

## Appendix 1. Question Guide: Protocol for Semi-Structured Interviews with Anesthesia Program Directors

The purpose of this interview is to identify (1) if there is a perceived need for “competency by design”, i.e., competency-based medical education (CBME) in Canadian anaesthesiology programs, (2) to solicit national opinion on how such a program should be designed and in particular which modules should be mandatory, and (3) to assess potential challenges and unintended consequences of CBME.

It is recognized in the literature that competency-based programs are a definite new direction in medical education. However, there are some ambiguities as to what this means in theory, and some doubts about what this will mean in practice.

1. In theory, some controversy exists in the literature regarding the meaning of the word “competency.”
  - 1) In general terms, how would you define “competency,” in terms of anesthesia residency?
  - 2) How does a resident acquire “competence?”
  - 3) How do you know when a resident is competent or not to begin practice?
2. CBME breaks down the knowledge, skills and attributes required to practise anaesthesia into component competencies, which the resident acquires at their own pace and with some measure of programming discretion.
  - 1) How does the new model—acquisition of a set of competencies as a basis for assessment—compare with the more traditional time-based model of training?
  - 2) What preparatory work or restructuring would be necessary before a given school could adopt a CBME format?
3. In practice, CBME would allow students to progress at their own rate of learning and skill acquisition. This may well create the situation wherein every student could be at a different, individualized stage of progress.
  - 1) How would something like this be administrated?
  - 2) Where do you think real problems may lie? Unintended consequences?
  - 3) What about the stigma of being a 6-year graduate as opposed to say a 4-year graduate, in terms of professional stature?
4. Current programs in anaesthesia utilize off-service rotations to prepare residents for general exams, and to round out their experience; in cardiology, respirology, nephrology, ICU, etc. These are time-consuming and may not directly relate to competence in anaesthesiology.
  - 1) In terms of program design, what could be done to, first, ensure competence in anaesthesiology, and second, to allow for exposure to these other specialities?
  - 2) If it were strained down to its essence, what is the core of anaesthesia competence? What—if any—parts of current programming could be modified, replaced, shifted to self-directed learning, or maybe reserved to fellowships?
5. One parting shot: CBME, the next best thing, or a big mistake? What do you think?