Appendix A: RCPSC EM Competency By Design Needs Assessment Survey

Needs Assessment for Emergency Medicine Faculty Development in preparation for Competence By Design.

As Emergency Medicine Programs are transitioning to the Royal College of Physicians and Surgeons of Canada Competence by Design (CBD) educational model, we invite your participation to complete a 15-30 minute survey on faculty development needs. We are hoping to involve individuals from across the country in the study and your contribution will be very valuable. All responses are anonymous, and will be presented in aggregate form.This study has received a program development exemption from the Hamilton Integrated Research Ethics Board (HIREB).

Thank you for help with this!

Yours truly,
Alexandra Stefan, MD, MSc, FRCPC (University of Toronto)
Justin Hall, MD, MSc, MPH (University of Toronto)
Nazanin Meshkat, MD, MSc, FRCPC (University of Toronto)
Jonathan Sherbino, MD, MEd, FRCPC (McMaster University)
Teresa Chan, MD, MHPE, FRCPC (McMaster University)

* Required

1. **Email address** *

Demographics

2. **1.1 What is your gender?**
   Mark only one oval.

   - ◯ Female
   - ◯ Male
   - ◯ Other
   - ◯ I prefer not to say

3. **1.2 Please select the best descriptor of your current academic rank.**
   Mark only one oval.

   - ◯ I have no formal academic rank.
   - ◯ Senior Resident (PGY 3-5) / Chief Resident
   - ◯ Adjunct Community Faculty Member (e.g. Adjunct Assistant Clinical Professor)
   - ◯ Lecturer / Clinical Scholar / Fellow or Post-doc
   - ◯ Clinical Assistant Professor
   - ◯ Clinical Associate Professor
   - ◯ Clinical Professor
   - ◯ Assistant Professor (Geographic Full Time / pre-CAWAR)
   - ◯ Associate Professor (Geographic Full Time / CAWAR)
   - ◯ Professor (Geographic Full Time / CAWAR)

4. **1.3 What is your certification/training route?**
Please check all that apply.
Check all that apply.

- [ ] CFPC Training Program (Initial 2 years)
- [ ] CFPC-EM Training Program (+1 EM training year)
- [ ] RCPSC Training Program
- [ ] RCPSC Training Program + additional accredited fellowship (i.e. Critical Care, Toxicology)
- [ ] American Board of Emergency Medicine (ABEM)
- [ ] General Practice route
- [ ] Other: _____

5. **1.4 Country of Training**
Select the country in which you completed the majority of your training.
Check all that apply.

- [ ] Canada
- [ ] United Kingdom
- [ ] United States
- [ ] Other: _____

6. **1.5 What year did you complete all your training?**

_____

7. **1.6 Please list any additional qualifications and/or degrees:**

_____

_____

_____

_____

_____

8. **1.7 Approximately, how would you describe you spend your clinical time (academic versus community centre)?**
Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
I spend all my time in academic teaching centres.	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	I spend all my time in a community centre (which may have trainees)

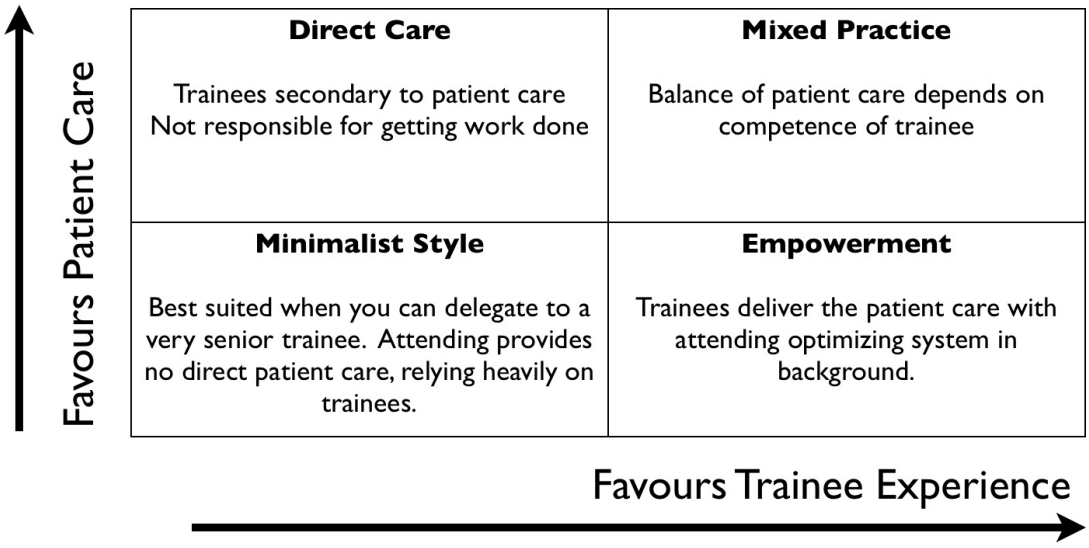
Teaching Practice

9. **2.1 How many years have you functioned as an observer or assessor of trainees in the clinical workplace?**
   Please include time you spent as a senior trainee (i.e. as a PGY3-5) ONLY IF you actually assessed or observed other trainees.

10. **2.2 Approximately how many learners do you usually supervise PER SHIFT?**
    Mark only one oval.

    - ◯ 3
    - ◯ 2
    - ◯ 1
    - ◯ <1 (i.e. I don't usually have a learner)

2.3 The following diagram describes four types of clinical supervision styles. From Goldszmidt et al. (2015).



11. **Based on this above diagram, which supervisory style most describes your educational practice?**
    Mark only one oval.

    - ◯ Minimalist Style
    - ◯ Direct Care
    - ◯ Empowerment
    - ◯ Mixed Practice

12. **2.4 The direct observation of trainees performing a medical interview, physical examination, or counselling is mandatory for the reliable and valid assessment of these skills. In a shift with a SINGLE learner, how much time do you spend OBSERVING the trainee's performance?**
Please write the number of MINUTES you spend doing this task.

_____

Needs (Part 1)

13. **3.1 As a teacher, how often do you think learners should receive meaningful feedback?**
Mark only one oval.

- ◯ On each shift
- ◯ Weekly (every 3-4 shifts)
- ◯ Monthly (each rotation)
- ◯ Annually (e.g. during meetings with the Program Director)
- ◯ At some point during residency
- ◯ Never

14. **3.2 As a teacher, have you received training on how to PROVIDE feedback?**
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Maybe / I'm not sure

15. **3.3 As a teacher, which of the following problems have you encountered in your practice when attempting to give feedback:**
Check all that apply.

- ☐ Fear of repercussions (e.g. bad faculty evaluations)
- ☐ Time constraints
- ☐ Lack of training
- ☐ Perceived learner disinterest
- ☐ Other: _____

16. **3.4 Do you think residents receive adequate/sufficient feedback under the pre-CBD training model at your centre?**
Mark only one oval.

- ◯ Yes, we have always provided great feedback at our centre.
- ◯ Yes, but our centre has started moving towards CBME early.
- ◯ No.
- ◯ Other: _____

17. **3.5 How important do you think direct observation is in being able to provide adequate and meaningful feedback to a trainee?**
Mark only one oval.

- ◯ Not important
- ◯ Somewhat important
- ◯ I'm not sure.
- ◯ Very important
- ◯ Critical

18. **3.6 What worries you most about Competence by Design?**

_____

_____

_____

_____

_____

19. **3.7 Do you think CBD implementation will affect patient care in the ED?**
Mark only one oval.

- ◯ Yes, it will be POSITIVELY affected.
- ◯ Yes, it will be NEGATIVELY affected.
- ◯ No
- ◯ Other: _____

20. **3.8 Why did you answer as above in 3.7?**

_____

_____

_____

_____

_____

21. **3.9 How confident do you feel in your ability to do adequate work-based assessments of trainees on the EM rotation?** *
Mark only one oval.

- ◯ Very confident
- ◯ Somewhat confident
- ◯ Insecure

22. **3.10 Do you think CBD will improve the quality of feedback we provide to EM trainees?** *
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Unsure

23. **3.11 Do you think CBD will provide better educational experiences for EM trainees than the current model?** *
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Unsure

24. **3.12 Compared to other clinical environments, how would you rate the ED in terms of opportunities for direct observation of learners?** *
Mark only one oval.

- ◯ More than average opportunities for direct observation
- ◯ Average (similar to most other clinical training environments in the hospital)
- ◯ Infrequent opportunies for direct observation
- ◯ No opportunities for direct observation

25. **3.13 Of the following faculty development topics, select the ones that you would like to learn more about in the age of CBD:** *
Check all that apply.

- ☐ Completing a resident assessment following a clinical encounter
- ☐ Delivering high quality feedback
- ☐ Receiving feedback on teaching
- ☐ Principles of resident promotion and advancement through 4 stages of training
- ☐ An overview of the general concepts of CBD eg. “what is an EPA”, “what is a milestone”
- ☐ Other: _____

26. **3.14 Do you have any other topics you would like to learn more about?**

_____

_____

_____

_____

_____

Needs (Part 2)

Describe a clinical teaching situation where you directly observed a learner and ran into difficulties or felt uncomfortable. Tell us enough details so we understand the situation, but not to break learner or patient confidentiality.

27. **4.1a) How did you respond to the situation?**

28. **4.1b) Why was this situation difficult for you?**

Needs (Part 3)

29. **5.1 All of the following have influenced the shift from a structure/process paradigm in medical education to one based on competencies EXCEPT:**
Mark only one oval.

- The movement towards “learner-centered” training
- Concern over an increasing gap between graduate’s performance and the requirements of those graduates to meet the needs of the public
- The Flexner report on the state of medical education in the US and Canada
- The public call for increased accountability for funding of undergraduate medical education and postgraduate medical education
- An expanding notion of the requisite abilities of a physician of the 21st century beyond medical knowledge and patient care skills

30. **5.2 A competency is:**
Mark only one oval.

- An observable ability of a health professional that integrates knowledge, skills, values, and attitudes
- A defined, observable marker of an individual’s ability along a developmental continuum
- An essential task of a discipline (profession, specialty, or sub-specialty) that an individual can be trusted to perform without supervision in a given health care context, once sufficient competence has been demonstrated
- The array of abilities (knowledge, skills, and attitudes or KSA) across multiple domains or aspects of performance in a certain context
- None of the above
- I don't know

31. **5.3 A "milestone," as used in CBD, is:**
Mark only one oval.

- An observable ability of a health professional that integrates knowledge, skills, values, and attitudes
- A defined, observable marker of an individual's ability along a developmental continuum
- An essential task of a discipline (profession, specialty, or sub-specialty) that an individual can be trusted to perform without supervision in a given health care context, once sufficient competence has been demonstrated
- The array of abilities (knowledge, skills, and attitudes or KSA) across multiple domains or aspects of performance in a certain context
- None of the above
- I don't know

32. **5.4 As a frontline clinical teacher I will be expected to do all of the following EXCEPT:**
Mark only one oval.

- Make overall competence judgments about learners and their readiness to progress across stages of training
- Observe trainees in practice and provide written feedback designed to promote learner growth
- Rate a trainee's ability to safely and independently perform practice activities
- Use an entrustment scale to rate a learner's performance in the workplace
- Provide trainees with narrative comments focused on behavior specifics
- I don't know

33. **5.5 Which of the following is TRUE of work-based assessments in CBD:**
Mark only one oval.

- They have a summative focus and allow clinical teachers to make decisions about learner promotion
- They can only be based on direct observation of clinical encounters
- They can be used as a learning tool and are shared with the trainees
- They consist only of narrative comments and do not include any specific scale of rating of performance
- They are performed at the end of a clinical rotation in order to determine if the trainee adequately completed the rotation's objectives
- I don't know

34. **5.6 Which of the following is FALSE regarding the stages of training under the CBD model?**
Mark only one oval.

- There will be 4 main stages of training during the discipline-specific residency
- Competence committees will make the decision whether a learner is ready to move across the various stages of training, using work-based assessments and EPAs
- The Royal College specialty-specific examination marks the end of the 'Transition to discipline' stage
- The competency continuum expands beyond residency into professional practice
- The decision on successful completion of each stage of training is based on multiple observations of stage-specific EPAs
- I don't know

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