Schulich
MEDICINE & DENTISTRY

Recommendations for Assessment of Residents During COVID-19

This document is intended to provide assessment recommendations to programs during this time of changing clinical teaching environments.

It is recognized that increased demands on clinical staff, changing resident schedules, the potential deployment of residents across programs, the reduction of elective procedures, cancelled or modified structured learning activities and other measures instituted for resident safety, will have an impact on the learning opportunities and assessment of our residents.

The following recommendations are intended to ensure as much consistency as possible, should programs have no option but to modify their assessment practices. The safety of our residents and fellows, faculty and staff, remain our priority and first consideration.

These are interim recommendations to programs during a time of required modification due to COVID-19. Any questions should be directed to the PGME Office.

Recommendations

1. Whenever possible, programs should strive to formally assess all experiences, including redeployment activities.
2. Individual learning plans (ILPs) should continue to detail the competencies and learning outcomes that guide a resident's experience and progress.
    - If a resident is deployed to another area of service, it is important to document competencies targeted, the learning activity, how it is assessed, and the status of achievement during this time.
3. If residents are redeployed to another service area, the level of performance that can be assessed may be altered, e.g. a resident may perform clinical duties in keeping with a previous or upcoming stage of learning.
    - Programs need to determine if residents will perform duties beyond their current stage of learning and allow for the required level of supervision.
4. Where possible, programs should maintain current assessment methods aligned with a resident's learning objectives and stage of learning. It is recognized that due to cancelled or altered structured learning activities and/or reduced opportunity for assessment, alternative or more efficient methods may be necessary.
5. Every effort should be made to provide actionable, relevant feedback, in response to direct and/or indirect observations. Documenting feedback on assessment forms is encouraged to maintain progress and allay resident concerns during this challenging time.
6. A greater reliance on indirect observation may be necessary.
7. Other methods of assessment besides workplace-based assessments that rely on patient encounters may be required. See Table.

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8. Programs should consider learning opportunities for resident self-reflection on learning needs and experience in a time of an unprecedented public health crisis. Clinical, ethical, population health, and health system analysis may provide rich learning opportunities at this time enhanced through self-directed and self-reflective approaches.

9. Residents who are active on call should have opportunities for learning and assessment.

Table: Assessment methods during Covid-19

Workplace-based assessments	Other assessments	Individual learning plans	Self-reflections
Direct observations of patient encounters • EPAs • Current ITAR • Daily assessment • Flex ITAR • 360/multisource feedback	Indirect observations of patient encounters • Case presentations • Case debriefing • Discussion with patient about resident's management	• Clinical-related or medical expert/knowledge goals	• Specific EPAs • Ethical dilemmas
• Direct observations, where possible • Indirect observations (see next column)	No patient encounters • Case-based discussion with supervisor • Simulation • Teaching peers • Presenting rounds • Journal club discussion • Written knowledge tests	• Population health projects • Health system analysis • Ethical issues in pandemic environment	• Logbook submission

Competency-based medical education

For competency-based medical education (CBME) programs, it might be impossible to complete an Entrustable Professional Activity (EPA) assessment using the appropriate CBME forms. The following are options:

1. **Defer** expectations of achieving an EPA until clinical opportunities resume that allow achievement of that particular EPA.
2. **Infer** competency of an EPA using other methods of assessment. See Table above.
    - It is encouraged to attempt to identify where these other assessment methods align with EPA assessments.
3. **Document** any justification or rationale for inferring competency of an EPA when using a different method of assessment.
4. If a program is unable to defer or find alternative methods of evidence of competence of an EPA, they are encouraged to contact the Royal College of Physicians and Surgeons of Canada for further guidance.

Please note:

- Competence Committees (CCs) must continue to make any progression decisions based on adequate performance data from multiple sources.
- CCs will need to be flexible in how data are received and will need to rely on other methods of assessment to infer competence in an EPA.
- CCs are to continue scheduled meetings to discuss how decisions will be made.
- Documentation of the decision processes must be done.
- Timely communication with residents about decisions and expectations are also mandatory.

- If CBME residents are redeployed, it is recommended that at least one EPA observation take place during redeployment. Program Directors can identify which EPAs could be assessed.

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