



CEHPEA
CENTRE FOR THE EVALUATION OF HEALTH
PROFESSIONALS EDUCATED ABROAD

ANNUAL REPORT 2011/12



BRANCHING OUT

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Debra Sibbald, BScPhm RPh ACPR MA, PhD, Director of Assessment Services

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OUR PARTNERS

As we develop our assessments and orientation programs, we collaborate with our partners and stakeholders, including the provincial and federal governments, medical schools, physicians, nurses and allied health professionals. Other key stakeholders include the College of Physicians and Surgeons of Ontario, the Royal College of Physicians and Surgeons of Canada, the Council of Ontario Faculties of Medicine, the College of Nurses of Ontario and the regulatory bodies of the other health professions.

**If you would like to obtain a copy of CEHPEA's audited financial statements for 2011/12, please send your request to info@cehpea.ca*

BRANCHING OUT

Message from the Executive Director and CEO

It is a privilege to update you on the many developments that have taken place at CEHPEA in the past year. A deeply engrained part of our culture is a commitment to excellence in assessments and training and we continuously evaluate, refine and evolve our existing products and services, while branching out in new directions.

We continue to play leadership roles as part of the National Assessment Collaboration (NAC) Central Coordinating Committee. Much of the work performed by the NAC involves the development, review and testing of examination content for the national exam to assess readiness of physicians educated abroad for entry-level training – the NAC Objective Structured Clinical Examination (OSCE). CEHPEA's Psychometrician Consultant, Arthur Rothman, EdD, has chaired the NAC OSCE Test Committee for the past two years. The NAC OSCE was formally launched in March 2011 and CEHPEA is the largest test site in the country, running four exams each year and assessing close to 600 candidates.

We also assess candidates' appropriateness for advanced specialty training or practice ready assessment, offering clinical and written exams for seven specialties and surgical skills assessment for three of those specialties.

Although our original focus was on assessments for IMGs and Canadians educated abroad (CEAs), given our experience developing and running large-scale written and clinical examinations, we have increasingly been asked to apply our expertise to other areas. Last year, we partnered with the College of Nurses of Ontario (CNO) to create a Quality Assurance Practice OSCE for nurse practitioners. The pilot took place in June 2011 and the first full assessment is slated for June 2012. The initiative was a new direction for us as the assessment did not involve internationally educated health professionals or licensing and was purely related to maintaining competence for Ontario's nurse practitioners.

In another major new development last year, we have been working with the CNO to create and implement a new assessment process for internationally educated nurses (IENs) that want to write the Canadian Registered Nurse Examination (CRNE). Approved and funded by the Ministry of Health and Long-Term Care, the



Anne Marie Crescenzi

new process will include rigorous written and clinical exams to ensure that standards for entry to practice are met, while at the same time reducing the backlog of applicants and increasing the number of qualified nurses in Ontario. A pilot study is scheduled for September 2012, and we expect to be able to assess up to 1250 IENs by the end of the 2013-2014 fiscal year - the scale of which is unprecedented in Canada.

A priority on the administration front last year has been building the infrastructure and capacity to support our expansion: hiring a director and two new managers and trainers to shore up our assessment operations; acquiring additional clinical examination rooms; and expanding our Standardized Patient Program to accommodate the high volumes of OSCEs that we will be running.



Our Educational Programs team conducted an extensive evaluation of the Pre-Residency Program (PRP) for family medicine and the Orientation to Training and Practice in Canada (OTPC) for specialists. Both programs were created to help internationally educated physicians transition to training and practice in Ontario. The review, which took into account feedback from the students and physician lecturers, revealed that in addition to changing student demographics and needs, the lecturers wanted to be more involved in creating and delivering the courses.

Based on that feedback, the sessions were re-designed so that physicians now lead the sessions, including the experiential learning component, and the skills check process. New tools and processes were created to improve the skills checks, new courses were added and new Academic Advisors were introduced to help candidates identify and achieve their learning goals. We were also pleased to appoint two Academic Consultants to provide input and guidance to the Director of Educational Programs.

Following the successful implementation of a hybrid delivery educational model for OTPC in 2011 (classroom, experiential and online learning) and in discussion with the Family Medicine Program Directors and IMG Coordinators, we launched a hybrid program for PRP in March 2012. The new model offers many benefits to participants, including more flexibility, earlier access to the materials and multiple opportunities to discuss content with peers and facilitators.

As we celebrate our accomplishments in 2011/12 we would like to acknowledge the governance provided by our Board of Directors, the passion and expertise of our partners, the funding and support from the Ministry of Health and Long-Term Care and the exceptional talent of our staff. Time and time again, they have been called upon to creatively address the needs of Ontario's health care system – often delving into uncharted territory. They have consistently responded, delivered and excelled. It is gratifying to know that our team is helping to increase access to health care while ensuring that the highest standards of care are met.

OUR VISION

To facilitate access to a health care career to internationally educated health professionals who want to reside and practice in Ontario, through the provision of evaluation and orientation services.

About CEHPEA



The Centre for the Evaluation of Health Professionals Educated Abroad (CEHPEA) is the only organization in Ontario that provides assessment, evaluation and training programs for internationally educated health professionals. With state-of-the-art examination and education facilities in downtown Toronto, it is the largest assessment centre of its kind in Canada.

CEHPEA is part of the province's HealthForceOntario strategy to address the shortage of health human resources, including expanding and enhancing services provided to internationally educated health professionals.

Its overall goal is to facilitate entry to training or practice for internationally educated health care professionals. It plays a dual role – providing assessments to ensure candidates meet Canadian standards and providing education programs to orient them to training and practice in Canada.

OUR MISSION

To be an integral part of the Ministry of Health and Long-Term Care's health strategy by providing ongoing evaluation and orientation programs for internationally educated health professionals based on the needs of Ontario's health care system and applicants.

ASSESSMENTS

CLINICAL AND WRITTEN EXAMINATIONS



“We have an obligation to the public we serve, to guarantee the best health care professionals for Ontario, regardless of where they are educated. Our principles centre on setting defensible standards to protect the public. As gatekeepers, we ensure that benchmarks are appropriately aligned and that criteria are valid, consistent and transferable.”

Debra Sibbald, Director of Assessment Services



2011/12

HIGHLIGHTS

EXPANDING TO NEW PROFESSIONS

The Ontario government, as part of its HealthForceOntario strategy, recognized the importance of internationally educated health care professionals and had the foresight to invest in CEHPEA as it created the largest international medical graduate (IMG) assessment centre in Canada.

CEHPEA's core business originally focused on large-scale written and clinical examinations to assess IMGs' readiness to train and practice in Ontario. It has continued to refine and grow that part of its business and has played a leadership role in developing a new, National Assessment Collaboration Objective Structured Clinical Exam for IMGs. CEHPEA now runs the largest test site in Canada.

Increasingly, CEHPEA has been called upon to apply its assessment expertise with IMGs to other areas. For example, it developed the assessment standards for IMGs applying to become Physician Assistants - a new role in Ontario - and created the province's first assessment and selection process. Last year, CEHPEA partnered with the College of Nurses of Ontario (CNO) to create a Quality Assurance Practice Objective Structured Clinical Exam (OSCE) for nurse practitioners in the province. The pilot took place in June 2011 and the first full assessment is slated for June 2012. In another exciting new direction, CEHPEA and the CNO are developing and implementing an assessment process for Internationally Educated Nurses (IENs). As the number of IENs is triple the number of IMGs, the scale of these assessments is unprecedented in Canada.

“We have an obligation to the public we serve, to guarantee the best health care professionals for Ontario, regardless of where they are educated”, says Debra Sibbald, CEHPEA's Director of Assessment Services. “Our principles centre on setting defensible standards to protect the public. As gatekeepers, we ensure that benchmarks are appropriately aligned and that criteria are valid, consistent and transferable.”

1.

Partnered with the College of Nurses of Ontario to create and implement a Quality Assurance Objective Structured Clinical Exam (OSCE) for nurse practitioners and a new, provincial assessment process for internationally educated nurses

2.

Expanded our Standardized Patient Program to accommodate the high volumes of OSCEs that we will be running

3.

Continued to play a leadership role with the National Assessment Collaboration Central Coordinating Committee (NAC3)

Introducing CEHPEA's New Assessment Leadership Team

DEBRA SIBBALD

Debra Sibbald is the Director of Assessment Services at CEHPEA. She heads a team of managers and staff dedicated to advancing standards of excellence in assessment. Her efforts are committed to developing and refining assessment policies and practices to meet the demands of health professional communities at a provincial and national level as well as designing and refining educational and research initiatives in assessment.

A Sir James Dunn scholar, Debra received her baccalaureate degree in Pharmacy summa cum laude, and completed a residency at Toronto General Hospital. She has a MA in Adult Education, and a PhD in Education, in Curriculum, Teaching and Learning. Her Master's thesis involved developing the first OSCE for undergraduate Pharmacy students, an exam she has administered annually since 1996. Her doctorate work focused on performance and written assessments in preparation for and maintenance of practice competency, through classroom and online designs promoting self-efficacy and collective responsibility. She continues research in these areas, developing models of excellence, including leveraging multiple choice examinations for enhancement of peer and self-assessment, guided self-reflection, and portfolios.

Debra has been involved in teaching at the Lesley Dan Faculty of Pharmacy University of Toronto since 1975, and has been a course instructor since 1993. She is a Senior Lecturer, Chair of the Curriculum Committee and the Coordinator for Critical Reasoning, responsible for ensuring that curriculum and course designs are developed and evaluated to deliver outcome competencies. She serves on a large number of Faculty and University committees,

including the Inter-Professional Assessment and Evaluation Committees.

Debra has practiced in both hospital and community settings as a specialist in Drug Information, Dermatology, and Self-Care. She is an author of over 69 publications, including several Dermatology and Self-Care texts, and is a frequent guest speaker to inter-professional audiences in her areas of expertise, including educational design and assessments, continuing and inter-professional education, computer-assisted instruction, Dermatology, wound care, and Self-Care. She serves on twenty-one editorial and advisory boards.

Debra has been the recipient of twenty-two academic awards and honours. She was Professor of the Year on three separate occasions at the Faculty of Pharmacy; winner of the 1998 Literary Award for the Canadian Society of Hospital Pharmacists; and winner of the 1998, 2001 and 2003 AACP (American Association of Colleges of Pharmacy) Innovations in Teaching Competition. In 2011, she received the Vice President and Provost Merit Award, University of Toronto.

SUZANNE BAMBRICK

Suzanne Bambrick is the Manager, Assessment Operations at CEHPEA. Following CEHPEA's commitment to the highest level of valued assessment in the country, Suzanne works closely with her team of exam coordinators and standardized patient trainers in all areas of examination development, planning and administration.

Prior to joining CEHPEA, Suzanne worked for 12 years in student career services and recruitment at the University of Toronto, Faculty



Suzanne Bambrick

Debra Sibbald

Justine Navarro

of Law. While at the Faculty, Suzanne fostered relationships within the legal community and implemented a consistent and fair process for the recruitment of law students by the large law firms in Canada.

In her spare time, Suzanne can be found at an arena or soccer field cheering on her four children. She is also a strong supporter of her community, often volunteering at events. In 1997 Suzanne formed the advocacy group My Autistic Child, which included a group of parents seeking better educational and community supports for children, teens and adults living with Autism.

JUSTINE NAVARRO

Justine Navarro recently joined CEHPEA as the Manager of the Internationally Educated Nurses Program. Justine is a Registered Nurse with a clinical nursing background in critical care/emergency. As an Advanced Practice Nurse, Justine has extensive experience in various domains of nursing, including nursing education, research, and administration. Her passion and commitment for professional nursing practice was strengthened in her work as a Program

Manager for the Registered Nurses' Association of Ontario, where she lead a national initiative focused on facilitating the uptake of evidence-based practice into daily nursing practice.

Justine also taught baccalaureate students in the Ryerson, George Brown and Centennial College collaborative nursing degree program. In this role, Justine supervised and facilitated students' clinical learning experiences to ensure the provision of safe, ethical, and competent care. Furthermore, Justine continues to participate in research initiatives pertaining to nursing education and curriculum. Her research interests lie in the area of mentorship in nursing, new graduate nurses, career planning and development, and internationally educated nurses.

Justine has a Bachelor of Science in Nursing degree and a Masters in Nursing degree from Ryerson University. Justine continues to practice nursing in a community hospital emergency department and volunteers as a nursing preceptor to graduate nursing students.

"We constantly evaluate and improve our processes, products and services based on best practices and feedback from our partners and clients."

Suzanne Bambrick, Manager, Assessment Operations



SUPPORTING EXCELLENCE IN TESTING

CEHPEA has earned a reputation as a world-class centre for rigorous and objective assessment. Several factors have contributed to its success:

- Partnerships
- Accurate and valid results
- Ongoing refinement of the examination process
- An outstanding Standardized Patient Program
- World-class examination facilities

As it develops its assessments and orientation programs, CEHPEA has increasingly collaborated and consulted with its partners and stakeholders, including provincial and federal governments, medical schools, physicians, nurses and allied health professionals. Other key stakeholders include the College of Physicians and Surgeons of Ontario, the Royal College of Physicians and Surgeons of Canada, the Council of Ontario Faculties of Medicine, the College of Nurses of Ontario, and other regulatory bodies of the various health professions.

Exams created by CEHPEA are constructed and validated by its own in-house experts working in collaboration with health professional education experts from Ontario's universities and professional colleges. Extensive training is provided for examiners and standardized patients and their feedback, along with candidate evaluations, is solicited every step of the way. On an ongoing basis, CEHPEA takes an exceptional amount of care to ensure that rigorous processes are in place to evaluate and validate the accuracy of testing procedures and the calculation of results.

In 2007, CEHPEA established its own Standardized Patient Program for clinical examinations. The program has evolved and grown to include a diverse pool of 300 standardized patients, with plans to expand to approximately 600 by 2013.

CEHPEA's state-of-the-art examination and education centre, located in downtown Toronto, was designed specifically to accommodate large-scale written and clinical examinations. Special features include: extensive conference space; two floors linked by an internal staircase; large training rooms; a sequestering area; a security monitoring and recording system; and, 78 clinical examination rooms equipped with medical examination tables and diagnostic equipment.

EXAMINATIONS FOR INTERNATIONAL MEDICAL GRADUATES

Through large-scale written and clinical exams, CEHPEA assesses the skill level of international medical graduates (IMGs) and their readiness for practice in Ontario. Its evaluations ensure that IMGs meet the standards for Canadian training and practice, enable them to compare their clinical competencies with those of Canadian medical graduates and improve their chances of obtaining residency positions.

While other provinces mostly focus on assessment of fully-trained physicians, Ontario (through CEHPEA) provides assessments of IMGs across the entire spectrum of readiness, ranging from candidates with no prior experience, to those with partial training and practice experience, to physicians that have years of medical practice experience in another country.

TOP 10

Countries where CEHPEA applicants received their medical undergraduate degree

India	Iran	Pakistan	Egypt	Iraq	Bangladesh	Nigeria	Romania	Sri Lanka	Russia
11.82%	11.82%	11.82%	13.51%	4.56%	4.39%	3.04%	3.20%	3.04%	2.70%
12.73%	12.73%	12.73%	10.61%	5.30%	5.09%	3.60%	2.97%	2.12%	1.48%
9.78%	20.67%	12.29%	9.50%	6.98%	5.31%	1.96%	2.79%	5.59%	3.63%

■ 2009/10
 ■ 2010/11
 ■ 2011/12

CEHPEA NAC OSCE FAST FACTS

CEHPEA assesses IMGs to determine their preparedness for the following levels of postgraduate medical education:

- 1) Entry-Level Training (PGY1 – first year of postgraduate training in Family Medicine or Specialty Residency Program)
- 2) Advanced Specialty Training (PGY2 – second year of postgraduate training in a Specialty Residency Program)
- 3) Practice Ready Assessment – six month assessment in a supervised clinical setting

National Exam Assesses Readiness for Entry-Level Training

The National Assessment Collaboration (NAC) is an alliance of Canadian organizations seeking to streamline the evaluation process through which international medical graduates (IMGs) become licensed to practise medicine in Canada. To enhance the integration of IMGs into the Canadian health care system, the NAC developed a national, standardized set of assessments that accurately and efficiently assesses an IMG's medical knowledge and clinical skills.

The NAC receives funding from Health Canada and comprises a number of Canadian organizations including:

- Health Canada
- The Medical Council of Canada
- Provincial and territorial governments
- Seven regional IMG assessment programs
- Provincial and territorial medical regulatory authorities
- The Federation of Medical Regulatory Authorities of Canada
- The Association of Faculties of Medicine of Canada
- The Royal College of Physicians and Surgeons of Canada
- The College of Family Physicians of Canada
- The Canadian Medical Association

1.

CEHPEA is the largest test site in the country, running four exams annually and assessing close to 600 candidates. By comparison, other provinces run one or two exams a year.

2.

Each exam includes a 12-station OSCE and a written therapeutic examination.

3.

CEHPEA can facilitate up to 144 candidates during each exam (72 in the morning and 72 in the afternoon)

AGEDISTRIBUTION of IMG candidates applying to CEHPEA

< 29 years of age	30-39 years of age	40-49 years of age	> 50 years of age
7.43%	43.75%	37.50%	11.31%
10.82%	40.55%	38.00%	10.61%
8.38%	44.41%	50.50%	6.70%

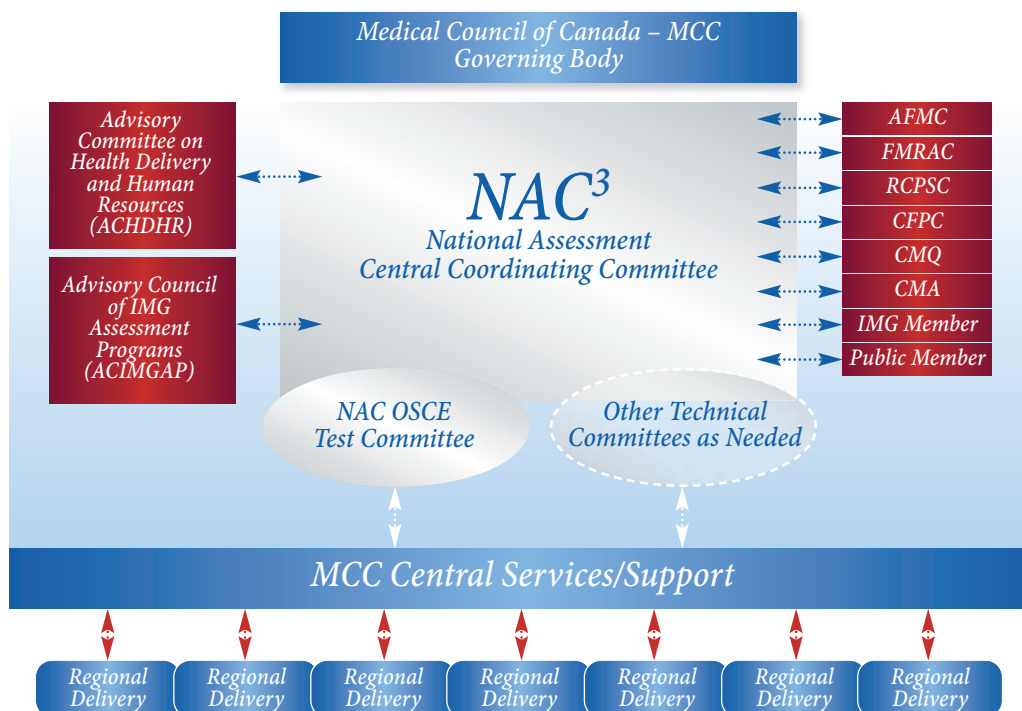
■ 2009/10
 ■ 2010/11
 ■ 2011/12

Much of the work performed by the NAC involves the development, review and testing of examination content. This work is performed by the NAC OSCE test committee, which is chaired by Arthur Rothman, EdD, Psychometrician Consultant for CEHPEA. As well, CEHPEA provided a large amount of the examination content for the NAC OSCE from its clinical examination (CE1) item bank.

Formally launched in March 2011, the NAC OSCE was created to be acceptable to all jurisdictions in Canada and to ensure more mobility for IMGs with a nationally recognized credential.

Given its expertise with large-scale written and clinical assessments, CEHPEA's Executive Team plays a leadership role at the national level as members of the NAC Central Coordinating Committee (governance committee) and as members of the Advisory Council of IMG Assessment Programs.

The Medical Council of Canada serves as the central coordinating and administrative body to standardize the development, measurement and administration of the OSCE assessment process. However the examination is administered locally by the provincial test centres.



ADVANCED SPECIALTY Assessments Offered by CEHPEA

	Specialty Written Examinations	Specialty Clinical Examinations	Surgical Skills
Anesthesia	✓	✓	
General Surgery	✓	✓	✓
Internal Medicine	✓	✓	
Obstetrics/Gynecology	✓	✓	✓
Ophthalmology	✓	✓	
Orthopedic Surgery	✓	✓	✓
Pediatrics	✓	✓	

CEHPEA NAC OSCE FAST FACTS

Examinations for Experienced Physicians Seeking Advanced-Level Training

International medical graduates (IMGs) who have experience as physicians in other countries may be able to apply for Advanced Specialty Training and Practice Ready Assessment (PRA).

Advanced Specialty Training (PGY2) refers to the second year or more advanced years of postgraduate training in a specialty residency program. IMGs entering at an advanced level have been assessed as requiring between one and four years of training in order to meet the registration requirements to practice in Ontario.

Practice Ready Assessment (PRA) allows physicians, with previous practice experience in another country, to undergo a six-month assessment in a supervised clinical setting to determine whether or not they need further training or are ready to enter directly into practice. Upon successful completion of the PRA, they are considered practice ready and can apply for registration to practice medicine in Ontario. This assessment yields huge benefits by fast-tracking the process, saving time and money and increasing the number of qualified specialists in the province.

CEHPEA provides the following assessments to test candidates' appropriateness for the PGY2 or PRA levels in the specialty stream:

- Specialty Clinical Examinations (CE2)
- Specialty Written Examinations (SWE)
- Surgical Skills Assessment at the University of Toronto's Surgical Skills Centre at Mount Sinai Hospital

4.

The exam is run on two floors with each floor operating three tracks of candidates.

5.

For each exam CEHPEA needs approximately:

- 140 Standardized Patients to portray the clinical roles
- 80 examiners
- 45-50 additional casual support staff (hall monitors, catering, candidate registration, candidate exam orientation, exam sheet quality checkers and candidate greeters)

“Internationally educated nurses are an untapped resource and they have the knowledge and experience to make positive contributions to Ontario’s healthcare system. The Internationally Educated Nurses Competency Assessment Program (IENCAP) is a trail-blazing initiative that will complement the current assessment of IENs by evaluating entry-to-practice nursing knowledge and competencies and will help to ensure the public is protected.”

Justine Navarro, Manager, Internationally Educated Nurses Program




DEVELOPING A NEW ASSESSMENT PROCESS FOR INTERNATIONALLY EDUCATED NURSES

Aging and attrition is threatening the sustainability of the nursing workforce and there are areas in Ontario where it is difficult to recruit nurses. Fortunately, there is a supply of internationally educated nurses (IENs) in Ontario that could alleviate the strain on front-line nursing staff if they were integrated into the health system workforce.

Currently, the College of Nurses of Ontario (CNO) assesses IENs who wish to practice as registered nurses in Ontario. The process is a paper-based system that evaluates the IEN’s previous education curriculum and relevant practice experience to ensure that entry-to-practice competencies are met and are equivalent to Ontario-educated nursing graduates entering into the nursing profession. CEHPEA established a partnership with the CNO to develop an objective and stream-lined process to evaluate entry-to-practice knowledge and competencies- one that will complement the current assessment process and help IENs to understand how their qualifications compare with current nursing competencies. The project was approved by the Ministry of Health and Long-Term Care in April 2011.

“There are two major aspects to this initiative – public safety and access,” says Anne Coghlan, the CNO’s Executive Director. “We are creating a rigorous assessment process that is psychometrically sound, objective, defensible, fair and transparent. The public and employers can be confident that although these nurses were not educated in Ontario, they have been assessed and possess the foundational entry to practice competencies. At the same time, we hope to reduce the current backlog and expedite the evaluation of applicants who want to write the entry to practice exam.”

Since being given the green light by the Ministry, CEHPEA has led the planning and development of IEN assessments, which will include both a written and clinical component.

 We are creating a rigorous assessment process that is psychometrically sound, objective, defensible, fair and transparent.

Anne Coghlan,
Executive Director, College of Nurses of Ontario





“With the number of internationally educated nurses being roughly triple the number of international medical graduates, the scale of these assessments is unprecedented in Canada. To prepare for the high volumes of OSCEs that CEHPEA will be running, we have hired new leaders and trainers, acquired additional clinical examination rooms and expanded our Standardized Patient Program significantly.”

Arin De Fazio, CEHPEA's Director of Finance and Administration



A priority on the administration front last year has been building the infrastructure and capacity to support our expansion: hiring a director and two new managers and trainers to shore up our assessment operations; acquiring additional clinical examination rooms; and expanding our Standardized Patient Program to accommodate the high volumes of OSCEs that we will be running.

CEHPEA worked with the CNO and content experts to develop the blueprint for the assessment process, taking into account competencies, specializations, practice venues and sites. What do we want to test? In what setting is this clinical scenario taking place? Should the assessment method be an OSCE or written test? An enormous range of knowledge and skills need to be tested including theory and what is known as “soft skills” such as communications. The assessments will evaluate the IEN’s clinical practice behaviours, knowledge, skills and judgment.

“A huge aspect of the process is customizing the assessment,” says Debra Sibbald, CEHPEA’s Director of Assessment Services. “Nursing is a self regulatory profession and it is very collaborative and context specific. For example, where are the nursing functions being performed? We worked with the CNO to customize the assessments to nursing and came up with a defensible program in terms of measurement based on the profession. The ultimate goal is to create a model that is the gold standard that could potentially become the national model.”

Once the blueprint was in place, CEHPEA conducted workshops in January and March to develop written and clinical items. Two Chief Nursing Examiners were appointed to support the development and review of scenarios or items and to ensure that items are evidence-

based and supported by current research and best practice guidelines.

“Nursing education varies widely around the world and we need to create a level playing field,” says Chief Nurse Examiner Tammie McParland, Assistant Professor of Nursing at Nipissing University and an RN with extensive experience in acute care and nursing education. “Among other things, the new assessment process provides a wonderful opportunity for applicants to demonstrate their clinical competence and experience in an objective setting. Participating in this initiative has taught me a lot about internationally educated nurses and how to write an OSCE. It is one of the most exciting things I have done in the course of my growth as a nurse.”

A pilot study is scheduled for September 2012. This pilot study will involve nursing students in year four of their BScN program, as well as new nurses with less than five years of practice experience. CEHPEA plans to assess up to a potential of 1250 IENs by the end of 2013-2014 fiscal year.

A major benefit of this new assessment process is that it will provide IEN candidates with specific and individualized feedback that identifies areas for further development and learning. Successful IENs who demonstrate entry-to-practice competencies equivalent to Ontario graduates will be deemed eligible to write the Canadian Registered Nurses Examination. IEN candidates who receive an unsuccessful result will get feedback to guide further learning.

“We will test the candidates’ understanding of standards and knowledge, interaction with patients and how they involve the

APPLICANTS **SUMMARY** for RN Registration in Ontario (2011)

Number of Applicants

Internationally Educated Nurses	2,637
Ontario Educated Nurses	3,848

Source: College of Nurses of Ontario

patients with their care,” says Chief Nursing Examiner Heather Scott, an RN who works as a Community Care Access Centre Case Manager in Hamilton General Hospital’s emergency department. “The assessment process will provide very useful information for the candidate as it will help to identify any gaps in their knowledge. With this information, IENs will know what to concentrate on and develop prior to attempting the CRNE. Most importantly, examinations/OSCE’s will ensure a high standard of nursing expertise.”

CREATING AN OSCE-STYLE ASSESSMENT FOR NURSE PRACTITIONERS

A few years ago, the College of Nurses of Ontario (CNO) approached CEHPEA about collaborating to develop an ongoing, Objective Structured Clinical Examination (OSCE) practice assessment for nurse practitioners in the province. This initiative represented a departure from CEHPEA’s core business as it was not linked to internationally educated health professionals, did not relate to licensing and is purely related to continuing competence. But CEHPEA readily accepted the challenge of applying its exam expertise in a brand new direction.

“We were able to leverage CEHPEA’s expertise in assessing continuing competence to create an OSCE for nurse practitioners,” says Anne Coghlan, CNO’s Executive Director. “It is one part of our Quality Assurance Practice Assessment for nurse practitioners, which also includes an Objective Test and a Chart Review and Interview Assessment. “

CEHPEA worked with CNO experts to identify the competencies they needed to assess, developed the blueprint and helped them to develop OSCE stations. The stations were all put through a very strong development process and field tests. The pilot was completed on June 1, 2011 and the launch is slated for June 19, 2012.



Nursing education varies widely around the world and we need to create a level playing field.



Tammie McParland,
a CEHPEA Chief Nurse Examiner and
Assistant Professor of Nursing at Nipissing
University

“In real life, people tend to be talkative with their doctors and share a lot of information, but as a standardized patient within an exam we are not able to offer any information. We need to wait for the candidates to ask questions and draw out the information they need.”

Janet Lo, standardized patient with CEHPEA's program and a professional actor



STANDARDIZED PATIENTS PLAY CRUCIAL ROLE IN ASSESSMENTS

Standardized patients portray patients in various medical situations, in a consistent, standardized manner. While some standardized patients are actors, many are not. They are men and women of all ages, physical types, ethnic groups and various backgrounds to represent the various types of patients they will be portraying. What they do have in common is that they are strong communicators, have the ability to learn quickly and adapt easily to a variety of different situations.

The simulations are a core component of CEHPEA's clinical exams, which consist of 11-minute stations depicting various clinical scenarios with individuals playing the role of patients. The candidates have eight minutes to interact with a standardized patient – taking a history, conducting a physical exam, explaining a management plan or counseling.

In 2007, CEHPEA launched its own Standardized Patient Program and since then it has grown to include a diverse pool of 300 standardized patients and three trainers reporting to the recently appointed Manager of Assessment Operations. With the expansion of CEHPEA's assessments to include internationally educated nurses (IENs), the program is expected to almost double in size in the next year.

The mission of the program is to have a standardized patient realistically convey an illness to a candidate in a consistent and measurable way. To achieve this, CEHPEA is constantly refining its screening and training processes for standardized patients, along with ongoing evaluation of the standardized patients' performance by the trainers, examiners and CEHPEA staff. Trainers undergo


intensive training sessions where they learn new training techniques that will enhance standardization and consistency of patient portrayals.

“Most people only know about standardized patients through Seinfeld episodes where Kramer played that role,” says Michael Rawley, a standardized patient and an actor that does TV commercials and theatre, among other things. “But of course, CEHPEA's program isn't like that at all. We cannot improvise.”

It is essential during clinical assessments that the patient presents the same way for every candidate. It is important to ensure that each candidate has the same task and same experience with the patient so that all candidates can be assessed in a fair and equitable way.

CEHPEA has created complete scenarios for the standardized patients to learn, including medical complaints, histories and personal details about their lives. CEHPEA's trainers show the standardized patients how to move like the patients they are representing and how to respond to the physical examination. They also explain how to portray the appropriate affect for the role. Before each examination, the standardized patients complete a dry run with the Chief Examiner to ensure they are standardized and presenting the role accurately.

“We are constantly reminded what a high stakes exam this is and how important it is for candidates,” says standardized patient Janelle Hanna, an actor that is completing her Masters in Acting. “We may see up to 30 candidates in a day and it is critical to be consistent so that every individual will have the same experience with the station. The training we receive at CEHPEA is excellent. It is obvious they hold a very high standard for their assessments and we are always well prepared.”



Fergus O'Connor, Standardized Patient Coordinator and Trainer, orients standardized patients to a new role.

The training and standardization outcomes are clearly defined, and the trainers and standardized patients are all working towards the same goals. On examination day, the standardized patients have direct contact with the candidates and are focused on portraying their roles accurately and being as consistent as possible in order for the candidates to be able to perform at their best.

“Some of the candidates seem panic stricken,” says Rawley. “It is a lot of pressure on them as they strive to use their skills in Canada. So the work is very serious and important – but also a lot of fun.”

Janet Lo is a standardized patient with CEHPEA's program and an actor with extensive experience in theatre, movies, commercials and role play. She has played a wide gamut of patient roles from a business woman in a rush, to a battered wife, to a woman receiving bad news. Some roles involve a lot of crying and others are more physical requiring a hands-on examination. She thinks the simulations are tougher than real life situations.

“In real life, people tend to be talkative with their doctors and share a lot of information, but as a standardized patient within an exam we are not able to offer any information. We need to wait for the candidates to ask questions and draw out the information they need,” says Lo.

In her role as a patient, Lo has experienced great differences in candidates' “bedside manner” and how they deliver messages. It makes her realize that “It is not necessarily what they say to patients but how they say it.”

About CEHPEA's Standardized Patient Program

The Standardized Patient Program has grown to the point that CEHPEA is now able to offer its services to other organizations. The program can provide standardized patients for large or small groups, along with expert advice on and assistance with developing clinical scenarios for training and evaluation.

Features

1.

Rigorous screening, training and evaluation processes

2.

A diverse pool of more than 300 standardized patients - men and women of all ages (14 to 75), physical types, ethnic groups and backgrounds

3.

An extensive database of clinical scenarios for:

- Anaesthesia
- Dermatology
- Family Medicine
- General Surgery
- Internal Medicine
- Nursing
- Obstetrics/Gynaecology
- Ophthalmology
- Orthopaedic Surgery
- Pathology
- Paediatrics
- Psychiatry
- Radiation Oncology

EDUCATION PROGRAMS

PREPARING PHYSICIANS EDUCATED ABROAD
FOR RESIDENCY



“The major theme for the past year is program review and renewal. We are continually seeking input to try to improve our delivery methods and models. It is very important that our programs are relevant and meaningful to the students.”

Marie Rocchi, Director, Educational Programs



2011/12

HIGHLIGHTS

Several years ago, Program Directors in Family Medicine at Ontario's Faculties of Medicine recognized that even though international medical graduates (IMGs) were proficient in English, they seemed to be struggling in their first year of residency.

Residents work on many units during their training, with different teams and specialists. Family medicine trainees have a relatively short term (two years) compared to specialty candidates, and they are expected to be able to perform within the health care system from the outset of their training. The Program Directors approached CEHPEA about creating a program to help prepare IMGs, including Canadians educated abroad (CEAs), for residency in Ontario.

CEHPEA researched, designed and developed the Pre-Residency Program (PRP), which continues to be offered today. According to the preceptors and Family Medicine Program Directors, PRP has been successful in preparing IMGs for family medicine residency training; new residents are better able to handle their responsibilities in the training and patient care environments.

Based on the success of the PRP, another group of Program Directors asked CEHPEA to create a similar program for physicians educated abroad that have been accepted into residency positions for specialties. The Orientation to Training and Practice in Canada (OTPC) was launched in 2009 as an intensive preparatory program for IMGs including CEAs accepted into the first year for postgraduate training in specialty residency positions at Ontario medical schools. Both programs are now mandatory for all IMGs and CEAs that have been accepted into residency positions in the province.

1.

Conducted an extensive evaluation of the Pre-Residency Program (PRP) for family medicine and the Orientation to Training and Practice in Canada (OTPC) for specialists

2.

Launched PRP as a hybrid model – classroom, experiential and online learning opportunities

3.

Created physician-led education programs and initiative several changes to support this new direction:

- Appointed Academic Consultants
- Created Academic Advisor Role
- Improved Skills Check tools and processes



Dr. Shobhan Vachhrajani

Marie Rocchi

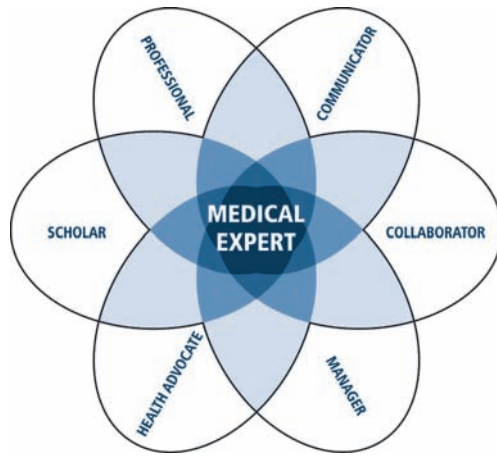
Dr. Eric Wong

Introducing CEHPEA's New Academic Consultants

Marie Rocchi, CEHPEA's Director of Educational Programs is pleased to announce the appointment of two Academic Consultants –Dr. Shobhan Vachhrajani for OTPC and Dr. Eric Wong for PRP. Drs. Vachhrajani and Wong will be providing input and guidance to the curricula and Director of Educational Programs.

Dr. Vachhrajani is a Senior Resident in neurosurgery and PhD candidate in clinical epidemiology, University of Toronto. Dr. Wong is Assistant Professor and Postgraduate Director, Department of Family Medicine; Academic Director - Postgraduate Family Medicine, Southwestern Ontario Medical Education Network, Schulich School of Medicine & Dentistry, the University of Western Ontario. Drs. Wong and Vachhrajani are also Physician Lecturers, Online Facilitators and Academic Advisors at CEHPEA.

CanMEDS Framework



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THE IMPORTANCE OF ORIENTATION PROGRAMS

Canadian medical culture is patient-centred and patients want doctors to communicate frequently and clearly as well as collaborate with other members and components of the health care system. This can require an adjustment for IMGs that come from cultures that are doctor-centred. CEHPEA's education programs originally focused on the needs of IMGs; however, there has been a shift in learner demographics. Currently, CEAs comprise the majority of students relative to IMGs that attend CEHPEA's education programs.

Even though CEAs may have studied in educational systems similar to Canada – such as Ireland and Australia and some Caribbean schools – the medical cultures and health care systems are often different. Transition programs are important because health care systems vary from country to country and even among provinces in Canada.

“We try to achieve a balance between the unique needs of IMGs and CEAs and their common learning needs,” says Dr. Eric Wong, a family physician who is also a Physician Lecturer, Academic Advisor and Academic Consultant at CEHPEA. “All trainees can benefit from information about Canada's health care system infrastructure, resources that are available to them and how to fit into residency positions in Ontario.”

CEHPEA's educational programs provide an immersion in Canadian practice expectations. They are grounded in the CanMEDS Framework (2005), which was developed by the Royal College of Physicians and Surgeons of Canada and outlines the roles for a physician, in addition to the integrative medical expert role.

“We assume that candidates have the medical knowledge, since they have graduated from medical schools,” says Dr. Murray Urowitz, Director, Centre for Prognosis Studies in Rheumatic Diseases, Professor of Medicine, University of Toronto, Toronto Western Hospital and CEHPEA's Director of Health Professional Affairs. “Our orientation programs stress the other roles highlighted in the CanMEDS framework. We are looking for their ability to communicate, collaborate with others, work as managers and professionals, and advocate for patients.”

Physicians have many interactions within the health care organizations where they work, with various parts of the health care system, the community, other agencies and other professionals that are part of the health care team. The Canadian health care system is very complex and its medical education standards are among the highest in the world. CEHPEA's education programs are designed to help orient IMGs and CEAs to these roles and how to navigate the system. In addition to the many roles they need to learn, residents are required to work in many different units and settings.

“Essentially, family medicine residents start a new job every month,” says Dr. Fok-Han Leung, a family physician who is a Physician Lecturer, Academic Advisor and Examiner at CEHPEA. He is also staff physician at St. Michael's Hospital, Physician Lead at the 80 Bond Health Centre and Assistant Professor, Department of Family and Community Medicine at the University of Toronto. “CEHPEA's education programs really help trainees make the transition from medical student to resident and adapt to the many different environments they will be training in.”

“We have a real responsibility and a unique opportunity to help the IMGs and CEAs with the transition to residency and a new phase in their lives. As advisors, we are able to understand what their needs are, alleviate some of their anxiety and coach them on settling in and succeeding as trainees.”

Dr. Shobhan Vachhrajani, Academic Consultant



AT A GLANCE: CEHPEA'S EDUCATIONAL PROGRAMS

Orientation to Training and Practice in Canada Program

The Orientation to Training and Practice in Canada program (OTPC) is a mandatory, intense preparatory program for IMGs and CEAs who are accepted into the first year of postgraduate training (PGY1) in specialty residency positions at Ontario medical schools. The three-week course consists of a blend of classroom, online and experiential learning. Additionally, ACLS training, which is a requirement prior to starting residency, is offered and is complementary. The course begins by exploring the physician/patient relationship and experiential sessions on interviewing skills through simulations with standardized patients. The second week focuses on the health care system, the hospital environment and the health care team. The third week moves to more of an outward looking view of societal issues, patient populations and the physician's role in the community.

Pre-Residency Program for Family Medicine

The Pre-Residency Program (PRP) is a mandatory orientation program for all IMGs and CEAs who are accepted into an Ontario Family Medicine Residency Program through the Canadian Resident Matching Service (CaRMS).

Phase 1 of PRP is six weeks in duration and consists of a blend of experiential, classroom and online learning. An array of material is presented and explored, including the patient-centered interview process, documentation, collaboration, and other aspects of medical culture in Ontario.

The program covers a number of topics including the health system in Ontario; regulatory aspects; public health; best practice guidelines for care; mental health issues; ethics; and doctor/patient communications.

There are modules on difficult topics such as family violence and breaking bad news. There is a strong emphasis on large group modeling sessions and many simulations involving role plays with the students and standardized patients.

LAUNCHING HYBRID MODELS FOR OTPC AND PRP

Classroom, Experiential and Online Learning Opportunities

Following the successful implementation of a hybrid delivery educational model for OTPC in 2011 (blended classroom, experiential and online) and in discussion with the Family Medicine Program Directors and IMG Coordinators, CEHPEA created a hybrid program for PRP which was launched in March 2012. Many of the online modules that had been created for OTPC were also relevant for PRP and were re-purposed for orientation to family medicine. Online facilitators for PRP were family physicians (in contrast to specialists for the OTPC program).

As with OTPC, the online modules are integrated with the weekly PRP classroom sessions. Designed to be completed at any time, according to the learner's schedule, each module consists of high-quality video lectures that begin with a link to the CanMEDs Framework and learning objectives. Each module has a post-test mini assessment so that learners can measure their mastery of the



material. There are additional resources to enrich the content such as articles, papers and links to websites. Some modules are facilitated and require that learners submit reflective journals, participate in polls and discussion forums, and complete documentation templates specific to Ontario.

In addition to classroom sessions, OTPC and PRP place a strong emphasis on experiential learning. A variety of committed and experienced medical educators work closely with standardized patients to model interactions for the class and provide students with an opportunity to participate in patient simulations in small groups.

The blended model for the programs offers many benefits for students, including more flexibility, earlier access to the materials and multiple opportunities to discuss content with peers and facilitators.

“The process isn’t perfect yet,” says Dr. Wong. “But we are constantly improving. We are trying to figure out how to accurately assess the impact of the programs. For example, how do we know participants have benefited? What do the learners take away? Is what they learn relevant and applicable in their residency training? These are not always easy to measure and we are working on it.”

New Sessions Added to Educational Programs

New classroom sessions were introduced for PRP this year – one on Rural Health and the Emergency Department in a Community Hospital and another on Long-Term Care and Family Health Teams. All are potential practice settings for candidates.

As well, two new online modules have been developed: Gender Issues and Refugee and Immigrant Health. Following the systematic

evaluation of results from PRP and OTPC, others will be commissioned based on need and in discussion with the Academic Consultants.

As part of CEHPEA’s distance learning approach, the education team produced a documentary on OTPC last year and is creating one on the Return of Service (ROS). The focus will be on the path to Return of Service, depicting what candidates will need to consider now (during OTPC and PRP) and as they progress through their training and ROS becomes imminent. The documentary will have several themes:

- Service – highlighting opportunities to serve Ontario communities and populations in need, as well as services for IMGs and CEAs themselves during the process provided by HealthForceOntario
- CanMEDS - demonstrating how ROS allows residents to simultaneously fulfill the roles of Health Advocate, Professional, Medical Expert and Manager
- Health System – community partnership coordinators are organized by LHINs Social Determinants of Health - underscoring the diverse needs of Ontarians, the population to be served and how the residents’ services and contributions are needed by Ontario

“There have been major changes in CEHPEA’s educational programs in recent years and the changes are very positive. Program Directors, IMG Coordinators and students are encouraged to get involved, share feedback, provide suggestions and help create and shape the programs. As well, CEHPEA introduced some novel ways of looking at the programs, resulting in blended classroom, online and experiential learning opportunities. The programs are now more learner and knowledge-centred.”

Dr. Eric Wong, Academic Consultant



EDUCATION PROGRAMS UNDERGO MAJOR REVIEW AND RENEWAL

When Marie Rocchi was appointed to the position of Director of Educational Programs at CEHPEA her bio stated that “she espouses a model of originality, collegiality and collaboration.” During her time at CEHPEA, Marie has proven that she not only talks the talk but clearly walks the walk.

“There have been major changes in CEHPEA’s educational programs in recent years and the changes are very positive,” says Dr. Eric Wong. “Program Directors, IMG Coordinators and students are encouraged to get involved, share feedback, provide suggestions and help create and shape the programs. As well, CEHPEA introduced some novel ways of looking at the programs, resulting in blended classroom, online and experiential learning opportunities. The programs are now more learner and knowledge-centred.”

CEHPEA is constantly evaluating and refining its programs. The past few years, it has experienced a continuing shift in learner demographics and that, along with along with a commitment to ongoing evaluation and improvement sparked a major review of CEHPEA’s education programs in 2011/12.

In addition to launching PRP as a hybrid educational program and introducing new sessions, last year, Marie Rocchi conducted an extensive evaluation of its educational programs, including interviews with all PRP and OTPC lecturers, and asked them: “If you were able to create your session anew, what would you like to do?”

The review, combined with other evaluation results, revealed that student needs were changing. Originally the major focus of the education programs was on communication skills, but increasingly, students were reporting that as an area of strength and were

requesting that more clinical aspects and the CanMEDs manager role be included in the training.

It also became clear that the physician lecturers wanted to be more involved in creating and delivering the curriculum. Based on its evaluation, CEHPEA has created physician-led education programs, and initiated several changes to support this new direction, including:

- Appointing two Academic Consultants
- Creating a new Academic Advisor role
- Improving skills check processes and tools

As OTPC matures as a delivery model, these changes have been infused as part of CEHPEA’s continual improvement. The changes have also been incorporated into the new hybrid model for PRP.

New and Improved Skills Check Processes and Tools

All participants in CEHPEA’s PRP and OTPC are given skills checks to provide an overall assessment of their skills at the beginning and end of the programs. Skills checks are offered in an OSCE format (objective structured clinical examination). In a 12-minute station, each trainee interacts with a standardized patient (that has been trained to depict a condition or disease). Candidates are assessed for their clinical and communication skills, as well as their overall approach to the patient encounter.

Previously, standardized patients served as examiners for the first skills check and the final skills check was conducted by physician examiners. Feedback from the candidates signaled dissatisfaction with the lack of consistency between the two types of examiners, as well as the form that was used and constructs that were measured. Last year, the skills check process was revised so that all the skills checks are conducted by trained physician examiners.

EDUCATIONAL PROGRAM Demographics for 2012

	% of CEAs	% of IMGs	Total Candidates
Pre-Residency Program	61%	39%	97
Orientation to Training and Practice in Canada	61%	39%	132

As well, CEHPEA's Academic Consultant Dr. Shobhan Vachhrajani, Psychometrician Consultant Arthur Rothman and Director of Educational Programs Marie Rocchi, developed a new skills check scoring tool, which was reviewed by a number of clinicians. At the same time, CEHPEA's Education Programs team members consulted with their assessment colleagues to create a series of processes and customized templates to ensure that the data generated by the skills check process are more valid and reliable.

"It is more relevant to have the physicians evaluate the skills check and provide feedback," says Dr. Fok-Han Leung. "Also the original focus of the orientation program was on communication skills, but it is very difficult to isolate communication skills from clinical skills. Now physicians are able to provide feedback on both. Coupled with the fact that the sessions are physician-led, satisfaction rates have gone up."

New Academic Advisor Role Helps Candidates Identify and Achieve Learning Goals

Another new development in 2011/12 was the introduction of Academic Advisors to PRP and OTPC. Selected for their involvement with residents in their respective institutions, as well as for their involvement in CEHPEA's education programs, Academic Advisors are available to help candidates identify and achieve their learning goals. Previously, candidates received the results from their skills check but did not have the opportunity to discuss them in the context of their training within the education program. In the new system, Academic Advisors receive their advisee's CV and skills check results and meet with candidates at the outset of the program, at mid-point and at the program conclusion.

"The students come to the programs with very different aspirations and levels of career development," says Dr. Fok-Han Leung. "As advisors, we have the opportunity to have one-on-one discussions

with them to provide career and academic advice.

It makes it easier for them to bring up awkward or sensitive subjects and provide direct feedback on their experience in the program. The advisory role increases the customized aspect of the course and so far, it seems to be very well received."

The students are facing a lot of stress as they prepare to start residency. The advisors are able to provide support in many different areas ranging from issues about finances and settling in to clinical practices.

"We are able to help the students set personal goals and then follow and assess their progress," says Dr. Wong. "It also makes the program more candidate-friendly as we are able to reach out on a personal level more than in the past."

The Academic Advisors are able to:

- Provide students with a faculty point of contact during their program experiences
- Promote the formulation and follow-up of goals by students for PRP/OTPC and early parts of residency training
- Allow students to receive contextualized feedback on performance during various PRP/OTPC assessments
- Provide a private forum for students to discuss concerns that may arise during the education sessions

"This is really the first year that CEHPEA has made a major investment in students at the individual level," says Dr. Vachhrajani, who authored the document that frames the academic advising process. "We have a real responsibility and a unique opportunity to help the IMGs and CEAs with the transition to residency and a new phase in their lives. As advisors, we are able to understand what their needs are, alleviate some of their anxiety and coach them on settling in and succeeding as trainees."



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