Scaffolding for Assessment Success
Paving the Way for Resident Success in CBD

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I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

Je n’ai aucune affiliation (financière ou autre) avec une entreprise pharmaceutique, un fabricant d’appareils médicaux ou un cabinet de communication.
Topics to be Covered

- Assessment in CBD
- Scaffolding of Assessment in CBD
- Program-specific Implementation of Scaffolding
Assessment in CBD

Challenges:

• Operationalizing a program of assessment
• Learner-driven model of assessment
Scaffolding of Assessment in CBD

Scaffolding:
• is an instructional design technique
• reduces cognitive load through coordination of early assessments

Program-specific Implementation of Scaffolding

• General Internal Medicine at Queen’s University is a two-year subspecialty program
• 8 residents and 12 teaching faculty
• Finalized competency-based framework prior to national rollout
• In CBME, residents spend:
  ✗ 1st month of training in the Transition to Discipline stage
  ✗ 4-6 months in Foundations
  ✗ 12-16 months in Core
  ✗ 4-6 months in the Transition to Practice stage
Program-specific Implementation cont’d

Transition to Discipline (2 EPAs):

• Program coordinates assessment capture

• Assessments completed during:
  ✓ resident clinics
  ✓ and academic half days
# Responsibility for Assessment Capture by EPA*

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<th>EPA**</th>
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*first 3 stages of training  
**Entrustable Professional Activity

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*EPA* refers to Entrustable Professional Activities, which are tasks that are entrusted to medical residents by their supervisors.
Program-specific Implementation cont’d

Foundations of Discipline (4 EPAs):
• Program + resident coordinates assessment capture
• Assessments completed during:
  × Any resident clinic/clinical context
  × inpatient rotation
  × and procedural skill
### Responsibility for Assessment Capture by EPA*

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*EPA* stands for Entrustable Professional Activity.
Program-specific Implementation cont’d

Core of Discipline (15 EPAs):
• Focus on resident to drive assessment capture
• Assessments completed during:
  × Many clinical contexts
Responsibility for Assessment Capture by EPA*

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**Entrustable Professional Activity
Program-specific Implementation cont’d

Transition to Practice (4 EPAs):

• Resident coordinates assessment capture
• Assessments completed during:
  ✗ Many clinical contexts
Conclusions

• Assessment in CBD
• Scaffolding of Assessment in CBD
• Program-specific Implementation of Scaffolding
Thank you for your time!

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