



ISSUE 2

QUESTIONS/CONCERNS?

We are, of course, always eager to hear from you.

Please do not hesitate to send any questions or concerns to:

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A great resource to learn more about CBD is:
<http://www.royalcollege.ca/rcsite/competence-design-e>

JANUARY 2017

Assessment: Evaluations and EPAs

By now you know that CBME is on its way with an ETA of July 1st, 2017. In Issue 1, we presented an overview of Competence by Design. Now, a more granular look at learner assessment strategies will reveal several changes in assessment tools and perhaps a new approach to assessment and feedback. Daily evaluation of our residents will still occur. In addition, there will be another level of assessment of resident competency. One could think of these as the backbone of CBD assessment: **entrustable professional activities (EPAs)**.

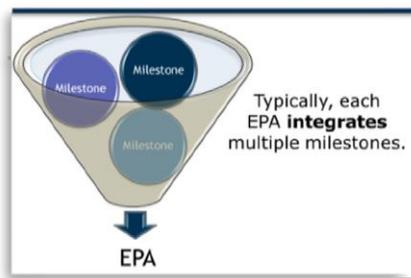
EPAs: Driving assessment and curriculum development

Over three years ago, the Anesthesia Specialty Committee (Chair, Nucleus Members and Program Directors) sat down to draft the EPAs for our specialty. The task was to define what we as anesthesiologists do and what our trainees should be able to demonstrate *independently* at various stages of their training. Using the CanMEDS Roles as an organizing framework, each stage of training is broken down into entrustable professional activities. Each EPA, in turn, is broken down into building blocks of demonstrable skills called milestones.

This process will:

- clearly define expectations for progression in Anesthesia training
- provide learners with directed feedback on those areas of clinical practice they do well and the exact areas where they need to improve
- change the “failure to fail” culture by making it easier to identify and respond to learners in difficulty early on in training
- allow educators to identify learners with exceptional skills and foster growth of these abilities
- embed continual assessment and self-reflection into the learning and practice
- demonstrate the commitment of all specialists to patient safety and continuous improvement

Taken together, **milestones and EPAs** will lay out a clear learning plan for residents and clear teaching and assessment goals for educators. Overall, this approach will increase the number of assessments within residency; *however*, it will also increase the amount of valuable, practical and demonstrable data we can use to evaluate



the competence of our learners and ensure they are delivering quality patient care. For example, a junior resident in the Foundations Stage of training would need to demonstrate EPA #20: **“Assessing and providing labour analgesia for a healthy parturient with an uncomplicated pregnancy”**.

The EPA can get “unpacked” into its CanMEDS based milestones for assessment. There are 15 milestones that comprise this EPA and some of these include: **“Describe the indications, contraindications, risks, and alternatives for a given procedure or therapy to provide optimal labour analgesia”, “Describe basic fetal physiology, potential fetal effects of labour analgesia and basic principles of fetal heart rate monitoring”, “Communicate with patients and families with compassion, cultural awareness and sensitivity”, etc...**

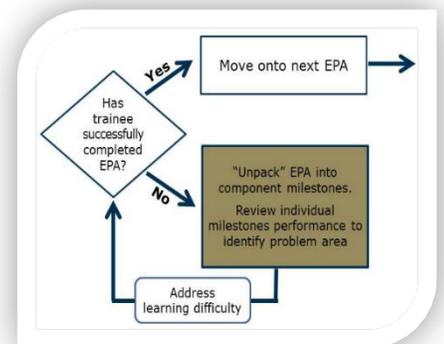
As you can see, many of these are things we expect residents to do in the course of their training. Now we are observing them explicitly. Many EPAs are activities we have entrusted residents to do independently at various levels of training – like responding to

a code blue. Now we are explicating assessing them.

Assessment of competencies will require frequent evaluator observations and require evaluators to use formative assessments based on identifiable criteria (as determined by pre-defined competencies). This will also be instrumental in allowing for the early identification of underperforming residents and the areas in which they require assistance.

Milestones and EPAs will direct us in regards to what to assess. With this change in our education model, so too will our assessment strategies need to change. Instead of evaluating residents on a scale of EXPECTATIONS from “Below Expectations” to “Exceeds Expectations”, a likert scale of ENTRUSTABILITY will be used. This scale will rate the resident’s abilities with respect to level of competency from “Requires constant staff supervision and assistance” to “Able to function independently”.

Cornerstone to the success of coaching the resident along the learning continuum from novice to competent is *feedback*.



Significantly more narrative feedback will be requested in the evaluations and this will go directly to the resident to act on.

In the coming issues of the newsletter, we will introduce the new evaluation tools and show you how to use them. In the meantime, here’s a brief video to help present EPAs:

<https://142.150.42.87:5001/fbsharing/CBYB61P9>