**APPENDIX A – Interview Guide**

**Introduction**

Thank you for participating in this interview. On behalf of the co-investigators, we appreciate you giving us your time and sharing your expertise. Our goal is to understand how Royal College emergency medicine training programs review resident performance and competence. This interview will ask you to describe how your program reviews resident performance information at your competence committee, and how you make judgments about resident progress and promotions. Please do not use any resident names or identifying information in answering these questions.

 There are many ways that programs review their residents’ performance. We’d like to understand these different ways. Every program gets a variety of information on each resident including, test scores, on-shift assessments, ITERs, simulation assessments, hallway conversations etc. We are interested in knowing who reviews this information and how decisions are made about resident progress.

Before we start, do you have any questions?

1.  **CBD has been in place since July 2018 and some CCs have existed prior to that.**

**a.    At your centre, what have you found has worked well within the committee and the progression process thus far?** *(encourage the faculty to elaborate)*

**b. What do you think needs more work? Why?**

**2. What challenges did you face with respect to data collection (i.e., getting the “right” assessment data)?**

a.    How, if at all, have you addressed these challenges?

b.    How did you engage faculty and residents to complete EPA observations?

c.     What training did you provide front-line faculty / residents regarding EPA observations?

d.    Is there a difference in which your residents are evaluated on-service vs off-service? Community vs core faculty?

**3. People: What challenges did you face with respect to recruiting Competence Committee members?**

a.    How did you overcome these challenges?

b.    Looking back, would you have done things differently?

**4. Meetings: What challenges did you face with respect to the structure and function of your CC meetings?** (e.g., Scheduling/frequency, work distribution)

a.    How did you overcome these challenges?

**5. What challenges have you faced with respect to making group decisions about resident progression?** (e.g., insufficient data, unable to reach consensus, challenging group dynamics etc.)

a.    How did you overcome these challenges?

**6. Which residents typically take the CC the longest to review during your meetings?**

a.    How do you ensure that there’s enough time to thoroughly review each resident?

**7. Consider an exceptionally strong resident: what challenges might you foresee if the CC determines the resident’s progress to be “accelerated”?**

a.    How might you overcome these challenges?

**8. Consider a struggling resident: what challenges might you foresee if the CC determined the resident to be “not progressing as expected”?**

a.    How might you overcome these challenges?

b.    How might things be different if they were determined to be “failing to progress”?

c.  Are there additional resources from outside of your program (e.g. educational assessment via a psychologist)? Have you used them?

d.   Does your program have an established remediation program?

e.  Are there any barriers created by external bodies (e.g. in Ontario there mandatory reporting to CPSO that they required remediation)?

**9. How do you foster growth in the average resident who is progressing as expected?** (ie. balance between problem-identification and developmental models)

**10.  What steps has your CC taken to ensure your progression decision-making process is transparent and defensible?**

**11.  Any final thoughts or recommendations?**

**APPENDIX B**

**Recommendations that did not achieve consensus**

1. *Frontline faculty should participate in regular training on the provision of high-quality feedback and documentation of observed performance*.

Comments: While symposium participants agreed that front-line faculty play an important role in generating high-quality performance data, they felt that training of front-line faculty did not directly relate to the responsibilities of the competence committee.

1. *Data should be collated to allow for visualization and interpretation of trends in performance and progression.*

Comments: Symposium participants had strong concerns about the variability in the data visualization and analytic capabilities of the various electronic portfolio platforms used at each institution. It was felt that emphasis should be placed on collection and synthesis of data from multiple sources and contexts (Recommendation 3).