PEM Assessment Strategy

Pediatric Emergency Medicine Subspecialty Residency – University of Calgary

Program Requirements for Completion of CBD Stage

As one of the core components of CBME, assessment practices are intended to support and document the progressive development of competencies. In CBD, there is a distinction between these two aims of assessment. Assessment for learning is formative, continuous, constructive and "low stakes"; its overall purpose is to guide and improve the learner's performance. Assessment for progression also provides guidance to improve learner performance, but integrates multiple sources of information and provides intermittent, summative decisions that compare performance to the expectations for progression. Assessment for certification describes the final summative decision that identifies that performance meets the national standards for certification; that competence has been demonstrated.

Progression, promotion and certification in CBD are based upon the documentation of the discipline specific competencies. Time based rotations will continue to be an organizing structure for residency training, however they will not dictate specific training requirements for certification.

With programmatic assessment, progress decisions are based on the integration and synthesis of information from multiple assessment methods and sources. In CBD, the basis for progress decisions is collected in the resident's portfolio and includes observations of EPAs as well as other discipline, university and/or program specific requirements.

In CBD, progress decisions are made by the Competence Committee which has a mandate to review residents' readiness for increasing professional responsibility, progress through the continuum, promotion and transition to practice. Royal College accreditation standards require review of resident progress at the end of each stage and at least twice a year.

Progress is based not on successful completion of time-based rotations but rather on the documentation of competency attainment through the assessment program.

Stages of Training

- Transition to Discipline
- Foundations of Discipline
- Core of Discipline
- Transition to Practice

In order to be promoted to each subsequent stage on the CBD Continuum, learners must complete the following:

☐ All EPAs assigned to their current stage of development

- Learners must achieve a 4 or 5 on the entrustment scale for each EPA to be considered a successful observation.
- They must also achieve the recommended number of successful observations that support a determination of competence as indicated on the PEM EPA tracker and PEM Assessment Map.
- Learners must also achieve multiple practice observations across different contexts by different assessors as indicated for each EPA under the assessment plan.

☐ A level of "progressing as expected, no concerns" on all rotation ITARs scheduled during each stage or completion of additional learning experiences and demonstration of competencies deemed sufficient by the competence committee.

☐ No professionalism or safety concerns on any rotation during the stage.

☐ Sufficient attendance on each rotation.

If these tasks are not achieved a learner must stay in their current stage and discuss arranging enhanced learning opportunities to achieve these competencies. They will be given notice of remaining tasks to complete over a reasonable time frame based on their access to clinical opportunities and their upcoming rotation schedule. An ad hoc meeting of the Competency Committee will be scheduled after this time frame to discuss further progress toward promotion or the need for an individualized learning plan.

In CBME, the learner is intended to be an active and engaged member in the development of their individual learning plan, and the overall approach is fundamentally learner-centered.

Notification to the Postgraduate Dean may only be required when there is the potential for impact outside of the program (budget, resource, impacts on other programs, regulatory reports, formal remediation) and/or when there are concerns for learner or patient safety.

Rotation Attendance

Learners are expected to attend at minimum 75% of all rotations. If there are extenuating circumstances that result in a learner falling below 75% attendance on a rotation, the program director and competence committee will determine if additional learning experiences or demonstration of competencies is required.

On PEM rotations, learners are permitted to fall below 75% attendance on individual 4 week blocks but the must not fall below 75% attendance for all PEM shifts for each year.

Additionally, PEM RPC has determined that 80% of all PEM shifts (after subtracting mandatory education events) must be complete in the academic year for a resident to progress to the next stage of training.

Program Requirements for Completion of Subspecialty Residency

All subspecialty residents must complete the following tasks prior to the completion of subspecialty residency. These tasks will be reviewed by the CC as well as at the quarterly Program Directors meetings.

Clinical

- ☐ Completion of all EPAs for all 4 stages of training
- ☐ Sufficient attendance on each rotation
- ☐ A level of "progressing as expected, no concerns" on all rotation ITARs scheduled or completion of additional learning experiences and demonstration of competencies deemed sufficient by the competence committee.
    - PEM
    - PICU
    - Anesthesia
    - Adult Emergency Medicine (Pediatric stream residents only)
    - Trauma (Pediatric stream residents only)
    - Ambulatory (EM stream residents only)
    - NICU (EM stream residents only)
    - Orthopedics
    - Plastics
    - Toxicology
    - EMS (if not already completed before subspecialty residency)
    - Diagnostic Imaging/POCUS
    - Research
    - Administration

Education

- ☐ Simulation facilitator sessions (three/year of on-site sessions + one outreach session per subspecialty residency)
- ☐ Presentation of Grand Rounds once in subspecialty residency
- ☐ Presentation of EM Academic Half Day twice in subspecialty residency

- ☐ Presentation of PEM Journal Club twice in subspecialty residency
- ☐ Attendance at PEM Academic Half Day, PEM Rounds, PEM OSCE and PEM Fellows Simulation Based Education sessions, with excused absences for sickness, leave of absence, and per Vacation and Educational Leave Policy

EMS

- ☐ PICU transport call (three transports minimum in subspecialty residency for Peds-Stream residents or EM-stream residents who have not had a rotary-wing rotation)

Admin/Patient Safety/QI

- ☐ Presentation of Patient Safety Rounds at least twice in subspecialty residency
- ☐ 1 term as Lead Resident (4-6 months)

Scholarly Project

- ☐ ITAR completion from project supervisor demonstrating adequate progression of the scholarly project during the two years of subspecialty residency