Health Sciences Education Rounds

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CBME Implementation: Engaging Ophthalmology departmental stakeholders in shaping their program of assessment

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Agenda

- Background
- Purpose
- Methods
- Results
- Practical Suggestions
- Discussion Questions

*Please feel free to ask questions throughout the presentation, this is meant to be engaging and interactive!

Background and Literature

- Previous literature has suggested that engaging key stakeholders improves stakeholder buy-in (Johnson, Johnson, & Zhang, 2005; Van Der Vleuten, 1996)

- Meaningful and appropriate assessment of residents' competence is an ongoing challenge in CBME implementation
  - ➢ Requires engagement from both faculty and residents (Albanese et al., 2010; Carracio et al., 2002; ten Cate, 2014)

Purpose

- To involve stakeholders in the selection and modification of workplace-based assessment (WBA) tools for use in Ophthalmology and potentially enhance subsequent assessment and engagement.

Method: Phase 1

- Qualitative case study

- Medium-sized teaching hospital within Southern Ontario
  - Department of Ophthalmology, Emergency Eye Clinic

- 4 workplace-based assessment tools over 3 months ($n = 9$)
  - Attending physicians were encouraged to document perceptions of the tools and provide recommendations
  - Tools did not count for anything
  - All feedback was qualitative in nature

Methods: Phase 2

- 2 focus groups:
  - Residents (*n* = 9)
  - Faculty (*n* = 6)

The FG protocol was divided into:

- General qualities of effective feedback
- Experiences with the 4 tools in terms of feasibility, usability, value
- Strengths and challenges
- Recommendations for improving tools

Data Analyses

- All qualitative data from the focus groups were transcribed verbatim
- Thematic and emergent design using Atlas-ti (Braun & Clarke, 2006; Charmaz & Belgrave, 2012).
- Preliminary codes were developed and then focus groups were analyzed together to determine patterns across the stakeholder groups
- Similar codes (smallest unit of analysis, 558) were grouped together into subthemes (16) which were then grouped together to generate overall themes (6)

Theme 1: Shifting the Assessment Culture

Both residents and faculty discussed the need for a shift in the assessment culture within their department as a necessary component to support the transition to CBME

- Residents noted issues with buy-in from faculty and lack of engagement
- Assessments were viewed as formal evaluations by faculty and residents

Findings: Shifting the Assessment Culture

"And I think that is the reason why none of us are able to say, oh yes this form has been filled out for us. We were asked and yes let's trial them and they should be done in emerge. But there is various staff in emerge and various residents and no one is going out of their way to fill out the forms." (Resident)

"It has to be a change in the mentality on both ends and not just the residents." (Faculty)

Theme 2: More Feedback

- Residents want more constructive feedback and supervision
- Residents also discussed the need to take initiative in asking for additional feedback and/or supervision

Findings: More Feedback

"But there are lots of people sitting here saying that they want feedback. But if you want feedback then get the form. And take some initiative. I realize that it is hard." (Resident)

"And that is a nice thing but sometimes we want the bad feedback and we want to know what you want us to improve on." (Resident)

Theme 3: Factors Affecting Feedback

Timing, and location are important factors which affect feedback

- Immediate feedback reported as more accurate
- Timely feedback is easier for residents to incorporate
- Faculty provide ongoing verbal feedback

Findings: Factors Affecting Feedback

"So just creating these forms without addressing the issue about having the timing and the right setting and all these things will not actually make a difference to our development." (Resident)

"I have had an educator recently who will correct things on the fly during procedures. But in a way, that would probably undermine a patient's confidence in my ability. So, the feedback is appropriate but the manner or the language in which it is delivered is potentially compromising of you as a learner in the environment." (Resident)

Theme 4: Devaluing Numeric Assessment Tools

Residents devalue numeric assessment instruments

- Valued written performance indicators

Findings: Devaluing Numeric Assessment Tools

"I mean if you get a 5 then I don't really understand what it means. Does that mean that your performed it well enough that you could be an attending staff and do this or does it mean that you performed it well enough for your expected level? The numbers to me don't have a good meaning other than people are generally happy with what you are doing." (Resident)

"So, advice or compliments or criticisms or whatever. That is what is valuable is the written word." (Resident)

Field Note

Resident Name: _____ Case: _____

Clinic: _____ Case type: Simple Complex

Stage: TD FD Frequency: Common Uncommon

EPAs

TD = Transition to Discipline **FD = Foundations of Discipline** **DD = Detailed Description**

TD1 – Perform Hx and PE, document and present findings in the ER Eye Clinic for initial and subsequent care of pts with **common and simple** acute ophthalmic presentations.

DD1 – Comprehensive Hx
DD2 – Comprehensive exam
DD3 – Basic DDx + Ix
DD4 – Focused F/U
DD5 – Collects data for mgmt
DD6 - IDs key clinical features
DD7 – Documents and verbally presents
DD8 – Communicates effectively with patients/families

FD1 – Assess (perform, document and present Hx + PE) and Dx pts with **common and complex** acute ophthalmic presentations in the ER Eye Clinic setting for initial and subsequent care.

DD1 – Comprehensive Hx + PE
DD2 – Comprehensive DDx + Ix
DD3 -. Focused F/U
DD4 - Collects data for mgmt
DD5 - Documents and verbally presents
DD6 - Communicates effectively with patients/families

Feedback

Something to continue:

Something to improve:

Resident Reflection

Based on feedback, identify one learning need and your plan to address it.

Date: _____ Faculty: _____ Resident: _____ Reviewed with Resident: Y / N

FLAGGED BEHAVIOUR:

Do you have professionalism concerns about this resident's performance? **YES** **NO**

Do you have patient safety concerns related to this resident's performance? **YES** **NO**

Are there other reasons to flag this assessment? (If yes, describe on back) **YES** **NO**

GLOBAL RATING:

Would you entrust this resident to perform this activity independently next time? (other than yes, describe on back) **Not yet** **Almost** **Yes**

What do you like about this?

What would you change?

What don't you like?

OCAT

Instructions: Please complete using one half-day clinic. Complete only the pertinent portions.
1= "I had to do" – Required complete guidance, unprepared to do, had to do for them
2= "I had to talk them through" – Able to perform some tasks, but required repeated direction
3= "I had to direct them from time to time" – Demonstrated some independence, some intermittent help
4= "I needed to be available just in case" – Independence but needed help with some nuances (unable to manage all patients, still requires supervision for safe practice)
5= "I did not need to be there" – Complete independence, can safely manage clinic on own
NA= Not assessed

Resident Name:_____ Date:_____

Clinic:_____ Year /Stage: TD1 FD1

1a. Patient assessment Efficient data gathering	1	2	3	4	5	NA
1b. Patient assessment Accurate examination	1	2	3	4	5	NA
2. Case presentation Synthesis of Hx and exam, clear presentation	1	2	3	4	5	NA
3. Clinical reasoning and differential diagnosis Brings information together and prioritizes to provide a Dx and/or DDx	1	2	3	4	5	NA
4. Management plan Orders appropriate ancillary tests and develop a relevant and decisive plan	1	2	3	4	5	NA
5. Patient/family communication Effective, sensitive, and respectful communication skills (verbal + nonverbal). Able to build rapport and trust.	1	2	3	4	5	NA
6. Documentation in clinic Charting is clear and legible, prescriptions and forms properly completed.	1	2	3	4	5	NA

One thing to continue:_____

One suggestion for improvement:_____

Do you have professionalism concerns about this resident's performance? YES NO

Do you have patient safety concerns related to this resident's performance? YES NO

Are there other reasons to flag this assessment? (If yes, describe on back) YES NO

GLOBAL RATING: Would you entrust this resident to perform this activity independently next time? (other than yes, describe below) Not yet Almost Yes

Date:_____ Faculty:_____ Resident:_____ Reviewed with Resident: Y / N

Adapted from Rekman J, Hamstra S, et al. A new instrument for assessing resident competence in surgical clinic: The OCAT. *J Surg Ed* 2016;73:575-82.

What do you like about this?

What would you change?

What don't you like?

Encounter Card

OPHTHALMOLOGY EMERGENCY EYE CLINIC ENCOUNTER CARD

Instructions: Please consider one patient encounter when completing this form.

Resident Name:_____ Faculty:_____ Date:_____

Clinic:_____ Case:_____ Case type: Simple Complex

Stage/EPA: TD/1 FD/1 Pt type: NP RP Frequency: Common Uncommon

	Opportunities for growth: Close supervision		Developing: Supervision on demand		Achieving: Supervision for refinement	★	N/A
History (Medical Expert)	☐ Misses basic, relevant information OR gathers irrelevant details	☐	☐ Focused and concise	☐	☐ Identifies pertinent risk factors and acquires details, seeking corroborative info as required	☐	☐
Physical Exam (Medical Expert)	☐ Pupils: Incomplete exam ☐ Ocular motility: Incomplete exam ☐ Slit lamp: Did not identify/ recognize cornea/anterior chamber findings ☐ Retina: Did not identify/ recognize findings ☐ Other:_____ Incomplete exam OR did not identify findings	☐ ☐ ☐ ☐ ☐	☐ Pupils: Good exam but inaccurate interpretation of findings ☐ Ocular motility: Good exam but inaccurate interpretation of findings ☐ Slit lamp: Identified **some** cornea/anterior chamber findings OR inaccurate interpretation of findings ☐ Retina: Identified **some** retinal findings OR inaccurate interpretation of findings ☐ Other:_____ Good exam but inaccurate interpretation of findings	☐ ☐ ☐ ☐ ☐	☐ Pupils: accurate exam & interpretation of findings ☐ Ocular motility: accurate exam & interpretation of findings ☐ Slit lamp: Identified cornea/anterior chamber & accurate interpretation of findings ☐ Retinal: Identified all retinal pathology & accurate interpretation of findings ☐ Other:_____ Accurate exam & interpretation of findings	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐
Problem formulation (Medical Expert)	☐ No differential ☐ Did not prioritize findings	☐ ☐	☐ Limited differential ☐ Prioritized findings for simple case	☐ ☐	☐ Useful differential including plausible rarer items ☐ Prioritized for complex/infrequent case	☐ ☐	☐ ☐
Use/ Interpretation of tests (Medical Expert)	☐ Proposed irrelevant or incorrect investigations ☐ Misinterpreted results	☐ ☐	☐ Identified investigations, but use may be indiscriminant. ☐Correctly interpret results	☐ ☐	☐ Strategic use of investigations (e.g., justifiable cost/benefit) ☐ Results of investigations inform management (e.g., makes sense of all info)	☐ ☐	☐ ☐
Management (Medical Expert)	☐ Proposed incorrect treatment or inadequate management plan	☐	☐ Managed simple & complex but frequently encountered diagnoses	☐	☐ Managed treatment for complex and infrequently encountered diagnoses	☐	☐
Case report (Communicator)	☐ Omitted pertinent information.	☐	☐ Presented all pertinent information.	☐	☐ Prioritized information, succinct but thorough	☐	☐
Documentation (Communicator)	☐ Documentation is inaccurate/incomplete ☐ Writing is illegible	☐ ☐	☐ Documentation may be unclear ☐ Writing can be difficult to read	☐ ☐	☐ Documentation is complete, accurate, clear & concise ☐ Writing is legible	☐ ☐	☐ ☐
Interpersonal Skills (Communicator)	☐ Struggles to communicate effectively with the [patient +/- family ☐ Awkward with patient and family, unable to achieve adequate rapport to perform adequate assessment	☐ ☐	☐ Able to communicated some of the encounter to the patient+/- family ☐ Some rapport, but patient and family not fully comfortable with the interaction	☐ ☐	☐ Able to communicate effectively the patients diagnosis and pla ☐ Establishes good rapport, patient and family are comfortable	☐ ☐	☐ ☐

Additional Feedback:_____

Do you have professionalism concerns about this resident's performance? YES NO

Do you have patient safety concerns related to this resident's performance? YES NO

Are there other reasons to flag this assessment? (If yes, describe on back) YES NO

GLOBAL RATING: Would you entrust this resident to perform this activity independently next time? (other than yes, describe on back) Not yet Almost Yes

What do you like about this?

What would you change?

What don't you like?

OCEX

Resident Name: _____ Case: _____

Clinic: _____ Pt type: NP RP Case type: Simple Complex

Stage/EPA: TD/1 FD/1 Frequency: Common Uncommon

Interview Skills													
1. Washed hands	1	2	3	4	5	NA	7. Oc Meds	1	2	3	4	5	NA
2. Introduced self	1	2	3	4	5	NA	8. PMedHx/PSurgHx	1	2	3	4	5	NA
3. HPI	1	2	3	4	5	NA	9. Systemic Meds	1	2	3	4	5	NA
4. Pertinent features	1	2	3	4	5	NA	10. Allergies	1	2	3	4	5	NA
5. ROS PRN	1	2	3	4	5	NA	11. Fam Hx	1	2	3	4	5	NA
6. POcHx	1	2	3	4	5	NA	12. Social Hx	1	2	3	4	5	NA
Examination Skills													
1. scVA/ccVA	1	2	3	4	5	NA	7. External exam	1	2	3	4	5	NA
2. Refraction	1	2	3	4	5	NA	8. SLE	1	2	3	4	5	NA
3. Pupils/RAPD	1	2	3	4	5	NA	9. IOP	1	2	3	4	5	NA
4. CVF	1	2	3	4	5	NA	10. Gonio	1	2	3	4	5	NA
5. Motility	1	2	3	4	5	NA	11. Macular exam	1	2	3	4	5	NA
6. Strabismus exam	1	2	3	4	5	NA	12. Peripheral retina	1	2	3	4	5	NA
Investigations and Management													
1. Investigations	1	2	3	4	5	NA	2. Management	1	2	3	4	5	NA
Case Presentation and Charting													
1. Clear & concise	1	2	3	4	5	NA	4. DDx	1	2	3	4	5	NA
2. Pertinent facts	1	2	3	4	5	NA	5. Accurate charting	1	2	3	4	5	NA
3. Prioritizes	1	2	3	4	5	NA	6. Legible charting	1	2	3	4	5	NA
Interpersonal Skills/Professionalism													
1. Gentle and caring	1	2	3	4	5	NA	5. Explained Dx/DDx	1	2	3	4	5	NA
2. Empathetic	1	2	3	4	5	NA	6. Explained plan	1	2	3	4	5	NA
3. Used lay language	1	2	3	4	5	NA	7. Answered pt ?s	1	2	3	4	5	NA
4. Explained findings	1	2	3	4	5	NA	8. Work with others	1	2	3	4	5	NA

Feedback: _____

Do you have professionalism concerns about this resident's performance? YES NO
Do you have patient safety concerns related to this resident's performance? YES NO
Are there other reasons to flag this assessment? (If yes, describe on back) YES NO
GLOBAL RATING: Would you entrust this resident to perform this activity independently next time? (other than yes, describe on back) Not yet Almost Yes

Date: _____ Faculty: _____ Resident: _____

Adapted from Golnik KC, Goldenhar LM, GittingerJW, et al. The Ophthalmic Clinical Evaluation Exercise (OCEX). Ophthalmology 2004;111:1271-4.

What do you like about this?

What would you change?

What don't you like?

Vote!

- Which assessment tool(s) do you think faculty preferred?
- Which assessment tool(s) do you think residents preferred?

Theme 5: Field Note and OCAT Favored

- The field note and OCAT assessments were favored by residents and faculty
- Both tools promoted written feedback
- Residents and faculty liked the simplicity of the tools
- Concerns about feasibility (i.e. time to complete)

Findings: Field Note and OCAT Favored

"And then if I could speak to the encounter card, again just as a way to augment my point you look at the language in the left most column. Documentation is inaccurate, incomplete. Well that is really capital N negative as opposed to documentation is missing some elements." (Faculty)

"I think I personally would perceive this feedback better because the person filling it out has to actually write something down without being given preformed ideas or boxes to check." (Resident, discussing Field Note)

Theme 6: Verbal Feedback Preferred

- Residents and faculty generally valued verbal feedback more than written

- Faculty understood the importance and need to document verbal feedback
  - ➢Track the progress of residents (identify struggling residents)

- Both residents and faculty discussed how verbal feedback was more interactive

Findings: Verbal Feedback Preferred

"I can be fairly critical of an encounter on a one on one in the real time than I can be 4 months later saying that it has been a consistent pattern of not working well." (Faculty)

"You can communicate quicker and more efficiently verbally than in written form." (Resident)

"So, I would agree that verbal is the most important and we don't get enough of it." (Resident)

Practical Suggestions

1. Residents suggested more formal planning for completion of assessments
2. Residents also suggested the need for there to be a set number of assessments required to be completed
3. Process should be initiated by both residents and faculty
4. Residents suggested that requirements also be set for a specific number required from each staff member to avoid cherry picking evaluations from certain faculty

Discussion Questions:

1. How can we work to change the assessment culture to better support residents?

2. How can we balance the tensions with residents not valuing numerical assessments when other stakeholders do?

3. Have you experienced similarities within your department when considering the findings from this study?

4. What might we do to improve faculty buy-in?

Questions?

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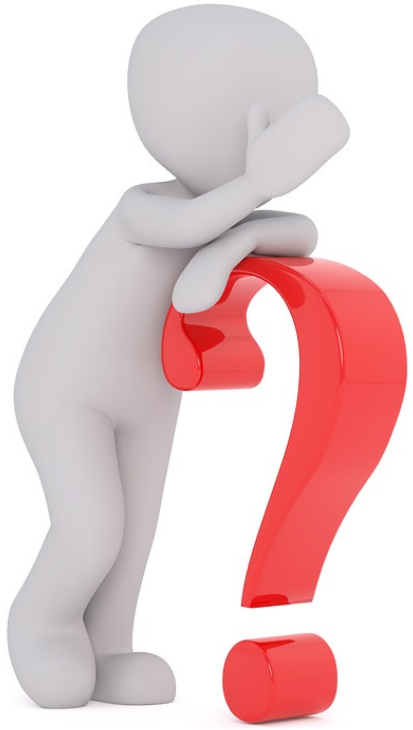

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