

COMPETENCE BY DESIGN

TECHNICAL GUIDE 1: EPA OBSERVATION FORMS

Subject	Royal College Lead	Date	Version
Requirements for EPA observation forms	Director, Assessment	September 2020	1.0

In order for a program’s competence committee to assess a resident’s development of competence in the context of Entrustable Professional Activities (EPAs), **an expectation of Competence by Design (CBD) involves the documentation of EPA observations.** These observations are collated and considered by the program’s competence committee and contribute to their recommendations about a resident’s status (e.g., promotion from one stage to another).

WHAT YOU NEED TO DO

Specialty committees provide programs with guidance regarding the data to be collected when you observe an EPA. This includes suggestions as to which form to use, as well as bolded milestones and context variables to be collected.

The EPA observation forms (Form 1 and 2)¹ used by CBD programs **must** include **the following**:

1. The exact wording of the EPA, as written by the specialty committee²
 - This includes the CanMEDS milestones associated with a given EPA as indicated by the specialty committee (known as ‘bolded’ or ‘prioritized’ milestones)
2. An entrustability scale (a rating scale with entrustment anchors) in order to provide an impression of overall competence in a specific activity by an observer. The Royal College strongly recommends the use of the O-SCORE.³
3. Space for narrative comments to encourage coaching feedback that is specific, actionable and timely.

In addition, effective July 1, 2022, EPA observation forms **must** include the context variables associated with a given EPA as written by the relevant specialty committee.

- Context variables allow faculty to record the context of observations (e.g., setting, case complexity, etc.) and assess a trainee’s competence in varying scenarios that mirror the reality of independent practice.
- Context variables also enable a more manageable number of EPAs for each discipline.
- While the inclusion of context variables on EPA observation forms is currently considered a best practice, all accredited programs reviewed after July 1, 2022 will be expected to demonstrate that the context variables are included on the EPA forms.⁴

1 This applies to when a program is instructed to use EPA Observation (Form 1) and/or Procedure Observation (Form 2) in a specialty’s EPA guide. There are other types of observations forms (such as the narrative and multi-source feedback forms) that do not have these elements, but may be indicated by the specialty committee for a particular EPA. For these forms, an entrustability scale would not be required.

2 This is required in order to maintain a national standard of competency, consistency of assessment, and to facilitate resident transfers between programs and schools. Should there be a CanMEDS milestone or EPA that requires revision or has been met with challenges at the local program level, feedback should be shared with the specialty committee chair to encourage discussion as to whether a new version should be deployed nationally.

3 Gofton W, Dudek N, Wood, T, Balaa, F. The Ottawa Surgical Competency Operating Room Evaluation Score (O-SCORE): A tool to assess surgical competence. *Academic Medicine*. 2012;87(10):1401-07.

4 The Royal College Resident ePortfolio uses a template for the EPA observation forms that is consistent with the requirements for these forms. Programs that have opted to not use the Royal College Resident ePortfolio will need to use forms that capture the elements listed above. The Royal College will issue more guidance on the implementation of context variables ahead of this date.

WHERE THERE'S FLEXIBILITY

Entrustability scales:

- Programs may utilize any rating scale with entrustment anchors that is most suitable to their needs. The Royal College recommends the [Ottawa Surgical Competency Operating Room Evaluation \[O-SCORE\]](#)'s entrustment anchors, as this is currently the only scale with validity evidence, but there are other scales that may be used. Further, local programs or schools do not need to use a '5-point' scale, but they must use some version of an entrustability scale that can indicate a resident's level of independence on a developmental arc. Use of a 5-point scale may facilitate discussions and transfers between Faculties of Medicine.
- The use of an entrustability scale that is not the O-SCORE will not be perceived as a weakness by accreditation surveyors provided the alternate scale facilitates the appropriate assessment conversations as intended by CBD.

Rating of bolded CanMEDS milestones associated with an EPA:

- While it is important that bolded CanMEDS milestones are visible on the EPA observation form to provide a scaffold for coaching and assessment, it is not the expectation of the Royal College that each milestone be scored (CanMEDS milestones prioritized by a specialty committee are intended to implicitly guide coaching and observation). It is acceptable to have a single scale on the form for the EPA as a whole.

Other observation forms and tools:

- *To collect information on EPAs*
 - Programs can elect to include other observation tools in addition to the standard CBD observation templates.
 - Alternate tools for assessment may not have clear alignment with the EPAs. For this reason, programs that opt to use another tool for the purposes of collecting information on an EPA are required to identify how the collected information links to the identified EPA(s).
- *To collect information on other types of observations*
 - For observations that do not focus on an EPA, programs may opt to use any form that they find suitable.

TIP FOR ACCREDITATION

In order to ensure that all observation and assessment templates used by a program are aligned with the requirements of the Royal College, all forms used by the program are required to be listed in the CanAMS (Accreditation Management System) for review by the specialty committee and surveyors. In addition, where the assessment tool(s) identified in the curriculum plan differ(s) from the Royal College CBD suite of assessment tools, the alternate observation forms and tools must be uploaded for review.

To read more about the general standards of accreditation, you may refer to the [CanERA website](#).

What is a prioritized or "bolded" CanMEDS milestone?

As part of CBD design, specialty committees will identify and/or write CanMEDS milestones that describe the skillset required to perform a specific professional activity, or EPA. These milestones inform curriculum design and development. The specialty committees select a small number (typically less than 8) of these milestones to focus the resident/supervisor interaction during EPA observation on the key aspects of that task and to prompt feedback. The bolded or prioritized CanMEDS milestones are the only milestones that must appear on the EPA.



KEY RESOURCES

Coaching and assessment

- [WEB PAGE - Understanding workplace-based assessment and CBD](#)
- [HANDOUT - Understanding workplace-based assessment and CBD](#)
- [DOWNLOAD - Workplace-based Assessment Implementation Guide: Formative tips for medical teaching practice](#)
- [WEB PAGE - Coaching in the Moment](#)
- [WEB PAGE - CBD observation templates](#)

Entrustability

- [Ottawa Surgical Competency Operating Room Evaluation \[O-SCORE\]](#)
- [Entrustability Scales: WBA Rating Anchors to Trust](#)
- [ARTICLE - Entrustability scales: Outlining their usefulness for competency-based clinical assessment](#)

Accreditation

- [CanERA](#)

