The Competency-Based Achievement System (CBAS): Practical and trustworthy competency-based assessment and learning

Shelley Ross, Shirley Schipper, Michel Donoff, & Paul Humphries
AAMC Annual Meeting (GEA), San Francisco, CA
Date: November 7, 2012
Conflict of Interest

- I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

- However: CBAS and the processes described in this workshop have been copyrighted by the University of Alberta Department of Family Medicine. We ask that you credit University of Alberta if you choose to use any of these tools in your institution.
Funding

This work is funded through the University of Alberta Department of Family Medicine Alternate Academic Relationship Plan with the Government of Alberta, and by the Teaching and Learning Enhancement Fund, University of Alberta
Attending this session will allow you to...

- Describe workable competency-based assessment;

- Identify how the CBAS tools allow for effective use of feedback and progress-tracking;

- Evaluate how CBAS may work in your own programs.
Roles and Needs

- What is your role in your Department (preceptor, program director, etc)

- What do you hope to get out of today’s session?
• Do you know which residents you would like to have as colleagues?

• Take care of your family?

• When do you know?

• How do you know?
Group work

- What are the essential elements that you want to assess in your residents?

- What are the behaviours you want to see repeatedly?

- What are the general areas you want to assess repeatedly to know that you have a good overall idea of how your residents are doing?

Work in groups at your table. Elect a speaker to share a summary.
Sentinel Habits

• Incorporates the patient’s experience and context into problem identification and management
  » Medical Expert/ Health Advocate/Collaborator

• Generates relevant hypotheses resulting in a safe and prioritized differential diagnosis
  » Medical Expert

• Manages patients using available best practices
  » Medical Expert/Health Advocate/Collaborator/Manager
Sentinel Habits

- Demonstrates respect and/or responsibility
  - Professional/Health Advocate/Collaborator

- Selects and attends to the appropriate focus and priority in a situation
  - Medical Expert

- Verbal or written communication is clear and timely
  - Communicator
Sentinel Habits

- Uses generic key features when performing a procedure
  » Medical Expert

- Teaches to relevant and achievable objectives
  » Scholar

- Participates with practice/quality management
  » Manager

- Seeks out and responds to feedback
Clinical Domains (Family Medicine)

- Maternity/Newborn Care
- Care of Children and Adolescents
- Care of Adults
- Care of the Elderly
- Palliative/End of Life Care
- Behavioral Medicine/Mental Health
- Surgical and Procedural Skills
- Care of the Vulnerable and Under-serviced
Our favourite definition of competence...

“the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individuals and communities being served.”

Epstein and Hundert, 2001
Elements of Assessment

CanMEDS roles, ACGME Competencies

Sentinel Habits

Entrustable Professional Activities

Key features, rotation objectives, specific procedures

Granularity
A cautionary tale

»Checklists and competency
Bowling Competencies Checklist

- Chooses correct shoes
- Scores accurately
- Motivates the team
- Displays competitive sportsmanship
- Seldom gutterballs, often makes strikes
- Makes 7-10 splits under pressure
- Bowls consistent high 200s, and occasional 300
Checklists are useful in many situations

» But perhaps not for competencies
Competency-Based Achievement System (CBAS)

- CBAS uses FieldNotes to document formative feedback following direct in-training observations.

- There is continuity in supervision and assessment.

- Residents use FieldNotes to guide their learning and self-assessment (eCBAS).

- CBAS focuses on
  - **GUIDED SELF-ASSESSMENT**
  - **REPRESENTATIVE SAMPLING**
Guided Self-Assessment: Why not just self-assessment? Reflective learning?

Studies show the unreliability of self assessment, both over and under estimating performance.
### Community of Learning Roster

#### Progress Level
- **Progress Level**: Carry on, got it (5)
- **Progress Level**: IN progress (24)
- **Progress Level**: Stop, important correction (2)

#### Sentinel Habits
- **Sentinel Habit**: 1. Incorporates patient context (2)
- **Sentinel Habit**: 2. Differential Diagnosis (2)
- **Sentinel Habit**: 2. Relevant hypotheses (2)
- **Sentinel Habit**: 3. Uses best practice to manage (2)
- **Sentinel Habit**: 4. Selects appropriate focus (1)
- **Sentinel Habit**: 5. Key features for procedures (21)
- **Sentinel Habit**: 6. Respect and responsibility (2)
- **Sentinel Habit**: 7. Verbal/written communication (1)
- **Sentinel Habit**: 8. Teaches relevant objectives (1)
- **Sentinel Habit**: 9. Quality management (3)

#### Clinical Domain
- **Clinical Domain**: 1. Behavioral Medicine / Mental Health (2)
- **Clinical Domain**: 2. Care of adults (5)
- **Clinical Domain**: 3. Care of children and adolescents (2)
- **Clinical Domain**: 4. Care of the elderly (1)
- **Clinical Domain**: 5. Care of the vulnerable and underserviced (3)
- **Clinical Domain**: 6. Maternity Care (18)
- **Clinical Domain**: 7. Palliative Care (1)
- **Clinical Domain**: 8. Surgical and procedural skills (3)
- **Clinical Domain**: 9. Not applicable (2)
<table>
<thead>
<tr>
<th>Progress Level</th>
<th>Observation</th>
<th>Clinical Domain</th>
<th>Learner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carry On Go it (9)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Incorporates patient context (1)</td>
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<tr>
<td>2. Relevant hypotheses (2)</td>
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<tr>
<td>3. Key features for procedures (5)</td>
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<tr>
<td>4. Teaches relevant objectives (1)</td>
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<tr>
<td>BI progress (50)</td>
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<td></td>
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<tr>
<td>1. Incorporates patient context (2)</td>
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<tr>
<td>2. Relevant hypotheses (3)</td>
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<tr>
<td>3. Uses best practice to manage (2)</td>
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<td>4. Selects appropriate focus (1)</td>
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<td>5. Key features for procedures (21)</td>
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<td>6. Respect and responsibility (2)</td>
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<td>7. Verbal/written communication (1)</td>
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<td>8. Teaches relevant objectives (1)</td>
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<tr>
<td>9. Quality management (1)</td>
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<table>
<thead>
<tr>
<th>Clinical Domain</th>
<th>Observation</th>
<th>Modified</th>
<th>Clinical Domain</th>
<th>Learner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Medicine / Mental Health (2)</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Care of adults (4)</td>
<td></td>
<td>7/15/2011 9:45 AM</td>
<td>Stop Important correction</td>
<td>testresident-fin</td>
</tr>
<tr>
<td>Care of children and adolescents (2)</td>
<td></td>
<td>3/7/2011 11:45 AM</td>
<td>Stop Important correction</td>
<td>testresident-fin</td>
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<tr>
<td>Care of the elderly (1)</td>
<td></td>
<td>2/1/2011 11:40 AM</td>
<td>test sort function</td>
<td>testresident-fin</td>
</tr>
<tr>
<td>Care of the vulnerable and underserved (2)</td>
<td></td>
<td>9/2/2011 2:49 PM</td>
<td>Comprehensive exam in OB/ Gyn</td>
<td>testresident-fin</td>
</tr>
<tr>
<td>Maternity Care (18)</td>
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<td></td>
</tr>
<tr>
<td>Palliative Care (1)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Surgical and procedural skills (5)</td>
<td></td>
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</tbody>
</table>
Feedback is the focus of documentation. The Resident, Preceptor or Advisor should enter feedback about an observation. Each time a record is saved it is stamped with your name and the time the Field Note was created or updated. Additional comments or follow-up instructions or directions can be made as needed in the Feedback field.

In the event that a paper Field Note has been created it is suggested that the Learner (Resident) keep a copy and refer to it for details of the feedback and be prepared to provide the physical copy for discussion as needed.

Sentinel Habit

1. Incorporates patient context: Incorporates the patient’s experience and context into problem identification and management
2. Differential Diagnosis: Generates relevant hypotheses resulting in a safe and prioritized differential diagnosis
3. Uses best practice to manage: Manages patients using available best practices
4. Prioritizes issues: Selects and attends to the appropriate focus and priority in a situation
5. Key features for procedures: Uses generic key features when performing a procedure
6. Respect and responsibility: Demonstrates respect and/or responsibility
7. Verbal/written communication: Verbal or written communication is clear and timely
8. Helps others learn: Teaches to relevant and achievable objectives
9. Promotes Practice Quality Improvement: Participates with practice/quality management
10. Seeks guidance and feedback: Practices informed and guided self-assessment

Clinical Domain

Progress Level

- Stop
- Important correction
- IN progress
- Carry on
- Got it

Follow Up

- No
- Yes

Further attention or action required regarding this note as indicated by learner, observer or advisor. To specify, describe in Feedback field above.

Stack Name

Observed Patient/Resident Interaction

- No
- Yes
Competency-Based Achievement System (CBAS)

- Summative assessment every 4 months.
- Progress levels redefined to support assessment FOR learning
- Assessment is transparent; residents always know where they stand, across the spectrum of training
- Sentinel habits
- ITERS reflect Sentinel Habits and progress levels
Resident demonstrates behaviour or skill in clinical setting

Observer witnesses demonstration of behaviour or skill

Feedback given to resident verbally

Can occur simultaneously, or may be created later

FieldNote created which summarizes feedback

FieldNote entered into and organized by eCBAS workbook

Sentinel Habits  Progress Level  Clinical Domains
Academic Site Administrator completes academic requirements page of report.

Resident completes first two pages of 4-month Progress Report.

FieldNotes in eCBAS provide evidence for progress.

Resident and Advisor meet to discuss progress across all Sentinel Habits and Clinical Domains, and progress in academic requirements.

Resident and Advisor mutually create learning plan for next meeting, identifying goals within Clinical Domains and Sentinel Habits.

Advisor indicates if sufficient progress is being made, or if remediation is required. Resident and Advisor sign off on report, and report is submitted to Program Director. Report becomes part of permanent Resident file.
The International Conference on Residency Education

- Resident Field Notes
- Advisor Field Notes
- Preceptor Field Notes

Priorities, Needs, Sentinel Habits

- eCBAS (think electronic workbook)

- Rotation evaluations
- Attendance
- Projects
- Letters
- Phone calls
- Emails
- Conversations

- 4 month reports

- Resident File (think official record, transcript)
What are we trying to do?

- **Focus attention** on the higher order competencies for family medicine
- Improve both formative and summative effectiveness
- Promote and assess Guided Self-Assessment during residency for continuity in practice.
“Turn preceptor intuition into description”
The 4 month Progress reviews

- Regular progress reviews (every 4 months) between residents and advisors using structured interviews

- The resident fills out parts of the form prior to the review meeting
Sentinel Habits for Competence:
The purpose of page 1 is to facilitate a checkpoint discussion ensuring that the efforts of the residency program and of the resident are resulting in meaningful learning across all relevant skill dimensions for family practice. Prior to your progress report meeting, review the contents of your eCBAS workbook. Be prepared with examples to discuss your progress across the sentinel habits **over the last 4 months.** Address habits 8 & 9 if appropriate.

<table>
<thead>
<tr>
<th></th>
<th>Documented/examples identified for discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Incorporates the patient’s experience and context into problem identification and management</td>
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<tr>
<td>2</td>
<td>Generate relevant hypotheses resulting in a safe and prioritized differential diagnosis</td>
</tr>
<tr>
<td>3</td>
<td>Manages patients using available best practices</td>
</tr>
<tr>
<td>4</td>
<td>Selects and attends to the appropriate focus and priority in a situation</td>
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<tr>
<td>5</td>
<td>Uses generic key features when performing a procedure</td>
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<tr>
<td>6</td>
<td>Demonstrates respect and/or responsibility</td>
</tr>
<tr>
<td>7</td>
<td>Verbal or written communication is clear and timely</td>
</tr>
<tr>
<td>8</td>
<td>Helps others learn (teaching colleagues in a useful manner)</td>
</tr>
<tr>
<td>9</td>
<td>Promotes effective practice quality (eg. EMR use, BEARs, practice audit)</td>
</tr>
<tr>
<td>10</td>
<td>Seeks guidance and feedback</td>
</tr>
</tbody>
</table>

**COMMENTS:** Residents can use this space to list reminders for discussion or make observations pertaining to learning in the past 4 months. Advisors can use space to record any observations of learner progress if helpful.
Continuity of Care:

Have you had the opportunity to develop a panel of patients for whom you experience continuity?  
Yes ☐  No ☐
Do you feel responsibility for this panel of patients?  
Yes ☐  No ☐

Comprehensive Care:

Indicate with a check mark any of the Clinical Domains for which you have received feedback in the recent 4 months:

<table>
<thead>
<tr>
<th>Clinical Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity/Newborn Care</td>
</tr>
<tr>
<td>Care of Children and Adolescents</td>
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<tr>
<td>Care of Adults</td>
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<tr>
<td>Care of the Elderly</td>
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<tr>
<td>Palliative/End of Life Care</td>
</tr>
<tr>
<td>Behavioral Medicine/Mental Health</td>
</tr>
<tr>
<td>Surgical and Procedural Skills</td>
</tr>
<tr>
<td>Care of the Vulnerable and Under-serviced</td>
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</tbody>
</table>

Review of rotations completed since last report:

<table>
<thead>
<tr>
<th>Rotation</th>
<th>ITER</th>
<th>Satisfactory</th>
<th>Un satisfactory</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Are there specific actions needed based on rotation ITER results?  
Yes ☐  No ☐

Have you experienced or perceived harassment or abuse?  
Yes ☐  No ☐
If Yes, was it discussed with the appropriate faculty resource?  
Yes ☐  No ☐

Is there any progress to report on action plans from a previous report?  
Yes ☐  No ☐

Future Career Plans:  
__________________________________________________________________________

Aside from your academic involvement, what other activities have you been involved with? (CaRMS, committees, groups, volunteer/community involvement, etc.)?  
__________________________________________________________________________

Notes or Comments (please use back of page if there is not enough room):  
__________________________________________________________________________
CURRENT PROGRESS

Based on discussion of Guided Self Assessment and review of documentation,

☐ Progressing as expected. ☐ Successful completion of program

☐ Focused attention necessary. Specific learning plan required.

☐ Program attention necessary. Remediation or extra time required. Program Director has been (or will be) notified.

**COMMENTS:** Use this space for clarification of any assessment decisions or explanation of action plans if needed.

_____________________________  __________________________
Resident                           Date

_____________________________  __________________________
Faculty Advisor                    Date

_____________________________  __________________________
Program Director                   Date

_____________________________  __________________________
Associate Dean, PGME               Date

3
Is this making sense?

- How do you feel about the foundations of our assessment?

- What is clear?

- What is confusing?
Group work

- What are the enablers in your program that could allow you to carry out assessment in this way?

- What are the barriers to trying this kind of assessment?

- What are the changes you would need?
If the FieldNotes are not for summative assessment,

why collect them??
You want to look at what is in front of you (direct observation of resident) - but you also want to be warned if there is a problem (the dashboard)
<table>
<thead>
<tr>
<th>Learner</th>
<th>[Name]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observer</td>
<td>[Name]</td>
</tr>
<tr>
<td>Observation</td>
<td>IUD insertion</td>
</tr>
<tr>
<td>Feedback</td>
<td>Good attempt. Gentle and knowledgeable about procedure. You did well putting the patient at ease. Sometimes it just doesn’t work out. (10/21/2011 11:04 PM)</td>
</tr>
<tr>
<td>Sentinel Habit</td>
<td>5. Key features for procedures</td>
</tr>
<tr>
<td>Clinical Domain</td>
<td>2. Care of adults</td>
</tr>
<tr>
<td>Progress Level</td>
<td>IN progress</td>
</tr>
<tr>
<td>Follow Up</td>
<td>No</td>
</tr>
<tr>
<td>Stack Name</td>
<td>IUD insertion</td>
</tr>
<tr>
<td>Observed Patient/Resident Interaction</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Content Type: Field Note
Version: 1.0
Created at 10/21/2011 11:04 PM by [Name]
Last modified at 10/21/2011 11:04 PM by [Name]
Field Notes: Well baby check

Feedback:
(8/1/2011 3:52 PM): Review of well baby exam. Exam was thorough and well done. Remember that growth parameters are incredibly important so always pull up the graph and review with parents. A few things to include -- check of the clavicle for crepitus or fracture (common in traumatic vaginal births/shoulder dystocia). Also Morrow as reviewed.

Sentinel Habit: 4. Prioritizes issues
Clinical Domain: 3. Care of children and adolescents
Progress Level: IN progress
Follow Up: No
Stack Name:
Observed Patient/Resident Interaction: Yes

Content Type: Field Note
Version: 1.0
Created at 8/1/2011 3:52 PM by [Redacted]
Last modified at 8/1/2011 3:52 PM by [Redacted]
### Field Notes: clinical breast exam

<table>
<thead>
<tr>
<th>Learner</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Observer</td>
<td></td>
</tr>
<tr>
<td>Observation</td>
<td>clinical breast exam</td>
</tr>
<tr>
<td>Feedback</td>
<td>(2/14/2011 10:25 AM): guidelines state that it should be done early. You neglected to do one on a menopausal lady and noted that she had one at her last mamogram (was 1.5 yrs ago on file). Please review guidelines ....also this is listed on our goal page.</td>
</tr>
<tr>
<td>Sentinel Habit</td>
<td>3. Uses best practice to manage</td>
</tr>
<tr>
<td>Clinical Domain</td>
<td>2. Care of adults</td>
</tr>
<tr>
<td>Progress Level</td>
<td>Stop Important correction</td>
</tr>
<tr>
<td>Follow Up</td>
<td>Yes</td>
</tr>
<tr>
<td>Stack Name</td>
<td>clinical breast exam guidelines</td>
</tr>
</tbody>
</table>

**Observed Patient/Resident Interaction**

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Content Type: Field Note
Version: 1.0
Created at 2/14/2011 10:25 AM by [Name]
Last modified at 2/14/2011 10:25 AM by [Name]
**Field Notes: Areas for improvement**

<table>
<thead>
<tr>
<th>Learner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observer</td>
</tr>
</tbody>
</table>
| Observation | Areas for improvement  
| Feedback | - Don't ignore pt. clues of worry "Do you think it's serious?"  
- Consider turning expression of empathy "this must be hard" into question "Is this hard for you?"  
- When pt. worried re: sinister illness, do full functional inquiry (FI) ...  
negatives re: illness in question can help reassure pt.  
- Work on organization as per ofhter FieldNote.  
| Sentinel Habit | 1. Incorporates patient context  
| Clinical Domain | 1. Behavioral Medicine / Mental Health  
| Progress Level | Stop Important correction  
| Follow Up | No  
| Stack Name | Behavioural Medicine  
| Observed Patient/Resident Interaction |  

Content Type: Field Note  
Version: 1.0  
Created at 12/8/2010 4:15 PM by  
Last modified at 12/8/2010 4:15 PM by
Field Notes: addressing new symptoms in anxious patient

<table>
<thead>
<tr>
<th>Learner</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Observer</td>
<td></td>
</tr>
</tbody>
</table>

**Observation**: addressing new symptoms in anxious patient

**Feedback**: (2/7/2011 12:00 PM): Good rapport with patient; found common ground, i.e. initiated reasonable targeted workup and provided reassurance re: no red flags. Useful questions to ask: what’s bothering you most? What are you worried about?

**Sentinel Habit**: 1. Incorporates patient context

**Clinical Domain**: 1. Behavioral Medicine / Mental Health

**Progress Level**: Carry on Got it

**Follow Up**: No

Content Type: Field Note
Version: 1.0
Created at 2/7/2011 12:00 PM by [Name]
Last modified at 2/7/2011 12:00 PM by [Name]
Looks interesting…

but it will never work

“…this way lies madness”
eCBAS entries since pilot (2000)

2009-2010: 5208 FieldNotes entered (156 + 34 residents*)

2011: 4096 (156 residents)

*includes notes for pilot groups, 2009 (n=36 residents)
Total number of Fieldnotes for each Clinical Domain 2011

- CD1: Behavioral Medicine/Mental Health
- CD2: Care of Adults
- CD3: Care of Children and Adolescents
- CD4: Care of the Elderly
- CD5: Care of the Vulnerable and Under-serviced
- CD6: Maternity/Newborn Care
- CD7: Palliative/End of Life Care
- CD8: Surgical and Procedural Skills
- CD9: Not applicable
Total number of FieldNotes for each Sentinel Habit 2011

<table>
<thead>
<tr>
<th>Sentinel Habit</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SH1</td>
<td>Incorporates the patient’s context</td>
</tr>
<tr>
<td>SH2</td>
<td>Generates relevant hypotheses</td>
</tr>
<tr>
<td>SH3</td>
<td>Manages patients using available best practices</td>
</tr>
<tr>
<td>SH4</td>
<td>Selects and attends to the appropriate focus</td>
</tr>
<tr>
<td>SH5</td>
<td>Uses key features for procedures</td>
</tr>
<tr>
<td>SH6</td>
<td>Demonstrates respect and/or responsibility</td>
</tr>
<tr>
<td>SH7</td>
<td>Verbal or written communication is clear and timely</td>
</tr>
<tr>
<td>SH8</td>
<td>Teaches to relevant and achievable objectives</td>
</tr>
<tr>
<td>SH9</td>
<td>Participates with practice/quality management</td>
</tr>
<tr>
<td>SH10</td>
<td>Seeks and acts on feedback</td>
</tr>
</tbody>
</table>
Total number of FieldNotes for each progress level 2011

Progress Levels

PL-1: Stop/Important Correction

PL-2: In Progress

PL-3: Carry On/Got it
Other uses of CBAS

- Targeting coaching to preceptors using the actual FieldNotes in the system

- Comparing past ITERs to current ITERs

- Comparing past “resident in difficulty” situations to current remediations
Other uses of CBAS

- Audits:
  - Are preceptors giving regular feedback using the system?
  - What are they giving feedback about?
  - Are there site differences?
  - What is the quality of the feedback?
“I think one of the things that was really good was because of the way we work the stacks to fit it with the objectives of the program, I was regularly reviewing the objectives of the program. Um so I think that was…that was a really positive thing about CBAS is that it helped me um to, in some ways, see my learning experience in a more structured way and to see it in the context of those however many objectives and to be a little bit more proactive in trying to achieve them”

Excerpt from resident focus group
Questions?