Resident Perceptions of Assessment and Feedback in Competency Based Medical Education

Leora Branfield Day, MD, Amy Miles, MD, Shiphra Ginsburg, MD, PhD, Lindsay Melvin, MD, MHPE
International Conference on Residency Education
September 20th, 2019
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.
August 2017
CBD Pilot
Phase 1

July 2018
CBD Pilot
Phase 2

July 2019
Official CBD Launch
OBJECTIVE: TO UNDERSTAND THE KEY BARRIERS FROM THE RESIDENT PERSPECTIVE TO IMPLEMENTING WBA AND FEEDBACK INITIATIVES
CONSTRUCTIVIST GROUNDED THEORY

5 FOCUS GROUP INTERVIEWS

INTERNAL MEDICINE PGY1s

CONSTANT COMPARATIVE ANALYSIS
Feedback seeking is onerous

Feedback reduced to form-filling

Tension between assessment and feedback

Culture clash
FEEDBACK SEEKING IS ONEROUS
“There’s this total inconvenience factor... It’s extremely uncomfortable to be like, ‘Oh, by the way, on top of all of our dying patients, can you do an EPA for me?’”

Group 2 Participant 3
“It’s just another thing I need to figure out how to socially navigate. Is it appropriate for me to ask one more time?... I'll just drop it because I don’t want to ask them again.”
FEEDBACK REDUCED TO FORM FILLING
“Feedback might be very fluid, very constructive, but the moment you move that feedback onto a form, their entire framework of how they give you feedback is changed... they just click through.”

Group 1 Participant 2
“I think the EPAs are meant to be a formative assessment. But [they] are being used as summative assessments...as a **mini overall evaluation** whereas it should be **coaching**.”
“It’s the fact that we have to mentally partition those tasks from our clinical duties, and take ourselves out of the clinical way of thinking. It totally disrupts your workflow.”

Group 2 Participant 2
“None of my EPAs are *direct observation*, it’s just *not feasible* in [Internal] Medicine.”
“It does not reflect the internal medicine ethos or learning style, which is supposed to be global. You’re supposed to take into account the whole patient.”
Frequent Assessment Does Not Equate to Meaningful Feedback
Limitations

- Selection bias
- Single specialty setting
Thank you

Dr. Amy Miles, Dr. Shiphra Ginsburg and Dr. Lindsay Melvin
“I want EPAs to be similar to coaching in sport or musical instruction, where somebody who is an expert at a given skill actually observes you doing a skill...and can identify ways that you can improve...but, for me, it’s not been working at all.”

Group 1 Participant 1
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“I think just very **surface-level feedback** is not helpful. Whether it’s negative or positive feedback, being told ‘you’re doing a good job’ or, ‘you could be doing a better job’ **without** any follow-up of either **why** or **how to improve** is not helpful.”
“Many of the higher function tasks, for instance, aspects of communication with patients et cetera- I think those are a lot trickier to get meaningful feedback on through an EPA because it’s not a standardizable task”.