

WORKSHOP: Assessment of EBM competency in Postgrad FP

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FMF Vancouver
Oct 30, 2019, 11-13am
Vancouver Conventional Centre

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Faculty/Presenter Disclosure

Faculty: Cameron Ross, Evelyn Cornelissen, Brian Ng and Roland Grad

Relationships with financial sponsors:

- Drs Ross, Cornelissen and Ng have no financial sponsors except their role as lead faculty in scholarship and EBM in the UBC DFP PG program and have received no financial support in preparing this presentation
- Dr Grad is "EBM theme leader" for undergraduate medical education at McGill and has no other financial sponsors pertaining to this program

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Disclosure of Financial Support

- This program has received no financial support
- This program has received in-kind support from UBC DFP PG in the form of administrative support

Potential for conflict(s) of interest:

None

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Mitigating Potential Bias

The FMF Committee has mitigated the bias for this presentation as follows:

- Presenters agrees to adhere to all Mainpro+ and National Standards
- Presenters has received the COI Quick Tips document
- Presenters agrees to present only evidence-based content or declare otherwise
- Presenters agrees to refrain from using brand names wherever possible
- Presenters agrees to include COI slides and verbal mention in each presentation
- There is no apparent need for mitigating potential bias in this presentation

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CFPC update-what are they doing about this?

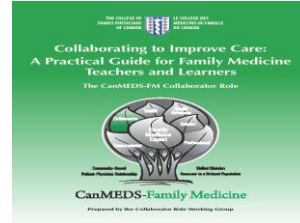
The Practice Improvement Initiative (Pii)

<https://www.cfpc.ca/pii/>



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What has been done for the collaborator role by CCFP-
<https://www.cfpc.ca/uploadedFiles/Education/Collaborator-guide.pdf>



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An example of one approach – (to evaluating EBM competency – UBC DFP PG

competencies/enabling competencies CanMEDS FM 2017(p15-16)
https://www.cfpc.ca/uploadedFiles/Resources/Resource_Items/Health_Professionals/CanMEDS-Family-Medicine-2017-ENG.pdf

UBC template-organized by learning and assessment opportunities
 3 columns: enabling competency, learning opportunity and assessment opportunity

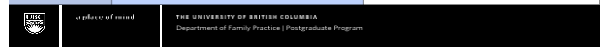
Learning and assessment opportunity further subdivided into:

- 1. AHD
- 2. Clinical
- 3. Other



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Enabling Competency CanMEDS FM 2017	Learning Opportunities	Assessment opportunities
1. AHD 2. Clinical 3. Other Develops, implements, monitors, and revises a personal learning plan to enhance professional practice	1) AHD: a) Use the session on PLP from FD and the gaps from FRESNO or another assessment tool to develop a PLP (SMART). Alternately review and modify PLP done by others. Schedule or prompt episodic review and revision. b) EBIC (WICED) modules 1 and 5 c) Develop personal knowledge management system 2) Clinical: a) Share PLP with preceptors (particularly in FP, other rotations where appropriate) and request that this become an area of focus b) Resident states goals/objectives in first and midterm IAR or c) Preceptors discuss objectives with residents and help to make SMART goals with subsequent tailored learning experiences or d) Preceptors can suggest common goals or teach by example 3) Other: a) EBM elective b) PLP developed with SD at PR	1) AHD: a) Completion review and periodic update of PLP with feedback (from site lead or others) during a session or independently via email b) EBIC evaluation midpoint to direct future learning 2) Clinical: a) Preceptor review with FN (preceptors can discuss goals with residents and create FN generate to those goals-reference known learning objectives b) Review with preceptor during final IAR 3) Other: a) During periodic review (SD, competency committee)



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Identifies, selects, and navigates pre-appraised resources and clinical practice guidelines that are relevant to family practice settings

A) Understand the concepts of PUSH and PULL resources and have strategies to organize and utilize them effectively

1) **AHD-**

- Literature search session, EBM resources—including ask other faculty when else they cover these concepts
- Mixture of didactic and interactive session
- On line resources from Dr David Stawson/others
- Specific session on guidelines appraisal
- Internet "jeopardy" or other participatory session

2) **Clinical-**

- Residents may do this frequently in clinic, just needs to be captured
- Resident led local initiatives
- Part of everyday clinical practice, work with FD to document the learning

3) **Other-**

- Scholar project

A) Understand the concepts of PUSH and PULL resources and have strategies to organize and utilize them effectively

1) **AHD-**

- Simple quiz at end of session and periodic queries during other AHD sessions
- Review of this in PLP (SMART)
- Consider doing individual testing of ability to appraise a guideline

2) **Clinical-**

- FN-demonstrate the ability to function in clinic
- Demonstrating files downloaded or apps accessed
- Tracking activities on sites such as UTD (ITAR)

3) **Other-**

- SD during PR
- CFPC exam

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Clinical Question: _____ Article: _____
 Number of Presenters: _____ State Length of Presentation: _____
 Date: _____ (100 = highest importance rating) Name: Specific Comments

INSTRUCTIONAL SET:	100	90	80	70	60	50	40	30	20	10	0
• Equipped with the question was chosen											
• State clear objectives											
• Relevance of question to family practice											
STYLE OF THE PRESENTATION:											
• Used visuals, examples, illustrations											
• Quality of visual aids											
• Facilitated discussion and interaction											
• Controlled content											
• Exhibited enthusiasm											
CONTENT:											
• Demonstrated search procedures											
• Understanding of research methods											
• Understanding of statistics involved											
• Able to discuss/calculate supplementary statistics											
• Discussed research strengths											
• Discussed research weaknesses											
INSTRUCTIONAL QUALITY:											
• Was the question answered?											
• Discusses new questions generated or research needed											
• Left time for questions/discussion											
ADDITIONAL COMMENTS:											

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Another assessment example-using One 45

question	number of responses	score for	score out of
Topic: A good topic to include in Half Day? Relevance to Training	15		4
Evidence-based approach to material	15		4
Guest Speaker: Level of Preparedness	15		4
Guest Speaker: Presentation Skills	15		4
Guest Speaker: Stimulated questions and discussions	15		4
Quality of slides and handouts	14		4

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Breakout session

- Break out into small groups of 3-4.
- Pick one enabling competency and discuss how you would assess this competency. See handout.
- We will reconvene in 15 minutes.

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Back together

Key learning....



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Applying a checklist to residents' patient specific clinical Q's (a possible checklist for preceptors)

3. Integrates best available evidence into practice considering context, epidemiology of disease, comorbidity, and the complexity of patients

- 3.1 Recognizes practice uncertainty and knowledge gaps in clinical and other professional encounters, and generates focused questions that have the potential to bridge the gaps
 - 3.2 Identifies, selects, and navigates pre-appraised resources and clinical practice guidelines that are relevant to family practice settings
 - 3.3 Accesses and applies appropriate resources at the point of care
 - 3.4 Critically evaluates the integrity, reliability, and applicability of health-related research and literature that is relevant to settings where family physicians work
 - 3.5 Integrates evidence into decision making in practice
- https://www.cfpc.ca/uploadedFiles/Resources/Resource_Items/Health_Professionals/CanMEDS-Family-Medicine-2017-ENG.pdf



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Next steps

- What do **we** want to do next?
 - Is there an appetite for more collaboration?
 - How might we collaborate?
- How can we integrate what we are doing in this group or at our site with what the CCFP is doing?
- Other issues or items?



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Questions?

Special thanks to:

- Michelle Main, BA MLIS, Interior Health Medical Librarian
 - Henderson Library @ Kelowna General Hospital

Michelle completed the literature search for the environmental scan



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