University of Alberta

Faculty of Medicine and Dentistry

Department of Obstetrics and Gynecology

Post Graduate Medical Education

Academic Advisor Resource Guide

Competence Based Medical Education

September, 2019

Table of Contents

Competence Based Medical Education (CBME) at a Glance

Terms of Reference:

Competence by Design (CBD):
CBD is a multi-year initiative launched to transform medical education. CBD has introduced a hybrid model of competency-based medical education (CBME) to learning and assessment in residency and specialty practice across Canada. The goal of CBD is to enhance patient care by improving specialist training and lifelong learning, ensuring physicians demonstrate the skills and behaviors required to continuously meet evolving patient needs.

Entrustable Professional Activity (EPA):
EPAs are authentic tasks of a discipline. Each specialty or subspecialty carefully defines EPAs that are best suited to ensure their resident's progress through training. Either resident or supervisor can initiate an observation for EPA assessment in the workplace. Over time, frequent observation and documentation of a trainee's performance will provide a comprehensive image of their competence to inform promotion decisions by their competence committee.

Milestones:
Milestones provide discrete information about the individual skills that are needed to perform a specific EPA task. A resident and supervisor can focus on the EPA as a whole or examine the milestones linked to that EPA. Over time, this detail will help guide feedback and coaching for improvement.

CBME.med:
https://cbme.med.ualberta.ca
An online tool used for documenting EPAs (usually initiated by the resident, and reviewed/approved by the preceptor, using a mobile device). This website is also used to complete the Academic Advisor Meeting form, and Competence Committee Preparation form.

Dash.med:
https://dash.med.ualberta.ca
An online tool used for reviewing EPA data (best to review assessments and forms on a computer).

Training Resources:

CBD 101 PowerPoint
Academic Advisor Orientation PowerPoint
Coaching Feedback PowerPoint
Dash Overview Video
CBME Training Videos
CBME Website

Competence Continuum (Stages)

Resident Progression: (Post Graduate Year (PGY) Level vs. Stage):

CBD breaks training down into several different stages and defined by EPAs and Milestones. EPAs and milestones are used to create a clear learning path for residents and clear teaching and assessment goals for educators.

Residents are no longer defined by their post-graduate year (PGY). They are now described by the stage in their residency program (as seen in the diagram below), which identifies the levels of competence and ability to complete a task. These stages describe what residents can and should be allowed to do by evaluating their competency level through observation, and EPA's achieved. Residents may work on EPA's that are assigned to stages above their classification.

Each resident is required to achieve specific EPA's per rotation and stage to progress to the next stage in their residency program. Each rotation has assigned mandatory EPA's which can be viewed on the curriculum map and rotation objectives (pending).

It is the resident's responsibility to complete the EPA's assigned to each rotation. If a resident does not achieve the mandatory EPA's specific to a rotation, they may not be able to progress to the next stage in their residency program. To help mitigate this, learning plans are developed for residents who require additional support to achieve their EPA's and ensure they are competent to progress to the next stage.

CBME & DASH Resident Progress Flowchart

Academic Advisor and Resident Step by Step Meeting Process:

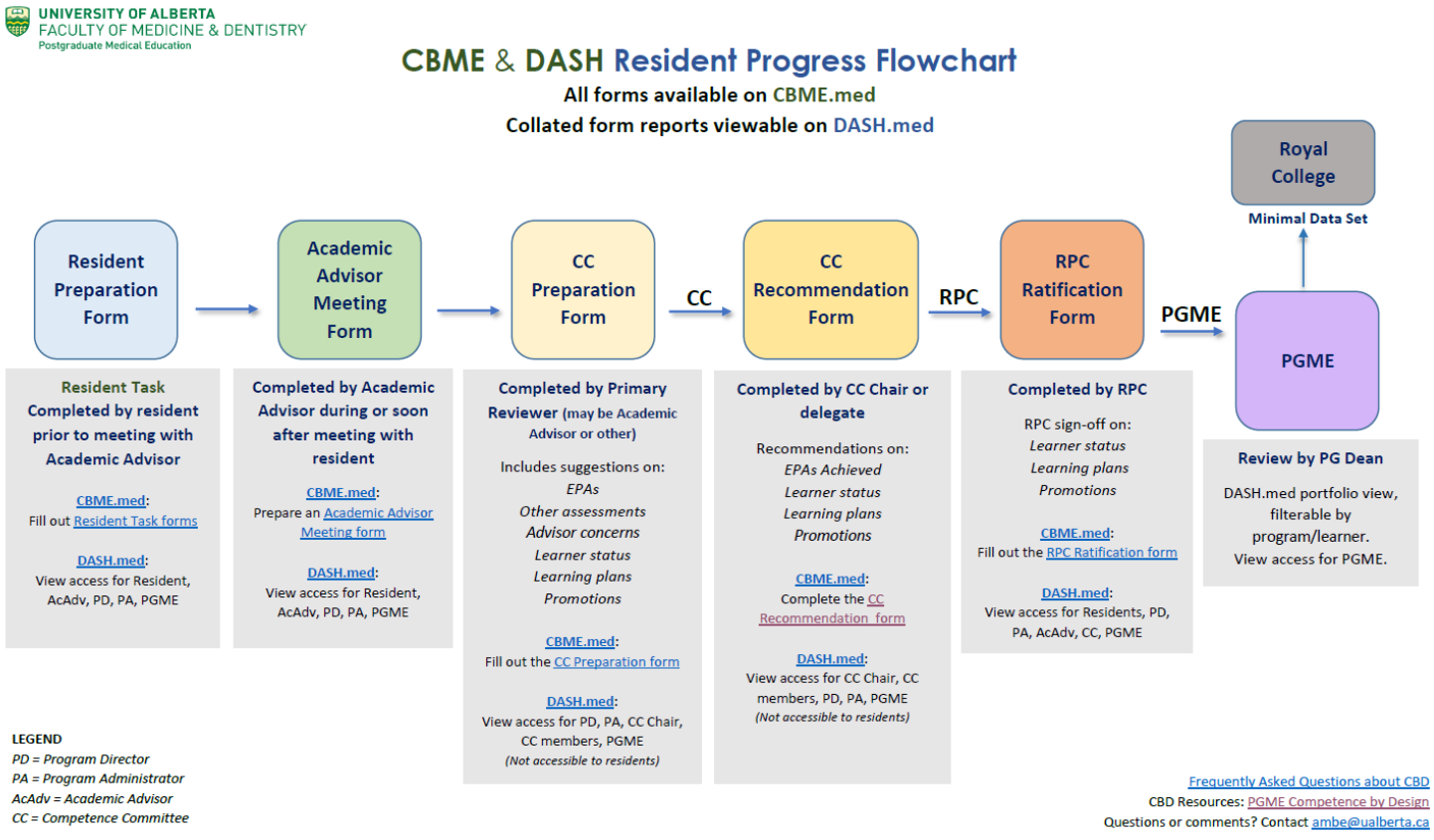
1) Academic Advisors should meet with their assigned residents every two to three months (or more if desired). Before every meeting, the resident must complete a Resident Preparation Form. Form completed through CBME Website

2) During or soon after the meeting, the Academic Advisor will complete an **Academic Advisor Meeting Form.** Form completed through CBME Website

3) Academic Advisors must complete a **Competence Committee (CC) Preparation form** before each CC meeting (there are four CC meetings scheduled per academic year). Form completed through CBME Website

Academic Advisor Resources and Step by Step Guides:

Academic Advisor Meeting Form Instructions
CC Preparation Form Instructions
CBME Website
Dash Website
Link to clickable flowchart: Click HERE



PGME Academic Advisor Role Description

UNIVERSITY OF ALBERTA

FACULTY OF MEDICINE & DENTISTRY
POSTGRADUATE MEDICAL EDUCATION
POLICIES, GUIDELINES & PROCEDURES

Approval Date (PGEC): June 12, 2017
Effective Date: June 13, 2017

PGME Academic Advisor Role Description

Office of Accountability:	**Faculty of Medicine & Dentistry**
Office of Administrative Responsibility:	**Postgraduate Medical Education**
Approver:	**Postgraduate Medical Education Council**
Scope:	**All Residents**
Classification:	**Residency Training**

Table of Contents

1. Introduction

Residency programs may choose to use Academic Advisors, hereafter referred to as Advisor, to supervise and support residents' progress through residency training. This will involve meetings with assigned residents at regular intervals to conduct comprehensive reviews of performance information; review, discuss, and facilitate the implementation of individualized learning plans; prepare recommendations for the Competence Committee (RCPSC) or the Resident Operations Committee (CFPC) regarding residents on-going development and readiness to progress to the next stage of training. Advisors liaise with the Program Director or delegate.

2. Qualifications

The Advisor must be certified by the Royal College of Physicians & Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC), or hold equivalent international qualifications. The Advisor should have organizational, communication, and leadership skills as well as a foundational knowledge of Competency Based Medical Education (CBME) or Triple C principles, and the electronic portfolio system used for resident assessment.

PGME Academic Advisor Role Description

3. Resource Requirements

The Advisors will be required to dedicate adequate time to carry out their responsibilities.

The ratio for the maximum number of Academic Advisors to Trainee number is 1:5. Advisors will likely require 2 hours (1 hour preparation and I hour for review meeting) every two to six months for each resident they are assigned, and no less than once per stage (RCPSC). Ideally, Advisors should meet with their advisee on a quarterly basis. Residents in difficulty will likely require additional support from Advisors, and this time estimate will likely be exceeded.

4. Accountabilities

The Advisors will be accountable to the Program Director (RCPSC) or site director (CFPC). They may serve as members of the Program's Competence Committee or be invited to meetings to present reports on the progress of the residents for whom they are responsible. Competence Committee should decide if individual Advisors should be excluded from voting on their advisees to avoid conflict of interest or bias.

5. Appointment Process

The Advisors should be selected by the Program Director or delegate.

6. Responsibilities

6.1. To the Residency Program
- 6.1.1. Support residents throughout their CBME / Triple C program curriculum in coordination with the Program Director.
  - 6.1.1.1. Review individual resident assessments and electronic portfolios and meet regularly (every 3-6 months with mandatory minimum of once per stage) with each assigned resident
  - 6.1.1.2. Participate in faculty development relating to the Advisor role
  - 6.1.1.3. Participate in the process of developing enhanced learning plans and remediations for their advisee if applicable
  - 6.1.1.4. Maintain skills in resident assessment and feedback

6.2. To the Department
- 6.2.1. Participate in faculty development as it relates to CBME implementation

Competence by Design FAQs

Competence by Design FAQs

UNIVERSITY OF ALBERTA
FACULTY OF MEDICINE & DENTISTRY
Postgraduate Medical Education

Answers to common questions from live Competence Committees

1. **What happens if I click 'yes' on the professionalism or patient safety concern question for an entrustable professional activity (EPA) observation form in CBME.med?**
   - As a national requirement, every EPA observation form in CBD includes the question: "Do you have any concerns regarding this learner's professionalism or patient safety?" Unlike the FoMD's professionalism button, clicking 'yes' to this question in CBME.med does not trigger the professionalism process/review with the FoMD. It simply notifies the learner's program director and/or administrator that a concern was raised
   - By noting professionalism concerns, the program's competence committee can see each entry in the learner's portfolio and determine whether it is a 'one-off oops' or a pattern of behavior showing up across a variety of preceptors or settings. Examples of concerns that might be noted include the following: punctuality, returning pages, professional language or clothing, etc.

2. **What counts as a "pass" for EPA observations in CBME?**
   - A competence committee needs to use human judgement to assess competence, based on their review of **not only the entrustment scores** but also the breadth of contexts encountered vs expected, narrative comments, consistency of scores and other program assessments (e.g. OSCEs etc.) to ensure there is evidence of a pattern of competence
   - As far as the EPA Entrustment scores go, the goal is to accept only "I didn't need to be there (in theory)" but we realize in the early implementation, we are all still learning how to use these assessments and so we need to read the narratives to determine if the description is in keeping with competence. E.g. Score 4 with comment "They did a great job and I didn't add anything to the care of the patient" might be considered by the CC as evidence of competence, whereas a score of 5 with comments "The resident tells me I have to put a 5" might not be considered by the CC as evidence of competence
   - We ask that programs please **not put in place blanket policies** linking the achievement of competence in their EPAs to particular numeric scores, as determination of competence requires human judgement by the competence committee through comprehensive review
   - An analogy would be that we don't use numeric values alone to determine discharge of a patient (e.g. Hemoglobin = 100 so patient ready for discharge). We have to assess other aspects of context and wellness (Is the patient still actively bleeding, what is the trend, what about living situation or co-existing issues?)
   - **Click here** to view the 4 vs 5 Entrustment Score descriptor that is featured in CBME.med

3. **What do I do if a resident doesn't do their EPA observations but the faculty think they are a "good" resident to work with generally?**
   - EPA observation completion is a professional expectation
   - Residents who do not fulfill this part of their requirement as evidence of progress must not be promoted or signed off as ready to write their RC specialty exam; PD must see competence in all domains before signing off on exam readiness
   - No progress decisions should be made without the documented evidence of the resident's performance
   - Start by trying to "diagnose" why the resident is not completing EPA observations
     - Is resident asking for them? If not provide suggestions on seeking EPA observations and overcoming barriers

Competence by Design FAQs

UNIVERSITY OF ALBERTA
FACULTY OF MEDICINE & DENTISTRY
Postgraduate Medical Education

- Are faculty responding to the resident's EPA observation requests? If not speak with faculty about helping the residents with EPA observations

- If the issue is the resident isn't seeking EPA observations despite feedback still no change in behaviour, consider this as a professionalism issue/laps

4. **What other assessment data should the CC see?**
   - Besides EPA observations, the CC should have access to any/all other assessment data that would be part of the program's expectations for assessment, e.g. ITERs, OSCEs, formal presentation assessments, written exam scores, scholarly project reviews etc
     - If the program requires these assessments then they should be part of the resident's comprehensive review by the CC
     - Examples of things that might not be included could be personal self-reflections meant for the resident's eyes only

5. **Does the RPC need to ratify all CC meetings or just stage progressions?**
   - Yes. Every time the Competence Committee meets, there will be learner status decisions (e.g. progressing as expected…) and there may be additional recommendations around promotion or a learning plans etc. These recommendations must be taken to the RPC for ratification after each competence committee

   - All decisions must also be communicated to the resident after RPC ratification

6. **How do we put learners forward for the certification exam if they haven't yet completed their core stage by the time we need to notify the college?**
   - Programs may need to make the judgement of whether a resident can be put forth for their RC exam in advance of their official stage change to Core and the program will need to project how likely they think it will be for the resident to be ready to go to the exam. This is the same as what happened pre-CBD. If a resident turns out not to be as ready as the program thought as it gets closer to the exam the program can withdraw the resident from the exam as can happen now in pre-CBD programs

7. **Can 'later-than-launch' residents be started in CBD?**
   - PGME supports programs wishing to start CBD with later-than-launch residents. This is at the discretion of those programs. Note that there are no accreditation or resident notification policies that would be breached if later-year residents move to CBD; expectations must be clear for these residents, and they are not permitted to 'skip' a stage. They will need to catch up on any earlier EPAs with the exception of late year residents where you have documented equivalency. Programs are welcome to use the existing platform and resources, but we are not able to customize for hybrid applications

8. **Can the CC Chair be an Academic Advisor?**
   - This is not advisable due to the risk of conflict of interest between the role of assessor and coach/mentor. We recommend that academic advisors recuse themselves from the decision making part of the CC meeting for a resident that they coach and we would not want the CC Chair to have to recuse themselves from part of a CC meeting.

9. **Can the Academic Advisor also be the Rotation Coordinator?**
   - In most circumstances, it is ok for a rotation coordinator to be an Academic Advisor. However, if the rotation coordinator has a major role in making final decisions on resident progress (e.g. for higher year traditional residents who may be participating in some aspects of CBD while maintaining their traditional assessment structure), there is potential for a conflict of interest in that on one hand they are supporting/coaching/championing resident success as an Academic Advisor, and on the other hand acting as a gatekeeper for a final progress decision. This is why it is not advisable for CC chairs to be Academic

Competence by Design FAQs

Competence by Design FAQs

UNIVERSITY OF ALBERTA
FACULTY OF MEDICINE & DENTISTRY
Postgraduate Medical Education

Advisors and that a CC member would recuse themselves for decisions about their own advisees. If the rotation coordinator is only contributing to one part of a resident's assessment/progress decision, then it may be manageable, but it requires some explicit conversation.

10. Can I ask my CCFP program enhanced skills colleagues to move their program to CBME.med and DASH.med?

- All Royal College CBD residency programs at the U of A must be on CBME.med and DASH.med. However, electronic platform decisions for Family Medicine programs and the related CCFP enhanced skills programs are at the discretion of the U of A Family Medicine program leadership. Thus, Family Medicine approval is required prior to any exploration of the feasibility of a transition to the CBME.med and DASH.med platforms for CCFP program.

11. How do I review if a resident has met expectations for the required contexts?

- On Dash, you can filter the view to show only those observations that were at particular levels on the entrustment scale by clicking that part of the scale. When you then scroll back up to the context histograms, they will then only show those observations at that level. For example, you can click "I didn't need to be there (in theory)" and then scroll up and see the context histograms. The context sections have text indicating Royal College requirements (e.g. at least 3 Direct observations), and you can then see on the graph if there where indeed 3 observations at that level. You will still need to review comments and possibly other levels (e.g. "I needed to be there just in case") to see if they actually represented competence.

12. What do I do about potential transfer residents?

- These will be handled through essentially the same process as that which existed for traditional programs. Resident data and review will be done on a case-by-case basis and must be done through PGME. For CBD residents coming into a program, training and portfolios will need to be reviewed just as for traditional residents training and assessments would be reviewed.

13. Does the Competence Committee need to review and sign off on individual EPAs?

- In addition to resident status (progressing as expected, not progressing as expected, failing to progress, progress accelerated, etc.) and promotion decisions, the competence committee is expected to review EPAs for individual residents at each meeting in order to determine if they can be marked as "achieved". This allows residents to be notified so that they can focus their subsequent feedback requests on outstanding areas.

14. Are there implementation preparation activities that programs must complete before launch?

- Yes. We have developed a readiness checklist and the Royal College also has a helpful implementation planner. Required steps include:
  - Curriculum mapping: programs must either share their maps at the implementation meetings or directly with PGME
  - Communication to off-service rotations regarding EPA assignments and expectations
  - Meet with PGME at least 6 months prior to launch for any requests to remove off-service rotations
  - Form a Competence Committee and develop terms of reference based on PGME template
  - Identify Academic Advisor(s)
  - Coordinating training for Competence Committee members
  - Provision of resident and preceptor/observer lists, short EPA names and form review/edits for online platform upload
  - and ensure communication to residents about EPA mapping and expectations.