I’m expecting something in return: Resident perceptions of cross-specialty assessment

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CBME hinges on robust assessment; however integrating regular workplace-based assessment within demanding and sometimes chaotic clinical environments presents challenges.
Cross-specialty Assessment

A proof of principle exercise that aims to:

• Develop a process for training cross-specialty faculty assessors.

• Deploy trained faculty to assess select, procedural and non-procedural skills that transcend specialty boundaries (e.g. conducting handover).
Methods

• Case study methodology (Stake, 1995)

• Research participants:
  • PGY-1 surgical residents (n=27) enrolled in the Surgical Foundations training program at Western University

• Task being assessed: intracorporeal suturing using a laparoscopic boxtrainer

• In February-March 2018, four focus groups were conducted to gauge residents sentiments of cross-specialty assessment
Learners Perceptions of Cross-specialty Assessment

“I’m always being supervised in some way...I honestly can’t think of a time when I’m not being either directly or indirectly supervised where I would require another person to assess me.”

(R1, FG 4)
Credible and Constructive Feedback

“You can’t boil everything down to a checklist...there’s some error in trying to evaluate a non-binary skill using a binary checklist.”

(R6, FG 3)
Credibility in the Eyes of Trainees

“Nothing is black and white with medicine, everyone has different techniques for the same procedure...if people from outside your specialty come in with a special rubric in mind, and then you’re trying to meet those rubrics, then you lose really what you perceive as good medicine.”

(R6, FG 2)
Discussion and Next Steps
Acknowledgements

Dr. Julie Ann VanKoughnett, Surgical Foundations program director and Terri MacDougall, manager Surgical Education

Faculty assessors and surgical residents for their time and commitment to this research study

Funding support:
Academic Medical Organization of Southwestern Ontario (AMOSO)

Schulich School of Medicine & Dentistry
Dean Research Initiative Grant