

Welcome to our new PCS Chair

Please join us in welcoming Dr. Inbal Gafni as our new psychiatry Competence Subcommittee Chair!



Inbal Gafni M.Sc. MD FRCPC completed medical school and residency training at McMaster University. She then went on to complete an addiction psychiatry fellowship at Yale School of Medicine in 2012. She also has a M.Sc. in psychopharmacology from the University of Toronto. She has been working as an addiction psychiatrist at Women's College Hospital since 2012 where she is also the Psychiatry Undergraduate Medical Education Site

Director. She also works at the Nicotine Dependence Clinic at the Centre for Addiction and Mental Health. She is a lecturer at the University of Toronto and has a strong interest in medical education, curriculum design, and teaching about substance use and the interface between trauma and substance use. She has enjoyed working on the Psychiatry CBD Competence Subcommittee for the last year and a half.

We would also like to thank Dr. Sumeeta Chatterjee for her hard work in leading the PCS for the last 2 years, and for building the committee from the ground up. We wish her well as she transitions to Postgraduate Director for the Forensic Psychiatry subspecialty at the University of Toronto.

Now that the Psychiatry Competence Subcommittee met, what are the next steps?

The role of the Psychiatry Competence Subcommittee (PCS) is to synthesize and review the assessment data at each stage of training and to provide recommendations and feedback on progress for each resident. The PCS members reviewed all the assessment data available as of October 31 2019 for our 89 CBD residents.

What data did we look at?



- past PCS reports
- EPA progress
- ITERs
- STACERs
- OSCEs
- Self-Reflections
- Coach Feedback

Final versions of the Psychiatry Competence Subcommittee will be available shortly. The reports will be circulated to CBD residents and their coaches.

Coaches, please schedule a time to review the report together with your assigned resident!

Use the report to guide which areas a resident should focus on e.g. obtaining more EPAs, other issues, e.g. professionalism.



Over 2300 EPAs completed as of October 31, 2019!

- Anastasia Levinta is the PGY1 CBD Resident with the most EPAs entered in October and November.
- David Lee is the PGY2 Pilot CBD Resident with the most EPAs entered in October.
- Ronald Leung is the PGY2 Pilot CBD Resident with the most EPAs entered in November.
- Jessica Braidek is the Supervisor who has participated in completion of the most EPAs in October. Joanne Leung-Yee is the Supervisor who has participated in completion of the most EPAs in November.



Anatomy of a Competence Report

Psychiatry Competence Subcommittee Bi-Annual Report: July 1, 2019 – October 31, 2019

SECTION 1: Resident Overview

Resident Name:	John Smith
Year of Training:	PGY1
Stage of Training:	Transition to Discipline
Rotation as of date of PCS Meeting:	Elective
Date of PCS Meeting:	November 2019
Date of EPA Data Collection:	October 31, 2019

Clinical Rotations in this Academic Year:

Block 1	Block 2	Block 3	Block 4	Block 5	Block 6	Block 7	Block 8	Block 9	Block 10	Block 11	Block 12	Block 13
SPRIN GBOA RD	Fam Med (CAM H)	GIM - CTU	GIM - CTU	Gen Neuro	Electiv e	Psych ER	Beh Neuro	Palliat ive	CL	Emerg ency Medicine	CAMH ER	Electiv e

SECTION 2: Assessment Tools and Other Sources of Data Reviewed

1.	Past Psychiatry Competence Subcommittee (PCS) Reports	N/A
2.	Springboard Written Exam (%)	78.082191780821915
3.	Springboard OSCE Station A	In Progress
4.	Springboard OSCE Station B	Competent
5.	Springboard OSCE Station C	In Progress
6.	Springboard OSCE Station D	In Progress
7.	Centering Madness (%)	52
8.	Resident Self-Assessment Form	Y
9.	Coach Feedback Form	Y
10.	ITERS	3/3 available
11.	EPA Results (via Tableau dashboard)	Y
12.	Other	N/A

SECTION 3: EPA Targets and Observations – July 1, 2019 to Oct 31, 2019

1.	Expected # of Observed EPAs during Psychiatry Rotations • psychiatry rotations completed (3 per rotation)	0
2.	Expected # of Observed EPAs during LAE	7
3.	Total Expected # of Observed EPAs	7
4.	Total # of EPAs Observed of this Resident	5
5.	1 Entrustable EPA of each TTD EPA?	Y

SECTION 4: Primary Reviewer's Summary

Areas of Strength: (consider: overall performance, pattern of scores, themes echoed by evaluators, sample comments)	To be completed by reviewer
Areas of Development: (consider: themes echoed by evaluators, lapses in professionalism, performance for stage of training, context and consistency of comments, sample comments)	To be completed by reviewer

SECTION 5: Psychiatry Competence Subcommittee Recommendation

Learner Status	Learner - Resident Action
Progressing As Expected	Continue Monitoring Resident as usual
	Modify Learning Plan – Suggested Focus on EPA/IM observations or RTE
	Promote Resident to Stage 2 – Foundations of Discipline
	Promote Resident to Stage 3 – Core of Discipline
	Promote Resident – RC Exam Eligible*
	Promote Resident to Stage 4 – Transition to Practice
Not Progressing As Expected	Modify Learning Plan – Additional Focus on EPA/IM observations or RTE
	Formal Remediation
Progress Is Accelerated	Modify Learning Plan – Modify required EPA/IM observations or RTE
	Promote Resident to Stage 2 – Foundations of Discipline
	Promote Resident to Stage 3 – Core of Discipline
	Promote Resident – RC Exam Eligible
	Promote Resident to Stage 4 – Transition to Practice
	Promote Resident – RC Certification Eligible
Failure to Progress	Modify Learning Plan – Additional Focus on EPA/IM observations or RTE
	Formal Remediation
	Withdraw Training
Inactive	Monitor Resident (i.e. expected return - parental leave, sick leave, etc.)
	Withdraw Training

Let's review what a typical report looks like. In this example we are looking at a PGY1 report.

Section 1 outlines the resident's year and stage of training and their clinical rotation schedule for the year. The PCS takes into consideration the rotation schedule a resident has when reviewing available assessment data.

Section 2 details the assessment data reviewed by PCS. For PGY1 we include the following: the Springboard Written and OSCE, Centering Madness assignment. Regardless of PGY level we also include whether a resident's file includes a self-reflection form (this is compulsory), a coach feedback form (optional), available ITERS, and EPA data.

Section 3 provides a closer look at EPA Targets and Observations.

- **Green** = meeting target for EPA completion
- **yellow** = almost there
- **red** = under target!

Section 4 lists the summary of key themes presented in assessment data.

Section 5 spells out a learner's status in Royal College language. Let's explore the available learner statuses:

Progressing As Expected: Learners will land in this category if they are performing as expected at their stage of training. There are no concerns with their assessment data and the learner is within the target of expected EPAs. This year, we will mainly focus on the Learner-Resident Action subcategories of Continue Monitoring Resident as usual, Modify Learning Plan, Promote Resident to Stage 2, 3, 4.

Not Progressing As Expected: Learners will receive this status if there is a flagged concern regarding assessment data e.g. low number of EPAs, ITER data, exam results etc.

Progress is Accelerated = We will use this category if a learner is performing beyond their stage of training.

Failure to Progress = Learners will receive this status if there is a flagged concern regarding assessment data and their EPAs are >50% lower than the target.

Inactive = a learner who is on leave or has withdrawn/transferred from our program



I want to know more!

We have updated our [Anatomy of the PCS Report](#) on the Department's website. Please have a look and let us know if you have any questions.