Supplemental Digital Appendix 1

Survey A, From a Study Using Simulated Competence Committee Reviews to Characterize How Professionalism Concerns Influence Individual Reviewers' Decisions About Resident Progression, Sent to 25 Canadian Emergency Medicine Residency Program Directors and Senior Faculty, April 2017

Question 1

Which medical school is your residency program associated with?

Question 2

What is your role within your residency program?

- Program Director
- Assistant Program Director
- Associate Program Director
- Other (please specify): _____

Question 3

How many residents are in your FRCPC Emergency Medicine program?

Question 4

Do you have a Competency Committee (or equivalent), that reviews resident performance and makes recommendations about resident progression?

- Yes
- No

Question 5

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If “Yes” to Question 3, what is the title of the person who chairs this committee?

Question 6

If “Yes” to Question 3, how many people sit on this committee?

Question 7

If “Yes” to Question 3, how often does this committee meet?

Question 8

If “Yes” to Question 3, has the committee ever had to recommend remediating a resident?

Question 9

If “Yes” to Question 8, why did the resident require remediation, without providing identifying information?

Below are a series of cases that represent a summary of a resident's performance using common assessment modalities. Please choose one of the options that follow the case, regarding resident progression.

Question 10

Dr. X is a resident enrolled in the FRCPC Emergency Medicine program at University Y. He is in his second year of training and has passed all of his mandatory rotations to date. He has received a mix of 'meets expectations' and 'above expectations' regarding his medical knowledge. Those evaluating him on end-of-rotation evaluations have raised no concerns. He has written the Canadian In-Training Examination each year and scored in the 50th percentile for his cohort each time. Further, he has written the American Board of Emergency Medicine examination each year and scored in the 50-60th percentile. Simulation OSCEs undertaken each year has been passed with 'meets expectations'. He is on-track with his mandatory research project. He seems to get along well with co-residents, staff, and support staff.

- Promote learner to next stage
- Monitor learner
- Modify learning plan
- Formally remediate learner
- Withdraw training

Question 11

Dr. Y is a resident enrolled in the FRCPC Emergency Medicine program at University Z. She has just completed one year of residency training and has passed all rotations to date. Her evaluations outline her ability to perform a reliable history and physical examination and she meets expectations regarding her medical knowledge. A staff member has told you that on one shift she was found to smell of alcohol and the nurses were also concerned of this. She scored in the 40th percentile on the Canadian In-Training Examination. Simulation exercises have shown some struggles with advanced management of complicated patients, however she is able to focus on critical tasks and does these well with only minor errors. She seems to be integrating well into her residency cohort and has started to form positive relationships with staff.

- Promote learner to next stage
- Monitor learner
- Modify learning plan
- Formally remediate learner
- Withdraw training

Question 12

Dr. M is enrolled in the FRCPC Emergency Medicine program at University N. She has just completed her first year of training in residency. She has passed all of her clinical rotations, with all services reporting that she performs at her expected level clinically. Recent evaluations highlight that she can appropriately take a complete history and do a physical exam in a timely manner appropriate to the patient's complaint; however they also mention that she is noted to speak loudly about patient information in public settings, despite attempts to correct this behaviour. She generates a differential diagnosis that includes most life-threatening disease processes. Her performance on the Canadian In-Training Examination was in the 8th percentile. She failed her simulation examination and is expected to re-do this. The reasons for her failure were that in each of two cases she made a fatal error unknowingly. She seems to be integrating into residency life well and she is well liked by staff and colleagues.

- Promote learner to next stage
- Monitor learner
- Modify learning plan
- Formally remediate learner
- Withdraw training

Question 13

Dr. A is a resident enrolled in the FRCPC Emergency Medicine program at University B. He has completed four years of residency training and passed all rotations to-date without significant concerns raised by staff. His evaluations in this fourth year of training have shown his ability to manage multiple areas of the emergency department independently and he has improved significantly from his early years in residency, where he has having some academic difficulties but responded very well to a learning plan. Performance on the Canadian In-Training Examination has consistently improved, initially starting at the 20th percentile and now scoring the 73rd percentile. Simulation examinations have shown competence in running complex cases and he is able to ask for help when overwhelmed. His resident research project was completed on time and his supervisor comments that he was easy to work with and met deadlines. He seemed shy at the start of residency, with few friends among residents; however he seems to have a positive attitude at work.

- Promote learner to next stage
- Monitor learner
- Modify learning plan
- Formally remediate learner
- Withdraw training

Question 14

Dr. J is enrolled in the FRCPC Emergency Medicine program at University K. He is finishing his third year of residency training. To date, he has passed all of his rotations except for trauma, which is he rotated through this year. The evaluation cited concerns about his ability to prioritize management appropriately in the trauma patient. They cited two cases where he wanted to bring an unstable patient to the CT scanner, one where he failed to recognize hemorrhagic shock, and another where he seemed unable to insert a chest tube and needed significant guidance with the procedure before the staff ultimately took over as the patient began decompensating. His rotations on other critical care services did not raise these concerns. He plans to repeat the trauma rotation again in the coming year as part of his remediation. His performance on simulation examinations demonstrates that he rushes through the case and tries to disposition the patient quickly, while missing an important, but non-fatal illness/injury. He ultimately passes these simulation examinations. He is noted to have excellent communication skills and works well with the team. He has completed his research project and has submitted it for presentation at CAEP. He gets along well with his fellow residents and is well liked by staff.

- Promote learner to next stage
- Monitor learner
- Modify learning plan
- Formally remediate learner
- Withdraw training

Question 15

Dr. H is enrolled in the FRCPC Emergency Medicine program at University K. He is scheduled to write his Royal College examination in 8 months' time. He has passed all of his rotations to date, with no major red flags raised. Recent evaluations contain mixed comments about his readiness to take the Royal College exam. Some state that he struggles to manage all aspects of the department independently without compromising patient flow. Others comment on his adequate patient flow skills and his ability to multitask. One staff noticed that he skips multiple shifts to moonlight in a community hospital. His Canadian In-Training Examination marks in his first year were in the 40th percentile, however they fell to the 11th during his second and third years, to which he blames competing interests with his research project. His project was submitted on time, although his supervisor found he frequently had to heavily edit documents. He seems to interact well with co-residents and staff and his mentors have approached the program directors with mixed reviews of his readiness for practice.

- Promote learner to next stage
- Monitor learner
- Modify learning plan
- Formally remediate learner

- Withdraw training

Question 16

Dr. B is a resident enrolled in the FRCPC Emergency Medicine program at University C. She has completed her third year of residency training and passed all rotations to date without concern from staff. Her evaluations have recently highlighted an interest in taking on learners and receiving patch calls from local EMS. Several staff evaluations comment that the nurses find her tone and language with them and patients to be inappropriate. Her Canadian In-Training Examination scores have consistently been in the mid-40th percentile for her cohort. Simulation examinations have highlighted her developed Crisis Resource Management skills but also bring out some non-fatal errors that are often caught by her colleagues before acted on. She completed her research project ahead of schedule and presented the published work at CAEP. Staff physicians always seem to enjoy working with her and she has developed close relationships with a few faculty members who mentor her.

- Promote learner to next stage
- Monitor learner
- Modify learning plan
- Formally remediate learner
- Withdraw training

Question 17

Dr. J is enrolled in the FRCPC Emergency Medicine program at University G. She is finishing her first year of residency training. She has passed all of her clinical rotations to date, with consistent comments amongst various services highlighting her struggle to take a history with all pertinent information present. She scored in the 20th percentile this year on her Canadian In-Training Examination. Her simulation examination was rewritten after she froze during her first attempt and was unable to complete it. Her second attempt at the examination was better, with her being able to identify the seriously ill patient and begin appropriate management. She missed an important, but non-fatal aspect of the case and got the appropriate services involved to assist her. She has found it difficult to make friends with her co-residents and she quickly leaves after academic days without talking to anyone. She rarely comes to resident social gathers or departmental gatherings. Staff have found her quiet when on shift and are not surprised to hear that she hasn't integrated well into the resident group.

- Promote learner to next stage
- Monitor learner
- Modify learning plan
- Formally remediate learner
- Withdraw training

Question 18

Dr. E is enrolled in the FRCPC Emergency Medicine program at University F. She is finishing her second year of residency training. She has passed all of her clinical rotations to date, with no major red flags raised by staff. Her recent evaluations have highlighted her ability to take a history and physical reliably, but she requires significant prompting to initiate management plans on these patients. She scored in the 10th percentile on her Canadian In-Training Examination in her first year of training and improved her score to the 25th percentile this year. Her simulation examinations were adequate. Her resident research project is underway without issue. She has identified a staff mentor, after encouragement from the program. She has struggled to make friends within the resident program outside of her cohort; however she gets along well within her own year.

- Promote learner to next stage
- Monitor learner
- Modify learning plan
- Formally remediate learner
- Withdraw training

Question 19

Dr. C is enrolled in the FRCPC Emergency Medicine program at University D. She is preparing to write her Royal College examination in 8 months. She has passed all of her rotations without concern from staff. Her evaluations have highlighted her ability to manage the department independently and to carry the additional responsibility of managing a learner. She has demonstrated her clinical ability in the work setting as well as the CAEP simulation team. She has consistently improved on her Canadian In-Training Examination, initially scoring in the 30th percentile, with her most recent score being in the 80th. There were concerns by the exam invigilator that she had been copying answers from her neighbor in the exam. She has completed her resident research project and started a second project independently. She is well liked by colleagues and staff.

- Promote learner to next stage
- Monitor learner
- Modify learning plan
- Formally remediate learner
- Withdraw training

Question 20

Dr. D is enrolled in the FRCPC Emergency Medicine program at University E. He is finishing his second year of residency training. He has passed all clinical rotations to-date, with no further concerns raised by staff after a shaky first block where it was felt he was nervous and in a new setting. His recent evaluations have shown an eagerness to learn and a great knowledge of his patients. He is beginning to form differential appropriate to the patient's presentation and simultaneously investigates such things appropriately, only occasionally needing redirection. He has scored in the 50th percentile on his Canadian In-Training Examination for two years in a row. His simulation examination has shown reasonable teamwork skills with good management of critically ill patients. His resident research project has been underway and his supervisor has found him to be quick to get work done. He has been integrating into the resident group well and he has found a staff mentor.

- Promote learner to next stage
- Monitor learner
- Modify learning plan
- Formally remediate learner
- Withdraw training

Question 21

Dr. G is enrolled in the FRCPC Emergency Medicine program at University F. He is finishing his fourth year of residency training. He has passed all of his rotations to date with the exception of his general surgery rotation as they felt he was unable to identify critically ill patients with intra-abdominal pathology and they questioned his decisions for ward management. He remediated the block and was noted to have made significant improvements and passed without concern. Recent evaluations highlight a struggle to begin taking on all the responsibilities of a staff emergency physician, including taking patch calls, handover, the learner, and managing multiple critically ill patients simultaneously. Staff have noticed that he is easy to fluster, albeit he is able to manage the patients appropriately. Nurses have reported several events where they find him taking supplies from the ER into his backpack on the way home from work. Performance on the Canadian In-Training Examination has been in the 35th percentile for each year of his residency. Simulation examinations reveal similar results to what staff identify, with him being easy to fluster. His resident research project has been submitted after he was given a one-year extension for not having reviewed enough charts during his research block. He seems to be well liked by staff and residents alike.

- Promote learner to next stage

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