

Policy Manual Competency-based Education

Competency-based learning recognizes the importance of resident ownership of their own education. While this can seem like a daunting task, CBME empowers residents to make the most of their time in our residency program. In this new system of training and evaluation, the onus is on the resident to seek out evaluations of Entrustable Professional Activities (EPAs). In order to make CBME run as smoothly as possible, adherence to these policies are required for successful completion of residency training:

- 1.) Except where specifically overridden by this document, residents are responsible for being aware of and adhering to all policies governing the residency program as found in the *Department of Anesthesia Residency Policy Manual*. In instances where the Residency Policy Manual and this document are contradictory, this document will prevail for residents in the CBME program.
- 2.) Residents should have a full working knowledge of all the EPAs within the current stage of training. This knowledge must be sufficient to ensure that they are able to completely perform ALL of the requirements of that EPA.
- 3.) It is recommended that residents also familiarize themselves with EPAs from future stages of training, in order to facilitate acquisition of milestones and EPAs beyond the current stage of training.
- 4.) It is the resident's responsibility to ask for faculty evaluations of pertinent EPAs for the clinical environment they are working in. If it is unclear which EPAs are applicable, then the resident should ask their faculty mentor, resident colleague or another attending.
- 5.) It is recommended that the resident seek out timely feedback, preferably at the end of each working day from their preceptor. To facilitate feedback, the resident may request, at the discretion and comfort of the staff physician, that the attending physician fill out their evaluation face-to-face.
- 6.) If a resident has difficulty, after reasonable attempts to receive feedback from an attending physician, senior resident, clinical supervisor or another necessary invigilator, then the competence committee will take this into consideration when determining advancement or competence decisions. The resident must inform their Faculty mentor and the Chair of the Competence Committee immediately.
- 7.) It is imperative that the resident contact their staff person the day before (at a minimum) working with them. An email with the attached EPA should also be sent prior to 7 PM. The goal is that everyone (staff and resident) know the expectations for an EPA for the following day.
- 8.) Residents are encouraged to work ahead on other EPAs when unique training opportunities arise. However, the resident will remain in their current stage of training until all EPAs for that stage are completed. Upon completion of a stage of training, any EPA evaluations from more advanced stages will be credited to the new stage.

- 9.) The Competence Committee is required to meet every 3 months at a minimum, but may meet more often if necessary as determined by the Chair of the committee.
- 10.) All decisions for promotion, remediation or accelerated learning reside solely at the discretion of the Department of Anesthesia Competence Committee. For information pertaining to processes for remediation please refer to the *CPGME Max Rady College of Medicine CBE Assessment Policy* (Policies 6 and 7).
- 11.) For information pertaining to processes for probation status please refer to the *CPGME Max Rady College of Medicine CBME Assessment Policy Manual* (Policies 8 and 9).
- 12.) For information pertaining to processes for suspension please refer to the *CPGME Max Rady College of Medicine CBME Assessment Policy Manual* (Policies 10 and 11).
- 13.) Completion of EPAs through direct and indirect observations by faculty are not the sole criteria for transition between different stages of training. Promotion criteria include, but are not limited to: AKT results (AKT 6, 24), CanNASC simulation results, physiology exam, research productivity for scholarly projects, participation in departmental events (1/2 day, journal club, resident retreat, grand rounds, and others), performance on oral examinations, simulation, on-line modules, and teaching evaluations by medical students.
- 14.) The maximum time for completion of all stages of training and EPAs, notwithstanding parental, compassionate leave, illness or other sanctioned reason is 7.0 years. This position is informed by the Royal College Guidelines for exam eligibility: <http://www.royalcollege.ca/rcsite/credentials-exams/writing-exams/apply-renewal-exam-eligibility-e>, the Royal College Anesthesia Specialty Committee, and *CPGME Max Rady College of Medicine CBME Assessment Policy Manual* (Policies 12 and 13). A resident who has exceeded the maximum duration of 7 years, notwithstanding the above noted reasons, will be dismissed from the program.
- 15.) The evaluation process requires learners and teachers alike to be open to feedback. If a resident does not receive feedback on an EPA they should take the initiative and ask their preceptor for feedback. Receiving feedback is a skill and we encourage residents to see feedback as an opportunity for growth and be active participants in their own education. Constructive feedback should be met with gratitude. If, however, feedback is inappropriate or unprofessional, then this needs to be brought to the attention of the program director of the residency program.
- 16.) The resident boot camp and first month of clinical anesthesia comprise the Transition to Discipline (TTD) stage of training of the competency-based curriculum. Due to the strict time-lines associated with this initial stage, no holiday requests will be permitted during TTD. Under exceptional circumstances, consideration will be given to residents for leave during this period, however any clinical obligations, course work, classes or other requirements will have to be completed at a later date. This could include repeating TTD in the following year.

- 17.) Service and commitment to the care of our patients remains the highest priority of our department. For convenience and guidance, EPAs have been mapped to various rotations throughout the residency program. If an EPA is completed early during a clinical rotation, the resident is still responsible for all clinical duties in that rotation, including call. This applies to anesthesia and off-service rotations. As available, residents who find themselves having completed all of the EPAs associated with a given experience may be able to use that opportunity to work on other advanced or elective EPAs related to that area.
- 18.) In the event of leave (personal, parental, illness, bereavement or other), EPAs will remain at their current assessment level. However, the competence committee reserves the right to revisit EPAs or milestones in progress should deficiencies arise after an extended leave.
- 19.) Similarly, the competence committee also reserves the right to review any previously completed EPA or the component milestones, if on the basis of reasonable evidence, deficiencies arise in previously completed EPAs. This could result in withdrawal of a previously achieved EPA for continued work.
- 20.) Residents are expected to be collegial with other resident colleagues in terms of the allocation of OR slates and other learning opportunities. The competence committee (CC) understands that in some circumstances, it may be difficult for all residents to be exposed to all aspects of their EPAs. If it can be reasonably shown that training opportunities are insufficient for a specific EPA, skill or task, the CC will take these factors into consideration when determining EPA acquisition and graduation between stages.
- 21.) Opportunities for completion of EPAs may occur on call, during intraoperative emergencies, or in other unusual circumstances. Residents are encouraged to use these opportunities for assessment. Please only approach attending anesthesiologists about EPA evaluations after a critical event has occurred. Focus on patient care during the emergency as these are often the best learning experiences. It is reasonable to expect feedback after the event as part of a debrief.
- 22.) CBE also relies on multisource feedback from nurses, other health care staff and office personnel. Residents are encouraged to seek out this feedback where appropriate for specific EPAs.
- 23.) Frequent assessment of EPA and stage of training progress on ePortfolio, Ventis or other learning and evaluation platforms is strongly advised.
- 24.) Where appropriate, residents will participate in their own learning plan. This may include accelerated progress, expected trajectory or remediation. The Competence Committee will work with the Resident and Faculty Mentor to devise an appropriate learning plan.
- 25.) The resident should communicate with their faculty mentor monthly to assess progress through EPAs and any other issues that arise. Residents are encouraged to seek out advice and guidance from their mentors.
- 26.) Residents are strongly encouraged to provide feedback to the Competency Committee, CC Chair, PD and Associate Head of Education about potential improvements to the program.

27.) CBME is a new program nationwide and it is impossible at this early stage to anticipate what additional policies may be necessary. This policy manual is subject to revision as new issues arise.

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