
Evaluation Without Representation?: Pediatric Residents Perspectives on CBME

Author(s): Harrison Anzinger and Brett Schrewe

Presenter: Brett Schrewe

Time: 10:45 – 11:45

What problem have you identified and/or tried to address?

In 2021, Canadian pediatric residency programs transitioned to Competence By Design (CBD), replacing their time-based system with one based on competencies demonstrated through regular observations of trainee performance (e.g., entrustable professional activities, EPAs). Although intended to be learner-centered, resident voices have been underrepresented in CBD's design. We sought to (1) understand how pediatric residents perceived CBD as impacting their education and evaluation, and (2) solicit their ideas to improve its implementation.

What did you do (a description of methods and/or innovation)?

We used the constructivist approach of qualitative instrumental case study to situate our exploration, investigating how pediatric residents described their experiences with CBD. We developed our interview framework by reviewing relevant program-specific and national CBD documents and interviewing program directors and education leads at three universities. We conducted semi-structured interviews with 14 residents in two postgraduate programs and analyzed these with reflexive, inductive thematic analysis.

What did you discover in the work (findings and/or lessons learned)?

While residents agreed with CBD's espoused purpose, they felt that its potential benefits are significantly hampered in four key ways. These included: (1) residents shoulder the administrative burden and responsibility of completing EPAs; (2) EPAs generate variably useful feedback; (3) staff physicians have struggled to embrace CBD; and (4) CBD has been focused on assessment of learning rather than assessment for learning.

Why is this important (implications and/or future directions of the work)?

To effectively adapt postgraduate educational systems to equip learners with the skills to meet the needs of the societies, centering resident voices in curricular revision is paramount to maximize learner buy-in, minimize unintended administrative burden, and guide the development of necessary institutional supports (e.g., formal coaching) to ensure successful system transformation.

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Keywords: CBD, CBME, Pediatrics CBD, CBME, Pediatrics

Experiencing Media-Related Issues When Reporting on Indigenous Excellence

Author(s): James Andrew and Katie White

Presenter: James Andrew

Time: 10:45 – 11:45

For more than 20 years, the Faculty's communications team has worked closely with the M.D. Admissions team to share inspiring stories of the impact and success of the Indigenous Pathway, which has graduated more than 130 indigenous physicians. However well intended, communications and marketing efforts were not always immune to some criticism and repercussions. Therefore, effective strategies were developed to inform and prepare our indigenous medical students and graduates interested in sharing their stories. Many stories have led to excellent local and national media coverage in print, radio and television, including the Pathway's success of graduating 50 Indigenous physicians five years sooner than the set goal in 2020. Any external and national media interested in covering stories on the Pathway, must first get approval from the communications team before proceeding. Sharing external-facing stories can attract Indigenous-specific racism and criticism. Therefore, many Indigenous medical students are reluctant to expose themselves to potential racist comments. This is why it is critically important to meet with the students to fully brief and prepare them beforehand. The goal is to have them understand how they will be featured and identified and made aware of the potential negative aspects before agreeing to participate. Students are also made aware of the targeted audiences which always includes Indigenous youth and Indigenous communities. Furthermore, if at any time a student decides to change their mind and withdraw from the activity during mid-production, this decision must be respected and immediate action is to be taken.

Matching Harms: Indigenous Medical Learners' Experiences with the Canadian Residency Matching (CaRMS) Application

Author(s): A. Palmer, A. Beevor-Potts, S. de Leeuw, R. Hatala, S. Razack, J. Wasegijig, R. Howse

Presenter: Rebecca Howse

Time: 10:45 – 11:45

Problem: Medical education and training systems remain fundamentally colonial in nature. The Canadian Residency Matching (CaRMS) application matches medical trainees to residency training programs. CaRMS' impact on Indigenous applicants is neither acknowledged in literature nor adequately considered throughout admissions.

Methods: We invited 12 residents from UBC's Indigenous Family Practice Site to reflect on the question: What are Indigenous learners' experiences with the CaRMS application process? Reflections were facilitated during an audio-recorded sharing circle led by an Elder. Sharing circles were the primary means of data collection and narrative inquiry guided data analysis. Grounded in the principles of Respect, Relationship and Reciprocity, an Elder guided each step of this process and participants were involved in analysis of their own stories.

Findings: Multiple close readings of transcripts guided an iterative analysis resulting in both common themes from participants' stories and preservation of each unique story's integrity. An overarching theme of caring (or lack thereof) emerged clearly, with sub-themes of safety, respect, representation, and relationality also surfacing. Participants wanted to feel safe in their Indigenous identity without concerns of discrimination and racism.

Implications: Within the CaRMS system, Indigenous identifying applicants are unable to hide their identity, while settlers can speak without experiencing bias and/or racism. The overarching question "what would a caring system look like?" surfaced: this will be explored in future sharing circles.

Intended and Unintended Consequences: A Qualitative Exploration of Emergency Medicine Residents' Experiences with Patient Handoffs

Work-in-Progress Presentation

Author(s): Ivan Zvonar, Naeem Bayaa, Max Griffith, Alexander Garrett, Bjorn Watsjold, Laura Welsh, Joshua Jauregui, Jonathan Ilgen

Presenter: Ivan Zvonar

Time: 10:45 – 11:45

The handoff process is critical to the safe transitions of medical care, and structured tools to standardize communication have been incorporated into many residency training curricula as an effort to reduce errors. However, handoffs also represent a time of complex social dynamics where individuals navigate and negotiate management plans within context-dependent norms and processes. While these moments may offer opportunities for self-reflection and learning, they may also be sources of interpersonal conflict or highlight individuals' own vulnerabilities. These aspects of handoffs have not been well studied, particularly from the vantage point of resident trainees. Therefore, further elucidating the intended and unintended consequences that result from engaging in the handoff process is crucial to gaining a better understanding of residents' training experiences. To frame the study, we are viewing handoff through the lens of experiential learning theory, which situates the individual resident's experience in the center of the handoff process and allows for insight into a recurrent and iterative process. We will be performing a qualitative study using semi-structured interviews based on constructivist grounded theory to explore how resident physicians engage in these interactions and interpret them. We will be focusing on emergency medicine residents at two large four-year academic programs. The aim of this study is to generate a better understanding of these social processes and their consequences to trainees in order to inform ongoing efforts and structures that promote supportive learning environments.