



TIPS for UBC OBGYN Clinical Faculty: How to do resident assessments in
Competency Based Design Education (CBME)

- ✓ Know your CWL login and Entrada PIN
- ✓ Please prompt the resident you are working with and ask them which Entrustable Professional Activities (EPAs) they need assessed. Indicating at the beginning of a shift/ clinic or OR day that you are willing to do an assessment is helpful. Some residents are hesitant or afraid to ask. Signalling your willingness to do an EPAs helps promote a feedback culture and residents very much appreciate it
- ✓ If you are not familiar with the EPAs, please ask a resident as they have lanyard cards that list the options. There is also a menu of options in Entrada if you click the “start assessment button” or [see the following link](#)
- ✓ EPAs are stage specific. For example, the EPA F5 uncomplicated c-section is meant to capture the skills you would have traditionally expected of an R2. There is a higher level EPA C4 “complicated c-section” which is meant to assess higher level skills. F10 “diagnostic hysteroscopy” again targets basic skills, and there is a higher-level EPA C14 which addresses operative hysteroscopy skills.
- ✓ The 1-5 scale that you see at the end of the EPA form is an “entrustment scale”, for example in TTD 1: “initial assessment of an uncomplicated obstetric patient”. Competence at this EPA would mean that they can do a competent history and physical. If you would delegate that task to them and not repeat the history and physical entirely yourself, then you have “entrusted” them with that task, and they should be assigned a 4 of 5 on the scale. If you had to repeat significant aspects of the history or physical yourself, then they have not been entrusted and they should receive a score 1-3 as you see appropriate
- ✓ For residents to be considered competent at a specific EPA, they need to have been assessed at a 4 or 5 on the entrustment scale a suggested number of times (this is EPA specific). The competency committee then “signs them off” or designates that they have achieved competency at that EPA
- ✓ When you need to “prompt a resident from time to time” and you choose a 3 as the score, this does not qualify them as competent for that encounter. If you think they are passing your expectations for that stage of training, then you should assign them a 4 or above. Even after you do, they need several assessments at a 4 or 5 to be designated



competent at that EPA. Similarly with operative skills, assign a score 1-3 if you think that their skills for their level need significant improvement.

- ✓ Narrative comments at the end of the assessment are very helpful for the resident and for the competency committee. please describe the resident's action/behaviour and write what coaching feedback was given