

MUN Internal Medicine Introducing Competency By Design: Newsletter 8



CBD - Assessment

In CBD, competency means more than just "knowing how" to perform a task/skill/procedure.

Trainees have to demonstrate ability to "show how" to perform a task and "perform this task" as well.

Workplace based assessment (WBA) involves clinical teachers and physicians observing and documenting authentic interactions in the workplace on a regular basis.

How is WBA different?

- All supervisors are *already* giving residents feedback.
- Now, we just need to *directly* or *indirectly observe* residents and document that feedback.
- Feedback is *for* learning, not *of* learning.



When can I assess a trainee?

- Anytime and/or anywhere!
- For instance:
 - Performing a history and/or physical
 - Doing a procedure
 - Reviewing a phone consult
 - In the clinic and/or wards
 - SIM centre
 - Identifying patient safety issues
 - Family meetings
 - Many more!



Things to remember:

- Comments on the specific actions/behaviours are important. This provides trainees with a guide for directed improvement.
- Isolated practice activities are linked to, but not inclusive determinants of EPA achievement (ex: performing a cardiac exam is only one part of the ACS management EPA)
- Your assessment = feedback specific to that task. You're not deciding the trainee's overall competence.
- Trainee promotion decisions are informed by multiple observations from multiple observers gathered over time.

