Anesthesia
UNIVERSITY OF TORONTO

CBD IN ACTION
Competence by Design

ISSUE 4
NOVEMBER 2017

QUESTIONS/CONCERNS?

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

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

Lisa.bahrey@utoronto.ca or

Alayne.Kealey@sunnybrook.ca

Resident Assessment

Since the last newsletter, we have hit the "start" button on CBD, and are five blocks into the academic year. Our assessment tools include those for **Entrustable Professional Activities** (EPAs), which are used only for CBD residents, and **Clinical Encounter Assessments** (CEAs), which replace our old "daily evaluation" and are used for CBD and non-CBD residents alike.

In addition to new assessment tools, you will notice a change in the **assessment scale**. No longer will residents be assessed along a scale of *expectations* from "Fails to Meet Expectations" to "Outstanding". Both EPAs and CEAs will involve evaluating residents based on their ability to *independently / autonomously* perform different tasks and activities in all the CanMEDS roles.

The skills that trainees should be able to demonstrate *independently* will vary depending on their level of training. When it comes to **EPAs**, these assessments have been chosen because the activities are **stage-appropriate**, such as "Performing a preoperative assessment for an ASA1-2 patient undergoing a minor scheduled procedure" is a task for a PGY1, and "Assessing, optimizing and formulating anesthetic plans for patients with complex medical issues" is a task for a PGY3-4. It is the expectation that a competent resident would eventually be autonomous in all their stage-appropriate tasks before moving into their next stage in training, and onto more complex tasks. Notice the word eventually… these are not "pass" or "fail" assessments, some of these tasks are complex and it may take some time before a resident can achieve every milestone and be **entrusted** to perform the entire task *autonomously*.

Contrast this with the **CEA**, which is the same scale no matter the stage of training or complexity of the case. There will be occasions when a PGY2 resident is assessed on a case that they would not be expected to perform independently, such as carotid endarterectomy. The scale is still valid: assessing that the resident required "INTERVENTION" or "DIRECTION" for most of that case management is appropriate for their level of training and clinical experience and is NOT equivalent to "failing to meet expectations" on our previous scale.

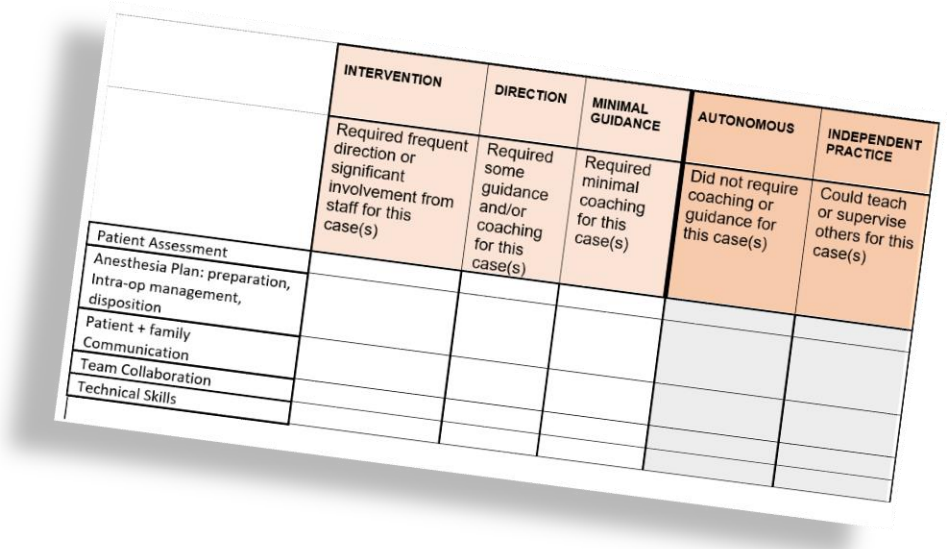
If you were assessing an end-PGY5 resident on that same carotid endarterectomy, and they needed "INTERVENTION" for the case management, that would likely no longer be appropriate for their level of training. That's why there is one additional question on the CEAs: "**Did the resident perform at a level appropriate for training?**". This is a key question, which allows us to put your assessment of independence into the appropriate **clinical context**. As we track one resident's CEAs over time, we anticipate that they will demonstrate **progressive independence**.

A trainee's ability to demonstrate all the **CanMEDS** roles is essential if they are to be able to function successfully as independent practitioners. CEAs allow you to comment on the residents' ability to competently demonstrate these roles.

When you are evaluating, you are asked to comment on your observations for that resident in that one clinical context that you directly observed. An evaluation of *autonomous* only means you felt that the resident completed the task/case without needing important guidance or intervention from you. It does **not** imply that the resident no longer needs to be supervised, nor is it a guarantee of future performance. It is only your observations for this one assessment.

By the end of the academic year, residents will have a **personal assessment dashboard**, which will hold all completed assessments. The insightful assessment & feedback provided by the EPAs and CEAs provides faculty with the opportunity to coach residents. These assessments provide evidence of achievements and opportunities for growth & improvement, but only if the resident has the opportunity to review them. As such, evaluations will no longer be anonymized and will be fed back directly to the resident. This will allow a greater opportunity for reflection, integration of feedback, and growth/improvement from the invaluable evaluator comments.

Stay tuned! Newsletter #5 will be all about FEEDBACK!!



	INTERVENTION	DIRECTION	MINIMAL GUIDANCE	AUTONOMOUS	INDEPENDENT PRACTICE
	Required frequent direction or significant involvement from staff for this case(s)	Required some guidance and/or coaching for this case(s)	Required minimal coaching for this case(s)	Did not require coaching or guidance for this case(s)	Could teach or supervise others for this case(s)
Patient Assessment					
Anesthesia Plan: preparation, Intra-op management, disposition					
Patient + family Communication					
Team Collaboration					
Technical Skills					