

# The Canadian EPA Experience – Lessons Learned as a Specialty Chair

A white silhouette illustration of human evolution from a monkey to a modern man, set against a black background. A white speech bubble is positioned above the modern man, containing the text "Go back. The Royal College messed up." data-bbox="275 295 565 565"/>

Go back.  
The Royal College  
messed up.

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# FINANCIAL DISCLOSURE

I have the following financial relationships to report with ACCME defined ineligible companies.

Name of Company	Nature of Relationship	Current Status

I will not be discussing unlabeled/investigational uses of medical devices or pharmaceuticals during this presentation.

# Outline

## **Rationale/Development of Urology EPAs/CBD**

*(“Promises made”)*

## **7 years of outcomes, experiences and opinion**

*(“Promises broken”)*

## **CBD 2.0**

*(“Promises made”)*

# Urology and CBD/EPA Development

- **Early adopters (implemented on July 1, 2018)**
- Development
  - 14 PDs, 1 Chair, 1 VC, 6 Voting Members, 1 NSS
  - 15 months from end of 2016 – 2017
  - 3 in person workshops over 9 days, 12 hours of teleconference
- Created, organized and developed consensus for EPAs
- Describe Training Experiences
- Link to assessment

# Urology CBD in a Nutshell

- **39 EPAs**
  - Transition to Discipline (4)
  - Foundation of Discipline (8)
  - Core of Discipline (21)
  - Transition to Practice (6)
- **5-15 Milestones each**
- **1-10 Observations each**



# Theoretical Benefits of CBD/EPAs

## *“Promises Made”*

- Improved learning through **frequent, low-stakes assessments**
- **More purposeful supervision** with multiple assessors
- **Greater engagement** in the pursuit of abilities, not just knowledge
- **Clearly articulated targets** for acquiring competency
- More **flexible timeframe**, focus on personal development
- **De-emphasize** the high-stakes summative examination
- **ePortfolio** platform for assessment



Year 3 of implementation  
of *Competence by Design*:

Negative Impact  
Still Outweighs Theoretical Benefits

Observations on the day-to-day reality of CBD  
and its progression since July 2017

Exploring resident perceptions of initial competency based  
medical education implementation

Exploration des perceptions de résidents sur la mise en œuvre préliminaire  
de la formation médicale fondée sur les compétences

Shivani Upadhyaya,<sup>1</sup> Marghalara Rashid,<sup>2</sup> Andrea Davila-Cervantes,<sup>3</sup> Anna Oswald<sup>4</sup>

<sup>1</sup>Core Internal Medicine Resident, Department of Medicine, PGY3, University of Alberta, Alberta, Canada; <sup>2</sup>Department of Pediatrics, Faculty of Medicine & Dentistry, University of Alberta, Alberta, Canada; <sup>3</sup>Office of Lifelong Learning, Faculty of Medicine & Dentistry, University of Alberta, Alberta, Canada; <sup>4</sup>Division of Rheumatology, Department of Medicine, Faculty of Medicine & Dentistry, University of Alberta, Alberta, Canada

## Assessment, feedback and the alchemy of learning

Christopher J Watling<sup>1</sup>  & Shiphra Ginsburg<sup>2</sup>

*Medical Education, 2019*

## Competency-based medical education: the discourse of infallibility

Victoria A Boyd,<sup>1</sup>  Cynthia R Whitehead,<sup>2,3,4</sup> Patricia Thille,<sup>2</sup> Shiphra Ginsburg,<sup>1,2,5</sup> Ryan Brydges<sup>1,2,6</sup>   
& Ayelet Kuper<sup>1,2,7</sup>

*Medical Education 2018: 52: 45–57*

“The Most Crushing Thing”: Understanding  
Resident Assessment Burden in a Competency-  
Based Curriculum

*J Grad Med Ed, 2022*

Mary C. Ott, PhD  
Rachael Pack, PhD  
Sayra Cristancho, PhD

Melissa Chin, MD, MHS, FRCPC  
Julie Ann Van Koughnett, MD, MEd, FRCSC  
Michael Ott, MD, MHPE, FRCSC

Was it all worth it? A graduating resident  
perspective on CBME

*Medical Teacher, 2024*

Portia Kalun, Heather Braund, Natalie McGuire, Laura McEwen, Steve Mann,  
Jessica Trier, Karen Schultz, Rachel Curtis, Andrew McGuire, Ian Pereira &  
Damon Dagnone

# The Urology Perspective

- Qualitative phenomenological analysis
  - Resident and supervisor experience
- **CBD allowed for better tracking of resident performance and increased quantity of feedback**
- **Increased workload / administrative burden**
- **Lack of direct observation in non-surgical activities**
- **Variable supervisor guidance**
- **Lack of preparedness (faculty and administration)**

## Feedback and formative assessment in Competency by Design The experience of residents and supervisors within a urology training program

Mélanie Aubé-Peterkin, Alexa Ehlebracht, Francis Petrella

Division of Urology Department of Surgery, McGill University Health Centre, Montreal, QC, Canada

Cite as: Aubé-Peterkin M, Ehlebracht A, Petrella F, et al. Feedback and formative assessment in Competency by Design: The experience of residents and supervisors within a urology training program. *Can Urol Assoc J* 2023;17(4):94-100. <http://dx.doi.org/10.5489/auaj.8103>

Published online December 6, 2022.

Appendix available at [cuaj.ca](http://cuaj.ca)

See related commentary on page 101

### INTRODUCTION

Competency by Design (CBD) is a form of competency-based medical education (CBME) for resident training that was implemented into urology training programs in 2018.<sup>1,2</sup> The goals of CBD are to create a resident-centered learning experience and an outcomes-based approach, which allows educators to evaluate resident performance based on predetermined tasks and criteria.<sup>3,4</sup> In CBD, these predetermined criteria

*CUAJ, 2023*

# The Urology Perspective

## Five years of competency-based medical education in Canadian urology

A national survey of senior resident and faculty satisfaction and perspectives

David-Dan Nguyen<sup>1,2</sup>, Marie-Lyssa Lafontaine<sup>3</sup>, Uday Mann<sup>4</sup>, Nicolas Siron<sup>3</sup>, Julien Letendre<sup>3</sup>, Mélanie Aubé-Peterkin<sup>5</sup>, Keith F. Rourke<sup>6</sup>, Trustin Domes<sup>7</sup>, Jason Y. Lee<sup>1</sup>, Naeem Bhojani<sup>3</sup>

*CUAJ, 2025*

- 2023 survey of urology PDs, senior residents, and faculty
- 29 faculty (10 PDs)
- 33 senior residents

# Five years of competency-based medical education in Canadian urology

A national survey of senior resident and faculty satisfaction and perspectives

David-Dan Nguyen<sup>1,2</sup>, Marie-Lyssa Lafontaine<sup>3</sup>, Uday Mann<sup>4</sup>, Nicolas Siron<sup>3</sup>,  
Julien Letendre<sup>3</sup>, Mélanie Aubé-Peterkin<sup>5</sup>, Keith F. Rourke<sup>6</sup>, Trustin Domes<sup>7</sup>,  
Jason Y. Lee<sup>1</sup>, Naeem Bhojani<sup>3</sup>

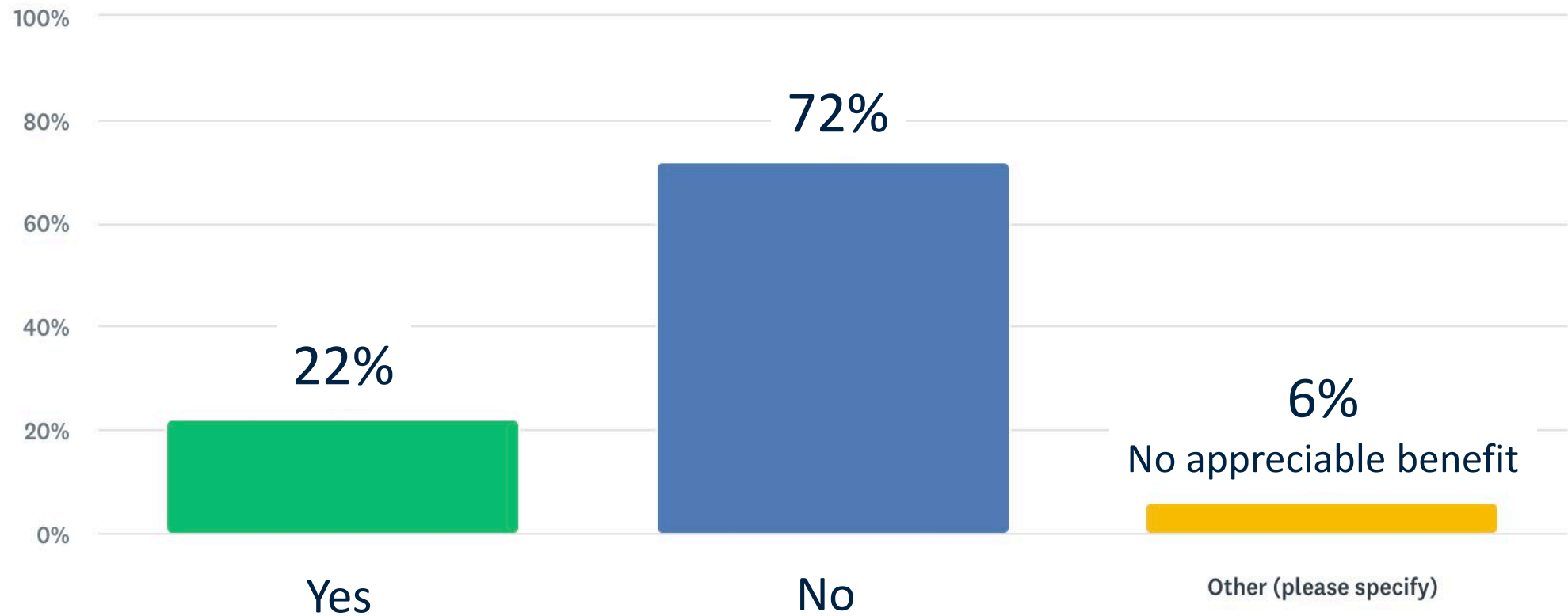
*CUAJ, 2025*

- **42% felt competencies were better defined**
- **53% felt quality of feedback was NOT improved**
- **82% reported EPAs demanding & burdensome**
- **70% experienced anxiety/fatigue due to EPAs**
- **73% failure to de-emphasize time-based training**
- **90% reported CBD has NOT enhanced care or safety**
- **11% were satisfied with CBD**

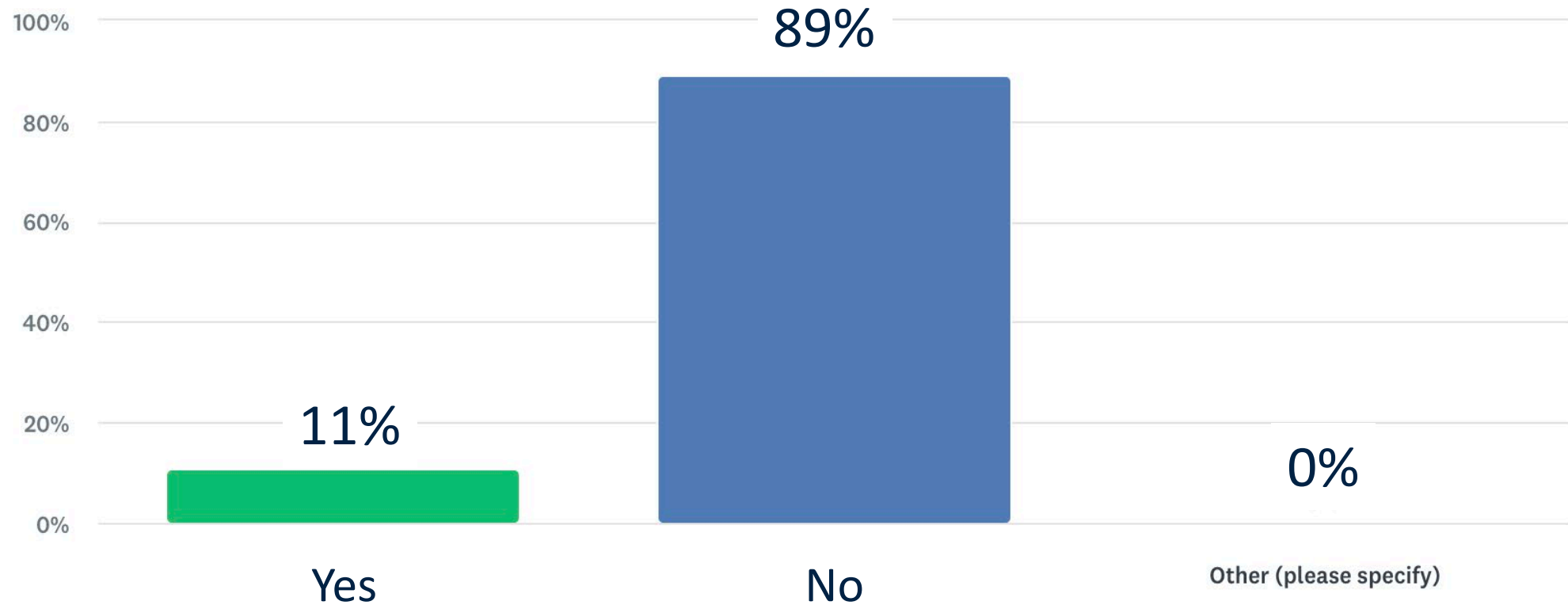
# Urology PD Opinion – 7.5 years in

- January 2026 online survey of current and recent (within 3 years) Canadian urology program directors
- 8 questions evaluating benefits of CBD/EPAs
- N=18
- 100% response (within 24 hours)

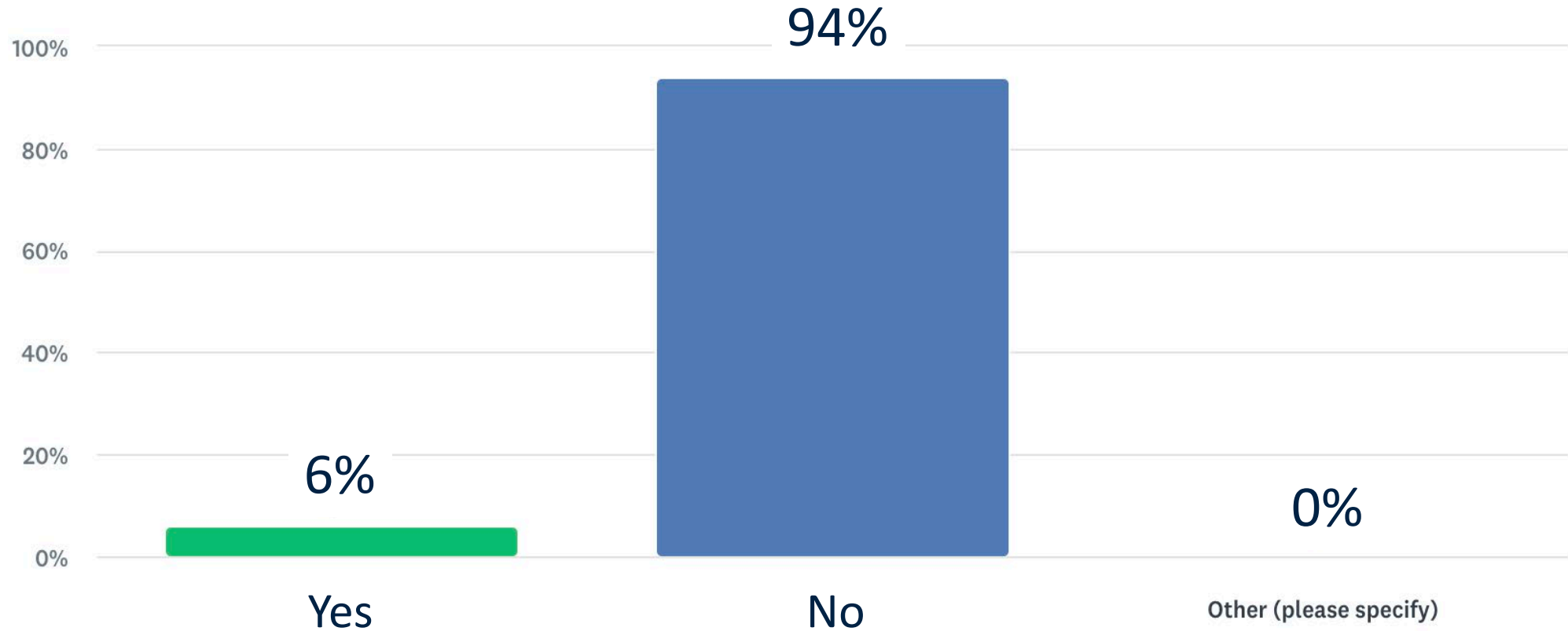
# In your opinion, has CBD provided improved resident learning through frequent, low-stakes assessments?



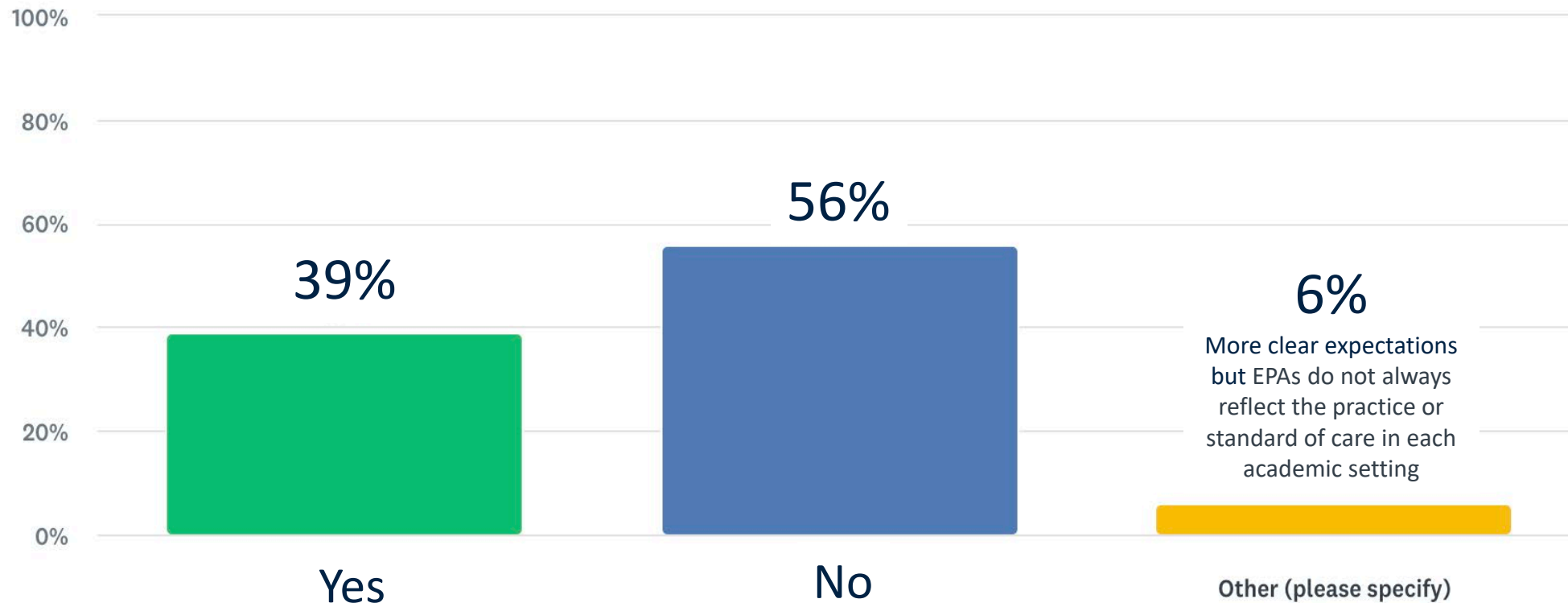
# In your opinion, has CBD provided more purposeful resident supervision?



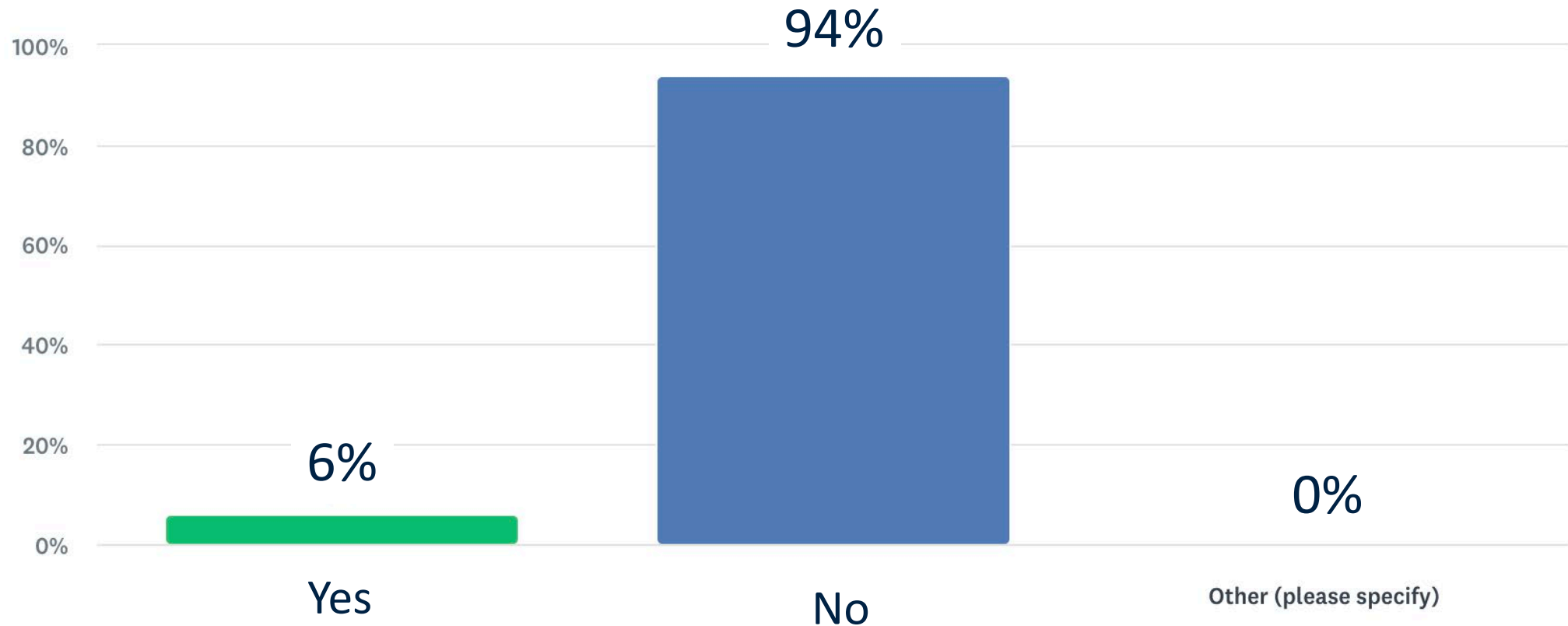
# In your opinion, has CBD provided greater engagement in the pursuit of abilities, not just knowledge?



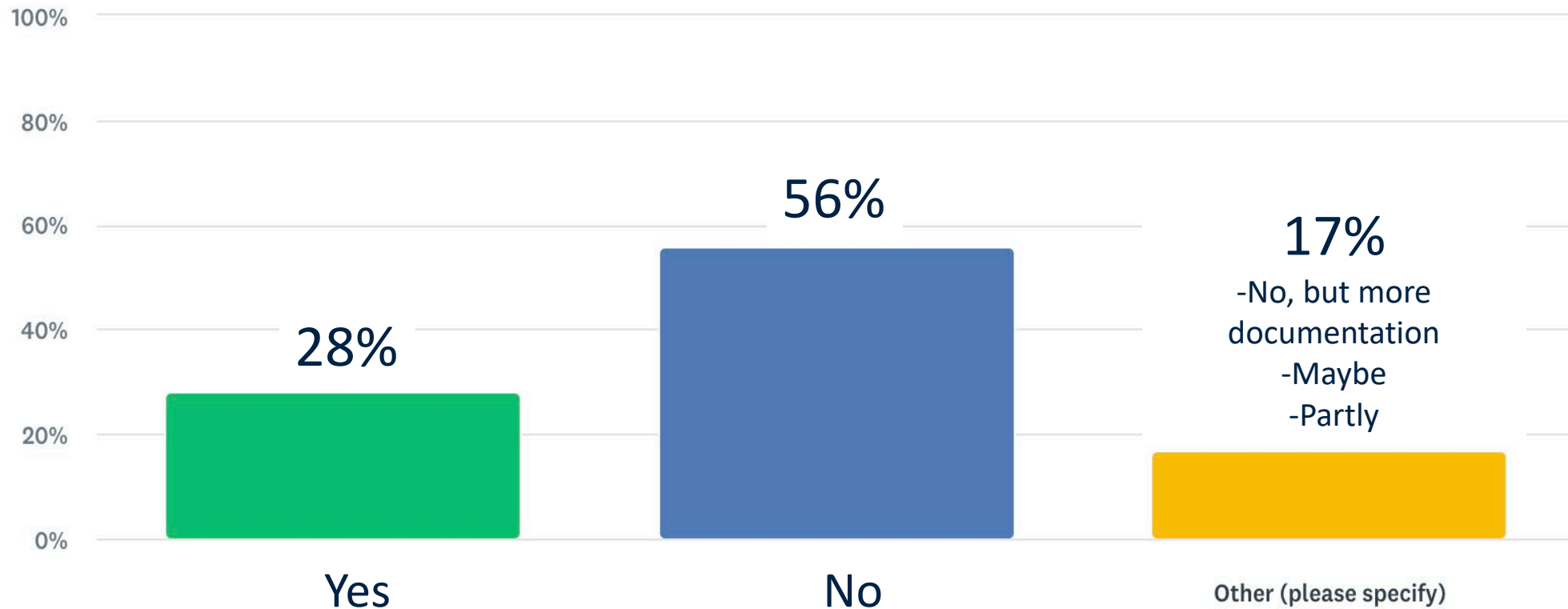
# In your opinion, has CBD better defined the expectations for acquiring competency in Urology?



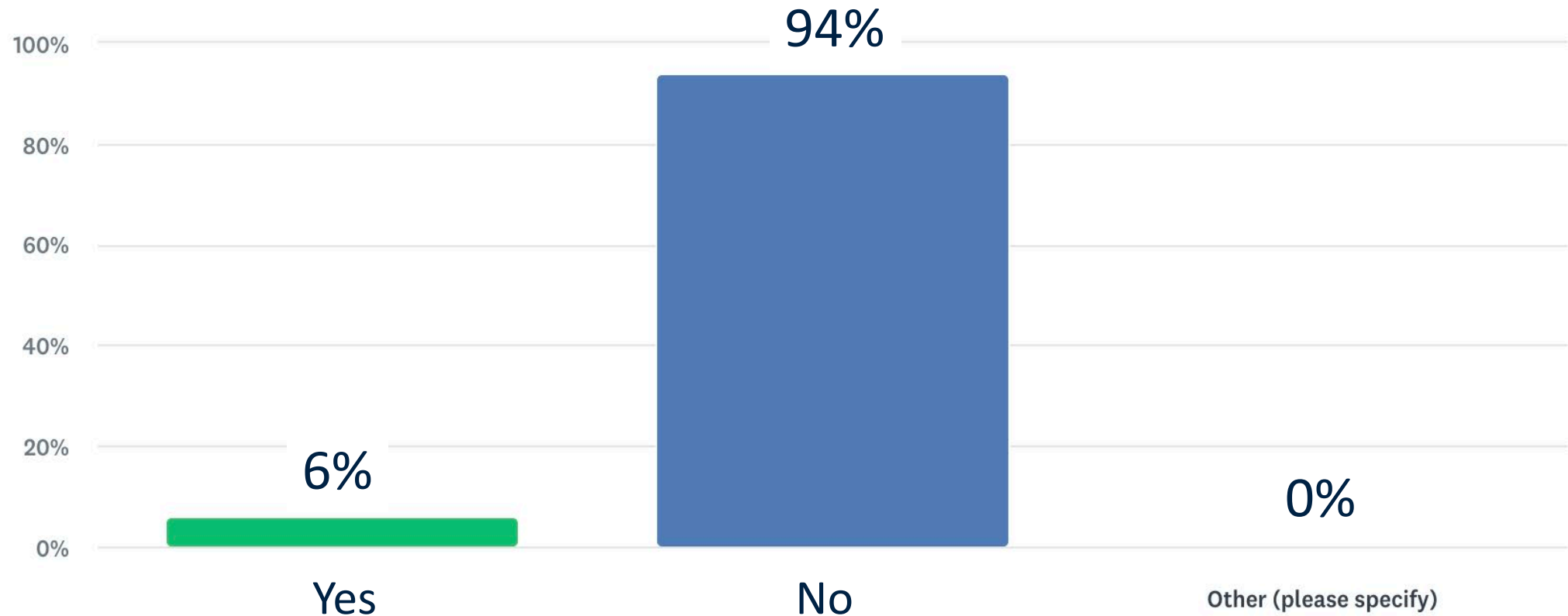
# In your opinion, has CBD provided a more flexible timeframe for learners to focus on an individualized pathway to certification?



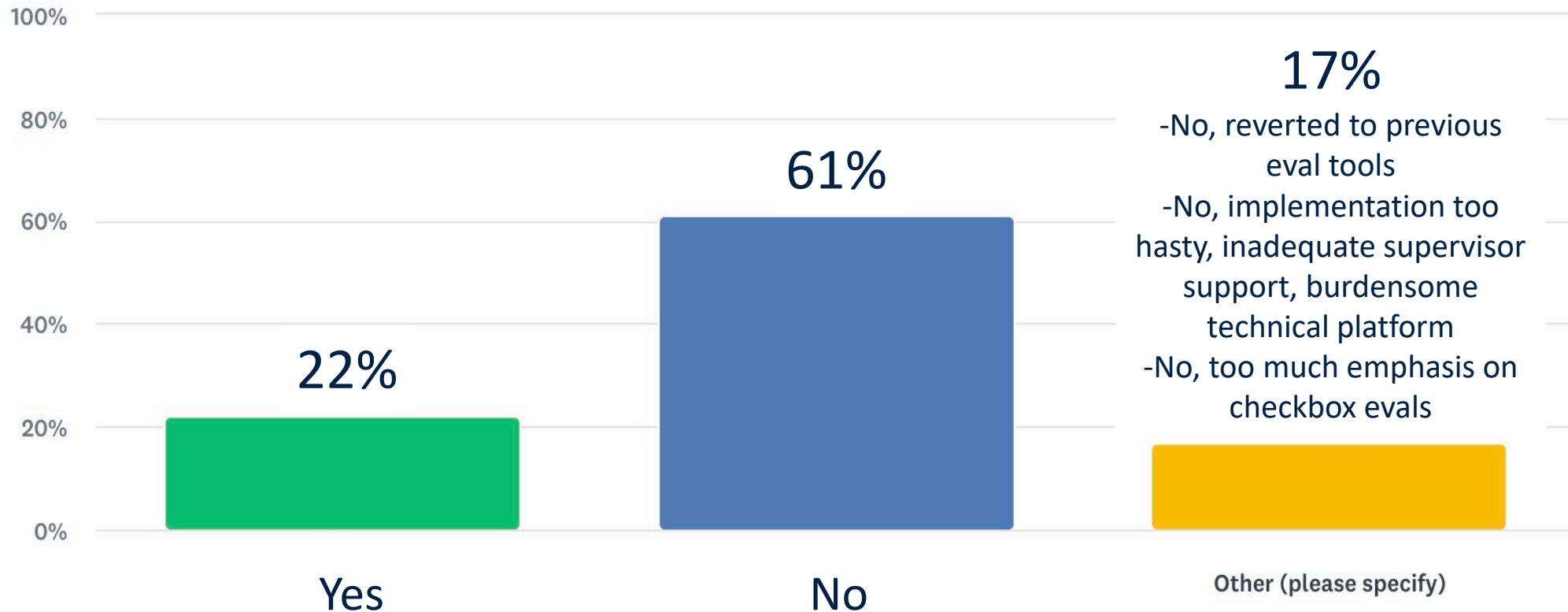
# In your opinion, has CBD provided quicker identification of a struggling learner allowing for timely intervention and support?



# In your opinion, has CBD de-emphasized the high-stakes end-of-training summative Royal College examination?



# Overall, are you satisfied with CBD as an educational model?



# Main Obstacles According to Urology

- *“Hasty implementation”*
- *“Inadequate faculty and administration support”*
- *“Complex and inconvenient digital platforms for assessment”*
- *“Inconsistencies in definition of competence on entrustment scale”*
- *“Excessive burden on residents to initiate EPAs”*
- *“Too much emphasis only on EPAs and associated checkboxes”*
- *“No clear evidence of benefit”*

# Actual Benefits of CBD/EPAs

- ~~Improved learning through~~ **frequent, low-stakes assessments**
- ~~More purposeful supervision with~~ **multiple assessors**
- ~~Greater engagement in the pursuit of abilities, not just knowledge~~
- **Clearly articulated targets for acquiring competency**
- ~~More flexible timeframe, focus on personal development~~
- ~~De-emphasize the high-stakes summative examination~~
- ~~ePortfolio for assessment~~

# CBD/EPAs Revisions According to Urology



## **Living in a World of Change: Bridging the Gap From Competency-Based Medical Education Theory to Practice in Canada**

Jeffrey Damon Dagnone, MD, MEd, FRCPC, Ming-Ka Chan, MD, MHPE, FRCPC, Diane Meschino, MD, FRCPC, Glen Bandiera, MD, MEd, FRCPC, Corry den Rooyen, PhD, Anne Matlow, MD, FRCPC, Laura McEwen, PhD, Fedde Scheele, MD, PhD, and Rhonda St. Croix, MBA

- *“Empowerment”* *Perspectives on Medical Education, 2024*
- *“Transformational change”*
- *“Sensemaking together”*
- *“The craft of change facilitators & community leaders is needed”*
- *“Shared ownership of the innovation”*
- *“Leverage the wider community of practice to maximize local CBME customization”*

# Simplification of Assessment

- Trim & consolidate EPAs
- Decrease number of required observations
- Reduced number but more meaningful milestones
- Make some EPAs binary



# Increased Curriculum Flexibility

- Flexible criteria for stage-promotion
- May use Royal College assessment templates or other “*thoughtfully chosen*” instruments
- Flexible communication between RPC and Competence Committee
- Consider limitations beyond a programs control



# Keep It Local / Increased Institutional Autonomy

- Each institution should have the authority to develop & adopt the assessment tools best suited to their programs
- Have programs determine number of entrusted observations required
- Institutional selection of EPAs for workplace-based assessment (WBA)



# De-Emphasize Training Stages

- Resident can pursue future stages when opportunity arises
- Resident promotion to next stage when limited EPAs remain unfinished
- Merge surgical foundations?



CanMEDS 2015



CBD<sup>1,2</sup> Competence Continuum



<sup>1</sup>Competence by Design (CBD)

<sup>2</sup>Milestones at each stage describe terminal competencies

# Less Reliance on EPAs alone

- EPAs should not be the sole source of assessment
- Parallel ITERS and global assessments
- Add narrative tools
- Why not transition the implementation?



**FIN**

