Competence by Design Launch Plan

1st Stage: Pre-Implementation to First Year of Implementation

PROGRAM NAME

Program Leaders

Name	Role
	Chair/Chief
	Program Director
	Associate Program Director
	Department/Division CBME Lead
	Program Administrator(s)

Deadline for submission of proposed plan to PGME CBME Steering Committee: ***

For questions or clarifications: email Jennifer Vergel de Dios, Director of CBME Implementation for PGME jvergeld@uwo.ca

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Delineation of Roles for Implementation

Person	Role	Category of Task	Target Date

Committees & Subcommittees

Provide a full list of all RPC members and RPC Subcommittees and membership including Competence Committee:

Policies & Document Suite

	Task or Question
	PD, Associate PD, CBME Lead, Competence Committee Chair, and PA(s) have received and read the following policy and documents?
☐	Royal College Policy: *Policies for Certification in a Competence by Design Model of Residency Training – April 2019* http://www.royalcollege.ca/rcsite/documents/credential-exams/cbd-certification-policy-e.pdf
☐	Discipline Competencies document
☐	EPA Guide (list of EPAs) for specialty
☐	Pathways to Competency document
☐	Discipline Standards for Accreditation document
☐	Training Experiences document

Competence Committee (CC)

	Task or Question	Comments or Explanation
☐	Membership determined? CC Chair chosen/elected? External members? Resident member?	
☐	Will assignment of residents change each meeting, each year, or not at all? Provide a justification for your decision.	
☐ ☐	How will decisions be made about resident progression? Process outlined if there is disagreement?	
☐	Does the Program Director have the ability to vote? Generally, PDs abstain from voting if the CC is large enough.	
☐	CC & RPC meetings set for the academic year with less than 4 weeks between them	
☐	Communication plan determined – who emails residents before and after CC meetings? What is emailed?	
☐	Paperwork completed?	
☐	- Terms of Reference	
☐	- Agenda template	
☐	- Reviewer files	
☐	- Tracking document of resident progression and recommendations between meetings	
☐	- Memo to RPC, if applicable	
☐	- RPC ratification form, if applicable	
☐	- Communication document to residents post-CC meeting	
☐	- Academic Advisor communications, if applicable	

☐	Approach for residents who are 'not progressing as expected' or 'failing to progress'?	
☐	Communication plans determined with Academic Advisors before and after CC meetings – what documentation, timelines?	
☐	Arrange to observe a CC meeting from a different program, if interested	

Hybrid program plans, if applicable

Please see https://www.royalcollege.ca/rcsite/cbd/technical-guide-series-e Technical Guide 2: Applying Dual Standards for further details.

	Task or Question	Comments or Explanation
☐	Which time-based residents will also have components of CBD?	
☐	Which EPAs will they be expected to complete?	
☐	Will the minimum number of achieved observations for an EPA be different for the time-based residents?	
☐	Will time-based residents be discussed at Competence Committee meetings?	

Curriculum & assessment mapping

***Please ask PGME for various examples of different maps. Or visit the Western CBME Microsoft Team using your LHSC account.*

	Task or Question	Comments or Explanation
	CBD residents	
☐	- EPA curriculum map completed for PGY-1 rotations? e.g. for a given rotation, what EPAs are achievable	
☐	- EPA assessment map completed for PGY-1 rotations? e.g. for a given EPA, what rotations, clinical experiences, simulations, tests, etc. will allow assessment of all or parts of that EPA	
☐	- EPA curriculum and assessment map draft for remainder of residency	
☐	- Have you recognized patient care EPAs that are not mapped to a rotation?	
☐	- Have you recognized required training experiences you are not able to provide? Refer to your specialty's Training Requirements document	

	Task or Question	Comments or Explanation
☐	- Have you highlighted which competencies (refer to your Specialty Competencies document) are not currently assessed in EPAs or other assessments?	
☐	- Have you highlighted which EPAs can only be done during a specific rotation? i.e. residents should not miss those opportunities	
☐	- Have you highlighted which EPAs take place off-service?	
☐	- Have you incorporated buffer block(s) to allow residents to catch up on EPAs or tailor their learning experiences?	
☐	- Are less off-service rotations being planned due to CBD? *If CTU Medicine, critical care rotations are removed, you must inform PGME.*	
	Time-based residents, if applicable	
☐	- Incorporation of EPA curriculum and assessment maps based on their required rotations?	

Faculty development

	Task or Question	**Comments or Explanation**
☐	**Have PDs, CBME Leads, and CC members completed the Royal College's module 'CBD for Program Directors'?** You can earn Section 3 MOC credits. http://www.royalcollege.ca/mssites/cbdpd/en/content/index.html#/	
	Reviewing the Core Topics (see separate document): • *What needs to be covered?* • *When did it occur or when will it occur?* • *What methods are planned? In person sessions, emails, newsletters, etc.* • *What will need repeating?*	
☐	- Rationale for CBME	
☐	- Definitions with relevant examples of stages, EPAs, milestones, CC	
☐	- Entrustment	
☐	- Feedback & Coaching: RX-OCR	
☐	- Practice exercise with EPA and feedback, +/- video clip	
☐	- Elentra training session(s) planned?* contact PGME to set up a training session	
☐	- EPAs & ground rules	

	Task or Question	Comments or Explanation
	Ensure same messaging given for faculty and residents about EPA ground rules, see below	
☐	- Q&A with PGME CBME Director and PDs from relevant launched programs	
☐	**For whom will the faculty development apply? Include allied health care workers**	
☐	**Do you need to include faculty in distributed sites, e.g. Windsor, Stratford, Sarnia, etc.?**	
☐	**When will the above topics be delivered?**	
☐	**What incentives will you need? MOC credits?**	
☐	**Was the same messaging regarding EPA ground rules told to faculty as it was to residents?**	
	EPAs on off-service rotations	
☐	- Have you communicated with the PD of each off-service rotation which EPAs are applicable for your residents and any guidance about them?	

Resident orientation & messaging

	Task or Question	Comments or Explanation
	CBD residents – EPAs & ground rules	This section is applicable if you have a permissive launch. If not, it is meant for completion closer to your official launch date.
☐	- Do you have an overall plan for implementation to communicate with them when they start residency?	
☐	- Proposed exam changes, if applicable?	
☐	- Shared an EPA curriculum and assessment map applicable for a resident audience?	
☐	- Suggestion for number of EPAs to request per day/week/block? *Ensure the numbers you suggest match with clinical opportunities and minimum required number of achieved observations! Is it doable for a resident to achieve their EPAs based on your suggestions?*	
☐ ☐	- How many EPAs can be requested by a senior resident? - Or, minimum number of observations that must be done by a faculty member?	
☐	- How to request an EPA (email, in person) and when (day before, morning of); and what's not acceptable	

☐	- Meaning of entrustment ratings / growth mindset	
☐	- What are acceptable portions of the EPA form to complete?	
☐	- What are acceptable EPAs to ask retrospectively, i.e. after the task was done?	
☐	- What are the expectations for EPAs when residents are on off-service rotations?	
	CBD residents – CC meetings	
☐	- What do residents need to do pre-CC meeting?	
☐	- What will be reviewed by the CC?	
☐	- Do residents know who the CC members are?	
☐	- Do residents know how decisions are made?	
☐	- When will CC reviewers start reviewing, i.e. deadline for residents to ensure all components are ready for a CC reviewer?	
	Time-based residents, if applicable	This can occur well in advance of a July 1st launch date if you have a hybrid program.
☐	- Expectations regarding EPAs and CC meetings for PGY-2 to PGY-5 residents communicated?	
	Residents as assessors	
☐	- Do residents need further training on how to assess CBD residents or medical students?	
☐	- If yes to the above, what training have you planned? PGME has resources for this.	
	Elentra training	
☐	- Sessions planned?* *contact PGME to set up a training session*	

Faculty accountability

	Task or Question	Comments or Explanation
☐	How will the faculty assessor reports in Elentra be utilized?	
☐	How will this be communicated to frontline faculty?	
☐	How will faculty be recognized?	
☐	How will you approach faculty with expired EPAs?	
☐	How will you approach faculty who are not getting requests for EPAs?	

Programmatic assessment

	Task or Question	Comments or Explanation
☐	What non-EPA components are you keeping? e.g. ITERs, OSCE results, STACERs, logbook submission, etc.	
☐	Are your ITERs updated, if applicable?	
	Multisource feedback / 360s	
☐	- Protocol determined?	
☐	- Components of the assessment form determined?	
☐	- Elentra requirements sent to PGME?	

Elentra

	Task or Question	Comments or Explanation
☐	Did you complete the form building questionnaire?	
☐	Did you consider other potential entrustment scales to fit your specialty?	
☐	Did you consider which parts of the form must be completed by faculty?	
☐	Did you complete your contextual variable (CV) translations?	

Program evaluation / QI

	Task or Question	Comments or Explanation
	What is your yearly plan for determining your launch's successes and challenges?	
	Faculty feedback	
☐	- Frequency per year?	
☐	- Methods?	
	Resident feedback (both time-based and CBD)	
☐	- Frequency per year?	
☐	- Methods?	

APPENDICES

1. Pilot launching in Elentra – Tips & Ideas
2. Hybrid program
3. Core topics in faculty development
4. Competence Committee orientation package – link to LHSC Microsoft Team shared folder
5. CBME ground rules – *see example and separate PDF*
6. Elentra form building questionnaire
7. NEW* as of September 2020:
   A. Technical Guide 1: EPA Observation Forms
   B. Technical Guide 2: Applying Dual Standards
   C. Technical Guide 3: Competence Committees
   http://www.royalcollege.ca/rcsite/cbd/technical-guide-series-e

Pilot Launching CBME in Elentra – Tips & Ideas

Between 1-6 EPAs have been created in Elentra for your program to test or "pilot" before your July 1st launch. The following are some tips and advice to make the most out of your pilot launch.

GOALS OF THE PILOT

1. To familiarize your faculty & troubleshoots any issues with Elentra https://elentra.schulich.uwo.ca/
2. To familiarize your faculty, and potentially residents if planning a hybrid program*, with important education concepts and definitions
3. To determine 'ground rules' and to shape the education culture of your department/division

Goal #1 Elentra	Goal #2 Education elements	Goal #3 Ground rules
Teach faculty how to 1. Log into Elentra 2. Understand the different methods an EPA can be triggered 3. Trigger a form themselves 4. Complete an assessment form 5. Set a PIN 6. Add a shortcut to Elentra on your mobile device 7. For PDs, PAs, CC members: learn how to run reports Understand 1. EPAs will expire in 30 days 2. Automatic email sent 2 days before an EPA expires	Teach faculty +/- residents 1. What an EPA is 2. What a milestone is 3. What is expected for the different stages of residency 4. What other assessments besides EPAs are required 5. The meaning of the O-score ratings 6. Elements of coaching and high quality feedback 7. A growth mindset You might also start to flag EPAs that are problematic to discuss at your Specialty Committee	Consider the instructions you will provide to both faculty and residents about the following: - Who is most responsible for requesting EPAs - Who is responsible for initiating a conversation about EPAs; faculty are encouraged to broach the topic - A blueprint for how to converse/plan/negotiate for an EPA (RX-OCR approach) - Number of EPAs observations residents are expected to request (or receive a '4' or '5') per day/week/block - Acceptable time to trigger the EPA in Elentra - PDs will keep track of faculty metrics and follow up if needed

Hopefully by piloting, you will avoid:
 	
- Faculty unable to log into Elentra
- Faculty unable to use a PIN to complete forms
- Expired EPAs
	Hopefully by piloting, you will avoid:
	
	- Common misunderstandings of the O-score, e.g. a junior resident *can and is expected* to get a 4 or 5 on an EPA that is in TTD or Foundations
	- Shared understanding of what a 4 or 5 looks like
	- EPAs not taken seriously
	
	*it will take years to develop coaching approaches, growth mindsets, a rich understanding or shared mental model of entrustment ratings and EPAs, and high quality feedback
		Hopefully by piloting, you will avoid:
		
		- Faculty unclear if the following is acceptable after receiving an EPA in Elentra:
		  o EPA was not discussed with them
		  o "Observation" of EPA took place several days-weeks in the past
		- Different messages given to faculty and residents
		- Only 'favourite'/'easy' faculty getting requests for EPAs – ensure all faculty know how to trigger EPAs themselves

Considerations

- Pilot launching with a smaller subset of faculty, those who are either on your RPC, Competence Committee, or just comfortable with trying new things
- A structured method of gathering feedback – think CQI and PDSA cycles! Will you send an email a few days before the end of a block? Will you arrange an in-person meeting? Call your colleagues or discuss it at an RPC or mock CC meeting?

- Don't forget to engage the residents involved in your pilot launch and get their feedback

> **TIP:** when gathering feedback, ensure you communicate back to your faculty and residents
> (1) what the feedback was: good, bad, and ugly, and (2) how you made changes based on the feedback.

*What are 'hybrid' programs?
Please refer to Technical Guide 2: Applying Dual Standards
http://www.royalcollege.ca/rcsite/cbd/technical-guide-series-e

CBD residents: Follow the <u>National Standards</u> as outlined by your Specialty Committee:
Required Training Experiences, EPAs, Specialty Standards of Accreditation, Competencies, Pathways to Competency.

Time-based residents: Follow the <u>National Standards</u> as outlined by your Specialty Committee:
Objectives of Training (OTR), the Final In-Training Evaluation Report (FITER), and Specialty Training Requirements (STR).

Both sets of National Standards are found here: http://www.royalcollege.ca/rcsite/ibd-search-e
Residents must follow the National Standards that were available when they started residency. Officially, a time-based resident will remain that status in the eyes of the Royal College throughout their course of training. A hybrid program is determined by the local RPC and simply refers to the assessment expectations with potentially any curricular changes, so long as the National Standards for each cohort are being met.

The following examples show Program X and Program Y, both 5 years in length. They launched CBD in July 2019. They share the same characteristics:

	PGY-1	PGY-2 to PGY-5
Official status	CBD	Time-based
Royal College Exams	Changed: written and oral exams in spring of PGY-4	Remains status quo: written and oral exams in spring of PGY-5
Rotations	Meet Required Training Experiences and EPA document criteria	Meet Specialty Training Requirement (STR) criteria and Objectives of Training (OTR)
Role of RPC?	• Ratify CC recommendations • Determine independent learning plans • Assign Academic Advisors	• Change rotations as needed • Plan exam preparation • Etc.

Program X adopted a "hybrid program".

PROGRAM X	PGY-1	PGY-2 to PGY-5
Program expectations for assessment	EPAs, ITERs, FITER, OSCEs, STACERs, Research project	
CC Discussion and Review?	Yes	Yes

Program Y adopted a separate stream for their CBD and time-based residents.

	PGY-1	PGY-2 to PGY-5
Program expectations for assessment	EPAs, ITERs	ITERs, FITER, *No EPAs
	OSCEs, STACERs, Research project	
CC Discussion and Review?	Yes	No

This is in compliance with the Royal College's Technical Guide 2, *Applying dual standards*.

> **TIP:** do not forget about your time-based residents, no matter what kind of program you decide to run. Ensure that any innovations or new ideas made for your CBD residents are fair and applicable to your time-based residents, if possible.
> For example, if you decide to run a boot camp to target certain EPAs or required training experiences for CBD residents, then see if you can have time-based residents facilitate or participate in the boot camp as well.

Core Topics for Faculty Development
CBME Implementation

1. *Rationale for CBME & Key Players
2. *Definitions with relevant examples for the program
   a. Stages of residency
   b. EPAs
   c. Milestones
   d. Competence Committee
3. *Entrustment
4. *Feedback & Coaching
   a. RX-OCR
5. Practice exercise with EPA and feedback, +/- video clip – <mark>program responsibility</mark>
6. *Elentra
   a. Login
   b. Setting a PIN
   c. Completing an assessment
   d. Triggering an assessment
7. Ground rules – <mark>program responsibility</mark>
   a. EPA expectations
   b. Non-EPA assessments
   c. Faculty reports
8. *Q&A with PGME and PDs from related launched CBME programs
   e.g. inviting Nephrology PD (launched in 2018) for Q&A for Respirology

* = PGME can provide the session for this or help arrange for this

PGME can assist with developing a faculty development plan for your frontline faculty and senior residents.

Considerations
- At least 2 sessions to cover all of the topics above will be necessary
- Potential to combine sessions with other residency programs if there are shared needs
- Make the sessions faculty only or include your current residents – will depend on whether you plan to have a hybrid program

CBME Ground Rules

Below is an example from Medicine Programs

Table of Contents

Launch	Program	Launch	Program
2018	Medical Oncology	2021	Cardiology
2018	Nephrology	2021	Clinical Immunology & Allergy
2019	Gastroenterology	2021	Clinical Pharmacology & Toxicology
2019	Geriatric Medicine	2021	Hematology
2019	General Internal Medicine	2021	Respirology
2019	Internal Medicine	2023	Endocrinology
2019	Rheumatology	2023	Infectious Diseases

EPAs

Number of EPAs to request per day/week/block?	
Medical Oncology	5 per week
Nephrology	4-5
Gastroenterology	No specified number per day/block/week is required, however trainees are provided monthly updates on their progress to ensure they are staying on track.
Geriatrics	Not specified. We have mapped out achievable EPAs to each rotation and provided this information to residents.
GIM	1/week
Rheumatology	1 / 4 / 12

When to request EPAs? Day before / start of the day/ just before patient encounter, etc. What is not allowed for a request? i.e triggering a form 1 week after the fact?	
Nephrology	Just before patient encounter
Gastroenterology	Residents are encouraged to have a discussion with their supervisor in the morning prior to encounters that they would like to trigger EPA's based on their patient encounters on that day. Residents are not allowed to trigger an assessment days after the encounter has passed as this doesn't provide them with on the spot coaching feedback.
Geriatrics	Request prior to the encounter. We have not specified how long before, just that the resident and assessor are aware the encounter will be used as the basis of an assessment.
GIM	Depends on patient context. Some are before start of rotation. Some spontaneous
Rheumatology	Preferably just before encounter. Immediately after okay. Not more than 24 hours after.
Medical Oncology	At the end of the day

How many EPAs can be completed by senior residents vs faculty, if not defined by your Specialty Committee in the EPA documents?	
Nephrology	Both senior residents (PGY-6s) and faculty complete EPAs.
Gastroenterology	This is not specified by the Speciality Committee and there is no ruling surrounding this, however residents in GI are senior fellows therefore, it is 99% faculty completing EPA assessments, other than for the multisource feedback assessment.
Geriatrics	We are following Specialty Committee guidance
GIM	Faculty only
Rheumatology	None.
Medical Oncology	Not defined

How much of the EPA form is instructed/expected/allowed to be completed by the resident in Elentra?	
Nephrology	Residents can fill it out and leave the comments section to be filled by staff

Gastroenterology	Residents are allowed to complete the assessment form and entrustment scale scoring, as this provides the supervisor the opportunity to see the residents self - reflection. However, the trainee doesn't provide comments in the comment section. Although trainees can complete elements of the assessment form, the supervisor has the final say on the score provided based on their encounter.
Geriatrics	We have not specified.
GIM	First half only
Rheumatology	Clinical case summary, preferably fill out as much of form as possible so ensure achieving all components of individual EPA.
Medical Oncology	Not defined

How much of a shared understanding of the entrustment scale ratings exists for faculty and residents?	
Nephrology	Reasonable
Gastroenterology	The residents and faculty have been provided a break down of what each entrustment score consists of so that they are all clear and have the same understanding for the scoring measures.
Geriatrics	We have completed faculty development on use of the entrustment scale. We currently do not have any residents in the CBME program.
GIM	100% for older residents; 0% for ones who just started
Rheumatology	I don't know what this means exactly. The residents and faculty are aware of the Likert scale. The staff are aware that residents need to achieve 4-5/5 in order to progress. The residents accept that lower scores are not unusual the first time they encounter topics covered by EPA.
Medical Oncology	Not sure what is meant by the question; however, the faculty and residents are trained one:one on the entrustment scale ratings

Competence Committees

How many members of your CC are also RPC members? e.g. 8 CC members, 4 also part of RPC	
Nephrology	5 CC members, 3 also members of RPC
Gastroenterology	6 CC members, 2 also part of RPC- the Program Director and the Division Chair are members of both committees.
Geriatrics	6 CC members, 4 also part of RPC
GIM	1
Rheumatology	3 (small division), we may be having a non-division member going forward.
Medical Oncology	7 CC members, 4 also part of RPC

How does your RPC ratify the recommendations of the CC?	
Nephrology	CC meetings are held 2 weeks prior to RPC. CC recommendations presented at RPC for ratification.

Gastroenterology	The PD has a standing item on all RPC agendas for resident progression. The PD lets the RPC know the recent review and progress of the trainees based on the most recent CC meeting. The PD discusses each residents progression and shares the thoughts of CC members, specifically when a resident is ready to be promoted. The PD seeks out opinions, thoughts and suggestions from all RPC members on each residents progression and ensures there is a majority when residents are promoted to the next stage of training.
Geriatrics	Currently no residents in the CBME program
GIM	PD informs to RPC
Rheumatology	We resolve recommendations of CC at the end of our meetings. Have a section devoted to that in minutes.
Medical Oncology	CC chair is also member of RPC and has a standing report;

Do you rotate assignment of reviewers for each CC meeting?

Nephrology	Yes
Gastroenterology	No, Competence committee members are assigned residents at the beginning of the academic year and they review and mentor that trainee until the completion of their training.
Geriatrics	As we will only have 2 residents in the coming academic year, the PD will review documentation for both residents.
GIM	nope
Rheumatology	We have a small number of residents and each review all of them.
Medical Oncology	Reviewers have a 2 year term; the reviewer has the same resident to review for the full two years of their residency

Do you have external members, i.e. non-department or non-division members?

Nephrology	We have a NP on the CC
Gastroenterology	No, the Competence Committee consists of only GI Division members.
Geriatrics	Yes. 1 member from PMR, 1 member from geriatric psychiatry
GIM	On the CC?
Rheumatology	Not yet. See above. Under consideration.
Medical Oncology	Yes; Haematology Program Director and Radiation Oncology Program Director are members of RPC

Do you have resident members?

Nephrology	No
Gastroenterology	No, the Competence Committee is only faculty.
Geriatrics	Yes – 1 member from geriatric psychiatry
GIM	Where? RPC or CC?
Rheumatology	No.
Medical Oncology	Yes; Chief Resident has standing report, and 1 additional resident are members of RPC

What components do you review besides EPAs?
e.g. ITERs, standardized test results, logbook, etc.

Nephrology	Simulation, 360 degree feedback, MSF
Gastroenterology	ITERS
Geriatrics	ITERs, teaching attendance (AHD, CPR, CAT, Geriatric Interdisciplinary Grand Rounds), mock exam scores
GIM	Logs, ITERs
Rheumatology	ITERs, NWRITE, OSCEs, feedback from house staff and residents, informal feedback from other staff.
Medical Oncology	OSCE evaluations, In-Training Exams, Journal club evaluations, ITERs, Multisource feedback.

What communication goes out to residents pre-CC meeting and what is the timeline?
e.g. reminder emailed to residents 2 weeks before a CC meeting

Nephrology	reminder emailed to residents 2 weeks before a CC meeting
Gastroenterology	At the end of each block the resident receives a simple report which provides them a brief overview of their progress thus far. The CC mentor meets with their respective resident at a max 1-2 weeks after the CC meeting to further discuss their progress/provide them an update on the CC report. Residents are welcome to schedule a meeting with their mentor as needed.
Geriatrics	Currently not applicable
GIM	Reminders and face-to-face with PD
Rheumatology	The CC meetings coincide with stages of training. Residents are reminded to ensure all of their EPAs are submitted and completed. They do not attend the meeting.
Medical Oncology	Reminder email to residents to trigger EPAs; but also to schedule progress report with file reviewers up to two weeks after CC meeting

Elentra Form Building Questions for Programs

Question	Circle Chosen Option(s)			Recommended Option
Include EPA assessment plan?	YES	NO		YES
Which Milestones do you want to include on the assessment form?	Bolded Milestones	Bolded & Unbolded Milestones	Custom Combination	Consider user experience
Which Milestone assessment scales will you be using? (see below)	Royal College Milestone Scale	Western Milestone Scale	O-SCORE (for procedural milestones only)	
Do you want comments after each Milestone?	Allow comments (mandatory)	Allow comments (not mandatory)	Do not allow comments	**Do not allow comments**
Do you want default responses on Milestones? (ex. all defaulted to not observed)	YES	NO		
Which overall entrustment (global rating) scales will you be using? (see below)	O-Score	OCAT	Western (for non-technical EPAs or Special Assessments)	
Where would you prefer the overall entrustment (global rating) scale to appear?	Before the Milestones	After the Milestones		**After the Milestones**
Do you want a comment box attached to the overall entrustment score?	Allow comments (mandatory)	Allow comments (not mandatory)	Do not allow comments	Allow comments (mandatory)

Milestone Scales

Royal College Milestone Scale
- Not observed
- In progress
- Achieved

Western Milestone Scale
- Not observed
- Working on it
- Almost there
- Achieved

O-Score
- Not observed
- I had to do
- I had to talk them through
- I had to prompt them from time to time
- I needed to be in the room just in case
- I did not need to be there

Clinical EPAs Overall Entrustment Scale Options

O-Score (Ottawa Surgical Competency OR Evaluation)

- I had to do
- I had to talk them through
- I had to prompt them from time to time
- I needed to be in the room just in case
- I did not need to be there

OCAT (Ottawa Clinic Assessment Tool)

- I had to do
- I had to talk them through
- I had to direct them from time to time
- I needed to be available just in case
- I did not need to be there

O-Score/OCAT Combined

- I had to do
- I had to talk them through
- I had to prompt/direct them from time to time
- I needed to be available or in the room just in case
- I did not need to be there

Guidance Scale v2

- I had to provide constant guidance or take over
- I had to provide significant guidance
- I had to provide some guidance
- I had to provide minimal guidance
- I did not have to provide any guidance

Non-Clinical EPA Options

applicable to non-clinical EPAs or special assessments such as personal learning plans, scholarly projects, teaching, etc.

Western Five Point Scale for EPAs
- Beginning: Consistently below expectations in most essential areas
- Developing: Consistently below expectations in many essential areas
- Satisfactory: Consistently met expectations in many, but not all, essential areas
- Accomplished: Consistently met expectations in all essential areas, at times exceeding expectations
- Exemplary: Consistently exceeded expectations in all essential areas

Western Five Point Scale
- Unsatisfactory
- Marginal
- Developing
- Successful
- Exceptional

Western Five Point Scale: Detailed
- Unsatisfactory - Consistently below expectations in most essential areas of responsibility
- Marginal - Did not consistently meet expectations in many essential areas
- Developing - Consistently met expectations in many, but not all, essential areas
- Successful - Consistently met expectations in all essential areas, at times possibly exceeding expectations
- Exceptional - Consistently exceeded expectations in all essential areas

Example Assessment Form

Urology: Core EPA #20
Delivering effective teaching presentations

Key Features:

- The focus of this EPA is clear, accurate information delivery targeted to the audiences' needs
- This EPA may be observed in any formal teaching activity (e.g. grand rounds)

Assessment Plan:

- Multiple audience members provide feedback based on observation of a teaching presentation.
- Collect evaluations from 1 teaching encounters
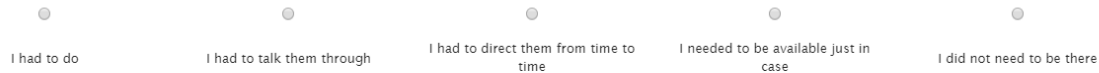
Basis of Assessment

-- Please Select -- ▼

Assessor's Role

-- Please Select -- ▼

Milestones

	Not observed	In Progress	Achieved
Identify the learning needs and desired learning outcomes of others	○	○	○
Develop learning objectives for a teaching activity	○	○	○
	○	○	○
Use audiovisual aids effectively	○	○	○
Provide adequate time for questions and discussion	○	○	○

Based on observation/review, overall:

○	○	○	○	○
I had to do	I had to talk them through	I had to direct them from time to time	I needed to be available just in case	I did not need to be there

Next Steps

[text area]

Concerns		
	No	**Yes**
Do you have patient safety concerns related to this resident's performance?	◉	○
Do you have professionalism concerns about this resident's performance?	◉	○
Are there other reasons to flag this assessment?	◉	○

Have feedback about this form? (eg, "Missing Dx", etc.)

◉   ○

No   Yes

Example EPA

Urology: Core EPA #20

Delivering effective teaching presentations

Key Features:

- The focus of this EPA is clear, accurate information delivery targeted to the audiences' needs
- This EPA may be observed in any formal teaching activity (e.g. grand rounds)

Assessment Plan:

Multiple audience members provide feedback based on observation of a teaching presentation.

Use Form 1 or upload results from local teaching evaluation form.

Collect evaluations from 2 teaching encounters
- At least two evaluations from each teaching presentation

Relevant Milestones:

1 S 2.4 Identify the learning needs and desired learning outcomes of others
2 **S 2.4 Develop learning objectives for a teaching activity**
3 **S 3.3 Critically evaluate the literature**
4 S 3.4 Integrate best evidence and clinical expertise
5 **S 2.4 Present the information in an organized manner**
6 **S 2.4 Use audiovisual aids effectively**
7 **S 2.4 Provide adequate time for questions and discussion**