GUIDELINES AND RECOMMENDATIONS FOR ASSESSMENT OF LEARNERS IN PGME PROGRAMS (INCLUDING CBD) DURING COVID-19

PURPOSE

As the current COVID-19 crisis is evolving and dynamic, this document is intended to provide assessment guidelines and recommendations to programs during this time of changing clinical teaching environments. They are current as of April 3, 2020 and informed by recent PGME Admin/Program Director discussions, a CBME Faculty Development working group, and the RC CBD Leads who are meeting continuously to establish a more standard approach to CBD planning. They will remain in effect until further direction from the PGME Office.

It is recognized that increased demands on clinical staff, changing resident schedules, the potential deployment of residents across programs, the reduction of elective procedures, cancelled/modified structured learning activities and other measures instituted for resident safety, will have an impact on the learning opportunities and assessment of our Learners. The following guidelines and recommendations are intended to ensure as much consistency as possible, should programs have no option but to modify their assessment practices. The safety of our residents and fellows, faculty and staff, remain our priority and first consideration.

The PGME/CBME Office will update routinely and will continue to provide opportunities for discussion or to address any concerns.

SCOPE

The Policy on Assessment of Learners in PGME Programs remains in place. The Guidelines provided below are interim recommendations to programs during a time of required modification due to COVID-19. Any questions should be directed to the PGME Office.

These following guidelines and recommendations apply to all postgraduate Learners who are registered with the Postgraduate Medical Education Office. All matters of assessment fall within the jurisdiction of the Postgraduate Medical Education Office and the Faculty of Health Sciences, McMaster University. Postgraduate Learners do not have access to the University Senate Appeal process.

Guidelines for Assessment of Learners in PGME Programs During COVID-19

1. Whenever possible, programs should strive to formally assess all experiences, including redeployment activities. It is important to document objectives and competencies that may be achieved in the redeployment activity that can be used for credentialing.

2. Individual learning plans should continue to detail the competencies/learning outcomes that guide a Learner's experience and progress. If a Learner is deployed to another area of service, it is important to document competencies targeted, the learning activity, how it is assessed, and the status of achievement during this time.

3. Due to potential deployment across programs and shifting clinical demands, the level of performance that can be assessed may be altered e.g. a Learner may perform clinical duties in keeping with a previous or upcoming stage of learning. Programs need to determine if and when Learners perform duties beyond their current stage of learning with the required level of supervision.

4. Where possible, programs (CBD or Traditional model), maintain current assessment methods aligned with a Learner's learning objectives and stage of learning as defined in their individual learning plan. It is recognized that cancelled/altered structured learning activities and/or reduced opportunity for assessment, alternative or more efficient methods may be necessary. e.g. CBD programs may find it impossible to complete an EPA assessment using the appropriate CBD forms and may rely more on work-based assessments e.g. ITAR, Daily Assessment to capture the learning experience and align with EPAs where possible.

5. Residents in the CBD or Traditional model who are active on call should have opportunities for learning and assessment.

6. It is recognized that multiple assessments of EPAs/competencies will be challenging. Programs should undertake feasible measures to maximize assessment of competencies relevant to the Learner's individual learning plan. Assessment of EPAs for programs in CBD is encouraged to maintain their learning and progression to next stage as much as possible.

7. Direct observation and actionable feedback are essential to achieving positive learning outcomes and progression to competency, in CBD or Traditional Model programs. Every effort should be made to provide actionable, relevant feedback, in response to direct and/or indirect observations. Documenting feedback on a CBD form or ITAR is encouraged to maintain progress and allay resident concerns during a challenging time.

8. Programs should consider learning opportunities for Learner self-reflection on learning needs and experience in a time of an unprecedented public health crisis. Clinical, ethical, population health, and health system analysis may provide rich learning opportunities at this time enhanced through self-directed and self-reflective approaches.

9. A greater reliance on indirect observation may be necessary.

10. Remediation or EEPs must be reviewed to ensure that the Learner is able to meet the requirements of the plan given the current changes to learning experiences. If this is not possible, the Learner can be placed on a rotation that meets current skill level with remediation to be resumed when the requirements are able to be fulfilled.

Recommendations for Assessment of Learners During COVID-19

- Although reduced elective procedures and redeployment will impact opportunity for assessments for many Learners, programs should make every effort possible to maintain assessment expectations and may consider ICU, inpatient units, for assessment of technical procedures.

- Leverage technologies for assessment including OTN (residents need licenses) and telephone, ZOOM pro licenses now available for faculty/staff by UTS (attention to privacy standards required, including 'ZOOM bombing' preventive measures), WebEx free to

McMaster community for communications, **PRIVACY and SECURITY a must and key driver to what tech is used** NB: OTN just opened up licenses for COVID assessment - may tie up network.

- Senior residents may be available when working with junior residents to complete assessment of juniors.
- Brief virtual meetings at end of a regularly scheduled rotation or deployment time may support multiple assessors in contributing to a completed assessment form.
- An increased reliance on an ITAR as a primary assessment tool may be necessary, narrative, detailed comments are encouraged and may also prove useful to mapping back to an EPA.
- An ITAR for both Junior and Senior residents redeployed to other clinical environments have been developed and attached for broad use (see attached).
- Documenting actionable feedback on a CBD form or ITAR is encouraged to maintain progress and allay resident concerns during a challenging time.
- An Academic Development Rotation, assessed via ePortfolio, has been developed (2-wks or 4-wks) based on Internal Medicine's curriculum (see attached) for programs to use with those residents who cannot come to work because of self-isolation or training schedules.
- A Virtual Medicine Rotation has been developed as well based on an existing curriculum (see attached).
- Academic half-day: synchronous or asynchronous virtual teaching sessions can be offered using web-conferencing programs named above, this is also true for Grand Rounds, Journal Club, and other activities.

How does COVID-19 impact assessment and CBD for currently launched programs?

- RC emphasizes Competence Committees must continue to make any progression decisions based on adequate performance data from multiple sources.
- RC to send out a briefing note for Competence Committees shortly to help with adjustment to the new reality of decreased EPAs and redeployment away from core experiences.
- CCs will need to be flexible in how data is received, more ITARs, etc.
- Although reduced elective procedures and redeployment will impact opportunity for assessments for some Learners, programs will need to make every effort possible to maintain assessment expectations.
- Tracking of EPAs pending assessment is necessary with extended effort to determine which EPAs may be achievable in the clinical environment the Learner is in, with perhaps greater reliance on use of an ITAR and indirect observation methods, web-based strategies.

- Assessment of residents redeployed to other programs: it is recommended that at least one EPA be completed per redeployment, PDs may identify a number of EPAs that may be assessed to assist with selection.

- A working group will be struck imminently to assist MedSIS with the design and development of a strategy for rapid data review by a Competence Committee – a CC Dashboard is being considered and a sample will be available to inform this work. Program Directors/CBD Leads/CC Chairs interested in participating in these development meetings (likely just 2 virtual meetings) are asked to let Lisa Colizza in the CBME Office know. **Target completion date: July 1, 2020.**

For those programs in CBD, complete EPA assessments using CBD forms where possible.

Form 1: EPA Observation: Several EPAs may be assessed through direct observation through various methods such as virtual patient visit, listening to Learner taking a history, counseling families, developing management plans etc. Indirect observation is a reasonable option and achieved by reviewing clinical notes, consultation letters…

A program should aim to optimize exposure to EPA assessments and use a Form 1 to assess. If not feasible, a reasonable option may be to record clinical observations/assessment using an ITAR/modified ITAR or Daily Assessment Form and assist Learners with linking to EPAs/Competencies where possible. Senior residents may still be available working with juniors, where seniors complete the observations on the juniors. When deployed to other programs, greater reliance on ITARs may be necessary and a modified template has been made available.

Form 2: Procedural Observation: With the cessation of elective procedures and certain labs, there will be fewer opportunities for procedural skill acquisition and observation.

Form 3: Multisource Feedback Form: as usual, may be facilitated using shared/editable forms or quick virtual meetings.

Form 4: Narrative Observation Form: as usual, may capture activities/observations during redeployment or exceptionally busy clinical environments.

How does COVID-19 impact CBD launch plans for 2020 onboarding programs?

- RC will inform which programs will go forward with their transition to CBD based on national decision-making.

- Efforts will continue in the interim to support readiness for implementation.

- Readiness to launch locally – programs are continuing to be set up in medSIS, medSIS training will move online, technologist will connect with each program May/June.

- Mock competence committee meetings can be conducted using web-conferencing, full Zoom licenses have been made available through UTS at no cost, please note privacy recommendations and ‘Zoom bombing’ preventive measures, McMaster’s WebEx system remains an option.

- Programs may use the CBME MS Teams site to use the private (group) chat function to connect privately, share screens for document editing etc, this is part of your MS Office account and as secure as anything in your outlook, email etc

- RC mock cases are available online (see CBME website and shared in March What's Happening e-newsletter with other online accredited modules).

- New expanded Ottawa-Scale anchors were introduced in March (see e-newsletter) and Fac/Learner dev can be addressed using suggested online resources.

- Programs might be affected by sustained changes in reduced clinical activities/elective procedures, required redeployment of residents etc.

- MedSIS enhancements planned for July 1, 2020 are on target: Daily Assessment forms, aggregated reports by date range etc, and the CC Dashboard should introduce efficiencies and options.

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