

CBME RESIDENT FEEDBACK SURVEY

PGME SCHULICH SCHOOL OF
MEDICINE & DENTISTRY

20
22
EDITION

S. HINTON, MD
A. ZAKI, MD
J. VERGEL DE DIOS, MD, FRCPC
MAY 2022

WWW.SCHULICH.UWO.CA/CBME/POSTGRADUATE

BACKGROUND

RESIDENT ADVISORY COMMITTEE FOR CBME

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.

NEW

New question added to the 2022 survey

FOR CITATION

Hinton, S., Zaki, A. and Vergel de Dios, J. (2022). *2022 CBME Resident Feedback Survey*, Schulich School of Medicine & Dentistry. Internal report, unpublished.

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

2021

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

RCPSC programs yet to launch CBME at Western University:

2022

Diagnostic Radiology, Hematology, Maternal-Fetal Medicine, Neuropathology

2023

Emergency Medicine (Pediatrics), Ophthalmology, Pain Medicine

2024

Endocrinology, Gynecologic Reproductive Endocrinology & Infertility, Infectious Diseases, Thoracic Surgery

OVERVIEW

RESIDENT FEEDBACK SURVEY

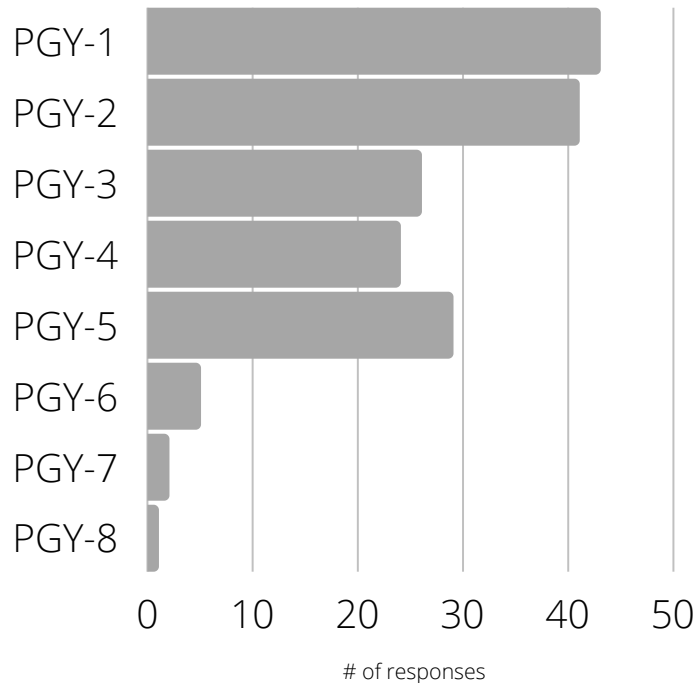
PERIOD

February - March 2022

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.

30
questions

175
responses



response rate

29%

most responses

Prefer not to say (19%)

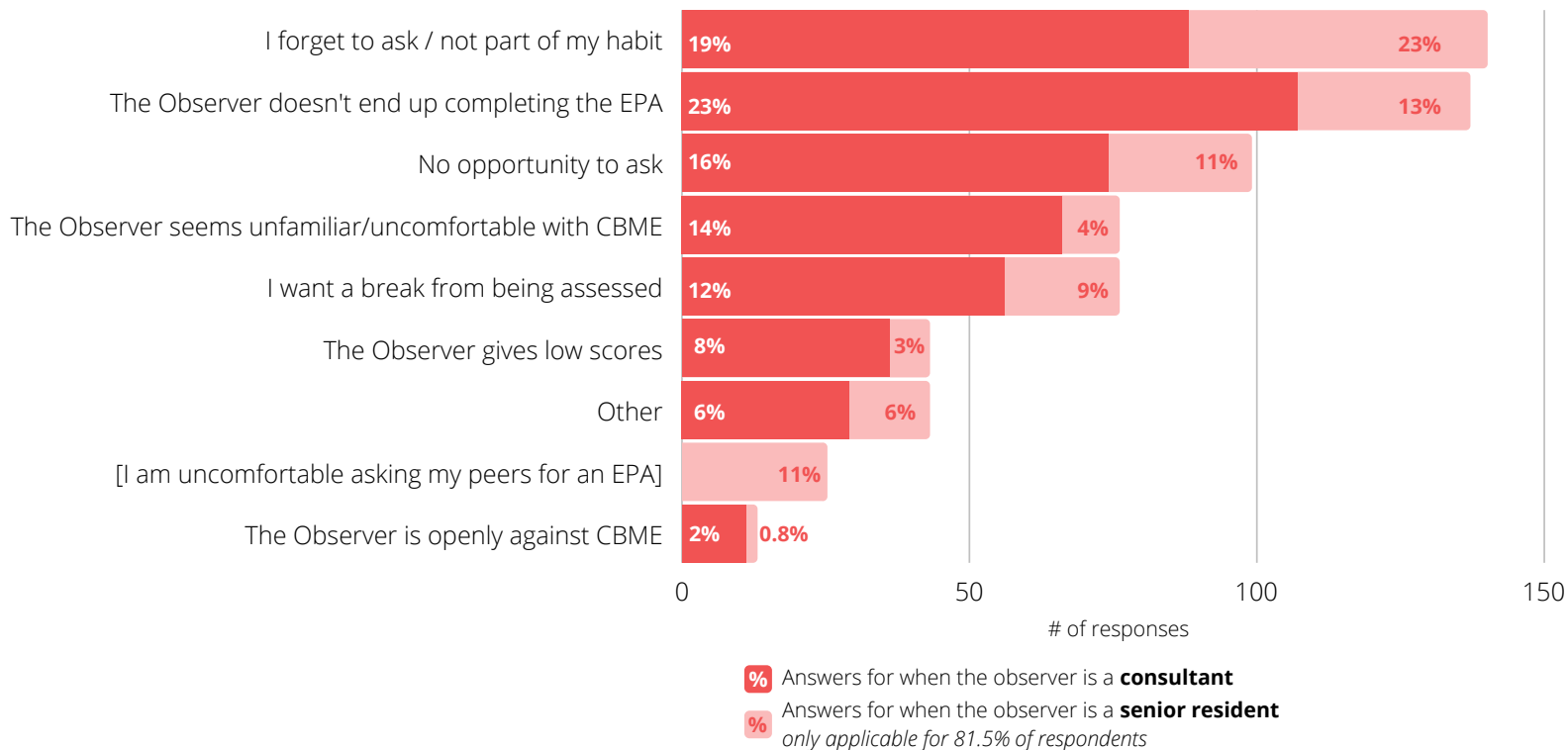
Internal Medicine (11%)

Anesthesiology / Psychiatry / Pediatrics (each 13%)

EPAS

ENTRUSTABLE PROFESSIONAL ACTIVITIES

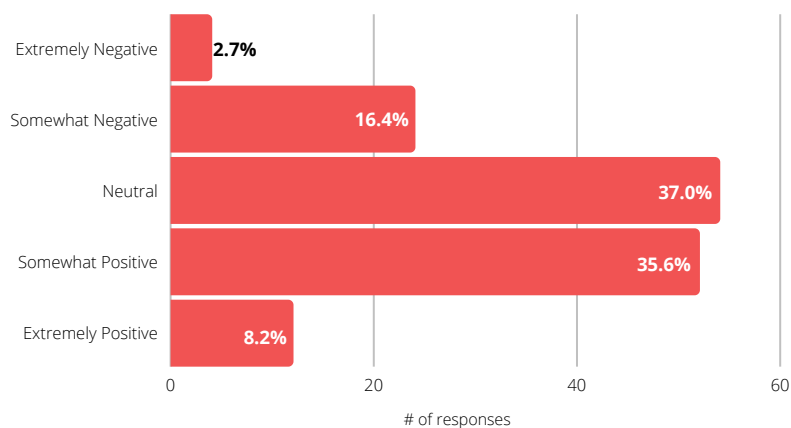
BARRIERS TO REQUESTING EPAS...



Resident's Comments about EPAs

- "As an R5 most of the tasks that we are supposed to get [p]assed on start to seem way too repetitive - I do realize this is still built into the CBME system - so it just seems the benefits are far outweighed by the inertia that must be overcome. For example, when there is a day of routine cases that I have done a ton, it becomes difficult to see the purpose of going through the motions of the full form just for a staff to sign off and not even view the form."
- "Consultants often refuse to do EPAs unless they are requested before presenting a case, so requesting them after the fact is futile and unless it is part of your habit and there is often not time to search up and ask for EPAs beforehand particularly on a busy inpatient service"
- "I don't feel a consult I've done is "intense" or "complicated" enough to warrant an EPA, even though it probably is."

FACULTY ATTITUDES TOWARDS COMPLETING EPAS



Fortunately, 43.8% of respondents think that faculty attitudes are somewhat positive or extremely positive.
Over 1/3 think faculty are neutral.
But 19% think that faculty have negative attitudes towards completing EPAs.

Continued: Resident's Comments about EPAs

- "In busy clinics staff do not always give residents the time to explain their hold plan, which makes can make achieving EPAs difficult"
- "It is an exercise in time wastage. I already get valuable feedback during OR"
- "The website and mobile app are not working ("laggy, inefficient and difficult to navigate") and there are other tasks to complete, the staff has already given verbal feedback and I don't find the epa to be more helpful, or filling out the epa does not result in high quality feedback and it's not worth the time it takes to load the site and fill out the form"
- "Our clinical duties make it impossible to cover all patients and complete observed encounters. There are so many epas with different requirements, hard to keep track"
- "The EPA scoring is not appropriate - ie. I'm at the appropriate level as per my staff but that is still a "non-passing" score"
- "Nothing meaningful comes from the EPA as it is completed so far out from the time of the task being evaluated due to time pressures in busy clinics and ORs."
- "The consultants just sign what we write ("or more often than not they are not completed"). makes it useless and just another task we have to do."
- "When I was off service I had more difficulty getting EPAs completed"

NEW

TIMING OF EPA REQUESTS

*When do you find it's best to request an EPA?
Before or after the following events?*



Morning rounds

90.4%
AFTER



Presenting a consult

80.7%
AFTER



Completing a bedside procedure

76.1%
AFTER



An OR case

80.3%
AFTER



Finding out your clinical
assignment

77.9%
AFTER

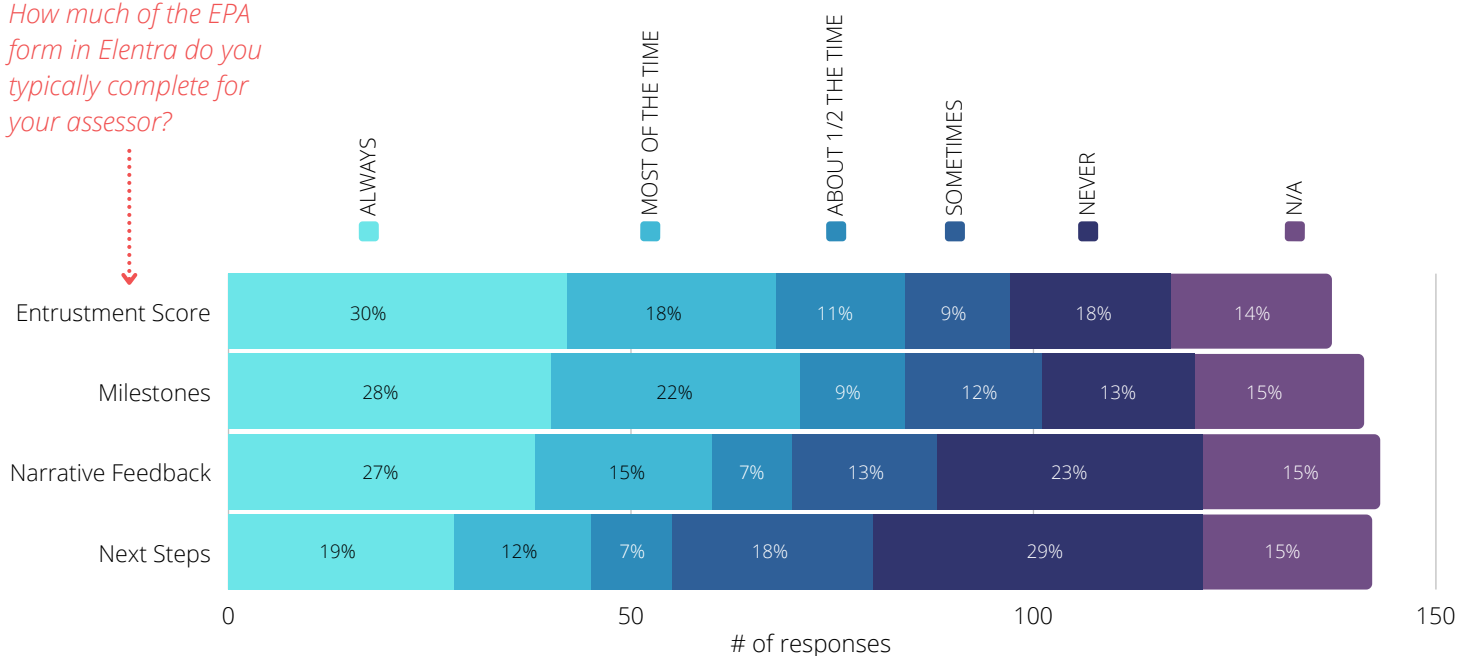
PRE-FILLING YOUR OWN EPA FORM

Of the 35 residency programs that are officially CBME via CBD, only one program is not using Elentra—Anesthesiology is 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.

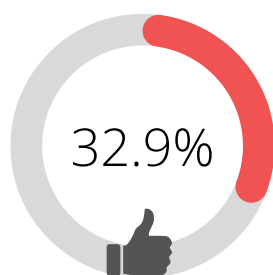
There continues to be debate about this functionality in Elentra.

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



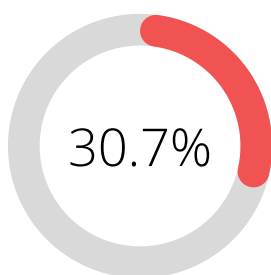
NEW

What are your thoughts about having to pre-fill your EPA form in Elentra?



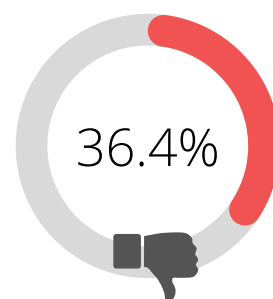
LIKE

17.9% like a great deal
15% like somewhat



NEUTRAL

30.7% neither like
nor dislike



DILIKE

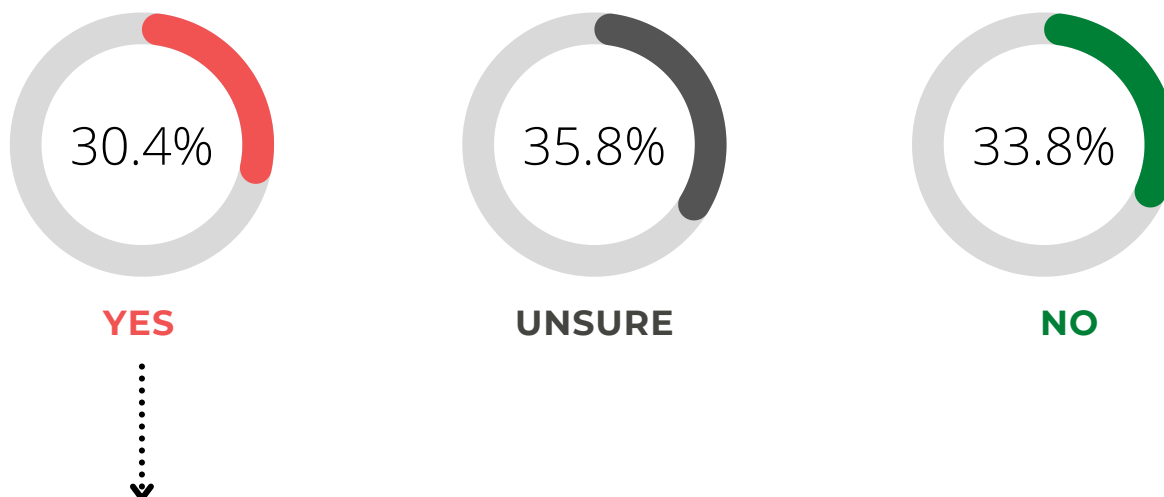
18.6% dislike a great deal
17.9% dislike somewhat

NEW

COVID-19 PANDEMIC

The COVID-19 pandemic has impacted every facet of our lives. It's important to understand how it impacts medical education as we enter more chronic waxing and waning of waves of viral variants.

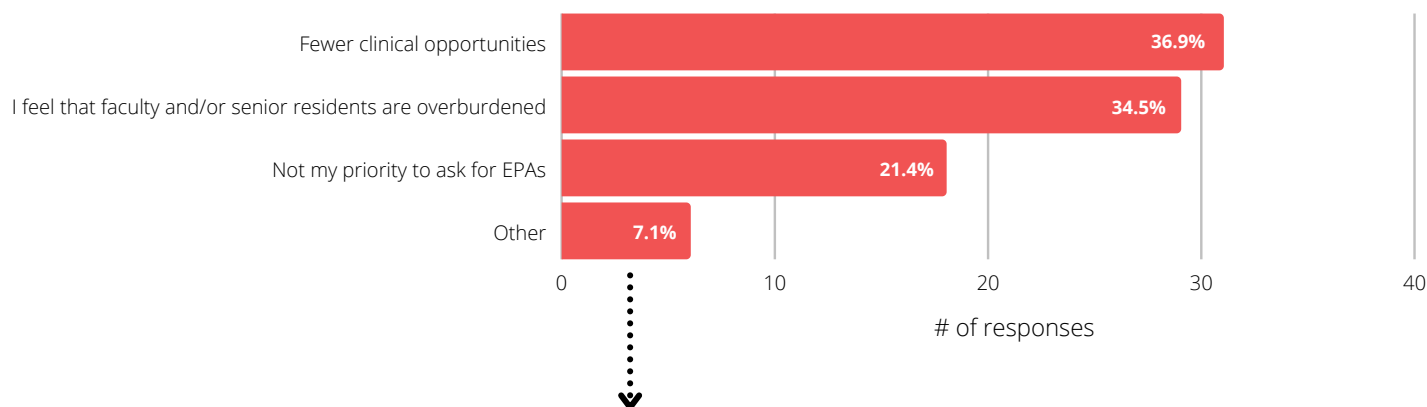
Has the COVID-19 pandemic affected your ability to initiate or request EPAs?



Of the 45 people who selected 'Yes'

What are the reasons that the pandemic has affected your ability to initiate or request EPAs?

Respondents could choose more than one answer.



- "Need cases that provide appropriate opportunity"
- "Often review over the phone rather than in person and so I never meet the consultant or do an observed history/physical"
- "Different on call responsibility (virtual consult) making it hard to get certain EPAs"

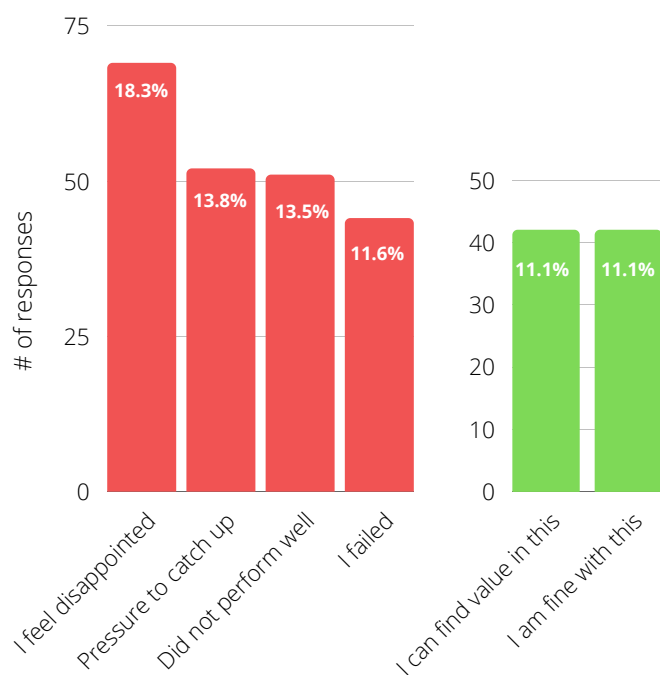
ENTRUSTMENT SCALE

THE O-SCORE

- 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.



15.9%

"I find my understanding of the score differs from the assessors' understanding"

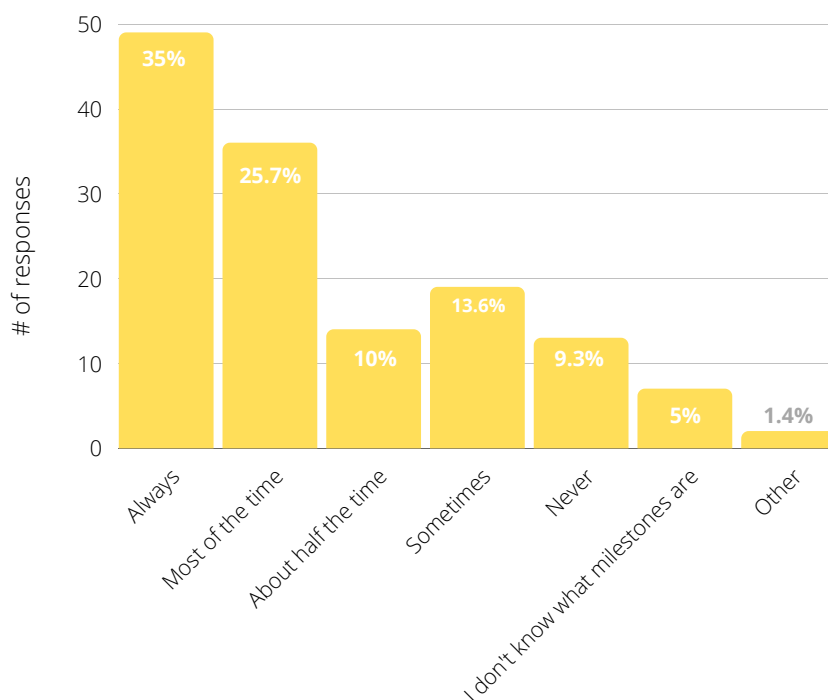
4.8% Other:

- "Overall, it seems like an arbitrary rating as we usually give it to ourselves and know 4 means achieving an EPA"
- "Although there is opportunity to learn and value in constructive feedback; often when receiving these scores, it is not reflective of verbal feedback (i.e. the wording of the EPA scale causes confusion about what the feedback actually is, and how it is represented in the EPA)"
- "Depends on situation. I have had assessments where I have done the entire case but reviewed with the staff and they say "I had to talk them through" though I was functionally independent. Otherwise, I usually know when I am not going to get a 4/5 or we talk about it in person"
- "To be honest it's kind of useless, if i knew i did bad i won't ask for one because it won't count toward the total EPA tally anyways"
- "Feel that this is a waste of an EPA in some cases - may only be few opportunities to reach mandatory minimum, and disappointing when attending provides a score of "3" despite feeling strongly I deserve a 4/5"
- "Some people rate based on a qualified specialist. Others assess based on PGY year"
- "Talking through challenging cases is how we learn best. Unfortunately this means a failed EPA. A very unfortunate shift in culture. Asking questions to improve understanding or learning is now second guessed due to pressures to obtain EPAs."
- "I think it is very difficult to interpret, causing much more confusion than any other feedback/rating I have encountered. In a surgical speciality, rating something as "I did not need to be there" is farfetched and unrealistic and causes barriers for residents to achieve a passing EPA; thus causing residents to be unmotivated and stressed about completing them. Having to prompt a junior resident (or consultant prompting junior or senior) should not be considered a fail. This may be the cause for other EPAs (i.e. consenting a patient) but not for surgical procedures, which the majority of EPAs are centred around."
- "As long as there is a 'passing' score, the o-score is useless. If scores of 3 and above are considered 'complete' EPAs then it that means the score is actually only binary and all that matters is if you score high enough that you fulfilled the requirements for an EPA. So it's completely useless as a feedback tool and has no more nuance than a checkmark"
- "It is useless and isn't used as it was intended by the CBME designers. It does not identify residents who need more help as residents shy away from triggering an EPA where they could have used more assistance or feedback from their assessor. Moreover, it is discouraging that an EPA with an O-score of 3/5 does not get counted towards the total goal number of EPAs."

MILESTONES & FEEDBACK

NEW

"I review the milestones of an EPA that are completed for me"



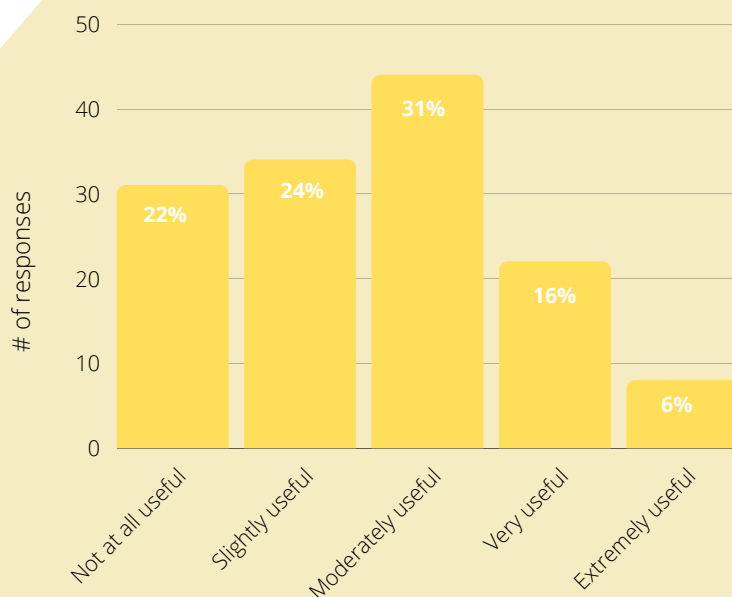
NEW

Of those who said they review the milestones in an EPA form:

47% do NOT feel they contribute to their learning

19% are unsure if milestones contribute to their learning

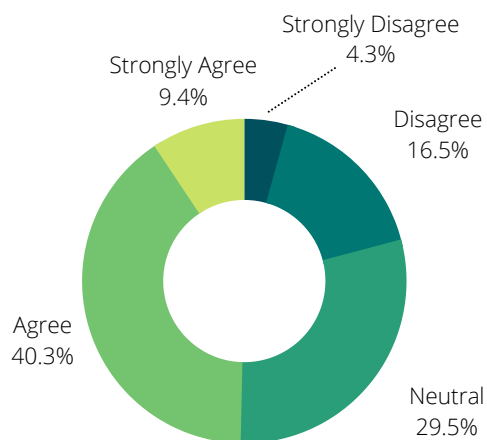
USEFULNESS OF WRITTEN FEEDBACK FROM ASSESSORS IN EPA FORMS



COMPETENCE COMMITTEES

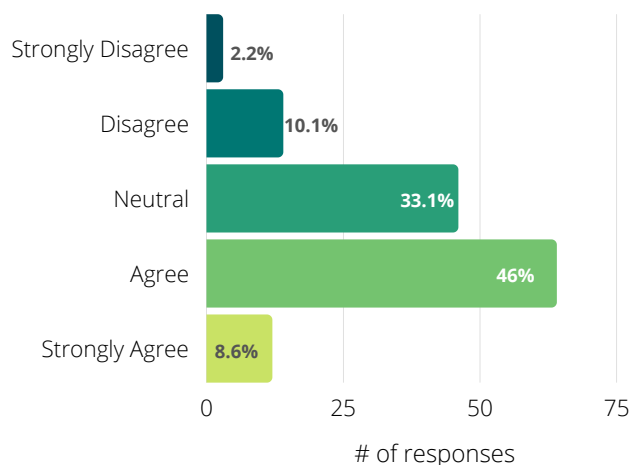
TRANSPARENCY

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



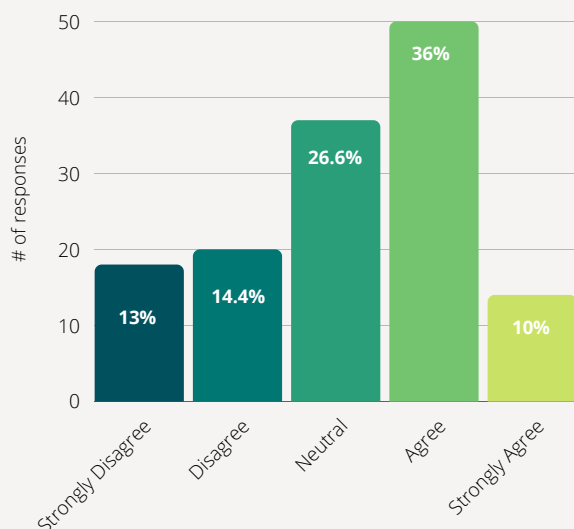
FAIRNESS

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



VALUE

*My Competence Committee
provides value to my training:*



NEW

FLEXIBILITY

*I think my program's interpretation
of the minimum requirements for
an EPA is too literal*

*e.g. need 10 achieved observations, but only have 9
achieved observations and thus it is still an
incomplete EPA*

54%

AGREE:

35.25% agree

18.7% strongly agree

RESIDENTS AS TEACHERS

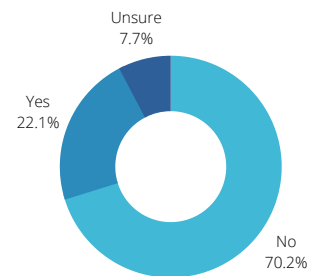
RELEVANCE

Have you completed EPAs for other residents or clerks?

76.1%
responded "YES"

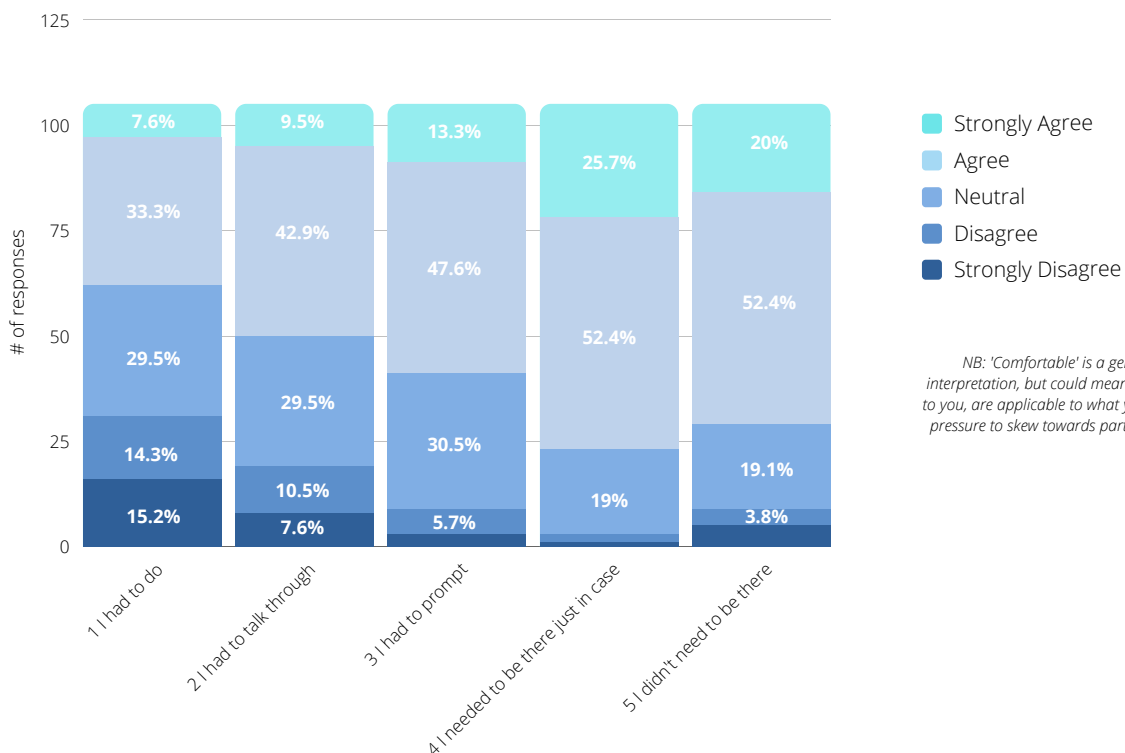
TRAINING

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



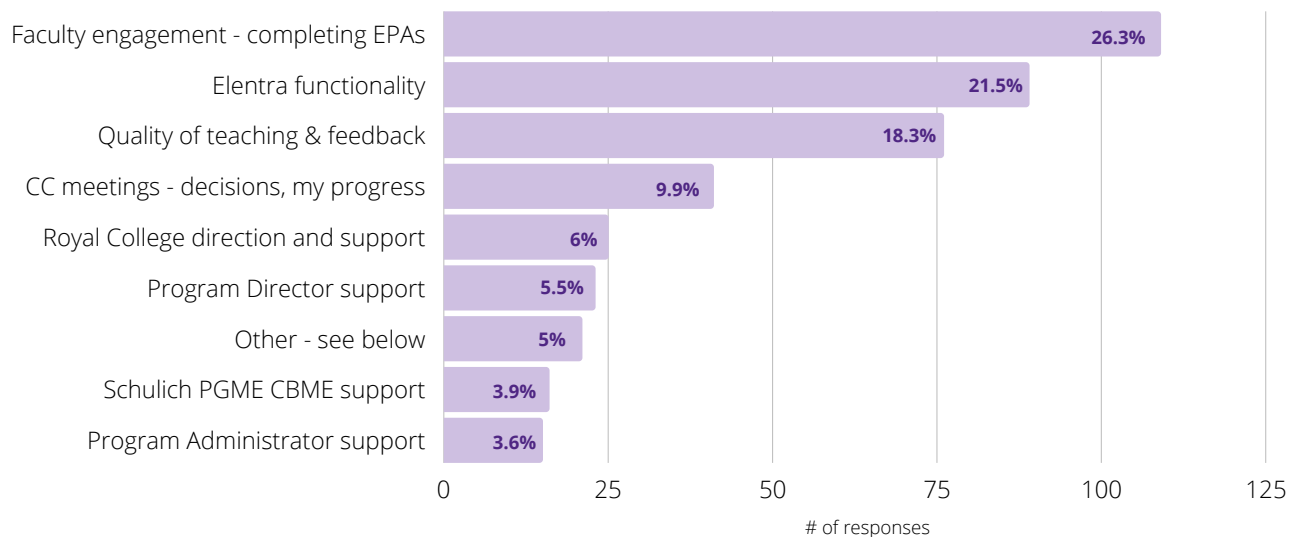
O-SCORE COMFORT

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



CHALLENGES

Please choose all areas that you find challenging:



- "The EPA's are a waste of time. You get the feedback in more detail in the OR, the EPA's somewhat formalize it but there's nothing in the epa you don't know. Also half the time the EPA's don't even line up with something you actually want feedback on . It's more work for no actual tangible benefit"
- "About 50% of the EPAs I send don't get completed. But the overall problem is they seem totally disconnected from my learning. Another box for me to check."
- "The dashboard doesn't provide meaningful metrics to track progress"
- "Sometimes the milestones listed in each EPA do not feel entirely relevant"
- "I have so many EPAs that are forgotten to be filled out and it is very frustrating when they expire because I don't know which ones i sent to whom and i don't know when I sent it so I don't know when to remind them."
- EPA's can be filled out by residents and signed off by staff without reading them which can result in residents being credited for EPA's they didn't do.
- "When we fill it out mostly ourselves it is very meaningless. when staff fill it out it is so far away from when the task was completed the feedback is generic and meaningless."

WISH LIST + STRESS

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

1

25.8%

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

2

24.8%

**Elentra has full functionality:
scheduling, non-EPA
assessments, multi-source
feedback, etc.**

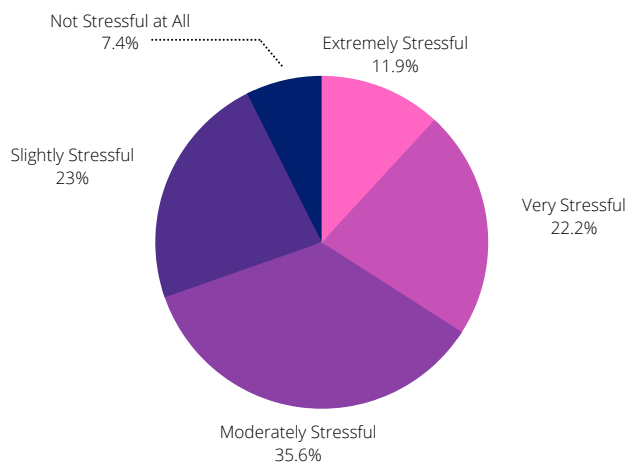
3

14.6%

**Better direction from the
Royal College re. overlap
training, credit for previous
training, versioning if
revising EPAs, etc.**

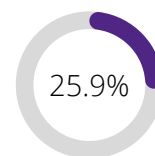
- **9%** Better communication about Competence Committee decision making, my progress, my status, etc.
- **9%** Other
- **5.9%** Resident development and training for CBME
- **4.3%** Improving the scope and role of my Academic Advisor
- **3.7%** The creation of an Academic Advisor role in my program
- **2.8%** 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?*

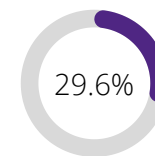


NEW

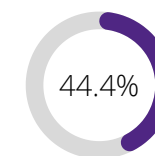
*Do you feel your inability to
meet the EPA requirements is
threatening to your career?*



YES



MAYBE



NO

RESIDENT COMMENTS

Do you have any general comments about CBME or other feedback you would like to provide?

- 
- The most frustrating thing these days is faculty not doing EPAs even if they say they will. Especially because a lot of review is virtual, I can't sit down with them and make them do it right there with me.
 - Elentra has been extremely slow lately (chrome and safari). This has, in itself, been a major deterrent to my triggering of EPAs
 - Recently our staff have improved significantly with completing EPAs - I have now started sending them blank and have been impressed with staff completion and the improved quality of written feedback as opposed to previously I was told/I understood that we needed to pre-fill them completely - however then rarely did staff make any changes or additions.
 - Less cumbersome forms for epas and not having the resident fill the epa for themselves. The value of epas is the feedback received and each of these issues results in low quality or no real feedback. Truly the valuable feedback is verbal and in person at the time and the current structure of epas where I fill them out and send to the staff is just an administrative task that is detracting from my learning
 - Dashboard function should be improved at tracking by category
 - I would be nice if staff initiated more EPAs
 - Dedicated administrative time to complete EPAs and built in checklists of required epas
 - EPAs should not expire
 - we have been told year if we do not complete 3 EPAs a week we will fail the rotation. This is extremely stressful and not sure how this can be allowed....
 - 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 would prefer to have one on one discussions about my progress with someone who isn't the program director and has 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.
 - 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)
 - None of it matters if there isn't a culture of feedback already in place, which is why I think this whole idea of EPAs as we've implemented them is completely backwards - you don't generate a culture of feedback by having a form you have to fill out, you make the process of filling the form out meaningful by already having an understanding that the feedback is important. If the act of providing feedback is important, then you can't focus on those receiving it, you have to focus on those providing it. You have to make the staff see and believe that a) structured feedback is important and they have to make an effort to make time for it, and b) that EPAs are a way to do that.
 - Not having EPAs completed ends up falling on the residents that have put in the effort to trigger these EPAs, and rarely falls on the staff that are not taking the time to complete it. This is a very frustrating aspect of CBME. Even if staff complete it, there tends to feedback that isn't that helpful in the end.

- While a good idea in theory for residents to receive ongoing relevant feedback, the reality of EPAs is that the score and comments are generic and not useful learning points. Any important feedback happens in person and in real time, and isn't always translatable to EPAs because they may not map to the objectives. The result is that the EPAs become a burden at the end of the day and becomes more like a checklist chore than anything that contributes to learning or competency.
- I am finding that the current set up of epas and Elentra is detracting from my learning rather than adding to it. It has become an administrative task that is incumbent on me to fill out, and is not resulting in any high quality or constructive feedback. the way it's currently set up, it is just another data-gathering task for me to do and is adding stress without learning. Having the resident fill out the form and the ability to sign forms at a later date is purely making this a task for residents instead of a useful feedback tool
- I hate CBME, it has significantly negatively impacted my programs ability to provide me with a high quality residency by syphoning of time, effort and willpower from staff and residents for a useless set of make work forms.
- was difficult to complete EPAs on certain off service blocks, the competence committee was not understanding of the limitations we face with this. makes us wonder also why we do off service blocks where it is extremely difficult to complete any EPAs
- To make the EPA scoring system valid it is imperative that there is better training and information dissemination as to the grading scheme. Ie for the global rating it would be helpful to have built into the EPA whether the EPA is a "pass or a fail". Potentially in brackets beside the words for example I didn't have to be there (EPA acheived) as it is frustrating that people are rating all specialties based on EPAs where the wording is targeted at clinical specialties
- Elentra does not work 90% of the time. It is extremely frustrating to use. Staff openly express that they feel EPAs are useless but have to be done. Most of the time they will not complete, this all discourages from sending EPAs. Additionally, all staff have different impressions of what the scoring system entails. Some think it is based on the level of a college-certified specialist, and others mark relative to PGY year.
- CBME adds additional time consuming tasks for residents to complete without any consideration for providing additional protected time for residents to send and fill EPAs.
- elentra site improved recently with the dashboard showing you how many you've completed, but I still find I need to keep an excel spreadsheet tracking my own progress in each section and tracking when I've sent off an EPA, to whom, and for what patient encounter, so that I can follow up if they don't fill it out quickly.
- I think that the EPAs being designed need to be a reflection of what is a reasonable for residents and medical students to trigger especially in programs where there are large number of residents and staff buy in/ uptake is relatively low. It is not reasonable for example to ask a staff to fill out a complex EPA that requires the input from multiple health care staff into one EPA regarding a family meeting or GOC discussion (This is just an example). As residents, we do these tasks on almost a daily bases to be functional but having a staff vouch for us is so difficult especially when basic epas are not being filled on timely bases.

COMMON GROUND

There might be conflicting thoughts and experiences, but we should seek to find common ground



WHEN TO REQUEST AN EPA?

Residents

From the survey results, residents prefer to request an EPA after performing the clinical task of any kind.

We did not explore the reasons why.

Faculty

Individual faculty might prefer that requests are done before the clinical task is done so they can prepare, observe, and provide feedback.

Some faculty don't know what to do if an EPA request pops up days or >1 week later.

Program/CC

Some programs have a ground rule that EPAs should be requested before the resident does the clinical task.

Programs will want to ensure all faculty are doing EPAs and not only certain faculty are asked by residents.

WHO FILLS OUT THE EPA FORM?

Residents

Residents tell us that they are experiencing the extremes of the administration burden: sometimes completing the entire EPA form themselves without having any conversation about their performance.

Some feel that this is the only way to get an EPA completed but this is at the expense of any educational value.

Observers

Faculty or senior residents benefit by having the learner complete portions of an EPA form. This should not be abused.

Feedback conversations need to take place and they don't have to be long conversations. Completing a form, with the many methods available, should be balanced in terms of responsibility.

THOUGHTS

NEW QUESTIONS

COVID-19 impact

- Equally split between yes, neutral and no. This may reflect on which clinical services were most impacted by COVID. For example, Internal Medicine stayed in house, which would have presented EPA opportunities; whereas the surgical services saw cancelled ORs and lack of exposure.

Milestones on EPA forms

- Although they are being reviewed by residents, more than 50% felt as though they did not contribute or were unsure if they contributed to their learning. It may be beneficial to have them in the EPA to describe what is expected of a task but not make them necessary to fill out.

Flexibility in observation requirements

- 54% of residents felt that their program's interpretation of the minimum requirement for EPAs was too literal.
- As CCs feel more comfortable in their role and ensuring fair process for all residents, they should be able to afford more flexibility on a case-by-case basis.

Threat to career

- 50/50 split between "no" and "yes/maybe". This may speak to the above point that certain programs are flexible on a "case by case" basis.

LIMITATIONS

- **Inherent limitation of anonymous surveys: low response rate and might not fully represent the perspectives of all residents**
- **Response rate lower this year compared to 2020, despite increased number of CBD programs**
- **Straightforward reporting, no statistical analyses are provided**

SUMMARY & SUGGESTIONS



Competence Committees:

- Ensure transparency in CC membership, processes, and decisions. This includes all residents, not just those who require more attention.
- Check in with residents about their thoughts and interactions with their CC.

Elentra will continue to grow based on user feedback and this will certainly help with CC functionality.



Faculty:

Administration burden needs to shift to a balance:

- Ask residents their learning goals for the day
- Offer to initiate an EPA
- Review your own assessor statistics in Elentra



Residents:

- Continue to provide feedback about CBME
- Ask your clinical supervisors for feedback and tips for how you can do better next time



Programs:

- Expired EPAs are a faculty and program issue, not a reflection of the resident's performance



PGME:

- Continue to provide and increase the opportunities to develop residents as teachers themselves or assist individual programs in providing educational content on developing residents as teachers

Stresses and challenges due to CBD are largely unchanged, but still exist.

Not all residents are negatively affected by COVID-19, but some cohorts will have only known residency during the pandemic.

The first few years are challenging and as more disciplines launch, we can start to see program-specific benefits and risks of CBME — some programs are better set up for it compared to others.

There seemed to be fewer complaints about Elentra, which could reflect the improvements and updates since 2020, but there is still much work to do to make Elentra meet the CBME needs.