

Competency Based Assessment for Practicing Physicians

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Faculty/Presenter Disclosure

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- Urologist –Queen’s University (part-time)
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- Relationships with commercial interests:
 - **Grants/Research Support: Allergan – re Intra-detrusor Botox for MS neurogenic bladder**
 - **Speakers Bureau/Honoraria: nil**
 - **Consulting Fees: nil**
 - **Other: nil**



Faculty/Presenter Disclosure

Craig Campbell – MD FRCPC (Internal Medicine)

- I am a full time Director of Continuing Professional Development at the Royal College of Physicians and Surgeons of Canada
- Relationships with commercial interests:
 - **I have no grants or research support from commercial interests**
 - **I am not a member of a speakers Bureau**
 - **I do not receive any honoraria from commercial interests**
 - **I do not receive any consulting fees from commercial interests.**



Workshop Learning Objectives

At the end of this workshop assessors will be able to:

- Explain the role and benefits of competencies in evaluating the clinical performance of physicians.
- Discuss how the current CPSO assessment processes and tools can be aligned with various CanMEDS Roles or competencies.
- Identify at least one area where the CanMEDS competency framework could enhance the current assessment process.



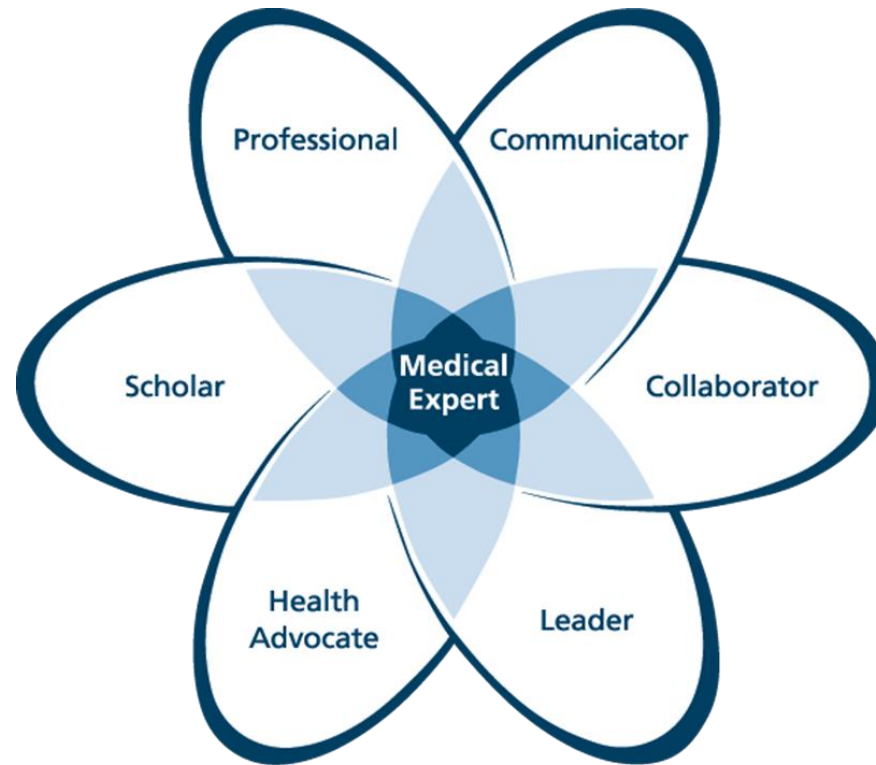
CanMEDS

Framework for Competency Assessment 2015 update



Royal College CanMEDS Framework

Competence
by Design



CANMEDS



Royal College CanMEDS 2015 Framework

Competence
by Design

- **New content areas**
 - **Patient safety**
 - **eHealth**
 - **Physician health**
- **Manager to Leader Role**
- **Generic milestones for each Role across:**
 - **4 stages of residency education**
 - **2 stages for CPD**



Royal College CanMEDS Framework

Competence
by Design

Milestones definition

The abilities expected of a health professional at a specific stage of development.



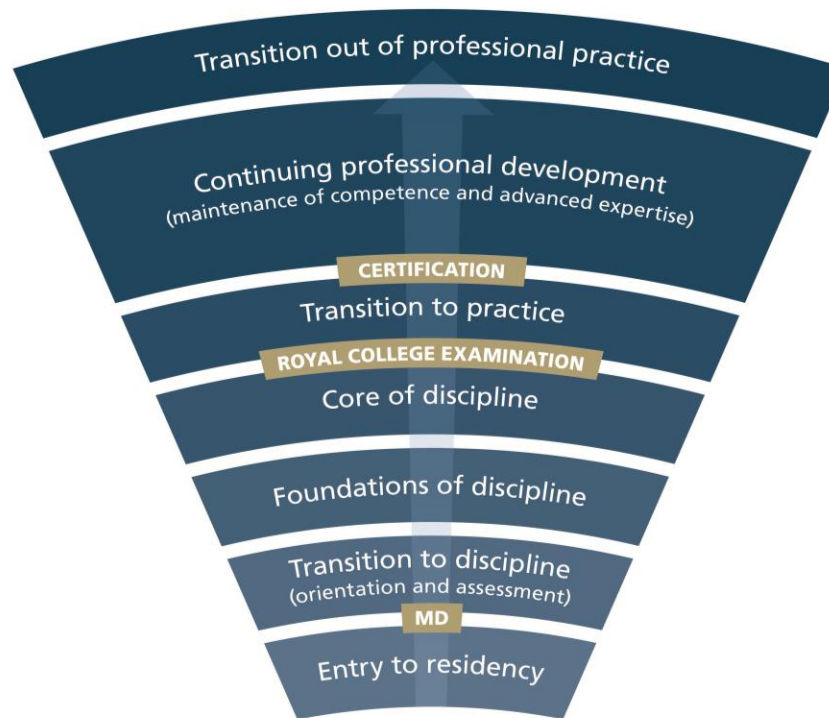
https://commons.wikimedia.org/wiki/File:Gargrave_stepping_stones.jpg



Royal College Competence Continuum



CBD^{1,2} Competence Continuum



¹ Competence by Design (CBD)

² Milestones at each stage describe terminal competencies



Entrustable Professional Activities (EPAs)

- **New approach to the assessment of multiple competences, typically from multiple CanMEDS Roles.**

Definition

EPAs are descriptions of key tasks of a discipline that a physician must be able to perform independently.



Key Concept of EPAs: Entrustment

“Can I safely delegate this task or work to a resident to perform independently?”

Yes

1. Can perform this task independently without supervision at a specific stage of development

Not yet:

2. Can perform this task with direct supervision
3. Can perform this task with indirect supervision



Assessment of EPA Achievement

EPA Observation Ratings

- Point in time
- Single Observer
- Specific context



COMPETENCE

EPA Achievement

- Multiple times
- Multiple observers
- Multiple contexts

Proposed: Program Assessment Model

- **Integrate multiple assessments; using multiple raters; multiple patients; across the continuum.**
- Track progress to achieving the competences required to enter practice
- Provide feedback to residents / physicians in practice
- Develop learning plans

Once in practice:

- Sustain and enhance the competences required to continuously enhance the quality of care in practice.



Proposed: Program Assessment Model

- **CanMEDS framework: requires multiple approaches to assessment.**

Key concept

Align the right tool(s) with the right Roles (or specific competences) at the right stage / context of development of a physician.



Why align assessment with competences?

3 Reasons

- Competencies provide a diagnosis when performance is sub-optimal
- Competencies serve as the basis for giving feedback to physicians
- Competencies can contribute to the development of a practice specific learning plan.



Competency Based Assessment for Practicing Physicians

Re-framing Assessment



What tools (data source) are currently being used in CPSO assessments?

- Medical Records
- Interviews
- Multi-source Feedback (360)
 - limited at present to physicians registered through pathways 1-4

Reflect on what other potential data sources could be considered?



What data sources are potentially available for physician assessment? (Peer, I&R, Reg)

Primary sources include:

- Examinations—MCQ, SAQ, Essay, oral, OSCE, etc
- Direct Observation – patient encounters, procedures
- Medical records
- Multi-source Feedback – including patient surveys
- Simulation – standardized patients, tech based
- Portfolios / log books / encounter cards

**Which of these data sources aligns
best with which competencies?**



What are best data sources for assessment of each key competency?

● **Medical Expert**

- Practice medicine within defined scope and expertise
- Perform clinical assessment; establish management plan
- Plan and perform procedures and therapies
- Establish plans for ongoing care
- Contribute as team member to CQI, patient safety



Communicator – key competencies

- Establish therapeutic relationships with patients and their families
- Elicit – synthesize accurate relevant information
- Share health info with patient, families
- Engage patients in developing plans
- Document – share information to optimize
 - Clinical decision making,
 - patient safety,
 - confidentiality, privacy



Collaborator – key competencies

- Work effectively with physicians, colleagues in the health care professions
- Work with physicians and colleagues to promote understanding, manage differences, resolve conflicts
- Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care



Leader (Manager)-key competencies

- Contribute to improvement of health care delivery in teams, organizations and systems
- Engage in stewardship of health care resources
- Demonstrate leadership in professional practice
- Manage career planning, finances and health human resources in a practice



Health Advocate-key competencies

- Respond to individual patient`s health needs by advocating within and beyond clinical environment
- Respond to needs of communities or populations they serve by advocating with them for system-level change in a socially accountable manner



Scholar – key competencies

- Engage in the continuous enhancement of their professional practice through lifelong learning
- Teach students, residents, the public and others
- Integrate best available evidence into practice
- Contribute to creation and dissemination of knowledge and practices applicable to health



Professional – key competencies

Demonstrate a commitment to:

- **Patients** by applying best practices and adhering to high ethical standards.
- **Society** by recognizing and responding to societal expectations in health care.
- **Profession** by adhering to standards and participating in physician-led regulation
- **Physician health** and well-being to foster optimal patient care



In Summary

CanMEDS may serve as a foundation for

- Integrating multiple data sources and tools across multiple assessment contexts
- Using competences to assess performance, provide feedback
- Ensure learning plans address gaps in competence
- Enable the re-measurement of the effectiveness of future learning on competence and performance.





ASK

<http://www.publicdomainpictures.net/view-image.php?image=158418&picture=question-mark>



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