CBME Frequently Asked Questions

Q: What can I do to help with CBME?
A: Please fill out your evaluations on Entrada. Please use narrative feedback that gives usable information to the committee

Q: How do I give good feedback?
A: Try to give feedback that is Specific, Constructive, that reinforces good behavior. It is OK to have high standards (that is what we want), but high expectations must be achievable for level of training.

Q: Do I have access to Entrada?
A: Yes, all department members have been registered with Entrada.

Q: Will I still use Ventis for evaluations?
A: For the incoming PGY1 class and the PGY2 class we will not be using Ventis for evaluations. We will use Entrada as directed by PGME. Evaluations that are required for the PGY3-5 cohort will still be completed in Ventis.

Q: Does an EPA have to be completed by the end of a working day?
A: EPAs are discreet learning and evaluation tools that are situation or task specific. As the clinical situation allows, try to work through the EPA with the trainee. If a task is not observed, kindly indicate that on the evaluation form.

Q: Can a resident ask for 2 or more EPAs to be assessed per day?
A: Yes, but they will be instructed to be reasonable about this and that clinical care obviously takes precedence over evaluations. At the end of the working day, or during the case as time permits, kindly address the teaching points in the evaluations if they require assessment of knowledge.

Q: What is an Entrustability scale?
A: The entrustability scale is a 5-point rating scale ranging from “I had to do”, “I had to talk them through”, “I had to prompt”, “I needed to be there just in case” and “I did not need to be there”. This scale is more descriptive for the task at hand.

Q: What does “I did not need to be there mean?”
A: The only way to judge this is that you have to, in fact **“be there”**. This final point on the entrustability scale would be consistent with a resident that is completely autonomous, with no prompts. Further, the resident should be proficient enough in the task to teach or supervise others. I would suggest that you think of this category also in the context of efficiency. Does the candidate take the most logical, efficient path to good clinical care? Requires resident to have comprehensive knowledge of the topic.

Q: What does “I had to be there just in case” mean?
A: For this category, consider a resident who might arrive at a good outcome, but do so in a convoluted or illogical way. Not quite at a consultant level, but close. Example: OR efficiency, planning, smoothness of technique not quite complete. Knowledge very good, but not outstanding.

Q: Well, now that I know these rating scales, how can you reasonably expect me to give a PGY1 or PGY2 a “I did not have to be there”?
A: Fair point. The Specialty Committee at the Royal College also clarified this issue and it was agreed upon that for very junior level trainees the 4th point on the rating scale, “I needed to be there just in case” would constitute a pass. This decision acknowledges the difficulty and the reluctance of staff people to “sign-off” on a candidate.
I would strongly urge you that if a resident shows the qualities consistent with a “I did not need to be there” statement, please grade them as such. No single attending “signs-off” in this new system (see below).

Q: I’m concerned that if I say that I “did not need to be there” that the resident will be passed along and I will bear the sole responsibility of that decision.
A: Please note that no individual evaluation by a staff anesthetist will determine eligibility for completion of an EPA. Progress on EPAs occurs through lots of practice and evaluations. **Many low-stakes evaluations** will be compiled and collated by the Competence Committee, and decisions rendered about completion of EPAs and promotion to higher stages of the program by the Competence Committee. In fact, by filling out your evaluations you will make the decision-making process better at the competence committee.

Q: Will residents be able to provide feedback to their junior colleagues in CBME?
A: Yes. We will likely not encounter that scenario for the first few months, but as we enter Foundations (the second stage of CBME), we will need senior residents to provide evaluations. The rules for this are: Senior residents can provide evaluations of junior residents. The senior resident doing the evaluation of a junior resident must at more senior stage of training, and must themselves have completed that EPA. This will apply when the entire cohort of CBME residents are in place in 2022. In the mean-time, our current residents in PGY4 and 5 will be encouraged to assist with evaluations of junior trainees (PGY1 and 2).

Q: Is there a mechanism to remediate EPAs that have already been completed should performance on that previous EPA fall off over time?
A: Yes. The Competency Committee reserves the right to remediate previously completed EPAs to insure optimal performance.

Q: When will the Royal College exams be for the new cohort in CBME?
A: The Royal College exam will remain the standard certification tool for the specialty of Anesthesia. The CC will determine fitness to sit the Royal College exam. I have enlisted the assistance of a former Royal College examiner on the CC to assist in this determination. Residents starting in July 2017 would be expected to complete the entire program by June

2022. The new PGY1 cohort will write their written exam at or near to the end of “PGY4”, or the beginning of “PGY5”. This will likely be early September 2021. The oral exam for this cohort will be written in the spring of 2022, likely April. There are no confirmed dates for these exams yet. The exam committee for Anesthesia has already began planning for the fact that (2) groups will be writing in the 2021-2022 year (the incoming PGY1’s and current PGY2’s). There will be no overlap as it pertains to the oral exam.

Q: Why did the Royal College change the exam dates?
A: The goal is to allow residents to focus on the oral exam and doing good cases during the PGY5 year. This coincides with the “Transition to Practice” stage where they refine their skills prior to fully independent practice. It is also a possibility that the occasional resident may finish their EPAs early and then have additional time to pursue other interests like early fellowship training, specialty skills course etc.

Q: Will there still be PGY designations?
A: Yes. Residents will still be considered PGY1-5’s for administrative purposes. Also, the PARIM contract requires this designation for payment of salaries. As pertains to CBME, residents will be considered to be in one of four stages of training:
Transition to Discipline, Foundations, Core, Transition to Practice