Update on CBME for PGME October 2022

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Resident Pulse Check Survey

The Royal College and Resident Doctors of Canada recently published the results of their resident feedback survey. With the exception of Quebec residents since they are represented by the FMRQ and have surveyed residents and provided reports already, this otherwise national survey is the first of its kind to look at resident perspectives on CBD.

It is a very important read. We will be analyzing and presenting the results over the coming months, so please read through it now. Our institution code is F.

It can be found on the Royal College website: https://www.royalcollege.ca/rcsite/cbd/cbd-program-evaluation-e
Direct link: https://www.royalcollege.ca/rcsite/cbd/cbd-program-evaluation-e
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Direct link: https://www.royalcollege.ca/rcsite/documents/cbd/resident-pulse-check-executive-summary-e.pdf

Key Findings

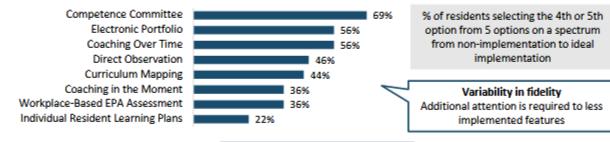
15% of resident physicians from 37 disciplines across Canada participated in the survey*

*Residents who were in programs that had officially launched CBD at the time of the study. Residents from Québec institutions were not surveyed as they are represented by the FMRQ.



37% of resident physicians agree or strongly agree that CBD is going well in their program

Implementation of Key CBD Components



Resident Wellness

73% of residents indicated that the transition to CBD had a **negative impact** on their health and wellness

What is impacting resident health and wellness?

- Stress from chasing staff to do EPAc
- Concern about achieving requirements
- Administrative burden
- Preoccupation with EPAs
- Concerns around utility/validity of CBD/EPAs
- Cognitive load
- Evaluation/performance anxiety



- While there are strong merits of CBD, there is work to be done to address common challenges
- Both immediate and long-term strategies need to be developed to ensure consistent success across all specialties
- An immediate priority is to address the challenges associated with obtaining EPA observations and the resulting impact on resident wellness



Next Steps

- Systematically address EPA assessment challenges and implement adaptations to improve the resident experience with CBD
- Conduct faculty development and other communications strategies to ensure CBD is being implemented as intended in all contexts
- Collaborate with resident physicians on additional strategies to optimize CBD and improve the medical education experience across Canada

For a copy of the full report, please email educationstrategy@royalcollege.ca

Royal College Events

Event	Date & Time	Details
2022 International Conference on Residency Education (ICRE): October 27-29, 2022, Montreal The International Conference on Residency Education (ICRE) is the world's largest conference devoted exclusively to advancing residency education. The theme of ICRE 2022 is Together Again: A Community Redefining Residency Education.		
CBME Program Evaluation Summit (virtual)	Monday, October 24, 2022, 0800-1700. No Fee.	This summit is intended to gather those engaged in Competency-based Medical Education (CBME) evaluation. For more information on this program, contact educationstrategy@royalcollege.ca.
The Program Administrators Conference (in person)	October 26 - 27, 2022. Fee (\$)	A unique learning session designed to meet the specific developmental needs of program administrators including program coordinators, program managers, program assistants and program secretaries who play an essential role in medical education.
CBME Sessions @ICRE	October 27-29, 2022	List of learning sessions related to competency-based medical education Full ICRE program details
Competence Committee Chairs Forum (in person)	Thursday, October 27, 2022, 0800-1530 (Le Westin Montréal); by invitation only. No fee.	This forum explores the vital role chairs play within a competency-based curriculum. For more information, contact Megan McComb at mmccomb@royalcollege.ca
Workshop for New Program Directors (virtual)	Friday November 18, 2022: by invitation only. No fee.	Educational concepts, practical hints, and guidelines to orient and support them in assuming the responsibilities of their role as new program directors. For more information, please contact pdworkshop@royalcollege.ca
Competence by Design Town Hall for Program Directors	Register for one of the following date options: Wednesday, November 2, 2022 – 11am to 12:30pm EST (Bilingual) Wednesday, November 30, 2022 – 10am to 11:30 a.m., EST (English)	Five things to start and five things to stop in CBD The Royal College strongly encourages all program directors at any stage of CBD implementation to attend one of two repeated sessions. Based on program evaluation and feedback, this session will guide program directors in addressing the top CBD-related issues: EPA observations, competence committees, and faculty engagement.

Hot Topics

PGME - CBME



Highlights

WELCOME

ASSESSMENT KEYS

EPA REFRESHERS

New Faculty Development Initiatives

- Complex Decision Making Online Course for Competence Committees
- Coaching around uncertainty
- CBD Refresher Presentations
- RX-OCR workshops with new case studies

It's another year of CBME!

Here at PGME, we are so excited to share our tips, resources, and knowledge to help bring sparks of enthusiasm, efficiency, and practical problem-solving to your CBME experiences.

We have enjoyed working with programs through the creation of curriculum maps, faculty development opportunities, collaborative workshops, and innovation incubator sessions.

This year, we have taken your feedback and planned continued CBME support for programs and welcome feedback, input, and collaboration from our residents, faculty, and program administrators. We also endeavour to increase resident participation and tailor content for our programs.



Have other ideas? We are excited to hear from you.

Email us at

postgraduate.medicine@schulich.uwo.ca with your thoughts!



3 Key Takeaways of Assessment

Making CBME Work in Practice

Takeaway # 1: Frequency and Follow-up

There is no question that assessments can gain insight into the learning process for both resident and assessor. Making a schedule of assessments is imperative, and must include both formal and informal assessments.

To allow for longitudinal data on resident performance, frequency is required but also follow up to ensure continuity in assessment.

The frequency and continuity of assessment not only provides the learner with feedback for continued progress, but also allows for the Competence Committee to review data indicative of the resident's abilities.

Takeaway #2: Varied Assessment Tools

Because no single assessment tool can fully capture the complexities and nuances of resident performance, programs must adopt a variety of tools and observe across multiple settings and variables. Different tools facilitate in gathering both quantitative and qualitative data from multiple angles, In turn, the data collected is more representative of the learner's competences

Examples of varied assessment tools include:

- 360 Evaluations
- Resident Reflections
- Simulation Feedback
- Dedicated Coaching sessions
- OSCES
- EPAS
- ITARS
- Email Correspondences
- Resident Teaching and Research Project evaluations

Takeaway #3: Learner Engagement

Did you know that when the learner takes on an active role in their assessments, they do markedly better?

Engaging the learner can mean a myriad of things from laying out assessment expectations, providing meaningful feedback through two-way conversations, and gaining input from the learner on their assessment goals, learning style, and assessment preferences and needs.

Learners can fill out surveys or write reflections to be reviewed by a faculty advisor, thereby facilitating a discussion of perceived and observed needs.

In a nutshell, learners need to be active participants in the assessment process.

Questions

How are you engaging the learner in the assessment process? What are some challenges you face with CBME assessment processes?

Managing EPAs: A Refresher

Or a nice overview for new faculty and assessors



Entrustable Professional Activities (EPAs) are a core component of the CBME assessment process, and include both quantitative tools (i.e. O-SCORE) and qualitative tools (i.e. narrative feedback).

The beauty of having both types of data collected on the EPA is that it provides context and insight into resident competence that goes beyond the standard 1-5 scale of the O-SCORE.

Elentra: Home of the EPA

Elentra is our platform which houses EPAs for our programs. On this platform, EPAs can be triggered by learners or assessors, and conveniently displays EPAs needed for progress for each stage in each specific program.

Here are some quick tips for navigating Elentra as an assessor:

- Create a PIN for "in the moment" EPA submissions
- Add a secondary email address to your user profile
- Add Elentra to the home screen of your mobile device

Our <u>website</u> goes over how to do the above actions.



QUESTIONS/SUPPORT: ELENTRA.SUPPORT@SCHULICH.UWO.CA

Who Triggers EPAs?



While residents must be engaged in the assessment process, EPAs—as well as all assessments—are a shared responsibility between residents and assessors.

Creating a process and procedures document that outlines roles of assessors and resident as well as time frames for initiating and completing EPAs is invaluable.

It is recommended that EPAs are completed within one week of being requested.

Updates on O-SCORE

You may recall that the O-SCORE has previously been referred to as an entrustability score. However, due to confusion regarding the term, the Royal College of Canada has opted to now describe it as a **supervisory scale**.

Here are some quick notes to demystify the O-SCORE

- Formative: it is for teaching and coaching
- Can be a reflection of your relationship with the resident
- Is not pass/fail
- o Scores of 1, 2 or 3 can be deemed 'achieved' observations with appropriate context and narrative comments included in the EPA form and as Competence Committees gain more comfort in the process, can see beyond the numerical scores
- Retrospective: what did the resident show just now or in the immediate past, not what you think they can do next time (prospective)