Introduction: Competency-based medical education is gaining ground in Canada (1); at least one pilot program has given residents the opportunity to accelerate residency training based on demonstration of competency. Assessment of resident competency is best done using serial point assessments based on established learning objectives. Therefore, we sought to establish learning objectives for an initial point assessment for junior Anesthesia residents.

Methods: A literature search was conducted to identify existing learning objectives for Anesthesia residents (2-3). A modified Delphi process was used to compose learning objectives in the domains of knowledge, technical skills, and attitudes. Knowledge objectives were designed to apply to generalist, adult anesthesia rotations only, as the timing of subspecialty rotations may vary. CanMEDS roles (4) were cross-referenced to specific competencies for areas such as Professionalism and Collaboration. A plan for dissemination of objectives to learners and teachers was developed, and changes to existing instruction and assessment were proposed, to improve alignment with objectives.

Results: A set of objectives has been developed for the first of several serial point assessments. These objectives will serve as the foundation for further sets of objectives designed to support point assessments for more senior residents. The end of the PGY-2 year, or the equivalent competency level, was selected as the basis for the first assessment point. PGY-2 level objectives were designed to reflect the junior learner who has spent 12 months or less on the Anesthesia service.

Discussion: Although several national Anesthesia societies have created behaviour-based learning objectives for the graduating or certified anesthesiologist (2,3), at the time of writing there are no published, behaviour-based learning objectives intended for use during the body of residency training. Resident assessment and feedback, therefore, is based on a subjective reference standard that is unique to each Anesthesiologist. When feedback is subjective and level-specific learning goals are unstated, residents may have difficulty interpreting the quality of their performance and progress (5). Level-specific learning objectives will help residents to self-assess their learning and help staff to guide teaching, assessment, and feedback. Program Directors will be better able to define learning success and failure, set defensible passing standards (6), and support recommendations for remedial training – or rapid advancement – where indicated. And finally, Royal College certification examination will no longer need to serve as the lone “gatekeeper” in assessment of competency.

Further work in this area will consist of development of learning objectives to support serial point assessments of more senior residents, and setting of defensible passing standards for serial point assessments.

References: 1. Med Teach 2010, 32: 638-645
3. www.asahq.org/Newsletters/2004/12_04/subNews12_04.html
5. Learning and Instruction: Theory into Practice. Merrill Prentice Hall, 2001