



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>

Clinical Encounter Assessment

In the last newsletter, we dove into the topic of Entrustable Professional Activities (EPAs). In creating the EPAs, the Anesthesia Specialty Committee tried to define what skills trainees should be able to demonstrate *independently* at various stages of their training.

EPA assessments are a summative form of resident assessment. In addition to EPA assessments, resident evaluations will continue to include daily evaluations, now called Clinical Encounter Assessments. These Clinical Encounter Assessments will be fundamentally different from the current daily assessments. No longer will residents be assessed along a scale of *expectations* from "Fails to Meet Expectations" to "Outstanding". As with the EPA assessments, the anchors of the likert scale for Clinical Encounter Assessments will involve evaluating residents based on their ability to *independently* perform different tasks and activities.

The skills that trainees should be able to demonstrate *independently* will vary depending on their level of training. As such, the way evaluators view the likert scale must change. There will be occasions when junior trainees are evaluated on skills that they are not yet expected to perform independently, due to their level of training. In these situations, their Clinical Encounter Assessment should reflect this. The level of case complexity is to be detailed in the assessment and the likert scale is to be used to accurately reflect the level of independence displayed by the resident.

This new method of evaluation will not only require a change of mindset among the evaluators, but also among those being evaluated. Residents will be taught about the new evaluation methods. It will be explained to them that given the new anchors, a score of 1 in certain categories might be the *appropriate* score for their level of training. A score of 1 cannot be equated to the previous "Fails to Meet Expectations". In fact, the very opposite is true. In certain cases, receiving a score of 1 ie. "requiring constant direction" is what would have been previously thought of as "Meets Expectations" (think of a PGY5 in a lung transplant case).

A trainee's ability to demonstrate all the CanMEDS roles is essential if they are to be able to function successfully as independent practitioners. Clinical Encounter Assessments will therefore continue to include comments on the residents' ability to competently demonstrate these roles.

The mode by which Clinical Encounter Assessments (AKA Daily Evaluations) are used and distributed to the residents will be

changing. The insightful feedback provided by the Clinical Encounter Assessments gives evaluators a vital opportunity to coach residents. These evaluations are a wealth of constructive criticism, opportunities for growth, and positive reinforcement for jobs well done. As such, evaluations will no longer be anonymized and will be fed back directly to the resident in real time via an electronic platform. This will provide the resident with the greatest opportunity for reflection, integration of feedback, and growth/improvement from the invaluable evaluator comments.

There are many fundamental changes involved with this new resident evaluation method. With an appreciation of the possible obstacles that might be encountered, in the upcoming months, the department will be piloting the new Clinical Encounter Assessment Forms for the current PGY2s.

We are eager to hear your thoughts about this new evaluation tool and welcome feedback, especially during the pilot.

	Able to perform individual tasks, but requires constant direction	Demonstrates some independence, but requires guidance for safe practice	Mostly independent, some guidance required	Independent practice, no need to provide guidance	Masterful independence; junior-staff level
	1	2	3	4	5
Patient Assessment					
Anesthesia Plan: preparation, Intra-op management, disposition					
Patient + family Communication					
Team Collaboration					
Technical Skills					
Critical thinking, insight, judgement					
Situational Awareness					
Organization/efficiency					
Overall level of independence					