

# 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

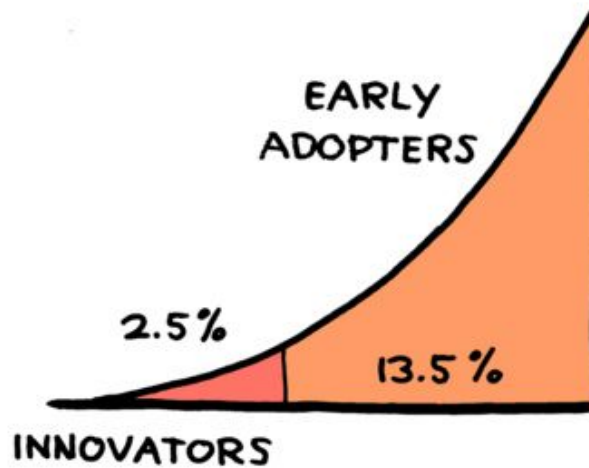
Anesthesiology in  
Canada

CBME via CBD



# All remaining anesthesiology programs

**July 1, 2017**



# Assessment Process

Workplace-Based  
Assessments



## Previous system



Daily evaluations - pushed in VENTIS

“Mandatory” but completion rates ~60%

Expires by end of rotation for IIR



# Royal College's MAINPORT ePortfolio

9 anes. depts

Work in progress

Wishlists

Support, “free”



 **ROYAL COLLEGE**  
OF PHYSICIANS AND SURGEONS OF CANADA  
**COLLÈGE ROYAL**  
DES MÉDECINS ET CHIRURGIENS DU CANADA

Royal College Secure Access

Royal College ID

Password

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# 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 1** Communicate patient 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; 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 5.1** Communicate patient 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; 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

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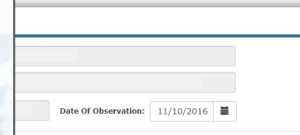
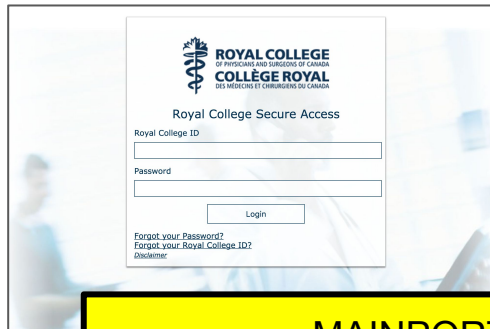
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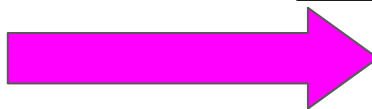
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**MAINPORT ePortfolio**  
**www.mainport.royalcollege.ca**



Based on this Observation overall: ☐ I had to do ☐ I had to talk them through ☐ I needed to prompt ☐ I needed to be there just in case ☐ I didn't need to be there

■ Milestones associated with this EPA:

	Not Observed	In Progress	Achieved
Milestone 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milestone 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milestone 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milestone 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milestone 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milestone 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Feedback to Resident and Competence Committee:**

Professionalism and Patient Safety:

Do you have any concerns regarding this Learner's professionalism? ☐ No ☐ Yes

Do you have any concerns regarding Patient Safety? ☐ No ☐ Yes

If yes, description of concern:

## Royal College's Form 1

Observation Evidence & Reflection

Learner:

EPA Title:

EPA Stage:  Date Of Observation: 11/10/2016

Type of Assessment:  Location of patient visit:  Case mix:

Context #4:  Context #5:  Complexity:

Additional Context Information:

Based on this Observation overall: ☐ I had to do ☐ I had to talk them through ☐ I needed to prompt ☐ I needed to be there just in case ☐ I didn't need to be there

☒ Milestones associated with this EPA:

	Not Observed	In Progress	Achieved
Milestone 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milestone 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milestone 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milestone 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# EPA Observations

Professionalism and Patient Safety

Do you have any concerns regarding this Learner's professionalism? ☐ No ☐ Yes

Do you have any concerns regarding Patient Safety? ☐ No ☐ Yes

If yes, description of concern:

Close Save Next Clone Submit

## Royal College's Form 2

Observation Evidence & Reflection

Learner:

EPA/IM Title:

EPA Stage:  Date Of Observation: 11/10/2016

Complexity:

Based on this Observation overall: ☐ I had to do ☐ I had to talk them through ☐ I needed to prompt ☐ I needed to be there just in case ☐ I didn't need to be there

☒ Milestones associated with this EPA:

	I had to do	I had to talk them through	I needed to prompt	I needed to be there just in case	I didn't need to be there
Milestone 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milestone 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milestone 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milestone 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Procedures

Do you have any concerns regarding Patient Safety? ☐ No ☐ Yes

If yes, description of concern:

Close Save Next Clone Submit

## Royal College's Form 3

Observation

Evidence & Reflection

Learner:

Date Of Observation: 11/10/2016

**Framing:**

This template is intended to capture your Observation Rating of a learner, based on your multiple encounters with that learner over time. Observation Ratings are provided anonymously and collated prior to presentation to the learner. Please complete this observation within two weeks of receiving this request. If you require further assistance, please contact the Program Administrator.

The following Milestones were demonstrated:

	Not Observed	Never	Sometimes	Usually	Always
Milestone 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milestone 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milestone 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milestone 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Feedback to Resident and Competence Committee:**

Close

Save

Next

Clone

Submit

Multisource  
Feedback

## Royal College's Form 4

Narrative

Evidence

Learner Stage:

Learner:

Date Of Observation: 11/10/2016

**Feedback to Resident and Competence Committee:**

**Professionalism and Patient Safety :**

Do you have any concerns regarding this Learner's professionalism ? ☐ No ☐ Yes

Do you have any concerns regarding Patient Safety ? ☐ No ☐ Yes

If yes, description of concern :

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

mainport.royalcollege.ca

### Request Observation

**EPA/IM:** 2.9 Providing perioperative anesthetic management for adult ASA 1 or 2 patients undergoing scheduled, uncomplicated surgery

**Observer:** Jennifer Vergel De Dios

**Faculty Affiliations:** University of Western Ontario

**Observer Type:** Clinical Supervisor

**Select Template**

- ☒ Part A: Direct observation - Form 1
- ☐ Part B: Longitudinal observation (optional) - Form 1
- ☐ Part D: Logbook - Form 1

Cancel Back Request

mainport.royalcollege.ca

### Request Observation

**EPA/IM:** 2.9 Providing perioperative anesthetic management for adult ASA 1 or 2 patients undergoing scheduled, uncomplicated surgery

**Select Observer**

Observer Name	Faculty Affiliation	Observer Type	Program
<input type="radio"/> Jennifer Vergel De Dios	University of Western Ontario	Clinical Supervisor	Anesthesiology

Showing 1-1 of 1

Cancel Back Next

mainport.royalcollege.ca

An observation request will be sent to 'Jennifer Vergel De Dios' for '2.9 Providing perioperative anesthetic management for adult ASA 1 or 2 patients undergoing scheduled, uncomplicated surgery'.

This request will expire on '11/01/2017'.

Ok Cancel

**Faculty Affiliations:** University of Western Ontario

**Observer Type:** Clinical Supervisor

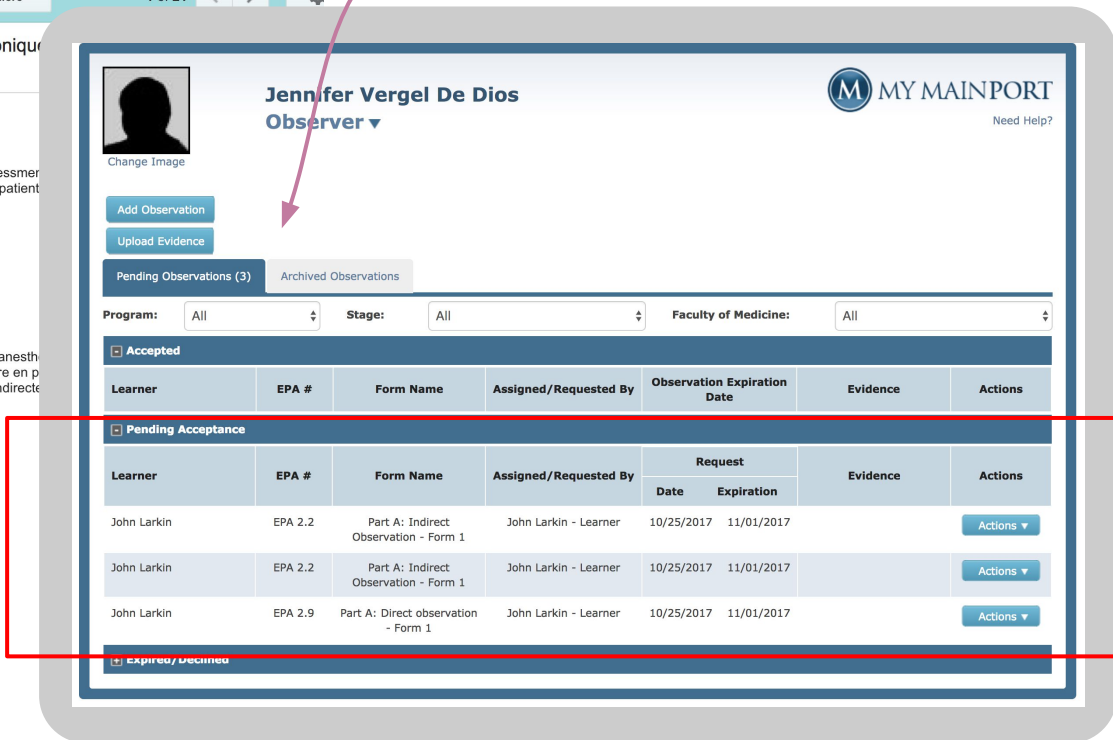
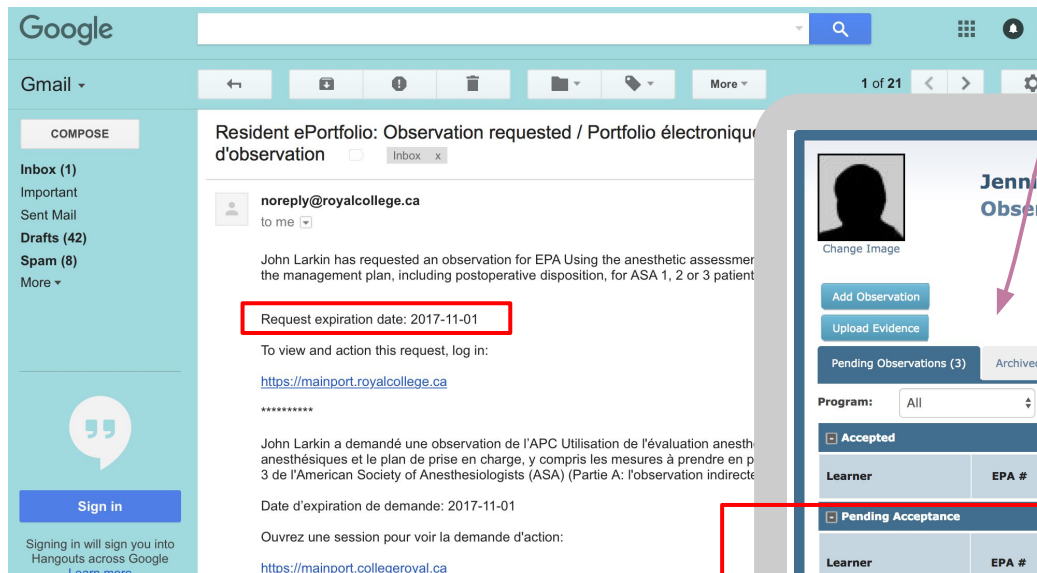
**Select Template**

- ☒ Part A: Direct observation - Form 1
- ☐ Part B: Longitudinal observation (optional) - Form 1
- ☐ Part D: Logbook - Form 1



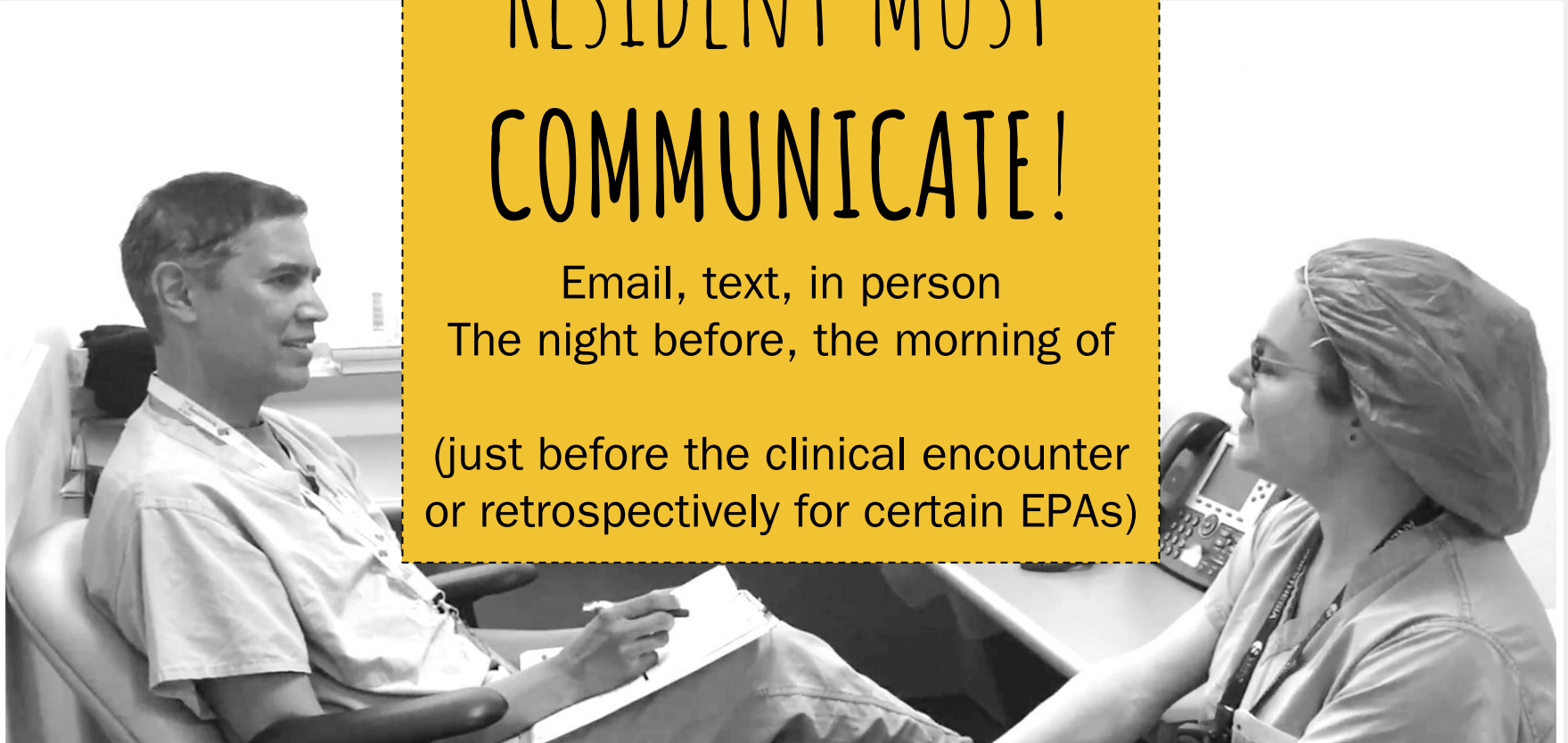
# Email notification of request

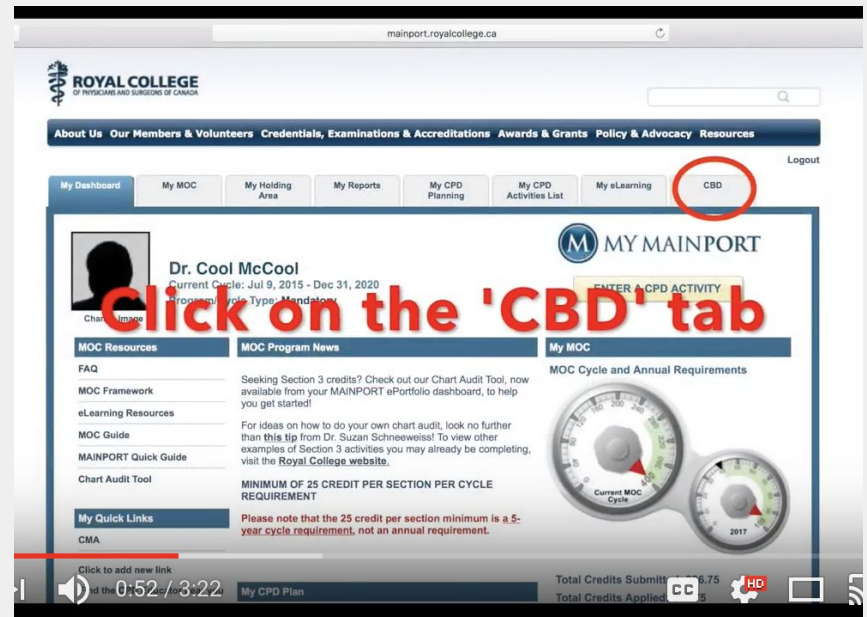
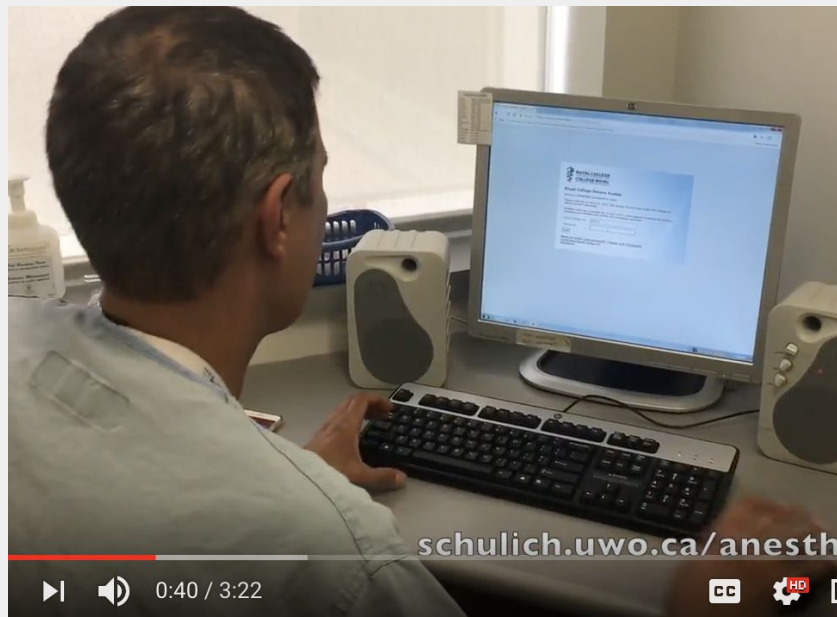
OBSERVER VIEW



# RESIDENT MUST COMMUNICATE!

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



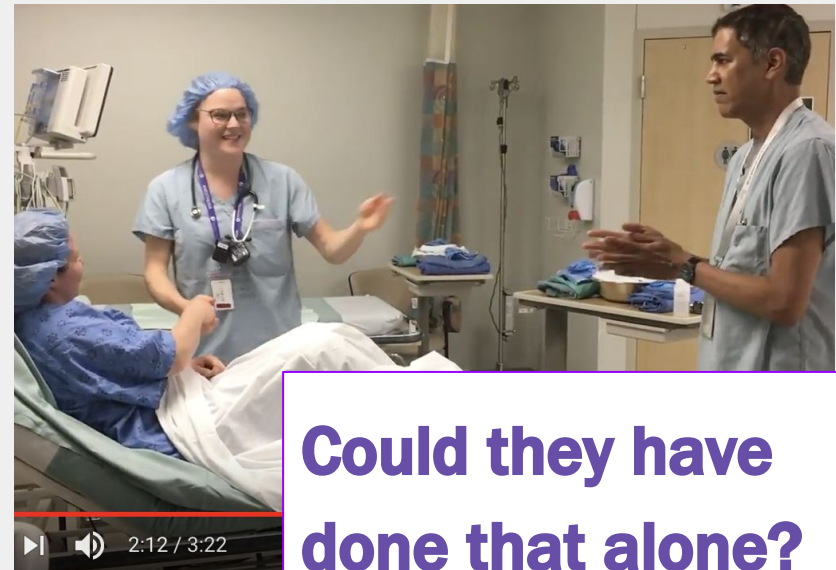


# Log into MAINPORT ePortfolio

<https://www.youtube.com/watch?v=Msm8PEh8FX8>

The screenshot shows the Observer Log Program web interface. The URL is <https://mainport.royalcollege.ca/cbd/#/observer>. The form is for an EPA titled "1.1 Performing preoperative assessments for ASA 1 or 2 patients who will be undergoing a minor". The EPA Stage is "Transition to Discipline" and the Date Of Observation is "06/05/2017". The Age of patient is "38". The Type of surgical procedure is "general surgery". The form includes sections for "Additional Context Information", "Based on this observation, overall:", "Milestones associated with this EPA", and "Feedback to Resident and Competence Committee:". The Professionalism and Patient Safety section has two questions: "Do you have any concerns regarding this Learner's professionalism?" and "Do you have any concerns regarding Patient Safety?", both with "No" selected. The learner's name is "Sandy Bae".

Review EPA form & milestones



**Could they have done that alone?**

Observe resident (direct or indirect)



Coach resident about performance

Based on this observation, overall: \*

☐ I had to do ☐ I had to talk them through ☒ I needed to be prompt ☐ I needed to be there just in case ☐ I didn't need to be there

Milestones associated with this EPA:

The following Milestones were demonstrated	Not Observed	In Progress	Achieved
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	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Communicate using a patient-centered approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Communicate the plan of care in a clear, compassionate, respectful, and accurate manner to the patient and family	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Recognize when to seek help in providing clear explanations to the patient and family	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Convey information thoughtfully. Receive feedback in a respectful and timely manner	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Consistently prioritize the needs of patients to ensure a patient's legitimate needs are met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Complete the a

Either before or

3:12 / 3:22

**Do it with resident present?**

Documentation in form Expires in 7 days

EPA Mapping

General Anesthesia Blo...

# EPA Mapping

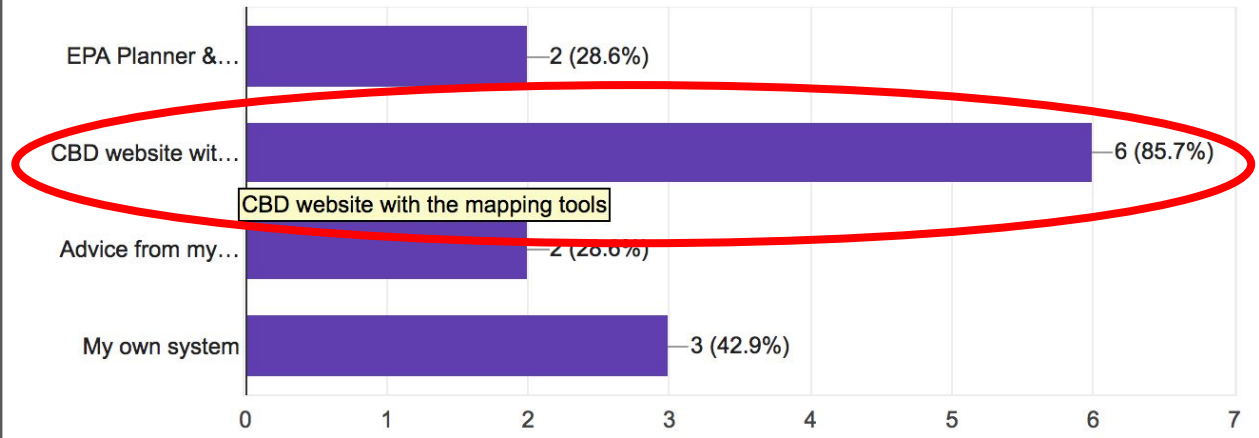
The following EPA mapping tool will help gre...  
occur in multiple places. The EPAs listed in a...  
EPA can only be done in a certain location, i.e...

[EPAs for General Anesthesiology](#)

[EPAs for Subspecialty Anesthesia](#)

To aid in organizing and strategizing for EPA requests, what resources are you using?

7 responses



# 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

Log Out

My Dashboard My MOC My Holding Area My Reports My CPD Planning My CPD Activities List My eLearning **CBD**

 **Jennifer Vergel De Dios**  
Observer ▼

[Change Image](#)

[Add Observation](#) [Upload Evidence](#)

Pending Observations (0) Archived Observations

Program: All Stage: All Faculty of Medicine: All

**Accepted**

Learner	Observations	Stage	Assigned/Requested By	Observation Expiration Date	Evidence	Actions
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**Pending Acceptance**

Learner	Observations	Stage	Assigned/Requested By	Request		Evidence	Actions
				Date	Expiration		

**Expired/Declined**



# Subjectivity in assessments

**Is OK!**

Want exposure to different approaches to problems,  
teaching styles, personality traits

# OBSERVERS MUST COMMUNICATE!

In person = what's written

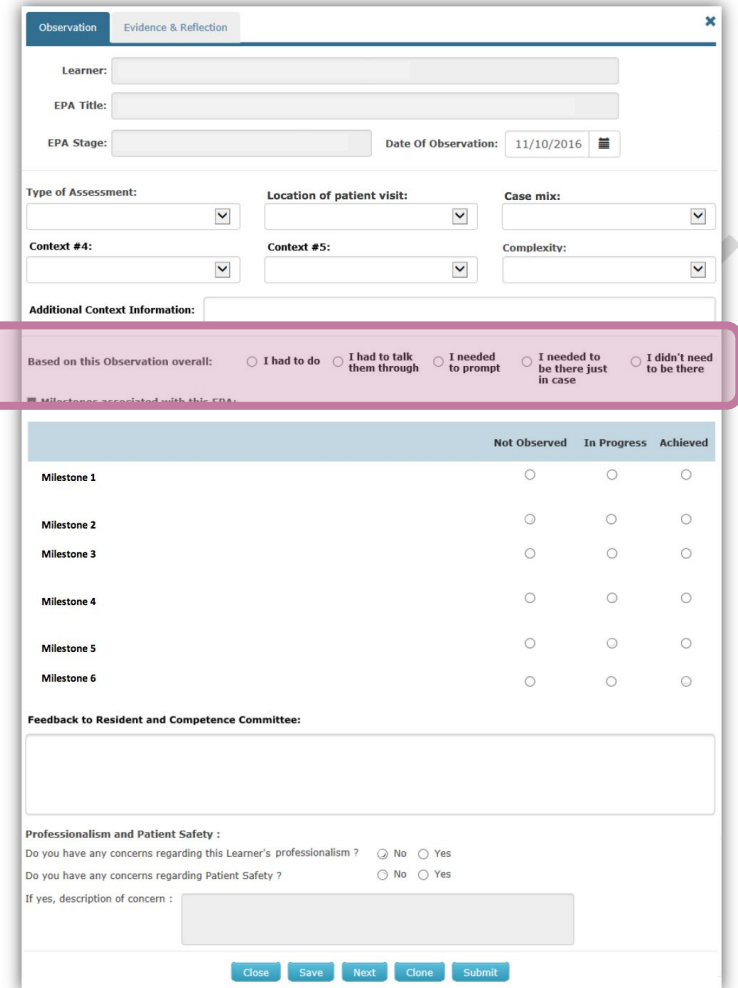


# You document 3 major things

## 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



The screenshot shows a web-based form for documenting an Entrustment Practice Activity (EPA). The form is divided into two tabs: 'Observation' and 'Evidence & Reflection'. The 'Observation' tab is active. It contains fields for 'Learner:', 'EPA Title:', 'EPA Stage:', and 'Date Of Observation:'. Below these are dropdown menus for 'Type of Assessment:', 'Location of patient visit:', 'Case mix:', 'Context #4:', 'Context #5:', and 'Complexity:'. There is also a text area for 'Additional Context Information:'. A pink box highlights the 'Based on this Observation overall:' section, which contains five radio button options corresponding to the Entrustment Scale. A pink arrow points from the list on the left to this section. Below the highlighted section is a table with six rows labeled 'Milestone 1' through 'Milestone 6' and three columns labeled 'Not Observed', 'In Progress', and 'Achieved'. Each cell in the table contains a radio button. At the bottom of the form, there is a text area for 'Feedback to Resident and Competence Committee:', a section for 'Professionalism and Patient Safety' with two questions and radio button options, and a text area for 'If yes, description of concern:'. The form ends with buttons for 'Close', 'Save', 'Next', 'Clone', and 'Submit'.

Observation Evidence & Reflection

Learner:

EPA Title:

EPA Stage:  Date Of Observation: 11/10/2016

Type of Assessment:  Location of patient visit:  Case mix:

Context #4:  Context #5:  Complexity:

Additional Context Information:

Based on this Observation overall: ☐ I had to do ☐ I had to talk them through ☐ I needed to prompt ☐ I needed to be there just in case ☐ I didn't need to be there

Milestones associated with this EPA:

	Not Observed	In Progress	Achieved
Milestone 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milestone 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milestone 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milestone 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milestone 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milestone 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feedback to Resident and Competence Committee:

Professionalism and Patient Safety :

Do you have any concerns regarding this Learner's professionalism ? ☐ No ☐ Yes

Do you have any concerns regarding Patient Safety ? ☐ No ☐ Yes

If yes, description of concern :

Close Save Next Clone Submit

In Progress	1	I had to do	Do you tell them what number you've given them during your verbal feedback?
	2	I had to talk them through	
	3	I needed to prompt	
Achieved	4	I needed to be there just in case	
	5	I didn't need to be there	

## **\*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 have 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:**

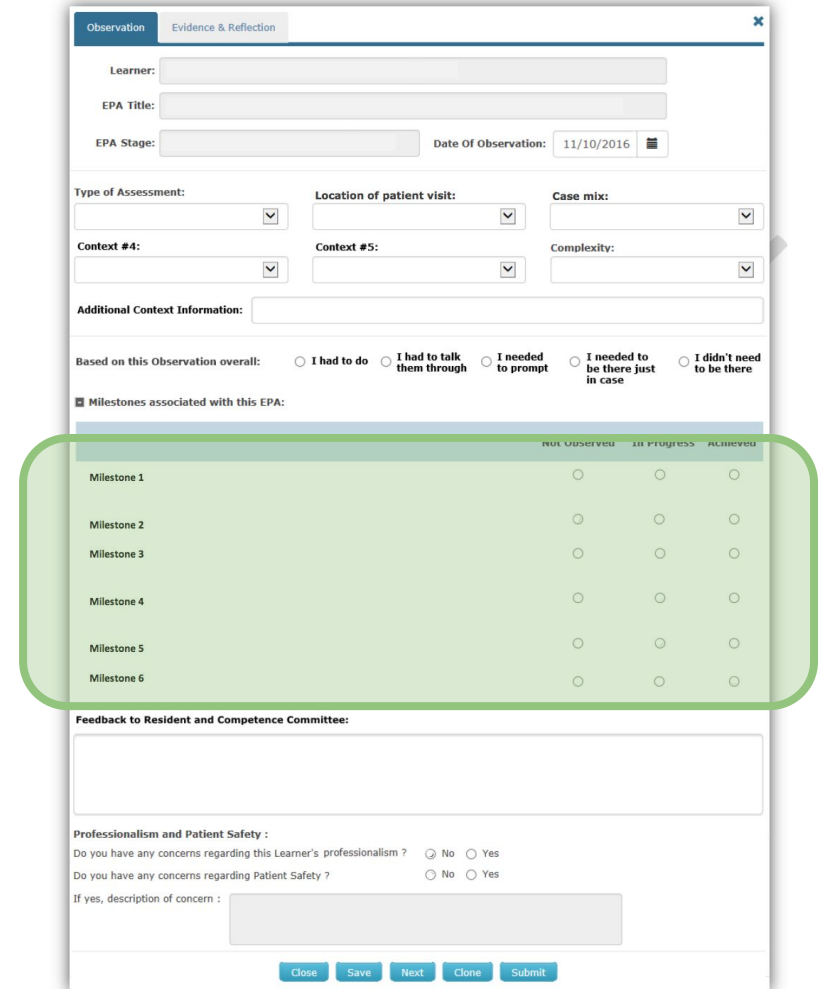
“Are staff aware that a 3 is not a pass and that a 4 is a pass? I think it would help if they knew that.”



# You document 3 major things

For the **milestones**

- 1 Not Observed
- 2 In Progress
- 3 Achieved



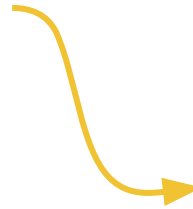
The screenshot shows a web-based form for documenting an observation. It includes fields for Learner, EPA Title, EPA Stage, and Date of Observation. There are dropdown menus for Type of Assessment, Location of patient visit, Case mix, Context #4, Context #5, and Complexity. A section for 'Additional Context Information' is followed by a row of radio buttons for 'Based on this Observation overall:'. Below this is a table for 'Milestones associated with this EPA:'. The table has three columns: 'Not Observed', 'In Progress', and 'Achieved'. There are six rows for Milestone 1 through Milestone 6. A green arrow points from the text 'For the milestones' to this table. Below the table is a 'Feedback to Resident and Competence Committee:' section with a text area. At the bottom, there are questions about 'Professionalism and Patient Safety' and a 'Submit' button.

	Not Observed	In Progress	Achieved
Milestone 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milestone 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milestone 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milestone 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milestone 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milestone 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# You document 3 major things

## Separate text box

## **\*\*Narrative Feedback\*\***

A screenshot of a web-based form for documenting an observation. The form is divided into two tabs: 'Observation' (active) and 'Evidence & Reflection'.  
**Observation Tab:**  
- Fields for 'Learner:', 'EPA Title:', and 'EPA Stage:'.  
- A 'Date Of Observation:' field with a calendar icon, showing '11/10/2016'.  
- Three rows of dropdown menus for 'Type of Assessment:', 'Location of patient visit:', 'Case mix:', 'Context #4:', 'Context #5:', and 'Complexity:'.  
- An 'Additional Context Information:' text box.  
- A section 'Based on this Observation overall:' with five radio button options: 'I had to do', 'I had to talk them through', 'I needed to prompt', 'I needed to be there just in case', and 'I didn't need to be there'.  
- A section 'Milestones associated with this EPA:' containing a table with 6 rows (Milestone 1 to Milestone 6) and 3 columns: 'Not Observed', 'In Progress', and 'Achieved'. Each cell contains a radio button.  
- A large text box for 'Feedback to Resident and Competence Committee:' is highlighted with a yellow border.  
- A section 'Professionalism and Patient Safety:' with two questions: 'Do you have any concerns regarding this Learner's professionalism?' and 'Do you have any concerns regarding Patient Safety?'. Each has 'No' and 'Yes' radio button options.  
- A text box for 'If yes, description of concern:' is located below the questions.  
- At the bottom are five buttons: 'Close', 'Save', 'Next', 'Clone', and 'Submit'.

# 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)



Competence  
Committee

The CC will report to the PGE  
Committee

Academic Half Day  
Subcommittee

Academic Mentoring  
Subcommittee

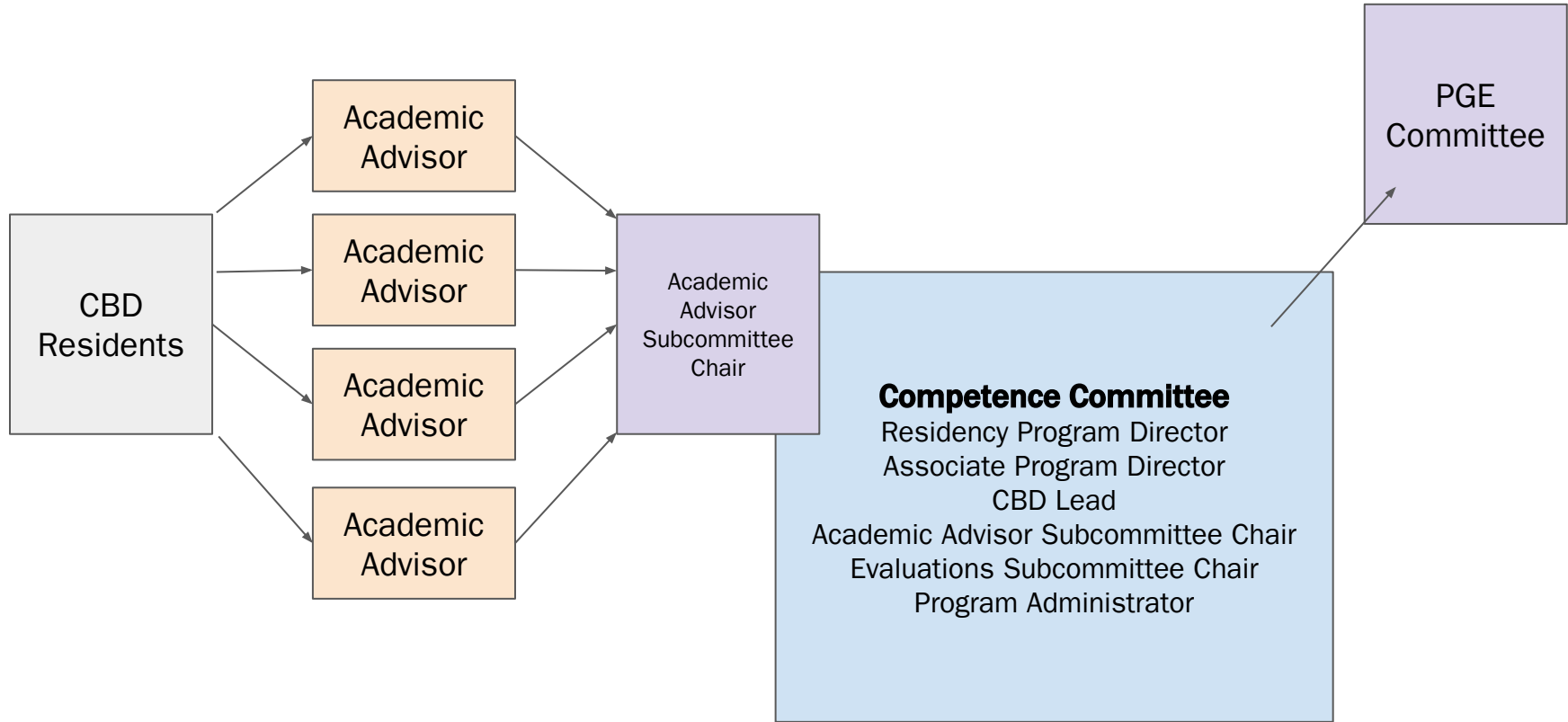
Resident Wellness  
Subcommittee

Evaluations  
Subcommittee

QI in Education  
Subcommittee

Royal College  
Examination  
Subcommittee

## Structure & Key Players



## **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

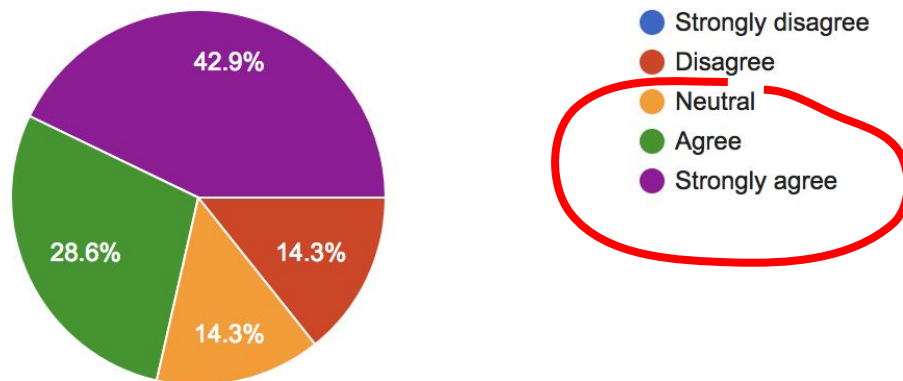
Subjectivity of scale, use words like “fail”

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...**

# National Reporting Tool

## 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



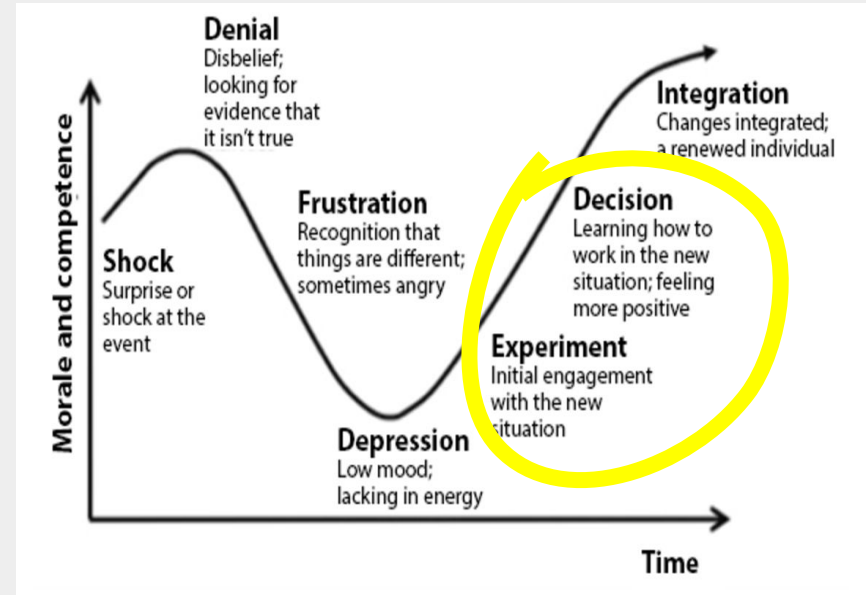
Who are you? \*

- ☐ CBD Resident
- ☐ Non-CBD Resident
- ☐ Faculty
- ☐ Program Director / Administrator
- ☐ Other: \_\_\_\_\_

Stage of EPA \*

- ☐ Transition to Discipline

# Faculty Engagement



# 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



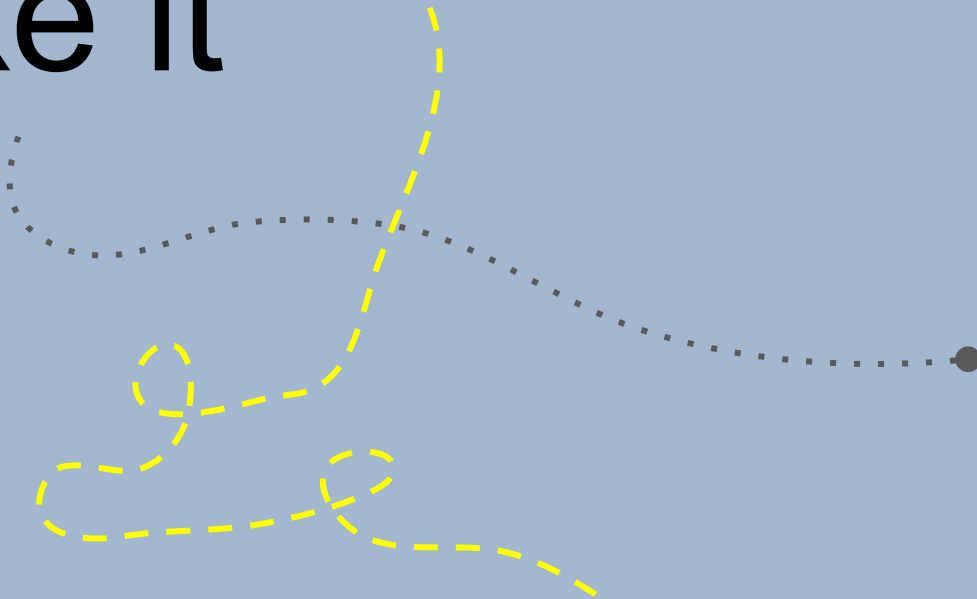
**ROYAL COLLEGE**  
OF PHYSICIANS AND SURGEONS OF CANADA

# Destination: CBME





# This is more like it



## 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**

# Supporting colleagues through change

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

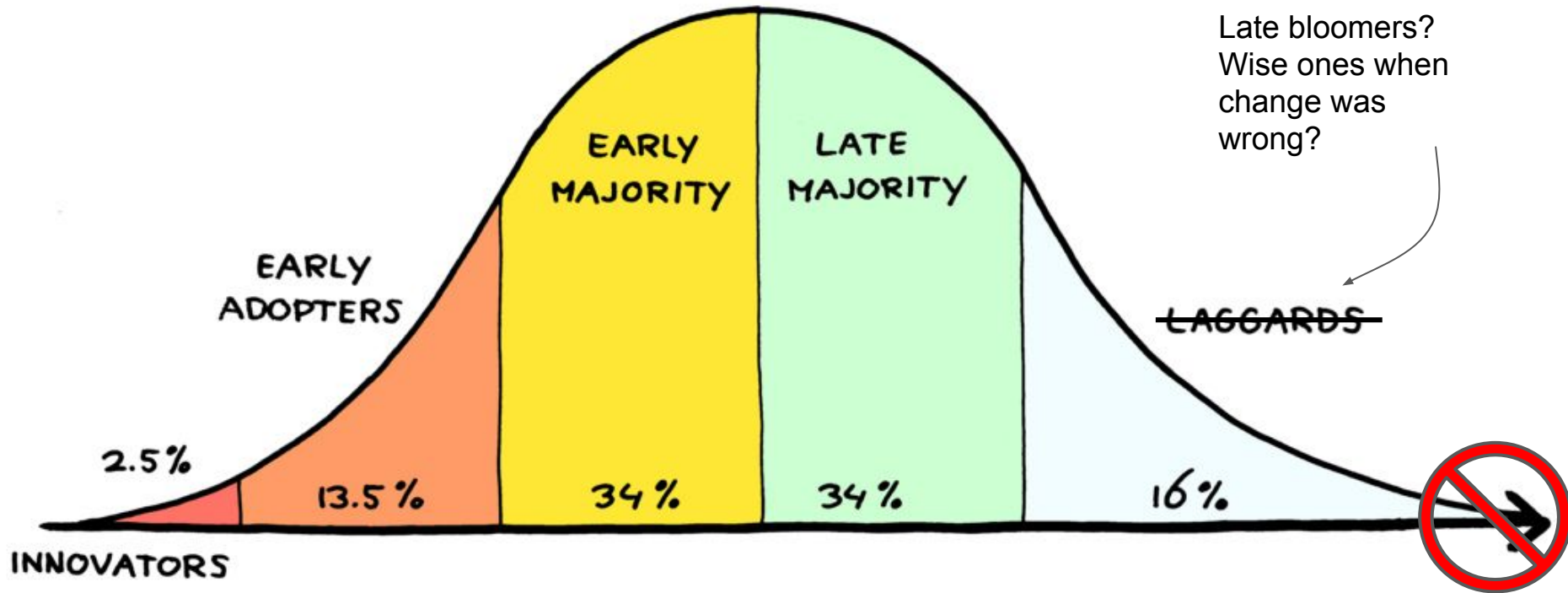
**Therapist**

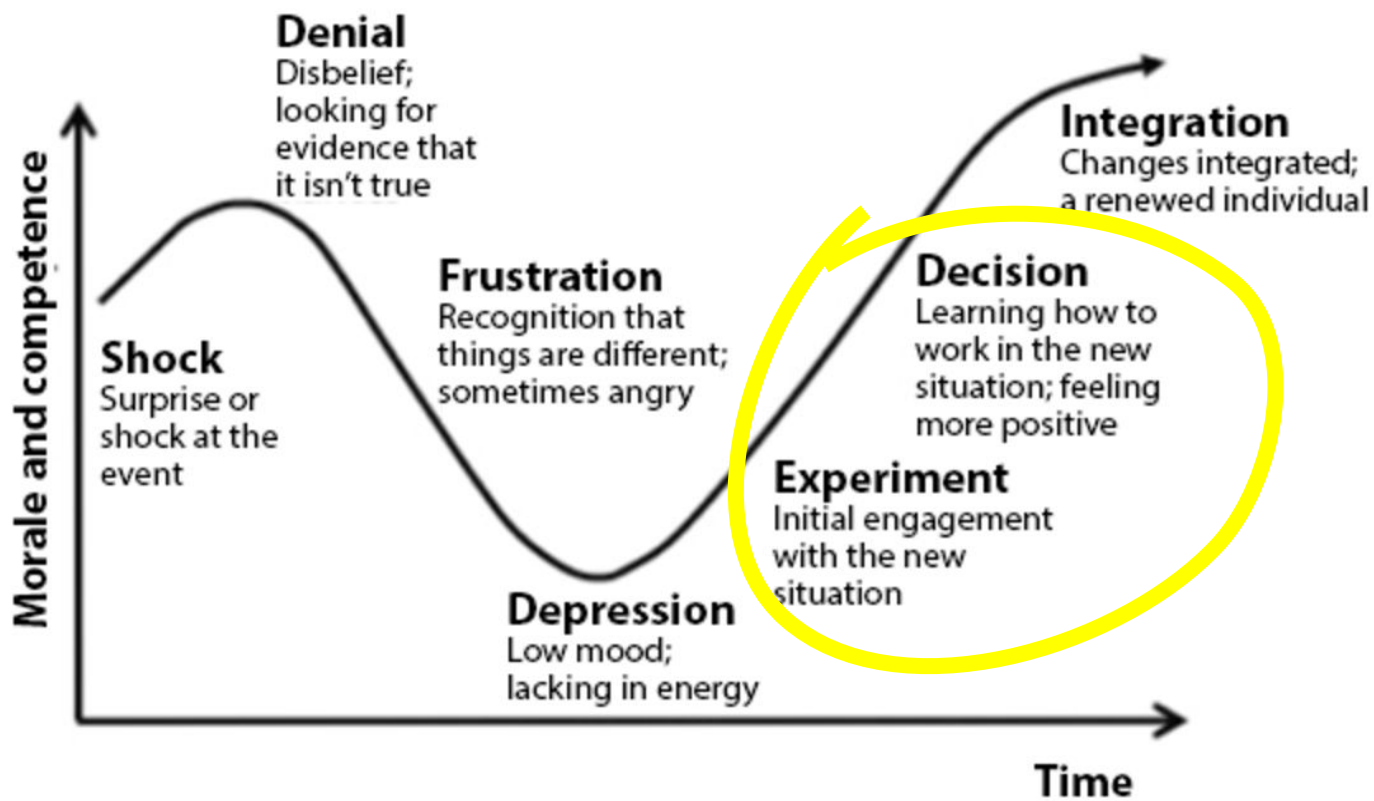
**PR firm & marketing**



# Best place to ascertain the climate?







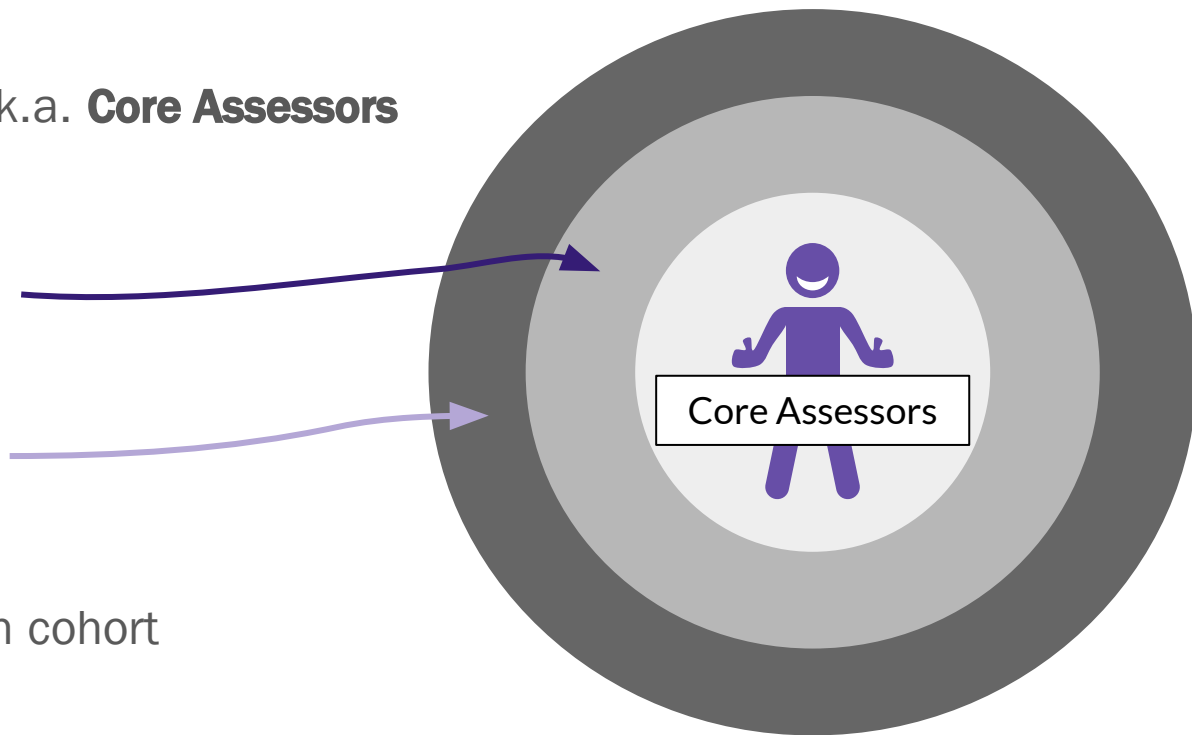
# Phased implementation for our dept

**Faculty Cohort 1 a.k.a. Core Assessors**

**Faculty Cohort 2**

**Faculty Cohort 3**

~30 people in each cohort



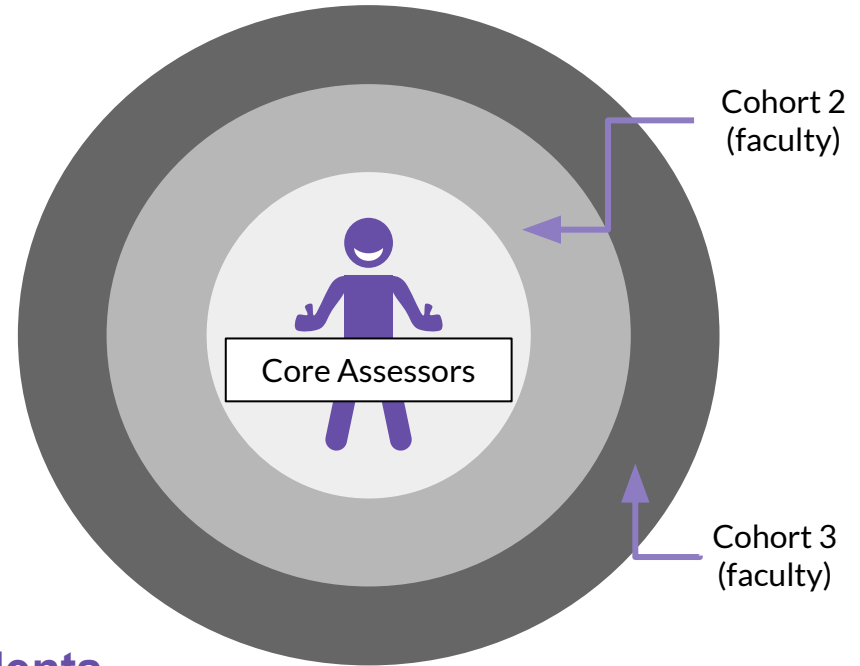
**Each cohort has received/will get:**

### **Training**

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

**Continuous feedback with refinement**

**Preferentially assigned with CBD residents**





# Needs Assessments & Surveys

The screenshot shows a survey interface with a purple header. The header has two tabs: 'QUESTIONS' (active) and 'RESPONSES' (with a count of 22). The main title is 'Western Dept. of Anesthesia & Perioperative Medicine - Thoughts on CBD'. Below the title is a paragraph of text: '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!'. Below this is a text input field with the placeholder text 'With regards to CBD, we would like to know if there are any challenges or concerns you'. To the right of the input field is a dropdown menu showing 'Paragraph'. Below the input field is a label 'Long answer text'. At the bottom right of the form are icons for a document, a trash can, and a toggle switch labeled 'Required' which is currently turned on.

## Needs Assessments

Entire department x 1

Pre-workshops x 3

CBD residents x 1

## Feedback Surveys

Core Assessors x 2

CBD residents x 6

Post-workshops x 3

**Faculty Feedback Response Rates**

Item	Date Opened	Number of Questions	Number of Responses	Number of Possible Responses	Response Rate
Pre-roll out department thoughts	2/15/2017	1	22	87	25.29%
Needs assessment - CA workshop	5/3/2017	3	24	31	77.42%
Working with CBD residents - August	8/24/2017	13	16	30	53.33%

**Beware  
information  
overload**

**Resident Feedback Response Rates**

Item	Date Opened	Number of Questions	Number of Responses	Number of Possible Responses	Response Rate
CBD pre-test	6/8/2017	7	8	8	100.00%
TTD check-in	7/16/2017	7	7	8	87.50%
Buddy call review	7/24/2017	5	5	8	62.50%
Orientation days - PACU	8/1/2017	5	12	16	75.00%
Orientation days - RT	8/1/2017	5	11	16	68.75%
End of TTD	8/26/2017	9	8	8	100.00%
Foundations check-in #1	10/12/2017	12	7	8	87.50%





May 1, 2017

EPAs & Milestones



# Introductory Workshops

Faculty development

For each faculty cohort



SATURDAY  
May 13, 2017  
6 hours

21 people

TUESDAY  
May 23, 2017  
3.5 hours

11 people

TUESDAY  
Oct 31, 2017  
3.5 hours


7 people

TUESDAY  
Nov 14, 2017  
3.5 hours

18 people

# Practice assessment forms



  
Department of Anesthesia & Perioperative Medicine

Learner: \_\_\_\_\_

EPA Title: **1.1 Performing preoperative assessments for ASA 1 or 2 patients who will be undergoing a minor scheduled surgical procedure**

EPA Stage: **Transition to Discipline - ANESTHESIOLOGY** Date: \_\_\_\_\_

☒ **Direct Observation** ☐ Indirect Observation (chart review)

Type of surgical procedure:

<input type="checkbox"/> general surgery	<input type="checkbox"/> gynecology	<input type="checkbox"/> ophthalmology	<input type="checkbox"/> orthopedic
<input type="checkbox"/> otolaryngology	<input type="checkbox"/> plastic surgery	<input type="checkbox"/> urology	<input type="checkbox"/> other: _____

Age of patient: \_\_\_\_\_

**Based on this Observation overall:**

<input type="checkbox"/> I had to do	<input type="checkbox"/> I had to talk them through	<input type="checkbox"/> I needed to prompt	<input type="checkbox"/> I needed to be there just in case	<input type="checkbox"/> I didn't need to be there
--------------------------------------	---	---	--	--

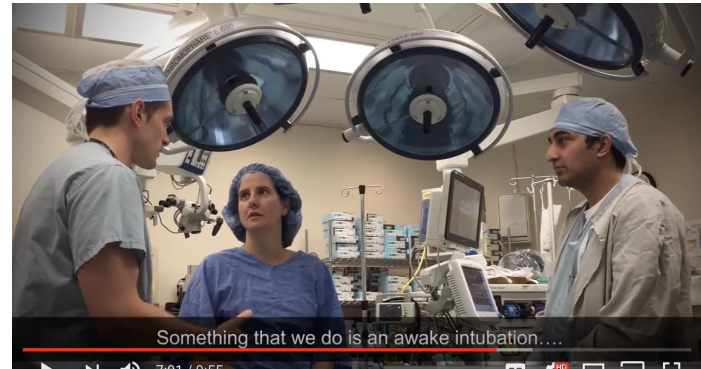
**Milestones associated with this EPA:**

	In Progress	Achieved
<b>Page 1 / 2</b>	<input type="checkbox"/>	<input type="checkbox"/>

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









# Feedback strategies & reflection

**ST JOSEPH'S HEALTH CARE LONDON**  
Department of Anaesthesia  
**ANESTHESIA RECORD**

☐ Emergent ☒ Urgent ☐ Elective

**ANESTHETIC HISTORY:**  
☒ Previous Anesthetic: Adverse Reaction: *✓*  
☐ Previous Epidural/Spinal: Adverse Reaction: *✓*  
☐ Family history of problems with general anesthesia  
History obtained from: ☐ Patient ☐ Parent/Guardian ☐  
☐ Chart ☐ Translator used

Comments: *BP 100 since 2/7/16*

**ALLERGIES:** ☒ NONE ☐ YES  
*8005 Model*

**SYSTEMS REVIEW HISTORY:** ☒ Anesthesia Consult Reviewed *1.2*

**Cardiovascular:**  
☐ Hypertension ☐ DM ☒ Oral Rx ☐ Insulin  
☐ Dyslipidemia ☐ Thyroid Disease  
☐ Pacemaker/ICD ☐ Recent corticosteroid use  
☐ Valvular Disease ☐ CHF ☐ NYHA  
☐ Peripheral Vascular Disease  
☐ IHD ☐ CCS

**Endocrine:**  
☐ Hypo/hyperkalemia  
☒ Diabetes Mellitus *2016*  
☐ Hyper/hypocalcemia  
☐ Hypo/hyperphosphatemia

**Neurologic:**  
☐ Seizure Disorder  
☐ Stroke/TIA  
☐ Neuropathy/Myopathy

**Renal:**  
☐ Insufficiency/Dialysis

**Gastrointestinal:**  
☐ Gastroesophageal Reflux  
☐ Liver Disease  
☐ Musculoskeletal  
☐ Osteoarthritis

**Respiratory:**  
☐ Recent Pneumonia/UTI  
☐ Smoking History *1.2 pack/yr*  
☐ COPD ☐ Home O<sub>2</sub>  
☐ Asthma ☐ CPAP  
☐ Sleep Apnea

**Hematologic:**  
☐ Anemia  
☐ Bleeding Diathesis  
☐ Thrombocytopenic Disorder

**Miscellaneous:**  
☐ Obesity  
☐ ETOH use  
☐ Last drug use  
☐ Psychiatric illness  
☐ HIV ☐ Hep B ☐ Hep C

**Trauma:**  
☐ Injury Severity Score  
☐ Injuries

☐ Chronic Pain - Opiate Usage

**PHYSICAL EXAMINATION AND PLAN:**  
Dentition: *Full*  
Mallampati Score: *3*  
Intubation Assessment:  
☐ Normal ☒ Difficult ☐ Equivocal  
Mouth Opening: *10*  
Neck Movement: *10*  
Thyromental Distance: *10*

*Plan: GA, ETT, Cxide  
PACU post-op*

**VITAL SIGNS:**  
BP: *112* HR: *60* RR: *12* SpO<sub>2</sub>: *98*  
Height: *172* cm Weight: *75* kg BMI: *25* Temp: *36.5*

**ASA Score:** *3*

**Lab:**  
WBC: *7.5*  
Hb: *13.0*  
Ht: *172*  
PTT: *14.1*  
FIB: *1.4*  
PTT: *14.1*  
FIB: *1.4*  
PH: *7.38*  
PCO<sub>2</sub>: *35*  
PO<sub>2</sub>: *101*  
HCO<sub>3</sub>: *24*  
Na: *141*  
K: *3.5*  
Cl: *104*  
Glucose: *7.5*  
OTHER: *7.5*  
Creat: *1.2*  
BUN: *1.2*  
EKG: *1.2*

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

Competence By Design  
(CBD)  
Review of Concepts & Plan for Implementation

Arif Al-Areibi  
Jennifer Vergel De Dios  
Michelle Gros  
Department of Anesthesia and Perioperative Med-cine  
Western University



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

Competence by Design (CBD) Update:  
On to the next Stage  
Building some Foundations

J. Vergel de Dios, CBD Lead  
Dept. of Anesthesia & Perioperative Medicine.  
Western University  
August 30, 2017

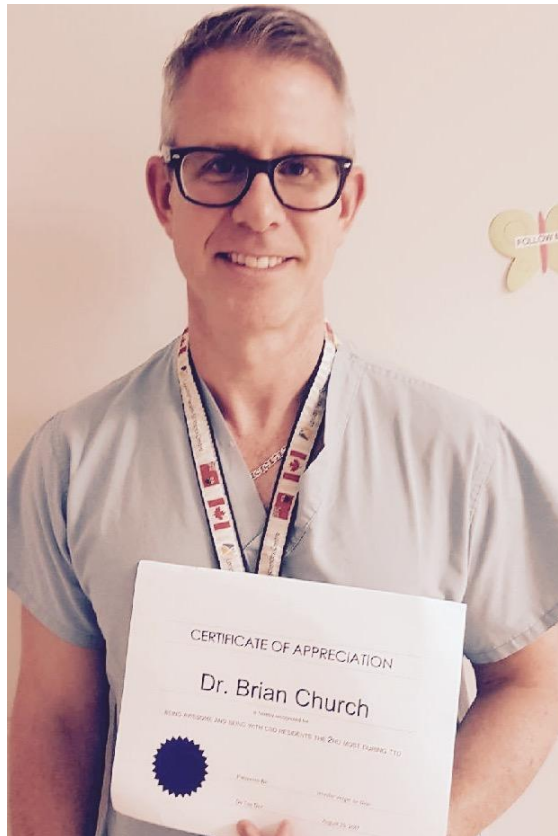
**August 30, 2017**  
J. Vergel de Dios

External speakers or collaboration with other departments - great for accountability

# Recognition



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



# Recognition

## 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.

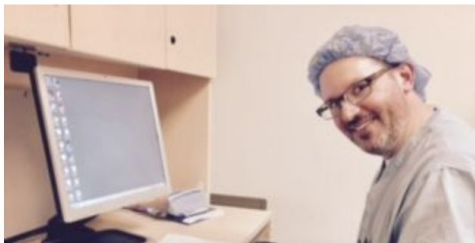
## newsletters

### 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?**





## 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?

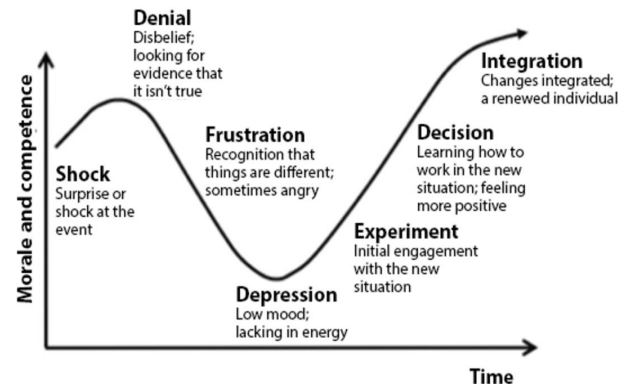
# Challenges with faculty engagement

**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