



CEHPEA

CENTRE FOR THE EVALUATION OF HEALTH
PROFESSIONALS EDUCATED ABROAD



CEHPEA ANNUAL REPORT 2012/13

A YEAR OF **GROWTH** AND **DEVELOPMENT**



Our Board of Directors

Kenneth A. Harris
MD, FRCSC, FACS
Chair (July 1, 2012 to present)

Margaret T. Nelligan
BA, LLB, ICD
Chair (April 2007 to June 30, 2012)

Anne L. Coghlan
RN, MScN

Rocco Gerace, MD

Elena Sourovtsseva
MD, PhD, MBA

J. Mark Walton
MD, FRCS(C)

Steven C. Watts
CA, CPA, ACA

Our Executive Team

Sten Ardal
BA (Hons), MA
Chief Executive Officer
(March 18, 2013 to present)

Murray Urowitz
MD, FACP, FRCP(C)
Interim Chief Executive Officer
(May 28, 2012 to March 18, 2013) and
Director, Health Professional Affairs

Anne Marie Crescenzi
Executive Director and Chief Executive
Officer (April 19, 2007 to May 25, 2012)

Arin De Fazio
Director of Finance and Administration

Marie Rocchi
BScPhm, MEd
Director of Educational Programs

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

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 and nurses. Other key stakeholders include the College of Physicians and Surgeons of Ontario, the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians 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 2012/13, please send your request to info@cehpea.ca

MESSAGE FROM THE CHAIR OF THE BOARD

When I was appointed Chair of the Board of Directors of the Centre for the Evaluation of Health Professionals Educated Abroad (CEHPEA), I knew that I would be playing a major role in an organization that was well established, with a reputation for excellence in assessments and education programs for international medical graduates. As a member of the board for many years, I had the opportunity to experience, first-hand, CEHPEA's governance and executive leadership teams in action. Margaret Nelligan, CEHPEA's inaugural Board Chair, led the organization through a number of changes and was a great, guiding light in ensuring effective governance and a steadfast focus on our mission. Thank you to Margaret for her intelligent, wise and practical stewardship.

What I didn't know, as I stepped in the role of Chair, was the extent of the change and activity that would take place in the coming year. The Board reluctantly accepted Anne Marie Crescenzi's resignation as Executive Director and Chief Executive Officer (CEO) effective May 2012 and we were grateful that she continued to provide support to the organization during the transition. Anne Marie, CEHPEA's founding CEO, is a champion builder. With previous experience heading up International Medical Graduates Ontario (IMG-O), she took the risk of moving to this new entity and succeeded in building CEHPEA into an incredible evaluation and education centre that is the largest of its kind in Canada.

Not only are the facilities that she designed spectacular, but also the intellectual property that has been created within the organization is extraordinary. Anne Marie is an innovative thinker and visionary. She saw the need to move beyond physician-centric programs to other professions. That vision became a reality this year, with the launch of a new assessment process for internationally educated nurses.

Anne Marie also managed to create a great culture. She is a good team builder and has a knack for bringing in the right people to do the job. She is highly respected by the staff, colleagues, postgraduate deans of medical schools and the board. Thank you to Anne Marie for her leadership and

vision in creating CEHPEA and for continuing to support the board and the organization during this period of transition.

In 2012, CEHPEA finalized a new, five-year Strategic Plan to ensure the organization's continued success and relevance as a trusted resource for the province's health care system. Many initiatives have already been implemented and are reported on in this year's report. As part of that plan, we will be going through a period of board renewal in the next few years.

I am pleased to report that following an extensive executive search led by the board, Sten Ardal was appointed CEO of CEHPEA, effective March 18.

I would like to take this opportunity to thank Dr. Murray Urowitz, CEHPEA's Director of Health Professional Affairs, for his leadership and support as Interim CEO this past year.



DR. KENNETH A. HARRIS

Murray's leadership style is reflective and clear and he was able to move forward with work that was underway and deliver on the organization's objectives.

Finally, CEHPEA's talented staff members deserve a huge round of applause. With the leadership of the executive team, they have stayed focused on the organization's mission and continued to deliver high-quality products and services throughout this transition.

Introducing CEHPEA's New Chief Executive Officer

I am pleased to have this opportunity to introduce Sten Ardal, CEHPEA's new CEO. Sten is a well respected, strategic leader, educator and strong communicator and CEHPEA will benefit from his expert knowledge of the health care system and performance measurement.

STEN ARDAL

Chief Executive Officer



Most recently, Sten led Ontario's transformational health system funding reforms as Interim Director of the Health System Funding and Policy Branch of the Ministry of Health and Long-Term Care. He was also the founding Director of the Health Analytics Branch at the Ministry, delivering performance reports, forecasting models and decision-support tools to enable evidence-informed decisions.

Prior to joining the Ministry, Sten served as Director of the Health System Intelligence Project where he headed up a multi-site provincial team that created population profiles and health care utilization reports to support the implementation of Local Health Integration Networks. He was previously Executive Director of the Central East Health Information Partnership – a collaborative of academic researchers, public health epidemiologists and health system planners.

Sten has written many reports and papers on health system planning and information management and has consulted on health system performance assessment for both the World Health Organization and the Pan American Health Organization. He holds a Master's Degree in Cognitive Psychology from Queen's University and has appointments at the University of Toronto and York University, where he lectures on health care management, decision support and performance measurement.



WHO WE ARE

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 health professionals educated abroad.

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 help them make the transition to training and practice in Canada.

Our Vision

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

Our Mission

To be an integral part of the Ministry of Health and Long-Term Care's health resources 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.

MESSAGE FROM THE INTERIM CEO

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CEHPEA ANNUAL REPORT 2012/13

A YEAR OF GROWTH AND DEVELOPMENT



CEHPEA has earned a reputation as an organization that quickly and effectively evolves its services in order to meet the needs of Ontario's changing health care system.

Established in 2007, CEHPEA was built from the ground up, starting with a focus on assessments for international medical graduates (IMGs), expanding to create orientation programs for IMGs and branching out into assessments for other professions, such as physician assistants, nurse practitioners and internationally educated nurses (IENs).

In 2012, as the organization reached its five-year anniversary, the Board of Directors and leadership team consulted with our partners, clients and stakeholders and completed a Strategic Plan which will be our blueprint for the next five years. A strategic focus for the future is to grow and develop our expertise in assessments and transition programs. I am pleased to report that many initiatives are well underway.

Our examination experts in Assessment Services have worked closely with the College of Nurses of Ontario to create and implement a new process for assessing IENs' readiness to write the Canadian Registered Nurse Examination. The IEN Competency Assessment Program (IENCAP) includes an Objective Structured Clinical Examination (OSCE) and a written multiple-choice clinical exam. The program, which was launched on March 27, represents the culmination of almost two years of extensive work. I hope you will take the time to read about the intricacies involved in creating a new, large-scale assessment that is reliable and valid.

We continue our partnership with the Medical Council of Canada and its National Assessment Collaboration (NAC) OSCE Test Committee. The committee oversees the development, review and testing of content for the national, standardized NAC Examination that assesses IMGs medical knowledge and skills and readiness for entry-level training in Canada. CEHPEA continues to be the largest NAC Examination test site in Canada, assessing close to 600 candidates each year.

DR. MURRAY UROWITZ

CEHPEA's Educational Programs have been going through a period of major review and renewal in response to changing candidate demographics and in consultation with IMG Coordinators and Program Directors at Ontario's Faculties of Medicine. The family medicine Pre-Residency Program and the Orientation to Training and Practice in Canada Program for specialists, have been compressed and are now offered as a blend of classroom, online and experiential learning.

As the majority of candidates are now Canadians educated abroad, the emphasis has shifted from orientation to a transition program focused on providing curriculum, orientation, supports and services to candidates prior to the start of residency training. In the last two and a half years there has been a shift to physician-led programs and physician involvement has been heightened. Academic Consultants were appointed to provide guidance on the curriculum and a new Academic Advisor Program was introduced to provide candidates with individualized coaching by physicians. Our examination experts worked closely with the education team to strengthen the skills check assessment processes that are part of the transition programs.

At a corporate level, we have also created the infrastructure to support our growth and expansion. Our Strategic Plan required a restructuring of our organization, and an investment in human resources at the staff and board level. We have also more than doubled the size of our Standardized Patient Program in the past year and continue to operate state-of-the-art examination and assessment facilities.

Our growth is based on our strengths and the needs of Ontario's health care system. Our development includes ongoing evaluation, refinement and rigor and we are constantly setting new standards.

As I look back on this past year, I can truly say that the CEHPEA team embodies continuous quality improvement in everything it does. My role as CEO has been facilitated by a phenomenal collaboration. Our team stepped in, did what had to be done and they did it in a collaborative, congenial way. We not only met our objectives this year, we exceeded them thanks to the support of our board, staff and partners.

AT A GLANCE

Our Strategic Plan 2012-2017

CEHPEA will be recognized as a gold standard and resource for assessments and transition programs for internationally educated health care professionals.

CEHPEA will evolve its expertise in the assessment of continuing competence of health care professionals.

Strategic priorities flow from and support our organizational vision, positioning CEHPEA for the future

Assessment

Expand our current assessment offerings to maximize use of our expertise and facilities

Transition Programs

Expand current transition programs to respond to emerging opportunities

Human Resources

Invest in our staff through professional development, recognition and rewards so that we continue to attract and retain highly skilled staff. Invest in our board members through orientation, development and succession planning.

Continuous Quality Improvement

Build our infrastructure and capacity so that we can continue to improve the quality of our assessment and transition programs and demonstrate their impact on the field.

Revenue Generation

Develop alternative revenue streams extending our capacity to fund and staff continuous quality improvement activities to expand our services, reach and impact.

ASSESSMENT SERVICES

CLINICAL AND WRITTEN EXAMINATIONS

Exploring New Frontiers and Advancing Methods

Established in 2007, CEHPEA originally focused on creating and running large-scale written and clinical examinations to assess international medical graduates' (IMGs') readiness to train and practice in Ontario. CEHPEA continues to refine and expand that focus as the largest IMG assessment centre in Canada.

Increasingly, CEHPEA has been called upon to apply its assessment expertise with IMGs to other areas. For example, in 2011, CEHPEA worked with the College of Nurses of Ontario to create a Quality Assurance Practice Objective Structured Clinical Exam (OSCE) for nurse practitioners in the province.



Most recently, CEHPEA partnered with the College of Nurses to develop an innovative new assessment program for internationally educated nurses (IENs) that was launched on March 27, 2013.

Exams created by CEHPEA are constructed and validated by in-house experts working in collaboration with medical and nursing experts from Ontario's universities and professional colleges and regulatory bodies. Extensive training is provided for examiners and standardized patients and their feedback, along with candidate evaluations, is solicited throughout the process. CEHPEA ensures that rigorous processes are in place to evaluate and validate the accuracy of testing procedures and the calculation of results.

"We continue to explore new frontiers and advance methodologies for our assessments," says Debra Sibbald, CEHPEA's Director of Assessment Services. "We create, develop and implement our assessments based on global best-practice design procedures."

Examinations for International Medical Graduates

Through large-scale written and clinical exams, CEHPEA assesses the skill level of IMGs and their readiness for training or practice in Ontario. This enables comparison of their clinical competencies with those of Canadian medical graduates and improves their chances of obtaining residency positions.

Ontario (through CEHPEA) provides assessments of IMGs' readiness for the first year of postgraduate training in Family Medicine or the Specialty Residency Program. CEHPEA conducts this assessment as the sole deliverer of the National Assessment Collaboration Examination.

"As a well-established organization with extensive expertise, CEHPEA is a major partner."

Dr. Ian Bowmer, Executive Director
Medical Council of Canada

Top 10 Countries where CEHPEA candidates received their undergraduate medical degree (2012/13)

| | Country | No. of Candidates | Percentage of Total |
|----|-------------|-------------------|---------------------|
| 1 | Pakistan | 87 | 16.96% |
| 2 | Iran | 79 | 15.39% |
| 3 | Egypt | 63 | 12.28% |
| 4 | India | 43 | 8.38% |
| 5 | Iraq | 29 | 5.65% |
| 6 | Bangladesh | 23 | 4.48% |
| 7 | Sri Lanka | 20 | 3.89% |
| 8 | Philippines | 11 | 2.14% |
| 9 | Russia | 10 | 1.95% |
| 10 | Nigeria | 10 | 1.95% |

DEBRA SIBBALD

Director, Assessment Services





Assessing Readiness for Entry-Level Training in Ontario

The National Assessment Collaboration (NAC) is an alliance of Canadian organizations streamlining the evaluation process for IMGs seeking a licence to practice medicine in Canada. The NAC Examination assesses the readiness of an IMG for entrance into a Canadian residency program. It is a national, standardized examination that tests the knowledge, skills and attitudes essential for entrance into postgraduate training in Canada. Comprising a series of clinical stations and an additional written therapeutic component, the examination presents typical clinical scenarios.¹

While the Medical Council of Canada serves as the central coordinating and administrative body for the NAC Examination, the exam is administered regionally by the provincial test centres. CEHPEA is the only test site in Ontario and the largest site in the country, running four exams each year and assessing close to 600 candidates.

“The collaboration of provincial ministries of health, faculties of medicine and IMG assessment centres across the country has been critical in creating and delivering a national examination for IMGs,” says Dr. Ian Bowmer, Executive Director of the Medical Council of Canada. “As a well-established organization with extensive assessment expertise, CEHPEA is a major partner. Its

CEHPEA's NAC Examination for IMGs

FAST FACTS

- 1** CEHPEA is the only test site in Ontario and the largest site in the country, running four exams annually and assessing close to 600 candidates.
- 2** Each exam includes a 12-station OSCE and a written therapeutic examination.
- 3** Every candidate completes all 12 stations.
- 4** The exam is run on two floors with each floor operating three tracks of candidates.
- 5** For each exam, CEHPEA needs approximately:
 - 120 – 140 standardized patients to portray the clinical roles
 - 70 – 80 examiners
 - 80 – 100 additional casual support staff (hall monitors, group leaders, track leaders, candidate registration, exam sheet quality checkers, and candidate greeters)

executive team actively participates at all levels of the NAC Examination, including the governance structure and test committee, and CEHPEA delivers approximately half of Canada’s NAC testing volumes.”

To support these large-scale exams, CEHPEA has the largest pool of trained physician examiners in Canada, as well as three Chief Examiners: Dr. Marcus Law, Assistant Professor, Department of Family and Community Medicine, University of Toronto; Academic Lead, Educational Technology, University of Toronto; Dr. Preston Tran, a family doctor and emergency physician at St. Joseph's Hospital in Toronto; and Dr. Fok-Han Leung, Professor, Department of Family and Community Medicine, University of Toronto; Associate Course Director, Determinants of Community Health.

¹ Medical Council of Canada http://www.mcc.ca/NAC/NAC_examination.shtml

Launching a Groundbreaking Assessment Program for Internationally Educated Nurses

With approval and funding from the Ministry of Health and Long-Term Care in April 2011, the College of Nurses of Ontario and CEHPEA partnered to create an innovative, new assessment process for internationally educated nurses (IENs) seeking nursing registration in Ontario.

“In the interest of public safety, nurses must be qualified to practice in Ontario,” says Janet Anderson, Director of Professional Practice at the College. “The College wanted a valid and reliable method for applicant assessment that would enhance timeliness of the process and determine competency gaps that applicants need to address prior to becoming eligible to write the entry examination.”

The College evaluates the educational backgrounds of all IENs applying to be registered nurses (RNs) in Ontario, to determine if they possess the knowledge, skill and judgment equivalent to that of a recent graduate of an Ontario RN program.

In the past, the College utilized a paper-based process to evaluate IENs’ education curriculum and relevant practice experience for RN applicants. Successful candidates were deemed eligible to write the Canadian Registered Nurse Examination (CRNE), which is the national nursing registration exam. Applicants who did not meet program equivalency were not eligible for nursing registration. In 2012 alone, 900 individuals submitted applications to write the entry-to-practice exam but did not meet program equivalency.

CEHPEA has since worked with the College to develop a defensible, objective and streamlined process to evaluate IEN applicants’ entry-to-practice competencies. The IEN Competency Assessment Program (IENCAP) complements the College’s current assessment process and helps IENs to understand how their qualifications compare with current nursing competencies.



“It is rewarding to know that we have created an assessment that is a reasonable and quantifiable evaluation of IENs’ readiness to take the CRNE,” says Chief Nurse Examiner Heather Scott, an RN who works as a Community Care Access Centre Care Co-ordinator in Hamilton General Hospital’s emergency department. “The assessment lets applicants know where there are gaps they need to work on and ultimately, helps them to achieve their goal of becoming nurses in Canada. It has been really exciting to have been part of this process. Participating in developing the assessment encouraged us to have a deeper understanding of the entry-to-practice competencies as we work together to contribute to the profession of nursing.”

The inaugural assessment took place on March 27, 2013 and CEHPEA plans to assess up to 720 IENs each year through five exam sessions.

“Working with the CEHPEA, we have developed a rigorous assessment process that is psychometrically sound, objective and transparent,” says Janet Anderson. “The public can be assured that no matter where nurses are educated, they must meet the Ontario standard for entry to practice.”

About the IEN Competency Assessment Program

The Internationally Educated Nurse Competency Assessment Program (IENCAP) is a new, standardized examination that tests the knowledge, skill and judgment of IENs. The assessment gives applicants the opportunity to demonstrate their nursing knowledge and skills and their readiness to write the Canadian Registered Nurse Exam (CRNE) and provides information about competency deficiencies that need to be addressed.

The IEN Competency Assessment consists of the following:

- A written multiple-choice exam that tests general nursing knowledge.
- An Objective Structured Clinical Examination (OSCE) - a series of simulated, client examinations in a clinical setting, using people who have been trained to portray patients in a consistent, standardized way. Candidates taking part in this exercise assume the role of a registered nurse and apply their knowledge, skill and judgment in a number of client/caregiver situations.

- The OSCE consists of 12 ten-minute stations. Each station consists of a seven-minute client encounter with a standardized patient, followed by three minutes of oral questions about the cases presented.

Competencies assessed are based on a test blueprint based on entry-to-practice competencies for RNs in Ontario.

Skills and knowledge may include:

- Basic and advanced clinical skills
- Health history and health assessment
- Use of technology in nursing practice
- Pathophysiology
- Knowledge of the Canadian health care system
- Current, evidence-informed practice

Following the assessment, IENs who demonstrate entry-to-practice competencies equivalent to Ontario graduates, will be deemed eligible to write the CRNE. A major benefit of this new assessment process is that it provides IENs with specific and individualized feedback that identifies areas for further improvement prior to attempting the CRNE.

“This has been an amazing process,” says Chief Nurse Examiner Tammie McParland, Assistant Professor of Nursing at Nipissing and an RN with extensive experience in acute care and nursing education. “Every aspect has been a learning experience – from creating, reviewing, testing and refining scenarios to training examiners and standardized patients. I appreciate the rigor of the program and how well it demonstrates competencies to practice in Canada. It also makes me realize and appreciate how well-educated Ontario nurses are.”

“I appreciate the rigor of the program and how well it demonstrates competencies to practice in Canada. It also makes me realize and appreciate how well-educated Ontario nurses are.”

Tammie McParland, Chief Nurse Examiner

A Behind-the-Scenes Look at Creating the IEN Assessment

According to Psychometrician Consultant Arthur Rothman, “CEHPEA has earned a reputation for the exceptional amount of care it takes to ensure that rigorous processes are in place to evaluate and validate the accuracy of testing procedures and the calculation of results.”

The creation of the internationally educated nurse (IEN) assessment was no exception. CEHPEA’s exam experts were able to apply their precise methods along with their considerable experience and creativity to this initiative.

“I don’t think many people understand the intricacies of creating an examination that is reliable and valid,” says Dr. Murray Urowitz, CEHPEA’s Director of Health Professional Affairs.

CEHPEA led an iterative process of continuous, collective refinement of a multi-stage validation process. That process evolved into approximately 20 different phases.

At the outset, under the leadership of Debra Sibbald, CEHPEA’s exam experts scrutinized the competencies for nursing. CEHPEA worked with the College of Nurses of Ontario’s IEN Advisory Committee and other content experts to develop the blueprint for the assessment process, taking into account competencies, specializations, practice venues and sites.

“We created this assessment de novo,” says Debra Sibbald. “A substantive and critical emphasis was customizing the assessment to reflect the competencies and processes required for a nurse eligible to write the CRNE exam.”

There were many principles to address: What were the valid knowledge, skills and behavioral competencies that should be tested to represent authentic practice? In what clinical settings should these be presented? What were the design specifications of the different assessment formats, both OSCE and written exams, necessary to measure different constructs? What evidence was necessary to ensure the evaluation satisfies regulatory expectations?

Once the blueprint was determined, CEHPEA’s assessment services conducted workshops to develop written and clinical items. Two Chief Nurse Examiners - Tammie

McParland and Heather Scott - were appointed as content experts to help develop and review scenarios or items and to ensure that they were evidence-based and aligned with current research and best practice guidelines.

“The Chief Nurse Examiners have been tremendous leaders and role models in terms of collaborating with each other to help train and mentor the RN writers working

CHIEF NURSE EXAMINERS

Tammie McParland and Heather Scott





“Last year was a time of developing and validating the process and this year we are full swing into assessment. We worked so hard to develop and nurture this new initiative and it was really exciting to see it being delivered for the first time in March.”

Suzanne Bambrick
Manager, Assessment Operations

with them,” says Debra Sibbald. “Their content expertise is phenomenal and they do not hesitate to research further if more evidence is needed. On an ongoing basis, they make sure that current changes in practice are reflected in the assessment.”

Another key aspect of the process for creating this new assessment is training.

CEHPEA provided detailed and directed training to teach the Chief Nurse Examiners and nurses how to write stations for an exam that they had never experienced themselves. CEHPEA also designed and developed a video to orient IENs to the clinical and written exam process.

Pilots of the IEN Clinical Competency Assessment were undertaken at CEHPEA in October and November 2012. Months of intensive planning and refinement preceded and followed the pilot assessments.

Standardized patients and nurse examiners were recruited and trained. In turn, they provided feedback and evaluated all elements of the process.

Once CEHPEA had refined individual stations for the clinical exams, they were field tested, using its examiners, standardized patients and surrogate candidates. The testing verified stations were valid, reliable and authentic representations of nursing practice. It was important to assess if the station could be realistically portrayed. Was it aligned with the blueprint in terms of the appropriateness

of competencies, station focus and practice speciality? Were candidate instructions clear, concise, easy to understand and adequate for the situation and task required? Were the examiner and standardized patient notes practical? Were timing and props feasible and realistic? Were the examiner questions precise and effective in addressing depth of understanding and action plans?

The field testing involved scoring stations using a criterion-based validation tool and qualitative feedback from raters. The stations were revised and refined based on the results.

Standardization of the roles for simulated patients and examiners were accomplished through dry run training with the Chief Nurse Examiners prior to the pilots and the launch.

Pilot 1 tested surrogate candidates divided into two cohorts: RNs with five or less years of clinical experience (representing the acceptable level of competency for practice) and fourth year Ontario student nurses (representing a control group). Pilot 2 included the two controls groups used in Pilot 1, as well as a third test cohort of volunteer IEN candidates.

The pilots provided an opportunity to address the psychometric quality of the results, the appropriateness of the scoring and the resulting pass rates. The pilots proved that the selection and training of examiners and standardized patients was satisfactory as was the development and field testing of station materials. Any

issues identified were addressed. It was a process of collective collaboration and refinement, working in partnership with the College's IEN Advisory Committee.

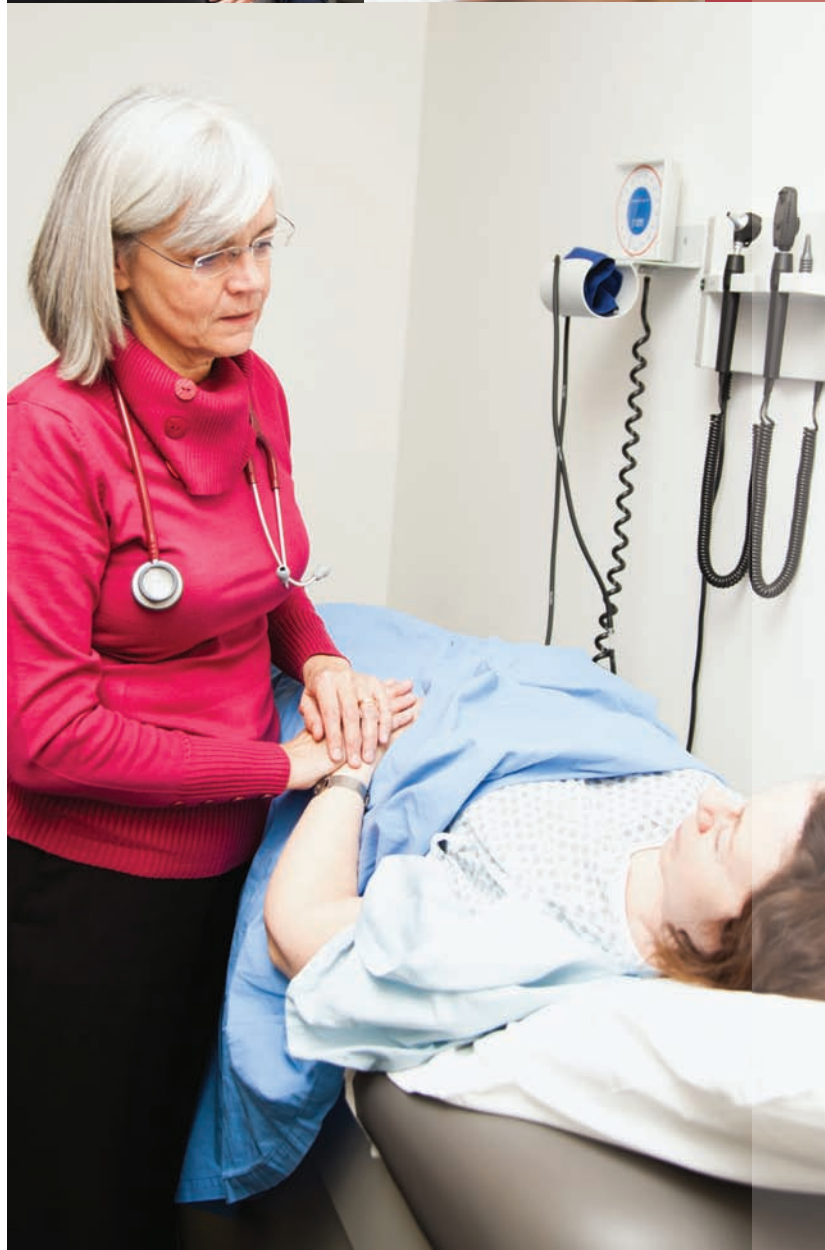
“Rigorous quantitative and qualitative feedback from all parties was solicited and incorporated with every phase,” says Debra Sibbald. “We enabled all key participants to voice their perspectives and perceptions, and that is essential to the inclusiveness of a collaborative validation process. As this was a uniquely tailored and nuanced performance assessment, we were delighted that the second pilot performed exceptionally well in terms of the psychometric quality of results, with values higher than reported with similar evaluations. It demonstrated the ability to differentiate between and within the candidates with three levels of nursing training with a large participant number. The test demonstrated primary tenets of best practice assessments: validity, reliability, acceptability, feasibility, and educational impact.”

In February a total of 20 clinical items were field-tested to ensure stations were valid, reliable and authentic representations of nursing practice. Twelve field-tested stations were selected for the inaugural assessment in March. For that inaugural assessment more than 80 eligible IEN candidates were pre-screened and recruited by the College.

“Last year was a time of developing and validating the process and this year we are full swing into assessment,” says Suzanne Bambrick, CEHPEA's Manager of Assessment Operations. “We worked so hard to develop and nurture this new initiative and it was really exciting to see it being delivered for the first time in March. It was fascinating to observe real IENs going through the assessment. Based on that real experience, we will continue to evaluate, build and refine the IEN assessment process.”

CEHPEA now has a core of very well trained RNs, many of whom have participated in every phase of development of the IEN assessment.

“They have been with us through every step,” says Suzanne Bambrick. “They say they enjoy it because they are learning and are able to contribute to their profession and mold the future of their profession.”



INCREASING OUR CAPACITY FOR GROWTH

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BUILDING OUR INFRASTRUCTURE

In the past few years, a key focus on the operations front has been building the infrastructure and capacity to support the organization's growth. CEHPEA was already running Canada's largest test site for the National Assessment Collaboration Examination when it took on the task of creating and running assessments for internationally educated nurses (IENs). As a result, the number of individuals that will be assessed by CEHPEA will jump from 684 to 1,368.

"To support our growth and development, we have made changes to our organizational structure, recruited the expert staff that we required, doubled the size of our Standardized Patient Program and continued to ensure the smooth operation of our assessment and training centre," says Arin De Fazio, CEHPEA's Director of Finance and Administration.

Hiring In-House Experts

CEHPEA's in-house experts in training and testing are a huge part of the organization's success. In the last few years, CEHPEA put in place a new leadership team for its Assessment Services and Educational Programs and hired the highly specialized staff required to run its examinations and transition programs, including standardized patient trainers, educators and coordinators.

The 2012-2017 Strategic Plan recognizes that staff will be crucial to CEHPEA's growth and continued high performance. It reinforces that there will continue to be a major investment in human resources in order to attract and retain highly skilled staff, capture institutional knowledge and expand internal capacity.



Creating an Outstanding Standardized Patient Program

In 2007, CEHPEA created a Standardized Patient (SP) Program, which has grown extensively to support its expanded assessment and transition program needs. With the launch of the IEN Competency Assessment Program in March 2013, CEHPEA's SP Program more than doubled to include 700 standardized patients. The program has grown to the point that CEHPEA is now able to offer its standardized patient services to other organizations.

A new, online portal has been created to make it easier for people to apply to become standardized patients as well as providing a searchable database of patients.

“Our standardized patients can meet a wide variety of training and assessment needs, including patient simulations for large and small groups,” says Suzanne Bambrick, CEHPEA's Manager of Assessment Operations. “In addition, our in-house experts are able to provide assistance in creating training programs and developing blueprints, as well as advice on setting up and running clinical and written examinations.”

About the Standardized Patient Program

Standardized patients are people who have been trained to portray patients in a consistent, standardized manner. While some standardized patients are actors, many are not. They learn cases based on real patients, simulating their physical signs in interviews and examinations by health care professionals. Patient simulations are a core component of CEHPEA's Objective Structured Clinical Examinations (OSCEs). They also play a vital role in its training programs by providing candidates with feedback and the opportunity to practice clinical skills in a safe training environment.

Benefits of CEHPEA's Standardized Patients

“CEHPEA staff members have a wealth of knowledge in the area of communication skills and they are experts in the use of patient simulation – an area of expertise that is not available in many places in Ontario,” says Dr. Marcus Law, Director of Medical Education at Toronto East General Hospital and a CEHPEA Chief Examiner.

ARIN DE FAZIO

Director, Finance and Administration



There are many special characteristics of CEHPEA's standardized patients.

- They undergo rigorous screening, training and evaluation processes
- They are strong communicators, learn quickly, accept direction and adapt easily to a variety of different situations
- The pool of standardized patients is diverse with more than 700 men and women of all ages (14 to 75), physical types, ethnic groups and backgrounds

CEHPEA has created extensive databases of clinical scenarios for:

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



“Our assessment and training centre provides a unique rental opportunity for organizations hosting events ranging from small meetings to conferences to large-scale clinical and written examinations.”

Adam Pereira
Corporate Services Coordinator



Operating a World-Class Assessment and Training Facility

CEHPEA's unique facilities were designed specifically to accommodate large-scale clinical and written examinations. Its state-of-the-art examination and education centre occupies more than 50,000 square feet in downtown Toronto.

“CEHPEA's examination facilities are the gold standard,” says Dr. Fok-Han Leung, a Physician Educator, Academic Advisor and Examiner at CEHPEA, Physician Lead at the St. Michael's Hospital Health Centre at 80 Bond, and Assistant Professor, Department of Family and Community Medicine at the University of Toronto. “Clinical examinations at most medical schools have a reputation for being very complex and confusing.”

For example, other facilities often use a system of bells, whistles and knocks on doors to keep residents moving through their assessments. CEHPEA, on the other hand, uses an overhead announcement system.

“A sound system seems like a very small thing, but it makes a huge difference,” says Dr. Leung. “Students are already stressed when they are being assessed and even something as simple as overhead announcements greatly reduces stress and makes for a better examination.”

There are many other features of CEHPEA's facilities that make them outstanding. The building is fully equipped with advanced technology, barrier-free access and 24-hour security. Special features include two floors linked by an internal staircase, large training rooms, two sequestering rooms and a high-tech security monitoring and recording system that captures activity in all clinical examination rooms. CEHPEA has 78 clinical examination rooms equipped with medical examination tables, two-way observation mirrors and diagnostic equipment such as an otoscope, ophthalmoscope, blood pressure manometer, reflex hammer and stethoscopes. CEHPEA offers a complete range of in-house services including high-speed internet access, guest WiFi, technical support and catering. The centre also has large training and conference rooms that can accommodate up to 150 people.

“Our assessment and training centre provides a unique rental opportunity for organizations hosting events ranging from small meetings to conferences to large-scale clinical and written examinations,” says Adam Pereira, CEHPEA's Corporate Services Coordinator. “We are pleased that we are now in a position to be able to share our incredible facilities with other organizations.”

SUPPORTING SUCCESSFUL TRANSITIONS

Recalibrating to Respond to Changing Needs

For many years, CEHPEA has provided an orientation to postgraduate medical training in Ontario through its educational sessions, but it has also provided other supports and services to help international medical graduates (IMGs) make the transition to practice in Ontario.

In keeping with emerging trends in medical education literature, and to better underscore the broad scope of these initiatives, CEHPEA's two flagship programs, the Pre-Residency Program (PRP) and the Orientation to Training and Practice in Canada (OTPC) Program, have been reframed as transition programs that expand on the important goal of orientation.



When CEHPEA first launched its PRP and OTPC Program, the majority of participants were IMGs who came from countries with diverse cultural and communication backgrounds. As a result, the original programs focused heavily on communication skills. In the last few years, however, there has been a dramatic shift in the demographics of participants in the programs, with the majority of students now being Canadians who received their medical education abroad (CEAs).

This demographic shift triggered the need for major program changes. Immediately following her appointment as Director of Educational Programs at CEHPEA in 2011, Marie Rocchi conducted an extensive review of the programs, reaching out to engage Program Directors from Faculties of Medicine at Ontario's universities, lecturers, students, and IMG Coordinators.

The review, combined with other evaluation results, revealed that student needs were changing. Increasingly, students identified communications as an area of strength and requested a greater emphasis on clinical and systems issues. They also indicated that they wanted more physician involvement in the sessions. At the same time, the physician lecturers expressed a desire to become more involved in creating and delivering the curriculum.

Based on its review and stakeholder consultation, CEHPEA's Education Unit embarked on a three-year period of program renewal. Two and a half years later, there have been many significant changes to CEHPEA's educational programs and these changes have been very well received by lecturers, program directors and students.

Here are some highlights of improvements:

- Increasing physician involvement
- Expanding the hybrid program model (classroom, experiential and online learning) and fostering engagement
- Enhancing curriculum breadth
- Improving skills checks and assessment processes
- Evaluating our programs.

Increasing Physician Involvement in Education Programs

Based on evaluation feedback from its 2011 program review, CEHPEA made several changes to support physician-led education programs, including:

- Appointing Academic Consultants
- Creating and expanding the Academic Advisor Program.

MARIE ROCCHI

Director, Educational Programs



CEHPEA's TRANSITION PROGRAMS



Pre-Residency Program for Family Medicine

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

PRP is focused on providing curriculum, orientation, supports and services to candidates prior to the start of residency training. Phase 1 of PRP, which takes place at CEHPEA, is a compressed, four-week program that includes a blend of classroom, simulation and online learning. Phase I must be completed before the beginning of Phase 2, which is conducted at the university the candidate is matched with.

Orientation to Training and Practice in Canada Program

The Orientation to Training and Practice in Canada (OTPC) Program prepares IMGs, who are accepted, into a specialty residency training program in Ontario, for a successful transition into residency. Three weeks in duration, it consists of a blend of classroom, simulation and online learning, which takes place at CEHPEA and must be completed prior to the commencement of the residency program. The program was developed in consultation with Program Directors at Ontario's Faculties of Medicine, in response to defined needs, and focuses on key competency areas of importance for IMGs (including Canadians educated abroad) during their specialty residencies. The program is continually evaluated and modified in collaboration with the Program Directors and CEHPEA's Academic Consultants.

Appointing Academic Consultants

As part of its strategy to increase physician involvement in CEHPEA's Education Programs, in 2011 CEHPEA's Director of Educational Programs appointed two Academic Consultants – Dr. Eric Wong for PRP and Dr. Shobhan Vachhrajani for OTPC. Doctors Wong and Vachhrajani have been providing input and guidance to the curriculum and the Director of Educational Programs. They are also Physician Educators and Academic Advisors at CEHPEA.

Dr. Wong is Associate Professor and Postgraduate Director, Department of Family Medicine; Academic Director - Postgraduate Family Medicine, Southwestern Ontario Medical Education Network, Schulich School of Medicine & Dentistry, Western University. Dr. Vachhrajani is a Senior Resident in neurosurgery and PhD candidate in clinical epidemiology, University of Toronto.

Creating and Expanding the Academic Advising Program

In 2011, CEHPEA created an Academic Advising Program that has been extraordinarily successful, both in terms of creating a unique process and in providing a substantial level of individualized support for the students.

Academic Advisors provide individualized feedback and guidance to participants in the OTPC Program and the PRP. The advisors receive the participants' Curriculum Vitae and Skills Check results, and meet with candidates at the outset of the program, at mid-point, and at the program conclusion. They are available throughout the duration of the program to help candidates identify and achieve their learning goals.

The Academic Advisor Program expanded in the past year to include physicians representing all six Ontario University Faculties of Medicine.

"The advisory role is a really welcome and necessary addition to the program," says Dr. Fok-Han Leung, a family physician who is one of the leads with the St. Michael's Hospital Family Health Team, as well as being an Academic Advisor, Physician Educator, and a Chief Examiner at CEHPEA.

“We are not trying to train good doctors; we want to create excellent doctors. The residency experience ought to be deeply humanizing. It should add significant meaning to residents’ lives and how they care for patients. It is not just about treating patients, but about caring for them.”

Dr. Fok-Han Leung

Chief Examiner, Physician Educator and Academic Advisor



Residency is the transition period between medical school and independent practice. CEHPEA tries to identify and fill any gaps that may exist between university programs provided to Canadian medical graduates and training that IMGs have received in preparation for residency. CEHPEA’s educational programs provide a great opportunity for students to connect with faculty advisors from Ontario medical programs and benefit from residents’ experience and insights.

Given the extensive assessments that IMGs must pass prior to starting residency, they usually have the necessary clinical knowledge to start residency. While a medical-centric focus is understandable in residents, Dr. Leung believes that they also need to focus on the softer skills that are required. He likes to ask residents how they are different from individuals sitting in front of computers using search engines. Residents and future physicians must be able to take that information, analyze it, and interpret it for each patient. Physicians must advocate for patients and help them navigate the system.

“We want to give IMGs every advantage afforded to Canadian grads,” says Dr. Leung. “They also need help transitioning to the adult learning mode when they are in independent practice.”

As an advisor, Dr. Leung talks to the students about developing an approach to professional reflection and setting objectives.

“I like to see my future colleagues enjoying their work and having a passion for it,” says Dr. Leung. “We are not trying to train good doctors; we want to create excellent doctors. The residency experience ought to be deeply humanizing. It should add significant meaning to residents’ lives and how they care for patients. It is not just about treating patients, but about caring for them.”

PRP: Expanding the Hybrid Education Model and Fostering Engagement

In late 2012, a one-day meeting of all the Ontario Family Medicine Residency Program Directors and IMG Coordinators was convened. According to Dr. Eric Wong, co-organizer of the event and an Academic Consultant with CEHPEA, the most important achievement of this meeting was the sharing of experiences in the PRP and how each school conducts Phase 2 of the program, along with direction setting for the PRP.

“The engagement and involvement of this group as an advisory panel is critical to the success of PRP, especially since Phase 2 is delivered locally at the six medical schools,” says Dr. Wong. “I believe that this enhanced level of cooperation will ensure that the PRP Phase 1 will stay relevant and useful to assist IMG residents to transition into residency training.”



“This new model for PRP adds flexibility to the complex personal and professional schedules of our trainees and better supports the myriad of activities related to transitioning into residency.”

Dr. Eric Wong

Academic Consultant, Physician Educator and Academic Advisor

Following the successful implementation of a hybrid delivery education model for the OTPC Program in 2011, CEHPEA created a similar hybrid model for PRP, which was piloted in March 2012 with success. Based on evaluation data and in consultation with its Academic Consultants, CEHPEA has refined PRP and is launching a compressed version of the program in April 2013, having shortened it from six to four weeks.

“This new model for PRP adds flexibility to the complex personal and professional schedules of our trainees and better supports the myriad of activities related to transitioning into residency,” says Dr. Wong. “The new model is able to accomplish this without compromising content.”

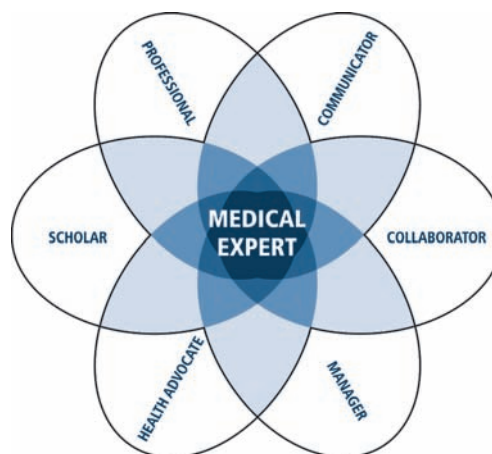
For the PRP and the OTPC Program, online modules are available for students prior to their arrival for the classroom sessions. They are sequenced in a way that complements the classroom sessions. Designed to spiral and increase in complexity, the program takes learners through various dimensions of medical practice in Ontario.

Enhancing Curriculum Breadth

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 the CanMEDS-FM Framework, an adaptation of the

CanMEDS Framework by the College of Family Physicians of Canada for family medicine education. Both frameworks outline societal expectations of the various roles that physicians play in health care in addition to being a medical expert.

CanMEDS Framework



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In the past two and a half years, both the PRP and the OTPC Program extended their breadth and depth to integrate clinical and health system issues along with the communications aspects.

“Our physician educators have been able to nimbly work through an amalgam of medical issues with learners from both perspectives, and as befitting the complexity of

“We no longer focus only on medical, clinical and communications issues. “We also want the students to think about ancillary services and broader legal, ethical and health system issues. We really want to help them prepare for the transition from medical student to resident and the real issues they will face when they practice in Ontario.”

Dr. Shobhan Vachhrajani

Academic Consultant, Physician Educator and Academic Advisor



patient/physician interactions,” says CEHPEA’s Director of Educational Programs, Marie Rocchi.

CEHPEA continues to evaluate, expand and refresh its sessions. A survey on CanMEDS’ physician roles revealed that students in CEHPEA’s education programs in 2011 and 2012 were least comfortable with the roles of manager and advocate. Understanding and navigating Ontario’s health care system is critically important for all participants, including Canadians educated abroad, who have not been trained in an Ontario setting. CEHPEA has expanded its sessions to cover a broader scope of health system topics such as medical-legal issues, the Drug Benefit Program and Long-Term Care. It continues to recruit new faculty members and expand its course offerings, such as the sessions on sexual health. CEHPEA will also be licensing electronic medical records software to create online learning activities and include this type of documentation into the small group simulations.

The new sessions that were developed are based on evaluation data and are congruent with the thrust toward relevant, highly contextualized information that will support the learners in their transition to residency.

Improving Skills Checks and Assessment Processes

All participants in CEHPEA’s PRP and the OTPC Program participate in a “skills check”, to provide an assessment of their knowledge and skills at the beginning and end of the

programs. Skills checks are offered in an OSCE format (Objective Structured Clinical Examinations). In a 12-minute station, each trainee interacts with a standardized patient who 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.

Based on evaluation data and the fact that the program content had increased in depth and breadth, CEHPEA’s Academic Consultant Dr. Shobhan Vachhrajani led the total revamp of the skills check process. Dr. Vachhrajani worked closely with Marie Rocchi, Director of Educational

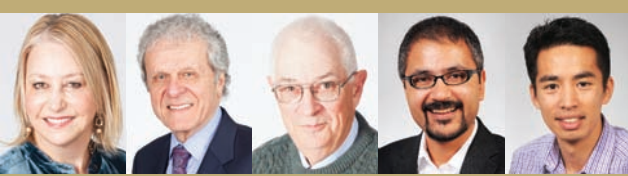
Pre-Residency Program Demographics

| | Total Candidates | % of CEAs | % of IMGs |
|------|------------------|-----------|-----------|
| 2007 | 100 | 15% | 85% |
| 2008 | 83 | 24% | 76% |
| 2009 | 88 | 27% | 73% |
| 2010 | 105 | 48% | 52% |
| 2011 | 95 | 59% | 41% |
| 2012 | 96 | 61% | 39% |

Orientation to Training and Practice in Canada Demographics

| | Total Candidates | % of CEAs | % of IMGs |
|------|------------------|-----------|-----------|
| 2009 | 141 | 40% | 60% |
| 2010 | 106 | 47% | 53% |
| 2011 | 137 | 50% | 50% |
| 2012 | 124 | 61% | 39% |

SHARING OUR EXPERIENCE



CEHPEA's Educational Programs Team documented its journey to program renewal in two abstracts that were submitted to and accepted by the Canadian Conference on Medical Education (April 2013). *Meeting the Challenge of Changing Learner Demographics in an Orientation Program for Internationally Educated Medical Graduates: A Blended, Individualized, Physician-led Learning Approach* (Marie Rocchi, Dr. Murray Urowitz, and Dr. Arthur Rothman) and *Academic Advising for International Medical Graduates: A Systematic, Individualized Model* (Dr. Shobhan Vachhrajani, Marie Rocchi, and Dr. Eric Wong)

Programs, Arthur Rothman, Psychometrician Consultant, and CEHPEA's Assessment Services to create a new blueprint and improve the initial and final skills check stations.

"We no longer focus only on medical, clinical and communications issues," says Dr. Vachhrajani. "We also want the students to think about ancillary services and broader legal, ethical and health system issues. We really want to help them prepare for the transition from medical student to resident and the real issues they will face when they practice in Ontario."

Dr. Vachhrajani provides some examples: How do you break bad news to a family? Physicians are expected to have the technical skills to diagnose and treat the condition, but how do they navigate through issues such as confidentiality, privacy, and family members who want information about a patient's condition? How do you deal with the Workplace Safety and Insurance Board, involve social services and navigate legal issues? How do you handle complaints from a patient about poor care provided by a colleague? There are also other very sensitive areas such as end of life issues and palliative care.

With the assistance of CEHPEA's Assessment Services, the Education Programs Unit also developed a rigorous assessment process and customized templates to ensure that the data generated by the skills check process are more valid and reliable. The 2013 PRP and OTPC Program will pilot the refined skills check OSCEs that incorporate these types of scenarios.

Additionally, the Education Unit now uses standardized patients drawn from CEHPEA's Standardized Patients Program for its OSCEs. These standardized patients are specifically recruited and trained to participate in the organization's large-scale clinical examinations.

"Our improved skills check OSCEs provide realistic encounters and a more authentic benchmark of learners' skills upon entry to the program," says Marie Rocchi. "Most importantly, they will provide a very good gap analysis for each individual at the outset of the program and will ensure that knowledge gaps are addressed through the curriculum. The final skills check will examine students' understanding of these issues."

On the last day of both programs, participants also write a multiple-choice examination based on the online and classroom session materials. In 2012, the final multiple-choice examination was refined and physician educators provided items that were congruent with their session's learning objectives and areas of emphasis.

Evaluating Our Programs

CEHPEA's evaluation processes provide important data on learners' needs and progress and help drive program development. During and after each academic cycle, the Education Unit undertakes careful analysis of feedback from students. All classroom sessions, online modules and individual lecturers are evaluated and an overall program evaluation is conducted at the conclusion of each cohort (group of students). The data are combined with the results of the Skills Checks and the programs' processes are examined to evaluate each program's ability to achieve its goals.



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