The authors do not have any financial or organizational relationships with commercial interests or other entities. We certify that to the best of our knowledge, no aspect of our current personal or professional circumstances places me in the position of having a conflict of interest with my duties, responsibilities and exercise of independent judgment as an Officer Member of the Board of Directors, Nominee for Office, Educational Presenter and/or a representative of AANS/NREF/NPA.
Competence by Design (CBD), an outcomes-based approach to medical education, has been introduced into neurosurgical programs across Canada. The success of this educational paradigm shift requires frequent Faculty observation and evaluation of residents performing defined tasks.

Challenge for Faculty: providing residents with timely and accurate evaluations of their Entrustable Professional Activity (EPA) performances while balancing demanding clinical duties.

Study aim: to define how neurosurgical Faculty currently complete resident performance evaluations and identify changes needed to encourage their feasible integration into busy clinical environments.
A 55-item questionnaire was sent to all Canadian neurosurgery Faculty with publicly available email addresses using a SurveyMonkey® platform and standard online survey guidelines.
Preliminary results (N36) were representative of all Canadian regions and 58% had >11 years of experience as Faculty.

78% of Faculty currently complete resident evaluations on a MONTHLY or END OF ROTATION basis and spend an average of 10 minutes completing each.

Faculty stated that if a resident evaluation took less than 4 minutes to complete, 83% would complete EPA assessments on a DAILY or WEEKLY basis.
Three-quarters of Faculty deemed the following very or extremely important:

1) a mobile application for accessing and assessing a resident’s EPAs

2) documenting a resident’s weaknesses and providing contextual comments for an EPA assessment

Providing evaluations using checklist items for an EPA was considered by many (70%) to be less important.

86% of Faculty believed that 5 different levels was an ideal number of levels of entrustment for EPA assessments.
Faculty believe the following performance qualities are necessary for demonstrating competence achievement of an EPA:

* Performing without supervision, or in response to rare events were not considered necessary for demonstrating competence.
DISCUSSION

- This study reports on Faculty perspectives regarding the feasibility of neurosurgery resident EPA assessments within a competency-based education framework.

- Faculty’s recommendation to create assessment forms that take less than 4 minutes to complete was drastically lower than the proposed evaluation form completion times of twenty minutes to an hour by other studies involving non-neurosurgical specialties. 1, 2, 3

- Accommodating Faculty time preferences for EPA assessment form completion could improve Faculty completion rates from MONTHLY/END OF ROTATION BLOCK to DAILY/WEEKLY.

- This highlights the importance of designing EPA assessments around professional practice so as to minimize clinical disruption and promote their uptake by Faculty.

To facilitate the seamless integration of frequent and formative resident performance evaluations into the complex clinical environments of neurosurgery, resident EPA evaluation forms should:

1) take less than 4 minutes to complete
2) be accessible through a mobile application
3) include necessary qualities deemed important for the development and demonstration of competence