

accurately WBAs reflect the faculty's honest perception of resident competence and entrustment. **Methods:** To best capture faculty perception of trainee competence, we created a periodic performance assessment (PPA) tool for anonymous faculty assessment of residents after repeated clinical interactions. PPA surveys were distributed to full-time EM faculty at a single Canadian FRCPC-EM training site. Faculty were asked to score residents on entrustable professional activities (EPAs) based on encounters over the previous 6-months, and were advised that all data would be anonymized. All WBA scores for FRCPC-EM residents (N = 21) were collected from the 6-months preceding PPA completion. Analysis compared paired WBA and PPA entrustment scores for an individual resident, faculty, and EPA using Wilcoxon Signed Ranks tests and Spearman correlations. Data were analyzed across faculty, EPAs, and both faculty and EPA. **Results:** About half (17/33) of all invited full-time EM faculty participated. Overall, anonymous PPAs had a significantly lower mean score compared to face-to-face WBAs (3.61-3.69 vs. 3.92-4.06, $p < 0.001$ for all) across all groupings. Individual WBAs had a low-moderate correlation with individual PPAs ($\rho = 0.44$). When scores were averaged across 1) faculty or 2) EPA, there was an increase in correlation, but it remained moderate ($\rho = 0.53$ and 0.54 , respectively). When scores were averaged for an individual resident across 3) faculty and EPA, there was a strong correlation between WBA and PPA ($\rho = 0.86$). **Conclusion:** There is only moderate correlation between an individual faculty's WBAs and their anonymous longitudinal entrustment for a given resident on a specific EPA. These results may signal caution when interpreting WBA scores in the context of high stakes decisions. Aggregated scores from multiple faculty and/or multiple EPAs substantially increased the correlation between WBA and PPA. These findings highlight the importance of using aggregated WBA scores across multiple assessors and EPA for high-stakes resident progression decisions, to minimize the noise and bias in individual assessment.

Keywords: competency-based medical education, periodic performance assessment, workplace-based assessment

LO54

The CanadiEM Junior Editor program: a quantitative study and program evaluation

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Introduction: CanadiEM.org is a multi-author open access medical education website which aims to improve emergency care in Canada by building an online community of practice for healthcare practitioners and providing them with high quality, freely available educational resources. It is used by physicians, allied health professionals, and trainees globally. Junior (medical student and/or resident) Editors are key members of the community who are mentored to advance their academic skills and knowledge for their careers and the healthcare field. The program also aims to increase the sustainability of the CanadiEM project by supporting the creation and publishing of online content. We aimed to assess the impact and efficacy of this program while discovering ways to improve it. **Methods:** The experience of all current and previous Junior Editors were assessed through a survey developed by the authorship team for this purpose. The survey consisted of 48 questions, including 15 multiple choice questions rated using a Likert Scale, 10 open-ended questions, and 23

demographic or binary yes/no questions. The participants' perceptions of their experience, desire for future involvement, and opinions regarding implementation of the program at other medical education websites were assessed using open-ended qualitative questions. These responses were thematically analyzed. **Results:** A total of 28 Junior Editors responded (71.7% of those surveyed). They listed their responsibilities as uploading/copyediting posts, authorship of posts, infographic creation, social media promotion, authorship of podcast summaries, editing of podcasts, and logo design. Results revealed a positive experience across all domains, with participants citing a better experience when compared to previous similar roles. 85.7% (24/28) stated they achieved their expectations from the program, and 82.1% (23/28) would incorporate this program into another medical education website if given the opportunity. **Conclusion:** Junior Editors reported positive experiences across all responsibilities, with particular value placed on digital and authorship skills development, inspiration for future FOAMed, research engagement, and mentorship/networking. Through collaboration with current team members, we will implement improvement initiatives. Based upon these results, we believe that the Junior Editor model may also be viable within other medical education communities.

Keywords: free open access medical education, medical education, program evaluation

LO55

Signal & noise – do professionalism concerns impact decision-making of competence committees?

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Introduction: Competence committees (CCs) struggle with incorporating professionalism issues into resident progression decisions. This study examined how professionalism concerns influence individual faculty decisions about resident progression using simulated CC reviews. **Methods:** In 2017, the investigators conducted a survey of 25 program directors of Royal College emergency medicine residency training programs in Canada and those faculty members who are members of the CCs (or equivalent) at their home institution. The survey contained twelve resident portfolios, each containing formative and summative information available to a CC for making progression decisions. Six portfolios outlined residents progressing as expected and six were not progressing as expected. Further, a professionalism variable (PV) was added to six portfolios, evenly split between those residents progressing as expected and not. Participants were asked to make progression decisions based on each portfolio. **Results:** Raters were able to consistently identify a resident needing an educational intervention versus those who did not. When a PV was added, the consistency among raters decreased by 34.2% in those residents progressing as expected, versus increasing by 3.8% in those not progressing as expected ($p = 0.01$). **Conclusion:** When using an unstructured review of a simulated resident portfolio, individual reviewers can better discriminate between trainees progressing as expected when professionalism concerns are added. Considering this, educators using a competence committee in a CBME program must have a system to acquire and document professionalism issues to make appropriate progress decisions.

Keywords: education, professionalism, residency