



PGME Guidelines: Selection of Assessors for CBME Workplace Based Assessments (e.g. EPAs) of Residents

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1. All assessors need orientation, faculty development in the assigned assessment activities, and monitoring and feedback on their assessment skills.
2. The Residency Program Committee (RPC) needs to develop a balanced approach in their Assessment Plan to the selection who will be assessors for CBME workplace assessments (e.g. EPAs) including:
 - a. Physician faculty with a faculty appointment will be the assessors for CBME workplace assessments, such as EPAs, whenever appropriate and possible.
 - b. Others can act as assessors for CBME workplace assessments, such as EPAs, when deemed appropriate to the assessment activity.
 - c. Other assessors for CBME workplace assessments, such as EPAs, include a wide range of clinical team members, clinical associates, clinical fellows, senior residents and co-residents.
 - d. The majority (i.e. > 50%) of each of the CBME workplace based assessments, such as EPAs, must be completed by appointed faculty, except where the RPC determines otherwise in their Assessment Plan (e.g., Multi Source Feedback assessments).
 - e. There needs to be a monitoring of the proportion of assessments, for each resident, completed by appointed faculty.
 - f. There needs to be a monitoring of assessors at different locations, sites, rotation etc. to ensure residents are benefiting from appointed faculty expertise as assessors.
3. PGME will support RPCs in their monitoring, oversight and feedback to assessors including:
 - a. Establishing automated systems to monitor the proportion of appointed faculty completing assessments.
 - b. Providing oversight and feedback to assessors.
 - c. Assisting assessors to improve their abilities.
4. Departments, divisions and programs are encouraged to support faculty as assessors through assessor orientation, faculty development, awards, and other available formal and informal recognitions systems.