Appendix 2. Question Guide: Protocol for Focus Resident Focus Groups

Preamble: The purpose of this focus group is to discuss the findings of Phase I of our study, and to solicit your feelings and opinions about “competency by design,” i.e., competency-based medical education (CBME) as a model for your residency training in anesthesia.

Please feel free to share whatever is on your mind in this regard. All comments are open to discussion as well. Please respect all members of the group, and their opinions. Everyone will be afforded ample time to speak.

1. To begin, I would like to hear some general comments from around the table:
   1) What do you know about competency-based education?
      a. Prompt: How do you define it?
      b. Prompt: Do you think there is a difference between being competent vs. being proficient?
   2) What have you heard about CBME in anesthesia?
   3) Who is discussing it? In what context?

2. We have a few questions regarding CBME and its implementation.
   1) What do you see as a competent anaesthesiologist?
   2) How do you think competency should be assessed?
      a. Prompt: What do you think is the best way to assess students in a CBME program?
      b. Prompt: Continuing assessment vs. exam?
      c. Prompt: Who is best situated to evaluate residents in a CBME program?
   3) What do you think the role of Canadian Medical Education Directions for Specialists is in a CBME program?

3. We are curious about your thoughts on how the program will change resident’s experiences.
   1) In what ways do you think the implementation of a CBME curricula will change the focus of anesthesia residency?
   2) CBME results in a flexible time scale for the completion of residency. Do you think this will impact residents’...
      • Clinical exposure?
         a. Prompt: Will this impact the type of cases residents are exposed to?
      • Acquisition of nontechnical skills?
         b. Prompt: Teamwork, communication etc...
      • Time spent learning from a master?
      • Ability to conduct their research projects?

4. Next, we would like you to speak to your perspective on the implementation of the program.
   1) What do you think needs to be changed in the existing program structure to facilitate CBME?
      a. Prompt: With respect to curriculum?
      b. Prompt: With respect to program administration, logistics and planning?

5. CBME is coming to Ottawa in 2015. It will not affect any of you, nor require any changes to your current program structure. However, some future grads could begin practice a lot quicker than any of you will. And by the same token, some may take a lot longer.
   1) How do you feel about this?
   2) How do you imagine you’ll feel toward future colleagues at either end of this spectrum?
      a. Prompt: Do you think it will create competition between CBME vs. traditional streams?
         In what ways?
   3) Can you list some of the advantages you foresee for residents in a CBME program?
   4) Can you list some of the disadvantages foresee for residents in a CBME program?
   5) Who do you think might be interested in this type of program (type of residents)?
a. Prompt: How do you think it will impact IMG’s (international medical graduates)?
   (Residents may speak about those looking for a shorter program; those who have jobs lined up; those looking for a longer program—facilitated family/parental leave)

6. Consider this your opportunity to inject something directly into the decision-making process.
   1) What would you say to the directors who are implementing these programs?
   2) What do university departments need to hear from the resident perspective?