Assessment Process & Faculty Engagement

CBME: Working Through the Process • PGME CBME Retreat • November 3, 2017

Jennifer Vergel de Dios, CBD Lead
Department of Anesthesia & Perioperative Medicine
Western CBD Anesthesia website
Objectives

By the end of this session, you will be able to

1. Understand the new workplace-based assessments in CBD and how they’re used in anesthesiology

2. Understand approaches and barriers to faculty engagement for CBD
Disclosure

Relationships with commercial interests:
I have no potential for a conflict of interest with this event.
Disclaimers

Expert in CBD/CBME

EPA & milestone creation

Changes occur frequently

Dept-specific experience

Separate CBD Lead (stipend, time), PA
What stream are you?

What is CBME via CBD?  
Why do it?

Roll out: > 2 yrs away  
Info available:  
lots of theoretical stuff

How do we do this?  
Roll out: < 1-2 yrs away  
Info available for implementation:  
lacking
Background

Anesthesiology in Canada
CBME via CBD
All remaining anesthesiology programs

July 1, 2017
Assessment Process
Workplace-Based Assessments
Previous system

“Mandatory” but completion rates ~60%

Expires by end of rotation for ITER

Daily evaluations - pushed in VENTIS
Royal College’s MAINPORT ePortfolio

9 anes. depts
Work in progress
Wishlists
Support, “free”
ePortfolio views

Observer
- Consultants
- Fellows
- Residents
- +/- Multisource feedback (MSF)
  - Nurses
  - Other allied health care workers, e.g. RTs, pharmacists

Learner
- Residents

Program Director | Program Administrator | CC Member | PGME Dean
Types of observations

- Direct
- Indirect
- Planned / Elective
- Ad hoc / Urgent / Emergent
9. **TD COM 4.3** Demonstrate steps to obtaining informed consent

10. **TD COM 4.4** Communicate patient assessment to staff in an organized manner and organize feedback in a structured manner

**Anesthesiology: Transition to Discipline EPA #1**

Performing preoperative assessments for ASA 1 or 2 patients who will be undergoing a minor scheduled surgical procedure

Assessment plan

- **Part A:** Direct observation
  - Supervisor does assessment based on direct observation
  - Use Form 1. Form collects information on:
    - Type of surgical procedure: general surgery; gynecology; ophthalmology; orthopedic surgery; otolaryngology; plastic surgery; urology
    - Age of patient
  - Collect 2 direct observations
    - At least 2 assessors

- **Part B:** Chart review
  - Supervisor does assessment based on indirect observation (chart review)
  - Use Form 1. Form collects information on:
    - Type of surgical procedure: general surgery; gynecology; ophthalmology; orthopedic surgery; otolaryngology; plastic surgery; urology
    - Age of patient
  - Collect 3 indirect observations based on chart review
    - At least 2 assessors

- **Part C:** Submit logbook of patient assessment encounters

**Relevant milestones**

**Part A:**

1. **TD ME 2.2** Elicit a history for a patient prior to their scheduled minor procedure, including but not limited to relevant past medical history, anesthetic history and functional review of systems

2. **TD ME 2.2** Perform an appropriate pre-anesthetic physical examination of a patient prior to their scheduled minor procedure, including but not limited to an appropriate airway assessment

3. **TD ME 2.2** Identify relevant investigations required prior to the scheduled minor procedure

4. **TD COM 1.1** Communicate using a patient-centered approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion

5. **TD COM 1.4** Identify, verify and validate non-verbal cues on the part of patients and their families

6. **TD COM 3.1** Communicate the plan of care in a clear, compassionate, respectful, and accurate manner to the patient and family

7. **TD COM 3.1** Recognize when to seek help in providing clear explanations to the patient and family

8. **TD COM 4.1** Conduct an interview, demonstrating cultural awareness

**EPA descriptions**

**Microsoft Word files**

**From your National Specialty Committee**

**NOT for frontline observers**

**Guides/rules for residents, curriculum planners**
9. TD COM 4.3 Demonstrate steps to obtaining informed consent

10. TD COM 4.1 Communicate patient's assessment to staff in an organized manner and organize

Anesthesiology: Transition to Discipline EPA #1

Performing preoperative assessments for ASA 1 or 2 patients who will be undergoing a minor scheduled surgical procedure.

Assessment plan
Part A: Direct observation
Supervisor does assessment based on direct observation

Use Form 1. Form collects information on:
- Type of surgical procedure: general surgery; gynecology; ophthalmology; orthopedic surgery; obstetrics; plastic surgery; urology
- Age of patient

Collect 2 direct observations
- At least 2 assessors

Part B: Chart review
Supervisor does assessment based on indirect observation (chart review)

Use Form 1. Form collects information on:
- Type of surgical procedure: general surgery; gynecology; ophthalmology; orthopedic surgery; obstetrics; plastic surgery; urology
- Age of patient

Collect 3 indirect observations based on chart review
- At least 2 assessors

Part C: Submit logbook of patient assessment encounters

Relevant references
Part A:
1. TD ME 2.1: Elicit a history for a patient prior to their scheduled minor procedure, including but not limited to relevant past medical history, anesthetic history and any recent medical review of systems
2. TD ME 2.2: Perform an appropriate pre-anesthetic physical examination of a patient prior to their scheduled minor procedure, including but not limited to an appropriate airway assessment
3. TD ME 2.3: Identify relevant investigations required prior to the scheduled minor procedure
4. TD COM 1.1: Communicate using a patient-centered approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion
5. TD COM 1.4: Identify, verify, and validate non-verbal cues on the part of patients and their families
6. TD COM 3.2: Communicate the plan of care in a clear, compassionate, respectful, and accurate manner to the patient and family
7. TD COM 4.1: Conduct an interview, demonstrating cultural awareness
Royal College’s Form 1

Royal College’s Form 2

EPA Observations

Procedures
Royal College’s Form 3

Multisource Feedback

Royal College’s Form 4

Narrative Observation
DIRECT observations

- Observe it all
- Observe parts

INDIRECT observations

- Case presentations
- Chart review
- Information you find out when you see the patient
- Discussion with trainee
  - They demonstrate technique, walk you through their reasoning
What is the actual process?
Who can initiate an observation?

A. Learner*

B. Observer (you!)

C. Program Administrator
A. Learner-Initiated EPA observations in ePortfolio

Learner view
Email notification of request

Observer View

Resident ePortfolio: Observation requested / Portfolio électronique d'observation

John Larkin has requested an observation for EPA Using the anesthetic assessment and the management plan, including postoperative disposition, for ASA 1, 2 or 3 patient.

Request expiration date: 2017-11-01

To view and action this request, log in:

https://mainport.royalcollege.ca

Program: All
Stage: All
Faculty of Medicine: All

Pending Observations (1) / Archived Observations

Pending Acceptance

<table>
<thead>
<tr>
<th>Learner</th>
<th>EPA #</th>
<th>Form Name</th>
<th>Assigned/Requested By</th>
<th>Request Date</th>
<th>Request Expiration Date</th>
<th>Evidence</th>
<th>Actions</th>
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<tr>
<td>John Larkin</td>
<td>EPA 2.2</td>
<td>Part A: Indirect Observation - Form 1</td>
<td>John Larkin - Learner</td>
<td>10/25/2017</td>
<td>11/01/2017</td>
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<td>EPA 2.2</td>
<td>Part A: Indirect Observation - Form 1</td>
<td>John Larkin - Learner</td>
<td>10/25/2017</td>
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<td>EPA 2.2</td>
<td>Part A: Direct observation - Form 1</td>
<td>John Larkin - Learner</td>
<td>10/25/2017</td>
<td>11/01/2017</td>
<td></td>
<td>Actions</td>
</tr>
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</table>
Resident must communicate!

Email, text, in person
The night before, the morning of
(just before the clinical encounter or retrospectively for certain EPAs)
Log into MAINPORT ePortfolio

https://www.youtube.com/watch?v=Msm8PEh8FX8
Review EPA form & milestones

Observe resident (direct or indirect)

Could they have done that alone?
Coach resident about performance

Documentation in form
Expires in 7 days

Do it with resident present?
To aid in organizing and strategizing for EPA requests, what resources are you using?

7 responses

- **CBD website with the mapping tools**: 6 (85.7%)
- **Advice from my team**: 2 (28.6%)
- **EPA Planner &...**: 2 (28.6%)
- **My own system**: 3 (42.9%)
**Ground rules**

**Planned requests**
- Resident chooses which EPA
- 1 request per regular day
- 1 request per call shift

**Ad hoc requests**
- Resident must know applicable EPAs (x7) & request just before they occur or retrospectively within 1 day
B. Observer-initiated EPA observations

1. EPA
2. Narrative form
Subjectivity in assessments

Is OK!

Want exposure to different approaches to problems, teaching styles, personality traits
OBSERVERS MUST COMMUNICATE!

In person = what’s written
You document 3 major things

For the **entire EPA**

**Entrustment Scale** (based on the O-SCORE)

1. I had to do
2. I had to talk them through
3. I needed to prompt
   (I had to direct them from time to time)
4. I needed to be there just in case
5. I didn’t need to be there
<table>
<thead>
<tr>
<th>Status</th>
<th>ID</th>
<th>Task Description</th>
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<tbody>
<tr>
<td>In Progress</td>
<td>1</td>
<td>I had to do</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>I had to talk them through</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>I needed to prompt</td>
</tr>
<tr>
<td>Achieved</td>
<td>4</td>
<td>I needed to be there just in case</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>I didn’t need to be there</td>
</tr>
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</table>

Do you tell them what number you’ve given them during your verbal feedback?
*NB

- EPAs are designed for the resident’s stage
  - i.e. that “measuring stick” is built into the EPA
  - An EPA in TTP (senior stage) would never be found in Foundations (junior stage)

- Thus, *entrustment scale* - assign rating based on what you saw, regardless of their level
*NB

- Providing **snapshot**
- **Observed** that day
- No decisions for the **future**
- **Not** necessarily linear progression
- **Not** “pass” or “fail”
Resident survey end of TTD:

“As long as 4 remains a pass for all EPAs we'll be fine, however it is very frustrating to get a rating of 3 stating "I needed to prompt", when the staff would then having you doing that task (ie handover or monitoring) completely unsupervised later in the day, in which case they clearly felt comfortable not needing to be there.”
Resident survey end of TTD:

“Are staff aware that a 3 is not a pass and that a 4 is a pass? I think it would help if they knew that.”
You document 3 major things

For the milestones

1. Not Observed
2. In Progress
3. Achieved
You document 3 major things

Separate text box

**Narrative Feedback**
Structure & Key Players

PGE Committee
- Program Director
- Associate Program Director
- Site Coordinators
  - St. Joseph’s Health Care London
  - LHSC - University Hospital
  - LHSC - Victoria Hospital
- Research Coordinator
- IT Coordinator
- Chief Resident
- Junior Resident Representatives x 2
- Program Administrator
- Fellowship Program Director (ex-officio)
- Department Chair/Chief (ex-officio)

The CC will report to the PGE Committee
Structure & Key Players

CBD Residents

Academic Advisor

Academic Advisor

Academic Advisor

Academic Advisor

Academic Advisor

Academic Advisor Subcommittee Chair

Competence Committee

Residency Program Director
Associate Program Director
CBD Lead

Academic Advisor Subcommittee Chair
Evaluations Subcommittee Chair
Program Administrator

PGE Committee
New evaluations of faculty clinical teaching

Changed towards CBME (coaching, feedback)

For TTD only - resident must do one evaluation for each assessment they get - learning the new process
Realities

Residents forget (or avoid?) to ask for EPA observations

**Do the math!** ~1 *achieved* EPA/day needed...possible?
Makes formative → summative?

Struggling with on call EPAs

Subjectivity of scale, use words like “fail”

No control over complexity of what they're exposed to
Learner-Initiated EPA Observations

I frequently have to communicate with faculty about near-expiring EPA assessments:

7 responses
Barriers

“I want a break from assessments”

Did non-CBME residents feel this way?

“I’m with a staff not familiar with CBD”

Still learning how to be a resident

Formative → summative?

Stronger sense of “lagging behind peers”?

Crush their confidence at critical point in career?
Can we get Type As to accept & seek constant constructive feedback?

When their prior medical education training has (likely) not promoted this culture?
When our jobs as ‘coaches’ do not really hinge on our ‘players’ performance?

Some “easy”, some “difficult” assessors

2 residents honest about this, avoiding the “hard” markers
Challenges

- With passive observers
  - “Gaming the system”
  - Residents request everything - wait to appear polished (becomes high stakes), go days without an assessment?
  - Is this fair to them?
Challenges

● Residents
  ○ Getting EPA assessments when on call, the unplanned night

● Observers:
  ○ Improving quality of narrative feedback - verbal and written
  ○ Not letting forms expire
  ○ Utilizing narrative forms (independent of an EPA form)
  ○ Empowering them to add EPA observations themselves

● System:
  ○ ePortfolio lacks important features
Volume? Fine.

QUALITY...
CBD Anesthesiology EPA & ePortfolio Questions

If you have any questions or comments about specific EPAs, milestones, or issues with ePortfolio while using them "in the field", let us know here.

* Required

Department *
Choose

Who are you? *
- CBD Resident
- Non-CBD Resident
- Faculty
- Program Director / Administrator
- Other:

Stage of EPA *
- Transition to Discipline
Faculty Engagement

![Diagram showing stages of faculty engagement](image)
Barriers

Volume
80+ faculty
8 residents/year
1:1 teacher:learner
87 EPAs and multiple parts

Team-based
1:5 - 1:10 teacher:learner

Culture of daily assessments?
Leader’s tone - preacher, doubter?
Group decisions re. assessments & promotion
Destination: CBME
This is more like it?
Supporting colleagues through change

Change threatening: anxiety, self-identity, burn-out

Therapist

PR firm & marketing
Best place to ascertain the climate?
Late bloomers?
Wise ones when change was wrong?
Shock
Surprise or shock at the event

Denial
Disbelief; looking for evidence that it isn't true

Frustration
Recognition that things are different; sometimes angry

Depression
Low mood; lacking in energy

Decision
Learning how to work in the new situation; feeling more positive

Experiment
Initial engagement with the new situation

Integration
Changes integrated; a renewed individual
Phased implementation for our dept

Faculty Cohort 1 a.k.a. Core Assessors

Faculty Cohort 2

Faculty Cohort 3

~30 people in each cohort
Each cohort has received/will get:

**Training**
- upcoming EPAs
- practice assessing EPAs/milestones
- feedback strategies

Continuous feedback with refinement

**Preferentially assigned with CBD residents**
### Needs Assessments & Surveys

#### Western Dept. of Anesthesia & Perioperative Medicine - Thoughts on CBD

With the official start of Competency By Design (CBD) for all anesthesiology residency programs across Canada in July 2017, we want to hear your feedback so that we can make this as smooth of a transition as possible. We will incorporate your comments and questions into the Grand Rounds and other site-specific rounds addressing CBD that we will be having over the next few months. All results are ANONYMOUS. Thank you!

With regards to CBD, we would like to know if there are any challenges or concerns you have.

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>RESPONSES</th>
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<tbody>
<tr>
<td></td>
<td>22</td>
</tr>
</tbody>
</table>

#### Needs Assessments

- Entire department: 1
- Pre-workshops: 3
- CBD residents: 1

#### Feedback Surveys

- Core Assessors: 2
- CBD residents: 6
- Post-workshops: 3
### Faculty Feedback Response Rates

<table>
<thead>
<tr>
<th>Item</th>
<th>Date Opened</th>
<th>Number of Questions</th>
<th>Number of Responses</th>
<th>Number of Possible Responses</th>
<th>Response Rate</th>
</tr>
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<tbody>
<tr>
<td>Pre-roll out department thoughts</td>
<td>2/15/2017</td>
<td>1</td>
<td>22</td>
<td>87</td>
<td>25.29%</td>
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<tr>
<td>Needs assessment - CA workshop</td>
<td>5/3/2017</td>
<td>3</td>
<td>24</td>
<td>31</td>
<td>77.42%</td>
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<tr>
<td>Working with CBD residents - August</td>
<td>8/24/2017</td>
<td>13</td>
<td>16</td>
<td>30</td>
<td>53.33%</td>
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### Resident Feedback Response Rates

<table>
<thead>
<tr>
<th>Item</th>
<th>Date Opened</th>
<th>Number of Questions</th>
<th>Number of Responses</th>
<th>Number of Possible Responses</th>
<th>Response Rate</th>
</tr>
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<tbody>
<tr>
<td>CBD pre-test</td>
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<td>8</td>
<td>8</td>
<td>100.00%</td>
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<tr>
<td>TTD check-in</td>
<td>7/16/2017</td>
<td>7</td>
<td>7</td>
<td>8</td>
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<td>Buddy call review</td>
<td>7/24/2017</td>
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<td>5</td>
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<tr>
<td>Orientation days - PACU</td>
<td>8/1/2017</td>
<td>5</td>
<td>12</td>
<td>16</td>
<td>75.00%</td>
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<tr>
<td>Orientation days - RT</td>
<td>8/1/2017</td>
<td>5</td>
<td>11</td>
<td>16</td>
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<td>End of TTD</td>
<td>8/26/2017</td>
<td>9</td>
<td>8</td>
<td>8</td>
<td>100.00%</td>
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<tr>
<td>Foundations check-in #1</td>
<td>10/12/2017</td>
<td>12</td>
<td>7</td>
<td>8</td>
<td>87.50%</td>
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CBD Anesthesiology

Schulich School of Medicine & Dentistry | Western University

EPA & ePortfolio Questions

Click here to anonymously report any issues regarding an EPA, milestone or ePortfolio

For anesthesiology residents, consultants, PEs, and PAs across Canada.

CBD in action

"Help! How will this new CBD approach look like in real life?"

Watch a demonstration of an EPA request by a resident with an invitation for feedback; direct observation of the resident; a quick view of the form in ePortfolio; and feedback given to the resident afterwards.

A warm welcome to our inaugural CBD cohort!

Click here to learn more about them.

The Importance of Observation

Introducing helpful faculty development videos done by Dr. Hilda Alfaro, one of our cardiac anesthesiologists.

Effective Feedback
Newsletters
& Posters

March 20, 2017
Change

March 27, 2017
Rationale & Coaching

April 4, 2017
Stages

April 18, 2017
Competence Committees

May 1, 2017
EPAs & Milestones

May 31, 2017
Phased Implementation

June 23, 2017
ePortfolio, new residents, TTD plans

August 22, 2017
TTD post-mortem
Introductory Workshops

Faculty development
For each faculty cohort

<table>
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<tr>
<th>Date</th>
<th>Day</th>
<th>Duration</th>
<th>Participants</th>
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<td>SATURDAY</td>
<td>May 13, 2017</td>
<td>6 hours</td>
<td>21 people</td>
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<tr>
<td>TUESDAY</td>
<td>May 23, 2017</td>
<td>3.5 hours</td>
<td>11 people</td>
</tr>
<tr>
<td>TUESDAY</td>
<td>Oct 31, 2017</td>
<td>3.5 hours</td>
<td>7 people</td>
</tr>
<tr>
<td>TUESDAY</td>
<td>Nov 14, 2017</td>
<td>3.5 hours</td>
<td>18 people</td>
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Practice assessment forms
Step 3: Prepare the Lachler

http://www.schulich.uwo.ca/anesthesia/

Something that we do is an awake intubation...
Feedback strategies & reflection

Each participant given their written narrative feedback in ePortfolio to reflect on how they could improve their feedback.

Audience is resident & CC now.
EPA 2.3 Diagnosing and managing common (non-life-threatening) complications in the post-anesthesia care unit (PACU) or the surgical ward

Entrustment: 2
I had to talk them through

Milestones:
Not Observed x 3
In progress x 5
Achieved x 0

Actual feedback written in a resident’s ePortfolio was presented here but removed for the sake of privacy since this is a public posting.
CBD In-Services in July

High school co-op student

Coordinate with a fellow for breaks from the OR (didn’t need personal time to do this)

For faculty cohorts 2 & 3:

UH  15 out of 18 consultants
Vic  15 out of 26 consultants
SJ   1 out of 4 consultants

Most common issue: Logging into ePortfolio
Grand Rounds

Evolution or Revolution?
Transforming residency training to CBME

Chris Watling MD PhD
Shannon Venance MD PhD

March 22, 2017
Chris Watling & Shannon Venance

THE DEPARTMENTS OF
OTOLARYNGOLOGY - HEAD AND NECK SURGERY
and
ANESTHESIA AND PERIOPERATIVE MEDICINE
INVITE YOU TO ATTEND
GRAND ROUNDS

Webinar Presented by:
Isha Tan & Viren Naik
The Royal College of Physicians and Surgeons of Canada

CBME and ePORTFOLIO:
An introduction to the Royal College’s Resident ePortfolio System for Western Otolaryngology and Anesthesiology shared Grand Rounds.
The focus will be on the Learner-Observer Interaction.
There will be ample opportunity for Q&A.

Wednesday, May 31, 2017
7:00 am to 8:00 am
LHSC-UH, Aud. "B" (B3-250)

May 31, 2017
Organized by Brian Rotenberg
Otolaryngology - Head and Neck Surgery

External speakers or collaboration with other departments -
great for accountability

May 10, 2017
Arif Al-Areibi, Michelle Gros, J. Vergel de Dios

August 30, 2017
J. Vergel de Dios
Recognition

Certificates of appreciation for those with CBD residents the most in TTD
Recognition

newsletters

Shout Outs:
1. Getting a kick out of the photos in CBD Conversations? You can thank Dr. Ray Zhou for that! He’s been awesome at cajoling people to emote and find their inner model or actor. Thanks also to those who’ve been game at having their photo taken.

2. Special thanks to Dr. Chris Watling and Dr. Shannon Venance for presenting a great overview of CBME at our Grand Rounds last week. It helped start to ramp up the buzz for CBD.

What do you think about the reasons for switching to CBD? The concept of us as coaches? What Waechter was saying in that article? Think of a teaching in medicine or outside of medicine who made an impact on your performance or learning...what characteristics did she or he have?

individual emails

I saw you did a few EPA assessments today. Just wanted to say thanks for completing them so promptly and also for your quality feedback that you’ve written. 😊

Let me know if you have any questions.
Off-service faculty engagement

- What are reasonable asks? Negotiate
- How will you handle issues that arise in your faculty for your off-service residents?
- Issues that arise in off-service faculty for your residents?
Challenges with faculty engagement

**COSTS** - time & money

**INFO OVERLOAD** - are you the only voice?

**PATIENCE** - don’t create a divide

**FLEXIBILITY**
What can you do now?

● Form your CC members - who? Non-voting members? Practice
● Try new assessment forms based on CBD
● Faculty development - needs assessments; how to give feedback
● Parallel systems of residency - include your non-CBME residents?
● Reflect - good excuse to remove things? Try new things?
Will anything really change?

Too early to tell

Existence of CC

Improved feedback, non-CBME changes

At whose expense for this “experiment”?
Acknowledgments

Arif Al-Areibi ........................ Program Director

Lori Dengler ......................... Program Administrator