

APPENDIX

1. Focus group guide: CBD cohort residents

MHPE Thesis project: Feedback and formative assessment in Competency by Design: The experience of residents and supervisors within a single urology training program

Focus group leader: Mélanie Aubé-Peterkin

Research question: Since the new CBD curriculum has been implemented, how do urology programs' supervisors and residents experience the integration of formative assessment and feedback into their practice?

1. As residents, how do you know what your training objectives are (for example, during a specific rotation, or according to your level of residency training)?
2. Do you feel that you are observed by your supervisors during a sufficient number of clinical activities (operating theatre, clinic, etc.) to be adequately evaluated on your improvements and performance? Please explain why or why not.
3. Considering the content of feedback that is provided to you by your supervisors:
 - a. Formative feedback should help you *clarify your learning goals*.
 - i. Do you receive this type of feedback from your supervisors?
 - ii. If yes in what scenarios (EPA vs verbal) and how did it help you?
 - b. Formative feedback should allow you to *improve the process towards attaining your learning goals*.
 - i. Do you receive this type of feedback from your supervisors?
 - ii. If yes in what scenarios (EPA vs verbal) and how did it help you?
 - c. Formative feedback should give you information towards *achieving future goals and the next steps in your learning process*.
 - i. Do you receive this type of feedback from your supervisors?
 - ii. If yes in what scenarios (EPA vs verbal) and how did it help you?
4. Different levels of feedback exist, including:
 - **Task and task processing level feedback** (orients residents towards achieving and how to achieve the task, for example, “cut more slowly” “improve knowledge of anatomy”)
 - **Self-regulation feedback** (helps residents auto-regulate their own performance, for example, “how do you think you could improve?” “what do you think you did well in this case?”)
 - **Self as a person feedback** (praise, for example, “good job!” vs criticism, for example, “bad resident”).
 - a. Which level(s) of feedback do you receive the most and the least of?
 - b. Which level(s) of feedback are most helpful towards your learning process, and why?

5. Does the feedback that you receive in your EPAs differ from the direct, verbal feedback that you receive on a day-to-day basis?
6. Regarding the EPA-based assessment
 - a. Overall, what are the strong points about EPA-based assessments?
 - b. What could be improved regarding EPA-based assessments?
7. Regarding the timing of feedback given via EPAs,
 - a. On average, how long after you've requested an EPA assessment is the form completed by your supervisor?
 - b. How does timing of feedback affect your learning process?
 - c. Do you read the feedback provided in the EPAs as soon as they are filled out?
8. Do you feel that the feedback that you receive specifically in the EPAs are adding to your learning experience and helping you achieve your learning goals?
9. How does the residency program encourage peer learning opportunities? Do you feel that peer learning is useful for your learning process?
10. Do you feel that you take responsibility for your own learning process during your residency? (For example, requesting EPAs and monitoring progress through the curriculum) Please explain why or why not.

Would anyone like to add anything before we wrap up?

2. Focus group guide: Urology supervisors

MHPE Thesis project: Feedback and formative assessment in Competency by Design: The experience of residents and supervisors within a single urology training program

Focus group leader: Mélanie Aubé-Peterkin

Research question: Since the new CBD curriculum has been implemented, how do urology programs' supervisors and residents experience the integration of formative assessment and feedback into their practice?

1. As supervisors, how do you ensure that the CBD residents know what their training objectives are (for example, during your rotation or according to their level of residency training)?
2. Are you able to observe the residents during a sufficient amount of clinical activities (operating theatre, clinic, etc.) to adequately evaluate their improvement and performance? Please explain why or why not.
3. Considering the content of feedback that you provide to the residents:
 - a. Formative feedback should help *clarify residents' learning goals*.
 - i. Do you give this type of feedback to the residents?
 - ii. If yes in what scenarios (EPA vs verbal) and can you give examples?

- b. Formative feedback should allow residents to *improve the process towards attaining their learning goals*
 - i. Do you give this type of feedback?
 - ii. If yes in what scenarios (EPA vs verbal) and can you give examples?
 - c. Formative feedback should give residents information towards *achieving future goals and the next steps in their learning process.*
 - i. Do you give this type of feedback?
 - ii. If yes in what scenarios (EPA vs verbal) and can you give examples?
 4. Different levels of feedback exist, including:
 - **Task and task processing level feedback** (orients residents towards achieving and how to achieve the task, for example, “cut more slowly” “improve knowledge of anatomy”)
 - **Self-regulation feedback** (helps residents auto-regulate their own performance, for example, “how do you think you could improve?” “what do you think you did well in this case?”)
 - **Self as a person feedback** (praise, for example, “good job!” vs criticism, for example, “bad resident”).
 - a. Which level(s) of feedback do you give the most and the least of in the EPA forms?
 - b. Which level(s) of feedback do you think are most helpful towards the residents’ learning process, and why?
 5. Do you feel that EPAs have changed the way you provide feedback to the residents? Please explain why or why not, and how.
 6. Regarding the EPA-based assessment
 - a. Overall, what are the strong points about EPA-based assessments?
 - b. What could be improved regarding EPA-based assessments?
 7. Regarding the timing of feedback given via EPA forms
 - a. On average, how long after the EPA is requested by the resident do you fill the form out?
 - b. How does timing of feedback affect the resident’s learning process?
 8. Do you take the initiative to fill out EPA forms without being prompted by the resident? Please explain when and why or why not?
 9. How does the residency program encourage peer learning opportunities? And do you feel that peer learning is useful for the residents’ learning process?
 10. Do the residents take responsibility for their own learning process? (For example, requesting EPAs and monitoring progress through the curriculum) Please explain why or why not
- Would anyone like to add anything before we wrap up?