

This document is not intended as a prescriptive template. Outlined within are guiding principles that are intended as a resource for use by programs to support the transition to Competence by Design. Programs can adapt their own Educational Handover policies and procedures to reflect their context, provided that these align with the principles outlined in this document.

Programs are responsible for ensuring their policies and procedures comply with legal requirements in their province and local institutional policies.

Educational Handover in Competence by Design

A core component of Competence by Design (CBD) is Programmatic Assessment, where assessment practices support and document a learner's progression. In the current training model, a resident's progression is assumed to occur by default annually, unless significant performance concerns are identified and a plan of formal remediation is put in place. In CBD, learners progress through designed stages of residency education by achieving Entrustable Professional Activities (EPAs) and related milestones within their current stage of training. Promotion decisions leading to certification is accomplished upon successful completion of EPAs and other assessments and progression through the stages of training, mirroring the eventual practice environment. Further, learning is to be guided by real-time, high quality feedback from multiple observations (See Appendix: *Six Essential Elements of the CBD Assessment Strategy*).

In CBD, it is necessary for those in a supervisory role to have some assessment information about a learner's current stage of progression, their educational objectives, as well as areas of strength, challenges experienced to-date or areas of concern. This information permits supervisors to provide ongoing, purposeful feedback that builds upon previous observations or reflections on learning (PGME Collaborative Governance Council).

BACKGROUND

The sharing of appropriate learner performance information in support of ongoing training and development, termed **Educational Handover**, is recognized as a key component of assessment for learning. This document outlines the guiding principles for the sharing of learner information to ensure that:

- Learner's privacy is respected and their personal information is shared appropriately, and learners are informed of or have access to the Educational Handover process of their local institution
- Sharing of learner information is performed exclusively for the purpose of ensuring learners are prepared to progress to the next stage of training and in support of overall lifelong learning, and
- Patient safety is of the utmost priority where learner performance issues or concerns are identified.

DEFINITIONS

Assessment: the process of gathering and analyzing information to measure a physician's or resident's competence or performance, and compare it to defined criteria.

Competency-Based Medical Education (CBME): "an approach to preparing physicians for practice that is fundamentally oriented to graduate outcome abilities and organized around competencies derived from an analysis of societal and patient needs. It de-emphasizes time-based training and promises greater accountability, flexibility, and learner-centredness" (Frank et al., 2010).

Educational Handover: a process by which information about a learner's performance is shared with future supervisors to facilitate guidance and progress. (See *Performance Information* definition)

Other associated terms: *forward feeding, forwarding of assessment information* (For the purposes of this guide document and future documentation, **Educational Handover** is the preferred terminology)

Most Responsible Physician (MRP): the physician who has final accountability for the medical care of a patient when the trainee is providing care (CPSO, 2011).

Performance Information:

- **EPA Achieved Status:** In a CBD Program, a trainee's Competence Committee (as ratified by the Residency Program Committee) will determine if the trainee has achieved an EPA based on all available information collected on a resident's assessment and training experiences pertinent to that EPA.
- **Promote to next stage:** In a CBD program, a Competence Committee (as ratified by the Residency Program Committee) concludes that based on all available information collected on a resident's assessment and training experiences, they have sufficient evidence of a resident's achievement of the requirements of their current stage of training. The Competence Committee will signal to the resident's program that they are changing the status of the trainee, who will progress to the subsequent stage of training, pending the approval of the postgraduate office.

GUIDING PRINCIPLES FOR EDUCATIONAL HANDOVER

Each program/institution is responsible for determining its own policies and procedures to govern the process of Educational Handover. The following principles may help guide the development of such policies and procedures.

Patient safety is of the utmost importance and takes priority over a learner's progression, educational opportunities and any training concerns. For instances where patient safety concerns are identified, the safety of the patient takes precedence over the principles of fairness and confidentiality concerning the handover of learner progress information. Supervisors who are also the Most Responsible Physician (MRP) hold final responsibility and accountability for the medical care of patients when trainees are providing care (CPSO, 2011).

Handover of a learner's progression information must be supported by the assessment principles of **transparency, fairness** and **mutual accountability**. (See Appendix:

Guidelines for Educational Handover in Competence by Design (CBD)
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Principles of Assessment: CBD Policy Advisory Working Group Communique). Further, a learner's **right to privacy** must be respected and any exchange of information should be transparent such that the learner is informed of the handover of their progression information. (See *The Privacy and Exchange of Learning Information in PGME*). The learner's right to privacy will be superseded in instances where serious patient safety concerns are identified.

The principle of **open communication** must also be upheld, and should facilitate ongoing and timely communication between learners and supervisors as it pertains to a learner's progression information.

The **process of Educational Handover** for learner progression must be clear and accessible to all involved including residents. Any policies and procedures developed should adhere to the Guiding Principles as outlined above.

Confidentiality of Learner Information

Issues of confidentiality and bias are always important to consider when managing and supporting a learner's performance and progression. For good educational handover to occur, it is essential that all progression information is kept confidential and can only be accessed by those who need to know.

Consideration for Learner Consent

Learners must be informed of and have access to the Educational Handover policies and processes in place at their institution and within the learning environment. Learners must have the opportunity to access the policy of their local institution, and learners must have access to information on how Educational Handover will be carried out locally, including whether learner consent must be obtained and how the process of acquiring consent will occur.

REFERENCES

- College of Physicians and Surgeons of Ontario. (2011). Professional Responsibilities in Postgraduate Medical Education. Retrieved from <http://www.cpso.on.ca/policies-publications/policy/professional-responsibilities-in-postgraduate-medi>
- Frank, J.R., Mungroo, R., Ahmad, Y., Wang, M., De Rossi, S., & Horsley, T. (2010). Toward a definition of competency-based education in medicine: A systematic review of published definitions. *Med Teach*, 32, 631-637.
- PGME Collaborative Governance Council. (n.d) The Privacy and Exchange of Learning Information in PGME. Retrieved from https://chec-cesc.afmc.ca/en/system/files/documents/pgme_gc-the_privacy_and_exchange_of_learning_information-principlesrecommendations_for_council_organization_endorsement-1.pdf

APPENDIX

Six Essential Elements of the CBD Assessment Strategy

1. Assessment requirements, as defined by the Specialty committee, and inclusive of:
 - EPAs, as defined by the Specialty Committee
 - CanMEDS-based milestones, as defined by the Specialty Committee
2. Increased emphasis on direct and indirect observation
3. Many low-stakes observations of focused clinical tasks
4. Narrative, actionable, timely, concrete recorded feedback
5. Curation, collation, and group decision-making by a Competence Committee
6. Stages and progression of increasing entrustment, facilitated by group entrustment decisions at the Competence Committee level

Principles of Assessment (CBD Policy Working Group Communique: Assessment)

- Fairness: assessment must be fair, equitable, timely and unbiased
- Transparency: expectations are clearly articulated between the resident and program, at the program outset and as policies are revised. This includes the clear identification of the processes and steps that are undertaken when it is determined that a resident is not progressing as expected
- Open communication: there must be open, ongoing and timely communication between trainees and supervisors
- Mutual accountability: progress through training is a joint responsibility of both the resident and the program; as such, residents are not passive recipients of the assessment process, but should be active participants in their own acquisition of competence.