

How are emotions of medical residents and faculty impacted by new assessment mandates implemented in medical education?

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Introduction

Previous research findings show that the overall perception of residents regarding the new assessment mandates in medical education is primarily negative with residents feeling disheartened, anxious, frustrated.

In-depth exploration of the link between new assessment mandate implementation and trainee/faculty emotions and expectancy of success remain to be studied, especially in specialties that implemented the assessment mandates in the last 3 years.

Objective

This study aims to explore the link between entrustable professional activity (EPA) assessment experiences, resident and faculty emotions, and residents' expectancy of success in completing their medical training.

Methodology

Participants

46 Faculty members in total
11 General Surgery (GS)
18 Pediatrics (PD)
17 Emergency Med (EM)

45 residents in total
16 General Surgery
19 Pediatrics
10 Emergency Medicine

Measures

Medical Emotions Scale (MES)

- MES consists of **20 unique** emotions on 5 Likert scale.
- Explored the emotions of residents and faculty members regarding EPA assessments.
- Categorized into following **4 subgroups**:
 - Positive activation emotions:
 - Positive deactivation emotions
 - Negative activation emotions
 - Negative deactivation emotions

Expectancy, Value, and Cost Questionnaire (EVC)

- EVC consists of **9 items** on 6-point Likert scale,
- Measured the following 3 components for residents:
 - Expectancy:** The expectancy of success on EPA assessments
 - Value:** Engagement in EPA assessment
 - Cost:** Engagement in the process of EPA assessments

Procedure

- Participants were recruited via email listservs through each specialty.
- Participants completed an online survey on Limesurvey.
- Upon completing the survey, participants received \$10 gift card honorarium.

Results

Descriptive (mean and standard deviation) and inferential statistics (ANOVA) were performed and reported in the form of tables. Simple thematic analysis was performed for the open-ended questions.



Results (continued)

Table 1. Summary of group differences of A) emotions of faculty members towards EPA assessments and B) emotions of residents towards EPA assessments and their expectancy to successfully complete their residency training with implementation of EPA assessments.

Group	Specialty	Gender	Minority	# of EPAs assessments
A)Faculty	No sig difference across specialties	No sig difference	No sig difference	No sig difference
B)Residents	Sig difference in positive deactivation emotions (EM: highest, PD: lowest)	Sig difference in positive activation and deactivation emotions; male residents reporting higher positive emotions.	No sig difference	No sig difference

Table 2: Summary of group differences in attitudes of the residents towards EPA assessment as a part of their residency training.

Group	Specialty	Gender	Minority	# of EPA assessments
Residents	Sig difference in value of EPAs with GS valuing EPA assessments the most and EM valuing it the least.	No sig difference	No sig difference	No sig difference

Table 3: Thematic Analysis- Common reasons provided by residents and faculty for the specific emotions they experience towards EPA assessments with a particular emphasis on challenges.

Faculty members' responses	Residents' responses
EPA assessments are reasonable for the majority of residents but can be stressful and fatiguing for individuals who deviate from the norm.	Minimal and non-useful feedback, inconsistent grading practices by the faculty members.
Doubts expressed regarding the value of individual EPA assessments for residents.	EPA assessments as a mere checkbox rather than a valuable learning tool
Concerns about residents selectively engaging in EPA assessments with better performance.	Frustration due to faculty members failing to complete the EPA assessments in a timely manner

Discussion

- In our sample, based on faculty's specialty, minority affiliation, number of EPA assessments completed in the past year, and gender, no significant differences were found in their emotions towards EPA assessments.
- GS residents reported the highest positive deactivation emotions while PD residents reported the lowest. Male residents had higher positive emotions regarding EPA assessments and completion of residency training compared to female residents.
- In our sample, residents from GS value EPA assessments the most, however EM reported to value them the least.

Conclusion

- These findings will be crucial in providing the Royal College and medical education programs with concrete evidence and guidance in understanding the perspectives and emotions of residents and faculty towards EPA assessments, and residents' beliefs about successfully completing their medical training.
- To further understand the emotions of residents and faculty towards EPA assessments, semi-structured interviews are being conducted with willing participants.



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