than 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. Formal written evaluations will be completed twice yearly by the Facilitators.

Residents will not be evaluated on the content of their participation, and are encouraged to participate freely and without concern for judgement of their thoughts and beliefs. However, residents will be expected to demonstrate the following:

1. Accountability: Consistently 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”.
2. Respectful Listening: 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. Encourages others to participate, and openly considers alternate points of view presented.
3. Thoughtful Participation: Arrives prepared, having clearly reviewed the materials. Contributes actively to the discussion. Able to explore the perceptions of others, and consider new insights or understandings.

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

Student: _____

Facilitators: _____

December

June

Accountability Satisfactory Provisional Satisfactory Unsatisfactory

Respectful Listening Satisfactory Provisional Satisfactory Unsatisfactory

Thoughtful Participation Satisfactory Provisional Satisfactory Unsatisfactory

List 1-2 suggestions for the resident to consider as they progress to independent practice:

Provide specific examples of excellence or concern for this resident, if applicable:

LF Signatures: _____

Groups for LCC 2017-2018

<u>RED</u>	<u>GREEN</u>	<u>PURPLE</u>	<u>YELLOW</u>
<u>Drs. Hunter and Marjerrison</u>	<u>Drs. Fleming and Giglia</u>	<u>Drs. Hallett and Ladhani</u>	<u>Drs. Baird and Rodrigues</u>
Selvakumar, Shamini	Zahn, Kristen	Robinson, Cal	Woodward, Mary
McConnery, Jason	Stoltz, Tasha	McColl, Jeanine	Lue Tam, Sabrina
D'Alessandro, Michelle	Kaur, Sharandeep	Aziz, Mohammad	Al Hashemi, Eiman
Brown, Lisa	AlHaddad, Muneera	Mungovan, Kal	Campos, Sarah
Kacar, Marija	Landy, Paige	Tannenbaum, Melanie	Malhi, Ranu
Masud, Fahad	Strikwerda, Arend	Wuerth, Rey	Zorko, David
Jaafar, Ahmad	Alrowshayed, Mohammed	Bahrabi, Aban	Oyefeso, Oyin
Howson-Jan, Brittany-Ann	Austin-Appleton, Meredith	Geddie, Hannah	Komsa, Kendra
Inch, Kristin	Tenedero, Christine	Mackin, Robin	Mulder, Daniel
Purser, Matthew	Kieswetter, Luke	Klowak, Jennifer	Hegazi, Abeer
Khatri, Vidushi	Burdick, Maddie	O'Connor, Sarah	Diorio, Caroline
Smith, Rebekah	Van Meer, Ania	MacKenzie, Katie	Mackey, Ashley
Norris, Jess	Mansoor, Nadia	Bahnam, Mena	Watts, Maria
Oliver, Joe			

Rooms for LCC 2017-2018

8-9am

	RED	GREEN	PURPLE	YELLOW
	Drs. Hunter and Marjerrison	Drs. Fleming and L. Giglia	Drs. Hallett and Ladhani	Drs. Baird and Rodrigues
July 18, 2017	All groups together			
Aug. 15, 2017	2J14	2J40	4N52A	2J40A
Sept. 19, 2017	1J9A	1J9	4N52A	1K10
Oct. 17, 2017	1J9A	1J9	4N52A	1K10
Nov. 21, 2017	1J9A	1J9	4N52A	1K10
Dec. 19, 2017	1J9A	1J9	4N52A	1K10
Jan. 16, 2018	1J9A	1J9	4N42	1K10
Feb. 20, 2018	1J9A	1J9	4N42	1K10
Mar. 20, 2018	1J9A	1J9	4N42	1K10
Apr. 17, 2018	1J9A	1J9	4N42	1K10
May 15, 2018	1J9A	1J9	4N42	1K10
June 19, 2018	1J9A	1J9	4N42	1K10

* Most rooms same week to week, unusual spaces/changes are **highlighted**

Potential Topics for LCC for 2017-2018

We will attempt to balance topics across the CanMEDS roles yearly, with two wellness sessions in the year – one in the summer and one in the winter. There will no longer be a summer break.

Session	Dates	Topics	CanMEDS	Prepared by
1.	July 18, 2017	Welcome	Wellness	Chiefs / Dr. Marjerrison
2.	Aug. 15, 2017	Modeling professionalism	Professional / Leader	Marjerrison
3.	Sept. 19, 2017	Time efficient teaching	Scholar	Dr. Breakey
4.	Oct. 17, 2017	Multidisciplinary consultations	Collaborator	Dr. R. Smith
5.	Nov. 21, 2017	Bias in medicine	Professional / Advocate	Dr. Marjerrison
6.	Dec. 19, 2017	Finding a career path	Professional / Manager	Dr. Baird
7.	Jan. 16, 2018	Financial Wellness	Manager	Nina Roy, CPA
8.	Feb. 20, 2018	Health care costs / SCARCE	Leader / Manager	Dr. Hillis
9.	Mar. 20, 2018	Informed Discharge	Communicator	TBA
10.	Apr. 17, 2018	Change Management	Manager / Leader	TBA
11.	May 15, 2018	Caring for Indigenous Patients - Reflection	Health Advocate	Dr. L. Brown
12.	June 19, 2018	TBA	TBA	TBA

*Topics are tentative and subject to change