

YOU SHOULD TRY THIS!

Using the Structured Interview Matrix for collaborative curriculum renewal

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Implication statement

Since 2012, the Royal College of Physicians and Surgeons of Canada (RCPSC) has transitioned residency programs from time-based to competency-based medical education (CBME). Consistent with best practices in CBME implementation, the Structured Interview Matrix (SIM) provides an efficient, inclusive mechanism to solicit diverse perspectives. By promoting broad participation and shared ownership, SIM enhances the relevance, validity, and sustainability of curricular change, and can be adapted for broader curriculum co-design. To our knowledge, SIM has not been used in medical education before.

Utilisation de la matrice d'entretiens structurés pour la révision collaborative des programmes de formation

Énoncé des implications de la recherche

Depuis 2012, le Collège royal des médecins et chirurgiens du Canada (CRMCC) a fait évoluer les programmes de résidence, passant d'une formation médicale axée sur le temps à une formation médicale axée sur les compétences (FMAC). Conformément aux pratiques exemplaires en matière de mise en œuvre de la FMAC, la matrice d'entretiens structurés (Structured Interview Matrix, SIM) constitue un mécanisme efficace et inclusif pour recueillir des perspectives variées. En favorisant une large participation et un sentiment d'appropriation partagé, la SIM renforce la pertinence, la validité et la durabilité des changements curriculaires, et peut être adaptée à une co-conception élargie des programmes de formation. À notre connaissance, la SIM n'a jamais été utilisée auparavant en enseignement médical.

What problem was addressed?

Public health and preventive medicine (PHPM) residency programs transitioned to CBME¹ in July 2025. CBME implementation is an important but intensive curriculum renewal and change management process. Rather than approaching this change in silos, increasing individual workload and disparate thinking, we used SIM to engage residents and faculty from all five PHPM residency programs in Ontario, Canada in collaborative curriculum renewal. We selected SIM method because it simultaneously supports qualitative data collection and analysis, participant engagement, and change management.²

Description of innovation

SIM is a conversation facilitation method used to collect qualitative data from a large number of participants in a short period of time.³ SIM engages participants as both interviewers and interviewees.

In advance of the SIM, participants reviewed the new RCPSC PHPM CBME requirements. We divided participants into six groups, then assigned each group a unique curricular question (e.g., “At what point in their training should PHPM residents write their exams? Why?”). We developed the questions based on implementation decision points identified by the RCPSC Specialty Committee. After reviewing and, in some cases, amending, their questions in groups, each participant was paired with someone from a different group. The participants interviewed one another, took notes, then returned to their groups to discuss their findings. We repeated this process four times. At the end of the SIM, each group presented their findings to all participants (Table 1). We recorded, summarized, and distributed the findings to all PHPM residency programs in Ontario (Figure 1).

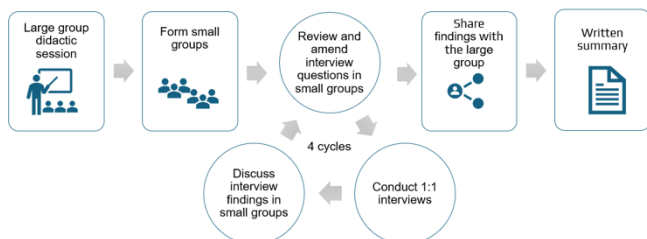


Figure 1. Graphical representation of the Structured Interview Matrix

Table 1. 2024 PHPM CBD Summit Structured Interview Matrix Summary

Time	Sessions	Participants
8-9 AM	CBME theory and practice: Didactic session	26 residents (PGY1-5) 15 preceptors 5 program directors 2 academic staff
9-9:30 AM	BREAK	
9:30-9:45 AM	Overview of the Structured Interview Matrix: Didactic session	48 participants
9:45-10 AM	Small group introductions	Six groups of 8 participants
10-10:15 AM	1:1 participant interviews	Group 1 ☒ Group 2 Group 3 ☒ Group 4 Group 5 ☒ Group 6
10:15-10:30 AM	1:1 participant interviews	Group 1 ☒ Group 3 Group 2 ☒ Group 5 Group 4 ☒ Group 6
10:30-11:30 AM	Small group deliberation	Six groups of 8 participants
11:30 AM-1 PM	LUNCH	
1-1:15 PM	1:1 participant interviews	Group 1 ☒ Group 4 Group 2 ☒ Group 6 Group 3 ☒ Group 5
1:15-1:30 PM	1:1 participant interviews	Group 1 ☒ Group 6 Group 2 ☒ Group 3 Group 4 ☒ Group 5
1:30-2:30 PM	Small group deliberation	Six groups of 8 participants
2:30-3 PM	BREAK	
3-4:30 PM	Facilitated large group debrief	48 participants

PHPM=Public Health & Preventive Medicine, CBD=Competence By Design; CBME=Competency-Based Medical Education

Outcomes

In total, 48 PHPM physicians and residents joined the SIM. Twenty-eight participants completed a survey evaluating the SIM.⁴ Participants reported benefits, including the participatory approach to curriculum renewal, networking with colleagues from across the province, and integrating diverse perspectives in a short timeframe. SIM results informed curriculum decisions, such as rotation length, in multiple programs. Participants also reported some challenges, including variable complexity of questions across groups, leading some groups to reach saturation before the fourth iteration and limited space for groups to physically distance themselves from others. One respondent also commented on the impact of power dynamics between residents and faculty.

Suggestions for next steps

SIM is not only a method to capture qualitative data: it can also support engagement and change management.² Residency programs may wish to consider using SIM in curriculum co-design. If replicated, it would be important to consider ways to structure the SIM to minimize the impact of power dynamics for participants while still incorporating resident and faculty perspectives, for example, by running concurrent learner and faculty sessions or establishing psychological safety ground rules.

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Conflict of Interest:

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