Best Practices in Evaluation and Assessment (BPEA)

A Look at the Issues and Implications of CBME for Faculty

Rachel Fleming MD, MScCH, FRCPC
Radiologist, Joint Department of Medical Imaging Assistant
Assistant Professor, Department of Medical Imaging, Faculty of Medicine,
University of Toronto

Bill Kraemer MD, FRCSC
Assistant Professor, Department of Surgery, Division of Orthopaedic Surgery
Faculty of Medicine, University of Toronto

Linda Probyn MD, FRCPC
Director, Admissions and Evaluation, PGME
Associate Professor & Vice Chair, Education, Department of Medical Imaging, Faculty of Medicine,
University of Toronto

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1. Executive Summary

With the implementation of the Royal College Competence-By-Design initiative, faculty will be required to perform resident evaluations more often and in greater detail, and to provide more frequent and more in-depth feedback. Accurate and timely completion of the new evaluation scheme requires the following: faculty training, on-line/application evaluation system, and responsibility of the resident to seek out evaluations on a timely basis. Provision of feedback to the resident is not an innate skill; extensive faculty development is required to remove barriers to honest, timely, and constructive feedback.

2. Background

With the implementation of competency-based medical education, it is critical to accurately define the roles and responsibilities of faculty. This involves defining each of the members of the interprofessional team who will be involved, delineating their faculty responsibilities, and formulating a faculty development plan to provide faculty support.

3. Methodology

A PubMed literature search was performed using the following search terms "faculty development AND competency based medical education," "faculty development AND medical education." "successful faculty development programs," "Faculty and CBME," "faculty involvement AND competency based medical education." Relevant articles were retrieved and reviewed. Very little literature could be found on the subject of how to construct and provide a successful faculty development program. Information was also obtained directly from Program Directors of the Orthopaedic Surgery Program at the University of Toronto, who have been using Competency-Based Medical Education (CBME) for over seven years.

4. Results and Discussion

Various articles were evaluated for content on the following topics, which will be discussed separately: a) definition of faculty, b) expectations of faculty, c) responsibilities to faculty, and d) building faculty development.

4.1. Definition of Faculty

In competency-based medical education, all those responsible for the assessment of residents are considered faculty. This includes not only supervising physicians, but also other members of the interdisciplinary team. Depending on the specific residency program, this may include nurses, technologists, social workers, therapists, and other allied health professionals. It is important for the role of each of these faculty members to be clearly defined. While physicians will have the primary role in teaching and assessment, other members of the interprofessional team will be involved in the assessment process (e.g. multi-source feedback evaluations).

4.2. Expectations of Faculty

Faculty are responsible for having a clear understanding of the goals and objectives of the educational experience. They must also have the skills to provide the appropriate teaching. In conjunction with the skills required for teaching, it is imperative that the faculty have an understanding of the assessment tools that they are asked to utilize. The literature suggests that the faculty must, themselves, learn a core set of competencies in the area of assessment.[1] With the adoption of competency-based medical education, it is likely that more frequent and more detailed assessments will be required than in the past.

One of the most important responsibilities of the faculty is providing feedback and assessments to their residents. Over 25 years ago, Jack Ende described the status of feedback in medical education.[2] In his article he described the barriers to feedback, many of which are the same as today. The most important barrier is lack of direct observation. The critical component to being able to provide feedback to residents is being involved in direct observations.[2,3] It is important that faculty provide the residents with appropriate feedback, addressing both strengths and areas where development is needed. Many faculty members are hesitant to provide constructive feedback; faculty must become more confident in providing honest feedback.[1]

There have been issues in the past when faculty had difficulty failing residents who were not meeting expectations. The main barriers for resolving this issue have been a paucity of documentation, lack of understanding of what should be documented, concern over the possibility of an appeal, and lack of adequate options for remediation.[4] It will be important going forward with assessments in competency-based medical education for the faculty to be aware of, and to have had training with, appropriate documentation.

4.3. Responsibilities to Faculty

The residents who are being assessed have a responsibility to the faculty. It is expected that residents demonstrate appropriate and professional behaviour and respect towards their faculty. It is also the responsibility of the residents to take initiative in their assessments. Residents should request feedback, both formal and informal. The residents should also make sure that their assessments are completed by the supervising faculty in a timely fashion, with the aim of improving the educational experience. Encouraging residents to seek feedback requires an open learning culture that promotes feedback.[5]

The university and the postgraduate office of medical education also have a responsibility to faculty. They should provide the necessary support and infrastructure to assist with faculty development and facilitate the assessment process. Additionally, the postgraduate office is responsible to provide faculty timely feedback and opportunities for improvement. It is important that faculty receive feedback on their assessment skills with comparisons to their peers and if available, national standards.[1]

For ease of completion, the assessment tools should be on line.

4.4. Building Faculty Development

It is well documented in the literature that faculty development is an essential component in the implementation of competency-based medical education. Faculty members must be educated as to how CBME will be integrated into the program, and must understand their individual roles and responsibilities in this new setting. Faculty development must occur around the implementation of assessment tools, the communication pathway to appropriate leadership, and the management of residents who are in difficulty. It may happen that some of the faculty discover some deficiencies in their own clinical skills. Addressing this possibility should be incorporated into the faculty development programs.[1]

In order to implement change and encourage buy-in from the faculty, it may be helpful to enlist the assistance of respected educational faculty. The literature is lacking with respect to what makes a successful faculty development program and how such a program should be implemented.

5. Summary

Faculty have the responsibility of providing effective feedback to residents and evaluating residents in order to determine their level of competence in the CBME framework. Faculty need to be enabled to perform these tasks with support from both the program and the PGME office in providing appropriate resources and faculty development opportunities. Residents are also responsible to the faculty for taking initiative to ensure feedback is provided and evaluations are completed in a timely fashion.

6. References

1.   Holmboe ES, Ward DS, Reznick RK, et al. Faculty development in assessment: The missing link in competency-based medical education. *Academic Medicine.* 2011;86(4):460-467.

2.   Ende J. Feedback in Clinical Medical Education. *JAMA: Journal of the American Medical Association.* 1983;250(6):777-781.

3.   Norcini J. The power of feedback. *Medical Education.* 2010;44(1):16-17.

4.   Dudek NL, Marks MB, Regehr G. Failure to fail: The perspectives of clinical supervisors. *Academic Medicine.* 2005;80(10):S84-S87.

5.   Delva D, Sargeant J, Miller S, et al. Encouraging residents to seek feedback. *Medical Teacher.* 2013;35(12):e1625-e1631.

7. Additional References

Carracio C, Englander R, van Melle E, et al. International Competency-Based Medical Education Collaborators. Advancing Competency-Based Medical Education: A Charter for Clinician Educations. *Academic Medicine.* 2016;91(5):645-649.

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Puddester D, MacDonald C, Clements D, Gaffney J, Wiesenfeld L. Designing faculty development to support the evaluation of resident competency in the intrinsic CanMEDS roles: practical outcomes of an assessment of program director needs. *BMC Medical Education.* 2015;15(100):1-9.

Schultz K, Griffiths J. Implementing Competency-Based medical Education in a Post-graduate Family Medicine Residency Training Program: A Step-wise Approach, Facilitating Factors, And Process or Steps That Would Have Been Helpful. *Academic Medicine.* 2016;91(5):685-689.

8. Appendix 1: Annotated Bibliography

Holmboe, E., D. Ward, R. Reznick, P. Katsufrakis, K. Leslie, V. Patel, D. Ray and E. Nelson (2011). "Faculty development in assessment: the missing link in competency-based education." <u>Academic Medicine</u> **86(4): 460-467.**

> This article focuses on the challenges facing faculty involved in the assessment of trainees and provides key recommendations for improvement. The recommendations are nicely summarized in table format for quick reference.

Carracio, C., R. Englander, E. van Melle, O. Ten Cate, J. Lockyer, M. Chan, J. R. Frank and L. S. Snell (2016). "International Competency-Based Medical Education Collaborators. Advancing Competency-Based Medical Education: A Charter for Clinician Educations." <u>Academic Medicine</u> **91(5): 645-649.**

> This article provides an overview of competency-based medical education, detailing its fundamental principles. Important commitments from the medical educators, necessary for the implementation of CBME are discussed.

Dath, D. and W. Iobst (2010). "The importance of faculty development in the transition to competency-based medical education." <u>Medical Teacher</u> **32(8): 683-686.**

> This article discusses why faculty development is important in the transition to CBME, not just on an individual level, but also at an institutional and system level. Methods for overcoming challenges to faculty development are also included