# CBME RESIDENT FEEDBACK SURVEY

## 2020

PGME SCHULICH SCHOOL OF MEDICINE & DENTISTRY

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# BACKGROUND

## RESIDENT REPRESENTATION SINCE 2017

As the number of competency-based medical education (CBME) residency programs have grown since 2017, so too has the Resident Advisory Committee for CBME (RAC-CBME) at Schulich School of Medicine & Dentistry.

## CBME PROGRAMS

**College of Family Physicians of Canada (CFPC) - *Triple C***
**2011**
Family Medicine

**Royal College of Physicians & Surgeons of Canada (RCPSC) - *Competence by Design (CBD)***
**2017**
Anesthesiology, Otolaryngology

**2018**
Emergency Medicine (Adult), Medical Oncology, Nephrology, Surgical Foundations, Urology

**2019**
Anatomical Pathology, Cardiac Surgery, Critical Care Medicine (Adult), Critical Care Medicine (Pediatrics), Gastroenterology, General Internal Medicine, Geriatric Medicine, Internal Medicine, Neurosurgery, Obstetrics-Gynecology, Radiation Oncology, Rheumatology

**2020**
General Surgery, Neurology, Nuclear Medicine, Orthopedic Surgery, Physical Medicine & Rehabilitation, Plastic Surgery, Psychiatry

RCPSC programs yet to launch CBME at Western University:

**2021**
Cardiology, Child & Adolescent Psychiatry, Clinical Immunology & Allergy, Clinical Pharmacology & Toxicology, Geriatric Psychiatry, Neonatal-Perinatal Medicine, Pediatrics, Respirology, Vascular Surgery

**2022**
Diagnostic Radiology, Hematology, Neuropathology, Ophthalmology

**2023**
Endocrinology, Gynecologic Reproductive Endocrinology & Infertility, Infectious Diseases, Maternal-Fetal Medicine, Emergency Medicine (Pediatrics)

**2024**
Neuroradiology, Pain Medicine, Thoracic Surgery

# OVERVIEW

## RESIDENT FEEDBACK SURVEY

### PERIOD

December 2020 - January 2021

Residents from all RCPSC programs were invited to participate as some who have not launched CBME yet could still teach and supervise junior residents in CBME programs.
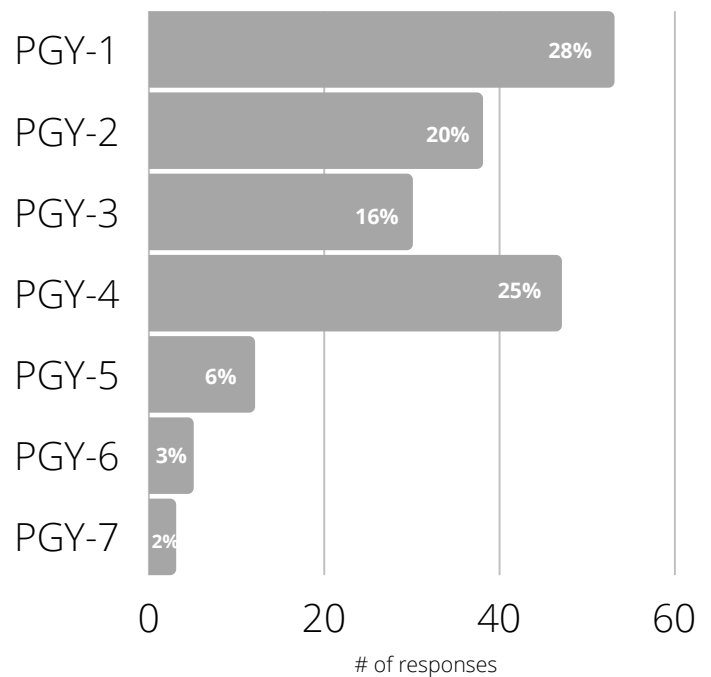
## 22
questions

## 191
responses

| | # of responses |
|---|---|
| PGY-1 | 28% |
| PGY-2 | 20% |
| PGY-3 | 16% |
| PGY-4 | 25% |
| PGY-5 | 6% |
| PGY-6 | 3% |
| PGY-7 | 2% |

0    20    40    60

# of responses

## most responses

Internal Medicine (16%)
Prefer not to say (13%)
Pediatrics (10%)

# EPAS

## ENTRUSTABLE PROFESSIONAL ACTIVITIES

## BARRIERS TO REQUESTING EPAS...



The Observer doesn't end up completing the EPA — 24% / 16%
I forget to ask — 23% / 26%
The Observer seems unfamiliar/uncomfortable with CBME — 16% / 5%
No opportunity to ask — 14% / 8%
I want a break from being assessed — 9% / 7%
Other — 7% / 9%
The Observer gives low scores — 5% / 0.5%
The Observer is openly against CBME — 2% / 1%
[I am uncomfortable asking my peers for an EPA] — 8%

# of responses

**%** Answers for when the observer is a **consultant**
**%** Answers for when the observer is a **senior resident**
*only applicable for 22% of respondents*

- "It's busy as heck most days, but I ask regardless. The problem is the harassment needed to get them completed."
- "My current consultant does not even have a log in for it. My previous one "forgot his email password.""
- "It is time consuming, especially when days are busy. It also feels forced."
- "Intimidating"
- "Many of the EPAs relate to skills that (most) of us should already have at this level of training, and so direct supervision for the EPA is unlikely under most circumstances"
- "The consultants are busy and I don't want to impose - it should be as much their role to trigger an EPA"
- "Feedback given in person, and consultant then does not sign epas in time when sent"
- "there isn't a relevant EPA for the day, or i feel I'll get a non passing score making it non worth the effort"
- "With respect to the consultant not ending up completing the EPA, this happens DESPITE numerous reminder emails with no email back to say at least "I don't know how to do it". Just complete lack of communication!"

# FACULTY ATTITUDES TOWARDS COMPLETING EPAS



| | # of responses |
|---|---|
| Extremely Negative | 1.2% |
| Somewhat Negative | 9.4% |
| Neutral | 34.1% |
| Somewhat Positive | 45.3% |
| Extremely Positive | 10% |
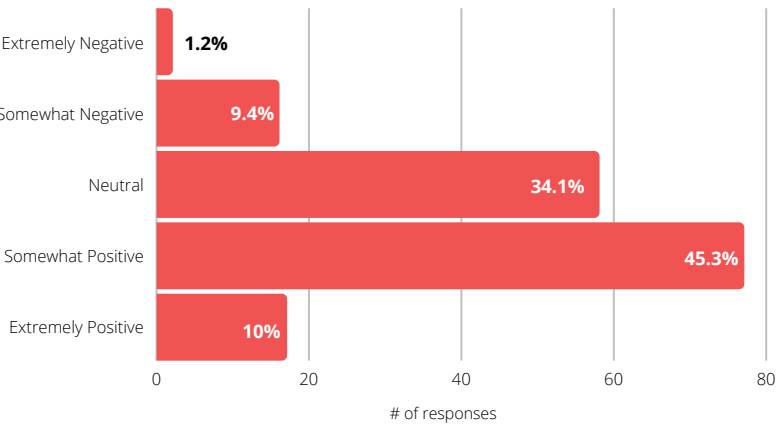
Fortunately, 55% of respondents think that faculty attitudes are somewhat positive or extremely positive.
Almost 1/3 think faculty are neutral.
Just under 11% think that faculty have negative attitudes towards completing EPAs.
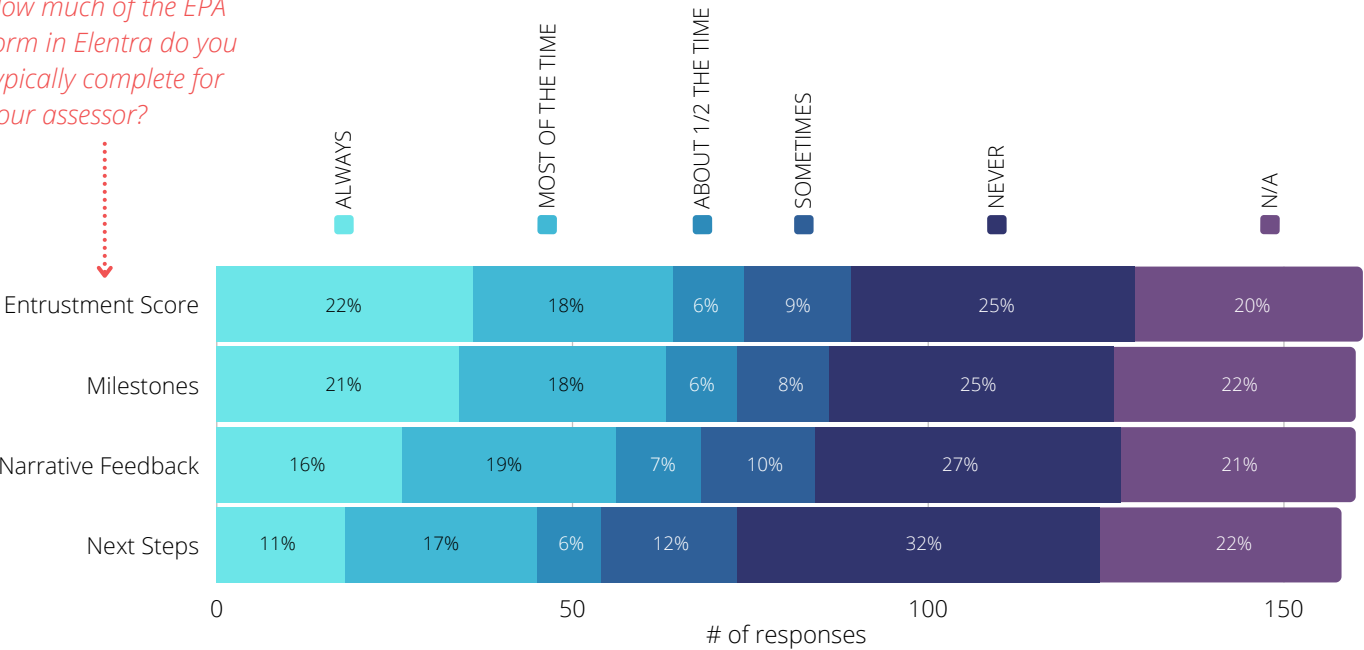
# PRE-FILLING YOUR OWN EPA FORM

Of the 26 residency programs that are officially CBME via CBD, only two programs are not using Elentra—Anesthesiology and Otolaryngology are currently using ePortfolio and will switch to Elentra in the upcoming academic year.

In Elentra, learners are able to complete portions of their own EPA form. Each program has discretion as to (1) what portions of the form a resident can complete and (2) whether this decision is communicated for all faculty in the program or if there is individual faculty discretion in giving residents instructions about what to pre-fill in an EPA form.

There has been debate about this functionality in Elentra.

*How much of the EPA form in Elentra do you typically complete for your assessor?*

| | ALWAYS | MOST OF THE TIME | ABOUT 1/2 THE TIME | SOMETIMES | NEVER | N/A |
|---|---|---|---|---|---|---|
| Entrustment Score | 22% | 18% | 6% | 9% | 25% | 20% |
| Milestones | 21% | 18% | 6% | 8% | 25% | 22% |
| Narrative Feedback | 16% | 19% | 7% | 10% | 27% | 21% |
| Next Steps | 11% | 17% | 6% | 12% | 32% | 22% |

# of responses

# ENTRUSTMENT SCALE

## THE O-SCORE

The Ottawa Surgical Competency Operating Room Evaluation (O-SCORE) and its variant Ottawa Clinic Assessment Tool (OCAT) are the default entrustment scales from the RCPSC.
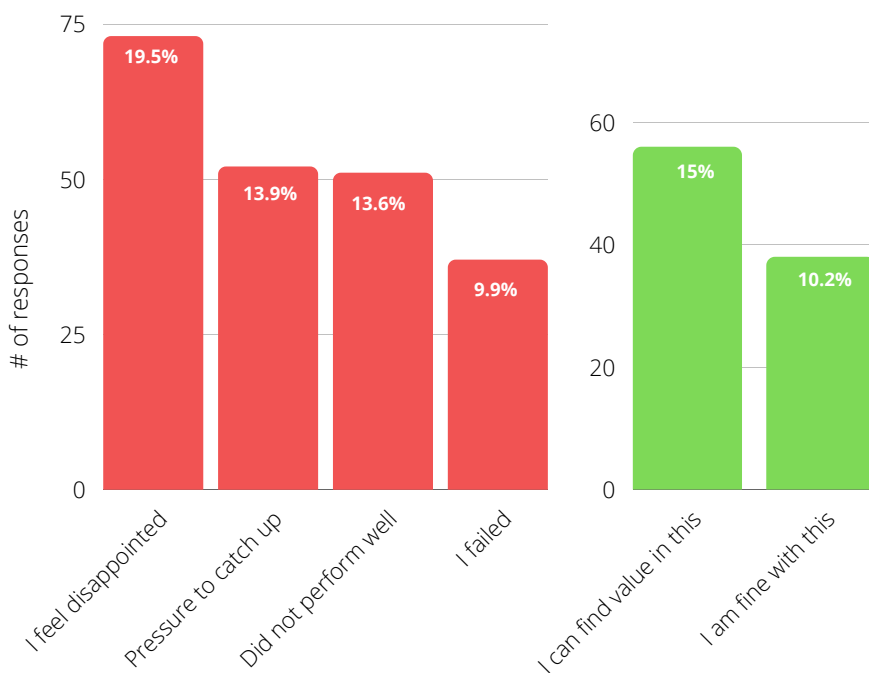
It is the overall rating given to a single observation of an EPA. There is still an evolving utilization and understanding of its scalars, both for faculty and residents as it applies broadly to CBD.

Most Competence Committees take a 4 or 5 as an achieved observation of an EPA, but there is meant to be flexibility of what constitutes an achieved observation so that context, narrative feedback, and other data sources are considered.

**1** I had to do

**2** I had to talk them through

**3** I had to prompt them from time to time

**4** I needed to be in the room just in case

**5** I did not need to be there

## What are your thoughts about receiving a "1", "2" or "3" for an EPA?
Respondents could choose more than one answer.



Bar chart 1 (# of responses):
- I feel disappointed: 19.5%
- Pressure to catch up: 13.9%
- Did not perform well: 13.6%
- I failed: 9.9%

Bar chart 2:
- I can find value in this: 15%
- I am fine with this: 10.2%

**12%** "I find my understading of the score differs from the assessors' understanding"

### 6% Other:

"Very different standards between consultants"

"this was a waste of an assessment opportunity"

"We do not use this rating scale."

"Waste of time if it doesn't get counted as an entrustable EPA."
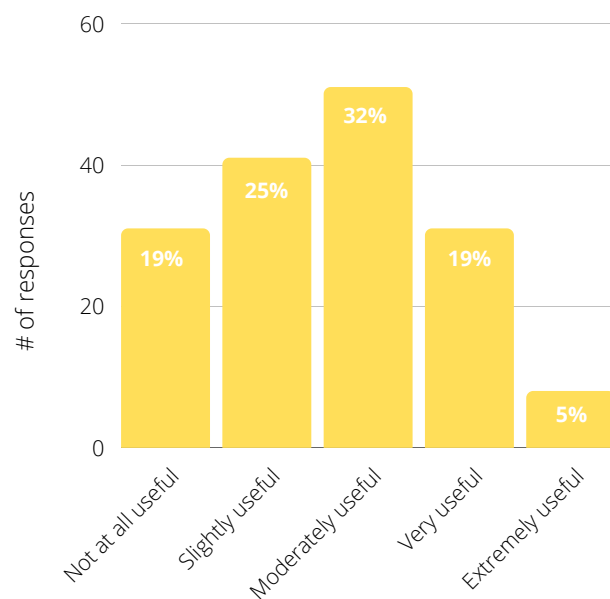
"Staff have indicated that they feel obliged to give us these scores to indicate that we are still "in training"."

"It is completely dependent on the EPA that you are being assessed on and how I feel I "typically" am with that skill versus how I performed."
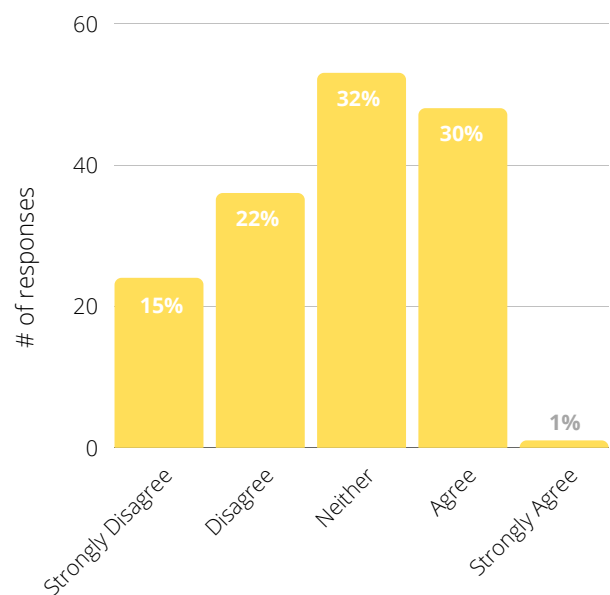
Everyone is different in how they take "negative" feedback. I find medical students/Type A people tend to have more defensive reactions but overall ok"

# FEEDBACK

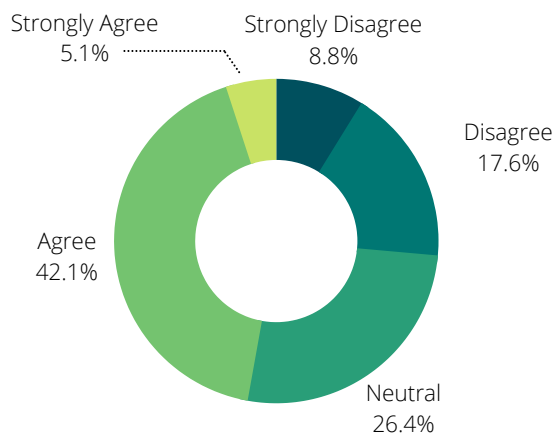## USEFULNESS OF WRITTEN FEEDBACK FROM ASSESSORS IN EPA FORMS



Bar chart — # of responses

- Not at all useful: 19%
- Slightly useful: 25%
- Moderately useful: 32%
- Very useful: 19%
- Extremely useful: 5%

## "I use the feedback from my EPAs to set learning objectives"



Bar chart — # of responses

- Strongly Disagree: 15%
- Disagree: 22%
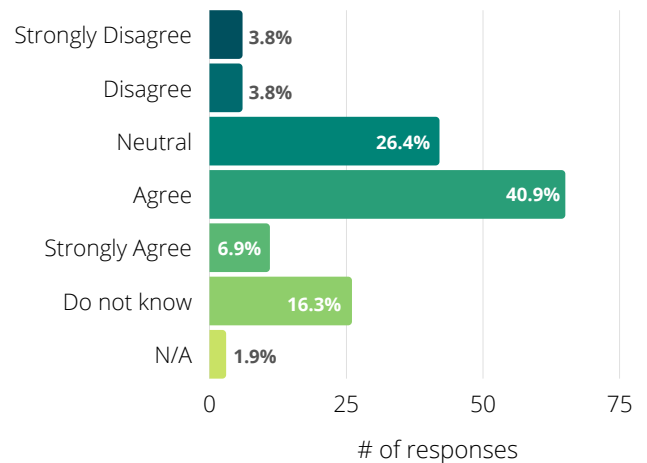- Neither: 32%
- Agree: 30%
- Strongly Agree: 1%

# COMPETENCE COMMITTEES

## TRANSPARENCY

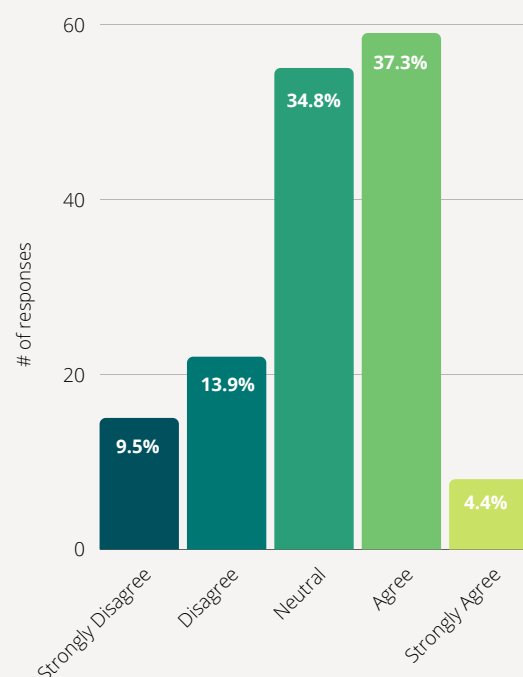*There is a transparent process for **decision making** and **communications** regarding your progress:*

Strongly Agree
5.1%

Strongly Disagree
8.8%

Disagree
17.6%

Agree
42.1%

Neutral
26.4%

## FAIRNESS

*The process in which **decisions** are made is fair:*

Strongly Disagree — 3.8%
Disagree — 3.8%
Neutral — 26.4%
Agree — 40.9%
Strongly Agree — 6.9%
Do not know — 16.3%
N/A — 1.9%

# of responses

## VALUE

*My Competence Committee provides value to my training:*

# of responses

Strongly Disagree — 9.5%
Disagree — 13.9%
Neutral — 34.8%
Agree — 37.3%
Strongly Agree — 4.4%
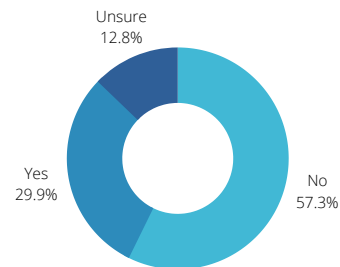
# RESIDENTS AS TEACHERS

## RELEVANCE

*Have you completed EPAs for other residents or clerks?*

# 75%

responded "YES"

## TRAINING

*"I received training in completing EPAs for other residents or clerks:"*

Unsure
12.8%

Yes
29.9%
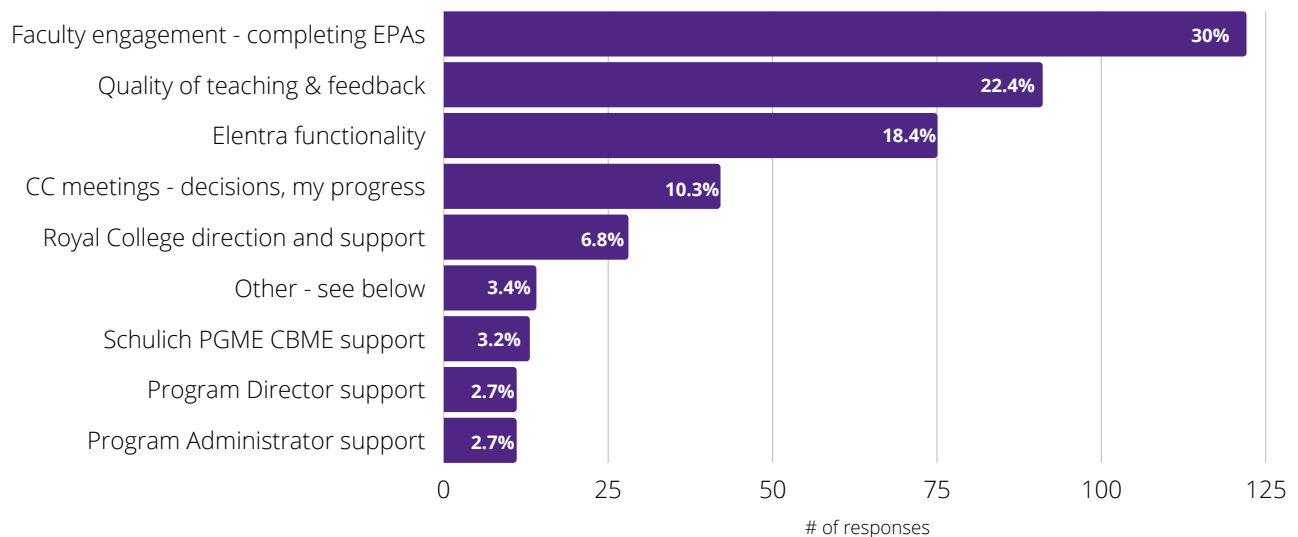
No
57.3%

## O-SCORE COMFORT

*"Regarding the O-SCORE, I am comfortable giving a junior resident the following ratings:"*

NB: 'Comfortable' is a general term open to interpretation, but could mean the scalars make sense to you, are applicable to what you observed, or you feel pressure to skew towards particular numbers or not.
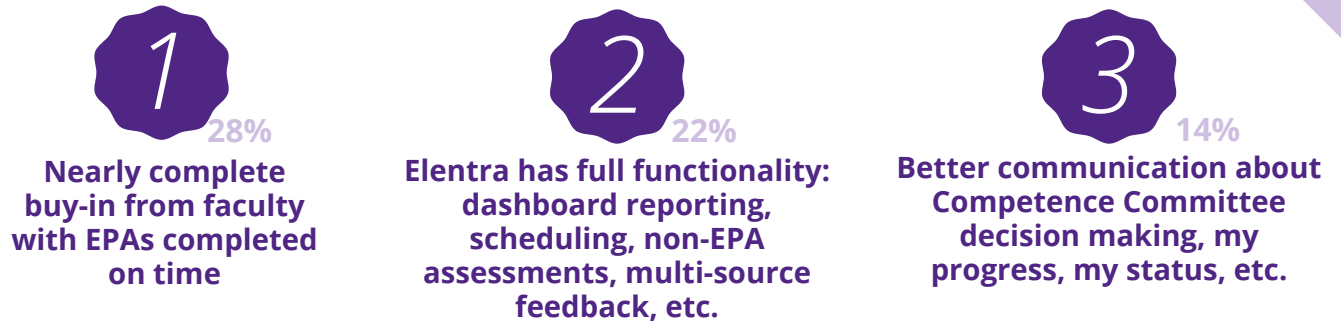
### # of responses

| Category | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| 1 I had to do | 10% | 29% | 23.6% | 27.3% | 10% |
| 2 I had to talk through | 12% | 41% | 22% | 19% | 6% |
| 3 I had to prompt | 15% | 51% | 24% | 8% | |
| 4 I needed to be there just in case | 22% | 59% | 17% | | |
| 5 I didn't need to be there | 22% | 52% | 18% | 6% | |

Legend:
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Y-axis: 0, 25, 50, 75, 100, 125
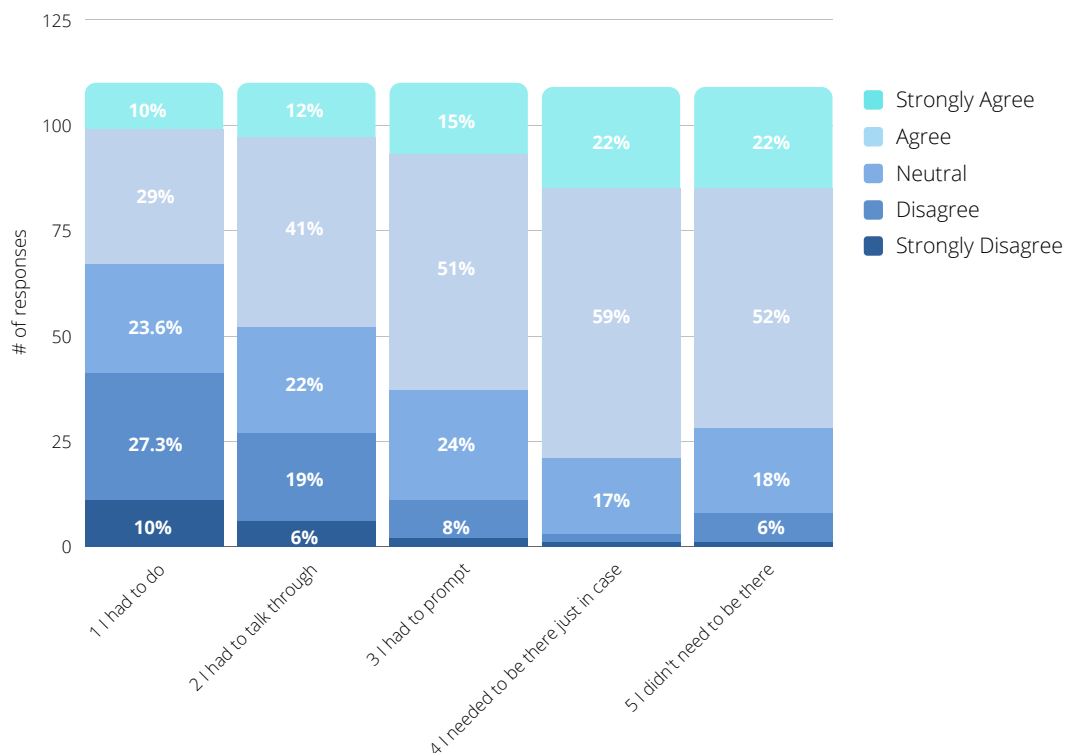
# CHALLENGES

*Please choose all areas that you find challenging:*

| Area | # of responses |
|------|----------------|
| Faculty engagement - completing EPAs | 30% |
| Quality of teaching & feedback | 22.4% |
| Elentra functionality | 18.4% |
| CC meetings - decisions, my progress | 10.3% |
| Royal College direction and support | 6.8% |
| Other - see below | 3.4% |
| Schulich PGME CBME support | 3.2% |
| Program Director support | 2.7% |
| Program Administrator support | 2.7% |

# of responses

- "There are a lot of challenges having faculty complete these evaluations. Often they are not completed in a timely matter. Also I feel it is difficult to translate feedback into actual areas to work on. Especially these quick snapshots of evaluation don't always fit with your actual level of knowledge or learning goals."
- "It's a brutal struggle getting these completed by consultants"
- "This is a completely non-transparent process. None of us know what are roles/responsibilities are around EPAs, and most staff are also unaware."
- "time consuming"
- "I have largely figured this all out - getting faculty to complete EPAs etc. and a succesfull [sic] approach now that I'm more senior. This was learned. Tracking of EPAs use e-portfolio continues to be cumbursome [sic], duplicating information manually"
- "The Elentra website is challenging to use at times. I find it requires too many clicks to get from A to B. There are too many superfluous features on the website (news, too many buttons that aren't needed) - leads to a lot of clutter"
- "Needing to translate organic verbal feedback into forms"
- "The EPAs are essentially useless for getting feedback as there is no notification when they are completed and they are returned late and there is no way to see if they were changed from what you filled out and in general it's difficult to see completed EPAs"
- "Why isn't Elentra an app?"
- "Residents do not get a notification when their EPA is about to expire."
- "It's really about completion and I think there needs to be more accountability with consultants (including penalization if not completed)"
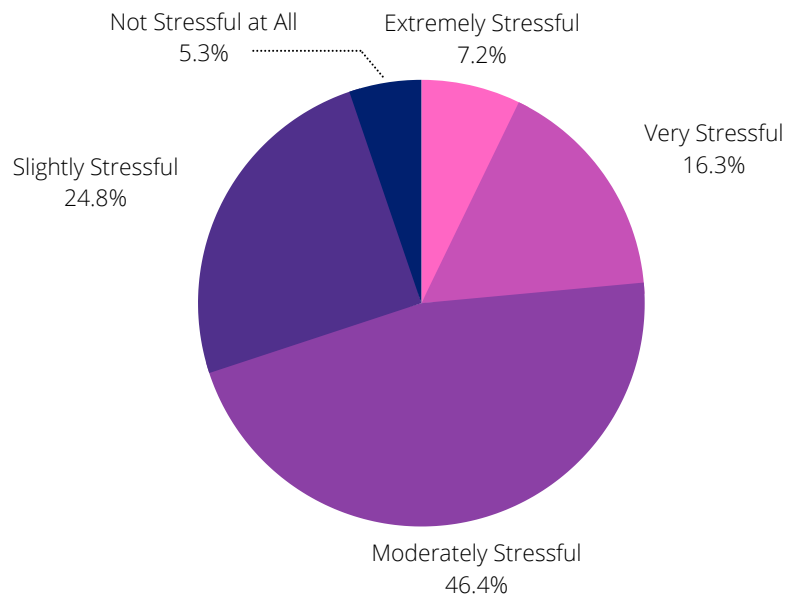
# WISH LIST + STRESS

*If you had a CBD wish list, which of the following would be your top 3 priorities?*

**1**    **28%**
**Nearly complete buy-in from faculty with EPAs completed on time**

**2**    **22%**
**Elentra has full functionality: dashboard reporting, scheduling, non-EPA assessments, multi-source feedback, etc.**

**3**    **14%**
**Better communication about Competence Committee decision making, my progress, my status, etc.**

- **12%** Better direction from the Royal College re. overlap training, credit for previous training, versioning if revising EPAs, etc.
- **8%** Resident development and training for CBME
- **6%** Other
- **4.3%** The creation of an Academic Advisor role in my program
- **4.1%** Improving the scope and role of my Academic Advisor
- **2.3%** Better communication from Schulich PGME and the RAC-CBME

*If you had to choose your general level of stress from living the CBD reality, what would you choose?*

Not Stressful at All
5.3%

Extremely Stressful
7.2%

Very Stressful
16.3%

Slightly Stressful
24.8%

Moderately Stressful
46.4%

# RESIDENT COMMENTS

The onus on implementing, teaching about and getting EPAs to work is largely placed on residents. If staff fail to complete, are not supportive and make no time for EPAs, it still falls to the resident to continue asking for these evaluations. This is frustrating because the evaluations are already quite stressful in their own right. It is not fair to place this extra burden on residents as a consequence.

I think CBME is generally great overall. I think one area that could use a lot of improvement is training all evaluators (particularly staff) about what the each "grade" means and have it better standardized within and across specialties.

Feedback from EPAs rarely valuable unless it's feedback that would be given in person regardless meaning little to no value-added from EPAs. Onus on residents when we can't ultimately control whether/when we get feedback. Faculty buy-in sporadic. Scale difficult to interpret.

While CBME is great in concept, it is difficult for trainees to derive real value from EPA assessments if the feedback provided is not useful/not constructive. Perhaps there should be greater effort directed towards training evaluators to provide better feedback

I think we need to step back and rethink this curriculum reform. We need to understand the implications of ITERs and other assessment modalities and the weight they carry in terms of promotion. We need to be more clear about expectations and roles of the learner and assessor. More importantly is not completing the EPA or requesting the EPA (to tick the box of tasks to complete), rather shift focus about using EPA as a mere feedback tool while not compromising the informal feedback a learner receives - especially the learner in a longitudinal program working with the same team.

Overall negative culture when it comes to asking Attendings for EPAs. Regularly receiving answers such as "ask the senior resident" and "my account doesn't work" as well as EPAs that frequently expire creates this environment and is highly discouraging. Then told we're not being proactive enough, it just does not help.

Everyone has been very helpful with filling out EPAs and great communication from our competency committee but as mentioned above I personally only see the utility of the EPA system in the procedural aspect of our specialty.

I believe the quantity of EPAs per milestone should not be a determining factor whether or not a resident achieves the milestone. Quality in written feedback more valuable. Also, foundations of disciplines certain milestones need to have their numbers cut down due to the cumbersome of obtaining those specific EPAs (Foundation #5&6) for eg.

We had a few "training sessions" on this prior to COVID - i.e., PDs basically telling us why CBME is so much better than traditional learning, hoping for buy-in, etc. Those of us who are about to graduate don't feel as though we have had enough training on this; most of us do not complete EPAs and get traditional feedback forms. Nobody is clear on how the transition is supposed to go, who is responsible for what.

I am in a small program so this may only work for this unique specialty but I would prefer to have one on one discussions about my progress with someone who isn't the program director and has five hundred other things they are working on. I think even a retired surgeon or more of a mentor to have enough time to create plans and learning goals etc.

Requirements change for EPAs and we are not always notified, rather find out by accident as we are perusing our EPAs and then email to figure out what is going on. Recently, fellows were switched from 'staff' to 'residents' as assessors and this has changed whether we have met some of the EPA requirements from the past. I understand that the EPA situation is challenging for everyone as we are essentially piloting an untried system, but this can be frustrating.

Although well-intentioned, the current CBME set-up contributes to a growing trend in healthcare, in particular in the US, but recognized globally, for increasing amounts of time to be spent on (online) documentation, and less time on direct patient care. This contributes to disillusionment and burnout among physicians, and a dehumanizing tendency in healthcare more broadly. CBME does not seem to improve the quality of feedback. Those who give good feedback would almost certainly have done so regardless. For others, the best you can hope for is that they actually sign off on an EPA that has been prefilled. It is possible that frequent assessment may catch some residents who are struggling early, but for the majority, they seem to add administrative burden, without perceived benefit.

I have trained in both CBME and "old PGY" systems and have found feedback and "forced" or "focused" learning of uncommon things better in CBME while being infinitely more cumbersome administratively. My learning therefore is more accelerated this way, but I do feel I have to be "on" almost all the time (good and bad parts)

CBME has literally made residency a living hell. It is the worst endeavour the Royal College could come up with. I am constantly stressed out about sending EPAs and, to add insult to injury, I have to pre-fill my own evaluations because the majority of the staff prefer it this way. How is there value in being constantly stressed and living in a system in which I have to evaluate myself and there is so little buy-in from staff? For example, I sent 15 (15!!!!) evaluations to multiple preceptors and they all expired because the staff didn't fill them out DESPITE my numerous reminder emails?

we need to stop doing all the other previous forms of evaluation if CBME is our chosen system. everyone has evaluation burnout. CBME's success is predicated on the quality of the feedback, but we receive low-quality feedback--or often none at all (EPAs not filled out). CBME is a great concept in theory, but it requires full buy-in from everyone and that isn't happening, and realistically will not happen to the extent necessary. staff seem entirely unfamiliar with CBME. Our competency committees seem confused and we receive unclear directives from them. Having to get EPAs filled out puts the stress of evaluation onto the learner. Now I have to chase down my staff and ask them to do something that they feel is "extra work". If they don't get filled out then I don't pass. When they do get filled out, they often have no thoughtful feedback in them, or are being filled out by someone who doesn't understand CMBE or how to evaluate a learner using this framework.

I like the EPA system. It allows for fluctuating rotation lengths - i.e. off for sick leave/quarantine/leave and not needing to repeat the rotation to get a minimum number of days on service when EPAs can demonstrate the skill has been learned

My major issue with CBME/EPAs is that I find that I am often writing my own reports and therefore the feedback is actually completely useless (because it is literally me writing it in the 3rd person)

[Surgical program] staff buy in is great but feel EPA is a burden to residents. Feels redudant and doesn't add a lot to organic feedback provided by staff/fellows/residents during procedures.

If the outstanding EPAs are the ones that show up will be extremely helpful. Subset EPAs within the other EPAs are extremely hard and frustrating to navigate through especially when you are busy as a junior.

Sometimes the constant feedback and need to fill EPAs can get overwhelming and exhausting.

I wish we had the old system. CBME is much more onerous and has not improved my learning.

the feedback in EPAs is honestly useless and your program doesnt actually care about the content as long as you get your # of EPAs done up

I do not think this has been beneficial to my learning and has been more of a nuisance and stress provoking activity. The one 45 evaluations and feedback at the end of the block is sufficient for areas of improvement.

Sounds good on paper but not very good if e feedback is poor or useless. Also often in [non-procedural specialty] there is no direct observation for our milestones- especially soft skills

Too much burden and stress on faculty and residents. Does not actually facilitate feedback.

Some consultant\senior resident are excellent at providing feedback and very proactive. Some dont write\add anything and dont complete them on time.

On paper 'is a strong tool, in practice it makes no difference.

Useless

CBME makes us do more work which does NOT translate into better feedback for surgical residents. You get your feedback live at the time in the OR or clinic.

I feel like CBME has its merits, however the critiques I hear from staff is creates a lot of additional work compared to the old system, but if its the way things are going to be then there is nothing we can do about it

Too many assessments. The assessments are too long and often not reflective of the EPA

# OVERALL SUMMARY

## CULTURE CHANGE

This large change in residency education requires huge efforts for everyone involved.

*Key Points:*
- Faculty can take initiative by broaching the topic of EPAs with their learners and completing EPAs in a timely manner.
- As a bare minimum, faculty must know their Elentra logins, PINs, and receive email notifications.
- Residents also need support in their dual role as both teachers and learners.

- Areas for further faculty development include how to succinctly capture high quality feedback both in person and electronically.
- Faculty and Competence Committees can evolve to allow for more flexibility in what is expected for achievement of an EPA.

*There is a challenge in understanding that EPAs, although important, are not the only piece to resident progression. This is balanced with having transparent and consistent standards for what constitutes satisfactory resident progression with regards to EPAs as determined by Competence Committees.*

*We must work on the technical and cultural side to minimize the administrative burden that CBME is placing on residents.*