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## **Resident Assessment Guidelines and Procedures for CBME Programs**

<b>Office of Accountability:</b>	<b>Faculty of Medicine &amp; Dentistry</b>
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### **1. Introduction**

All Residents who are enrolled in programs leading to certification with the Royal College of Physicians and Surgeons of Canada (RCPSC) are registered as Postgraduate Medical Education (PME) Students in the Faculty of Medicine & Dentistry at the University of Alberta.

Residents carry out their training responsibilities within a hospital, or other clinical education sites, at the appropriate level of training and in accordance with the relevant professional requirements and subject to University regulations and those of the hospital, other clinical education sites, or health authority. The conditions governing the resident entering and remaining in the training program are delineated in the letter of engagement, which is a legally binding contract.

There must be mechanisms in place to ensure the systematic collection and interpretation of assessment data on each resident enrolled in a program. Assessment is the process of gathering and analyzing information in order to measure a physician's competence or performance, and compare it to defined criteria. Guiding principles for assessment include fairness, transparency, open communication, and mutual accountability.<sup>1</sup>

One of the core components of Competence Based Medical Education (CBME) is that assessment practices are intended to support and document the progressive development of competencies. In Competency by Design (CBD), there is a distinction between these two aims of assessment. Assessment for learning is formative, continuous, constructive and "low stakes"; its overall purpose is to guide and improve the learner's performance. Assessment for progression also provides guidance to improve learner performance, but integrates multiple sources of information and provides intermittent, summative decisions that compare performance to the expectations for progression. Assessment for certification describes the final summative decision that identifies that performance meets the national standards for certification; that competence has been demonstrated.<sup>1</sup>

CBD also incorporates the principles of programmatic assessment (Schuwirth and Van der Vleuten, 2011). A program of assessment is an arrangement of individual methods of assessment, each purposefully chosen for their alignment with desired outcomes. Individual data points provide feedback to the learner. Multiple data points from diverse sources and methods are aggregated to make decisions about progress.<sup>1</sup>

To document competence in specific tasks of the profession, assessment of Entrustable Professional Activities (EPAs) is used. Individual programs need to adhere to CBD stage-specific EPAs defined by their respective Royal College Specialty Committees. Training programs can use additional assessment that align with the competencies being assessed (e.g., written (essay, short answer, multiple choice), performance-based assessment (OSCE, mini-CEX, STACER), 360<sup>o</sup> assessment, chart review, and formal observation of clinical or procedure skills, etc.).

## **2. Scope**

The document describes the assessment guideline and process that should be in place for all RCPSC CBME residency training programs in the Faculty of Medicine & Dentistry at the University. It serves to ensure that assessment practices are consistent with program goals and objectives of postgraduate medical education at the University and meet the requirements of the RCPSC. This document does not apply to the Family Medicine programs, which follow the Triple

C Competency based Curriculum, or to time based programs. Please refer to appropriate guidelines for these programs.

### 3. **Definitions**

- “Academic Advisor” supervises and supports residents’ progress through residency training.
- “Academic Review Board” is the body responsible for reviewing cases of Postgraduate Medical Education (PME) Students in academic difficulty.
- “Academic Year” commences July 1 and finishes June 30. A resident may be out of phase and have a starting date other than July 1.
- “Associate Dean” means Associate Dean, Postgraduate Medical Education of the Faculty of Medicine & Dentistry, the senior faculty officer responsible for the overall conduct and supervision of postgraduate medical education within the Faculty. The Associate Dean reports to the Vice-Dean, Education.
- “CBD Stage” refers to one of the four CBD stages of training in the Royal College Competence Continuum: Transition to Discipline, Foundations, Core and Transition to Practice.
- “Clinical or Rotation Supervisor” organizes the training experience to facilitate development of competence in relevant EPAs and ensures documentation of assessments.
- “Competence Committee” is a subcommittee of the Residency Program Committee whose primary focus is for regularly reviewing assessment data and making recommendations to the Program Director and RPC on resident progress.
- “CPSA” is the College of Physicians and Surgeons of Alberta (CPSA), the body responsible for self-regulation of the practice of medicine in Alberta.
- “EPA” is Royal College Entrustable Professional Activity, and refers to the task of a discipline that may be delegated to a trainee once competence in that task has been demonstrated. It is linked to a specific stage of the competence continuum and integrates multiple CanMEDS milestones from various CanMEDS Roles relevant to that stage.
- “EPA Assessor” is a faculty member observing and documenting their ability to entrust a trainee for an EPA in a specific instance.
- “Faculty” means the Faculty of Medicine & Dentistry and includes any person or body who has exercised, is exercising, or will exercise any power of the Faculty. (“faculty” used in the lower case means any staff member in the Faculty who is involved in the training of residents).
- “Major Learning Plan” is needed when a resident is deemed to be “not progressing as expected” or has “failure to progress”. The plan is determined by the Program Director in collaboration with the RPC, should be informed by the recommendations from the Competence Committee, and may include input from the resident and Academic Advisor. The plan usually includes additional training experiences, and may include modification in learning and assessment opportunities. It may result in prolongation of training from the usual expected length in training or additional resources. The plan should be mutually agreed upon in writing by the program and the resident. If any agreement cannot be

reached, the ARB will review and finalize the plan, which is final and binding on the resident and the program. A Major Learning Plan must be approved by the PGME office.

- “Milestone” refers to the RCPSC definition; an observable marker of an individual’s ability along a developmental continuum.
- “Minor Learning Plan” is needed when a resident is deemed to be “not progressing as expected”. The plan is determined by the Program Director in collaboration with the RPC, should be informed by recommendations from the Competence Committee, and may include input from the resident and Academic Advisor. The plan may include modification in learning and assessment opportunities or additional focus on EPA completion. The plan should be mutually agreed upon in writing by the program and the resident. It should include clearly defined learning strategies and outcomes. The plan usually does not require prolongation of training. Minor Learning Plan does not require PGME approval.
- “Monitoring” is needed when a resident is deemed at risk of “not progressing as expected”, and likely to correct with adjustments to learning/assessment experiences or additional focus on EPA completion. The nature of monitoring is determined by the Program Director in collaboration with the RPC, and should be informed by recommendations from the Competence Committee, and may include input from the resident and Academic Advisor. Monitoring does not require a written plan or PGME approval.
- “PARA” means the Professional Association of Resident Physicians of Alberta, the non-profit organization that endeavors to provide effective representation of physicians completing further training in a residency program in Alberta.
- “PGEC” is the Postgraduate Medical Education Committee (PGEC), a committee responsible for the postgraduate medical education programs in the Faculty of Medicine and Dentistry.
- “PME” means Postgraduate Medical Education.
- “Resident” is a post-MD. trainee registered in an approved postgraduate training program whose training for that contract term is credited towards certification by the Royal College of Physicians and Surgeons (RCPSC) or the College of Family Physicians of Canada (CFPC).
- “Program” means an accredited Residency Training program in the Faculty of Medicine & Dentistry.
- “Program Director” is appointed by the RCPSC as the University faculty member most responsible for the overall conduct of the residency program in a given discipline and responsible to the Head of the Division and/or Department and to the Associate Dean, Postgraduate Medical Education. As necessary, the Program Director may delegate responsibility for resident activities.
- “RCPSC” means the Royal College of Physicians and Surgeons of Canada, the body responsible for program accreditation, resident credentials, and resident certification for specialty medicine education programs.
- “RPC” means the Residency Program Committee (also known as Residency Training Committee (RTC)), which oversees the planning for the residency program and overall operation of the program to ensure that all requirements as defined by the national certifying colleges are met; this includes recruitment of residents, assessment of residents, on-going evaluation of the program including individual clinical supervisors.

- “RTE” is Required Training Experience defined nationally by the respective Specialty Committee as a mandatory component of training.
- “Training experience” are training activities, which support a resident’s acquisition of competence. As time is a resource in CBME, training experiences may be organized as a traditional block rotation. Blocks are defined as four-week periods of time. The academic year is composed of thirteen blocks. Alternatively, training experiences may be organized as horizontal (longitudinal) clinical or other experiences (e.g. research, quality improvement, advocacy etc.). Each training experience should be defined in terms of competencies to be achieved and service expectations.
- “University” means the University of Alberta
- Vice-Dean” means the Vice-Dean, Education, the senior faculty officer responsible for all facets of education in the Faculty of Medicine & Dentistry.

#### 4. **Overview of Resident Assessment Process**

- 4.1. At the beginning of each training experience, the Program must ensure the clinical supervisor and the resident is provided with:
  - 4.1.1. Required and Recommended Training Experiences
  - 4.1.2. List of EPAs that should be assessed with their associated milestones;
  - 4.1.3. List of duties, responsibilities, and expectations;
  - 4.1.4. A description of other assessment strategies;
  - 4.1.5. A description of the minimal time of attendance/participation to ensure patient safety, appropriate supervision and opportunities for observation and assessment;
  - 4.1.6. A description of structure of relationships within the healthcare team;
  - 4.1.7. A description of the resident's role in that health care team.
- 4.2. Regular timely coaching feedback and documented assessment should be ongoing throughout the training experience.
- 4.3. Assessment is by frequent observations, which will guide further learning during the training experience.
- 4.4. Feedback to residents must include face-to-face meetings as an essential part of the assessment.
- 4.5. Both the resident and the clinical supervisor and EPA assessor should actively seek out opportunities for assessment of applicable EPAs during the training experience.
- 4.6. To reflect a learner’s demonstration of milestones, language such as ‘in progress’ or ‘achieved’ or entrustment related anchors should be used in day to day assessment (instead of pass/fail).
- 4.7. The Program Director or Academic Advisor, or delegate meets with assigned residents at regular intervals to conduct comprehensive reviews of performance information.
- 4.8. The RPC will clearly outline who will take responsibility for identifying and documenting strategies to help the resident who is designated by the Competence

Committee as “Not Progressing as Expected” or “Failure to Progress” achieve an appropriate training trajectory.

- 4.9. Training experiences may need to be extended, modified or added if the training trajectory has been identified by the Competence Committee as “Not Progressing as Expected” or “Failure to Progress”.
- 4.10. In addition to EPA assessments, other forms of assessment can and should be used by the program in a summative manner. Examples include, but are not limited to, written assessments (essay, short answer, multiple choice), performance-based assessment (OSCE, mini-CEX, STACER), 360<sup>o</sup> assessment, chart review, portfolio, log, reflections and formal observation of clinical or procedure skills, etc.).
- 4.11. A primary reviewer who is assigned by the Competence Committee summarizes and presents the resident assessment data to the Competence Committee.
- 4.12. The Competence Committee reviews all EPA data to determine and document EPA achievement.
- 4.13. The Competence Committee, taking into account EPA achievement status and other available forms of resident assessment data, makes recommendations about learner status, promotion to the next CBD stage (or the need for revised educational plan), readiness for certification examination or readiness for practice.
- 4.14. The criteria for determination of EPA achievement, recommendation of progress and promotions, and readiness for certification examinations and practice by the Competence Committee should be defined, fair and transparent.
- 4.15. Assessment of a resident’s progress in the program is the responsibility of the Program Director and the RPC as informed by the recommendations of the Competence Committee. The assessment of residents must be a regular agenda item for RPC meetings.
- 4.16. RPC meetings should be scheduled shortly after a Competence Committee meeting to allow timely communication of assessment decisions to the resident.

## 5. **EPA**

- 5.1. EPA refers to the task of a discipline that may be delegated to a resident once competence in that task has been demonstrated. It is linked to a specific stage of the competence continuum and integrates multiple CanMEDS milestones from various CanMEDS Roles relevant to that stage.
- 5.2. Specific guidelines regarding assessment of an EPA are defined nationally by the Royal College Specialty Committee, and should be adhered to.
- 5.3. EPA achievement is determined by the Competence Committee upon reviewing the documented EPA assessment data.
- 5.4. EPA achievement along with other assessment tools as designated by the national guidelines and the program specifications, are used by the Competence Committee to inform recommendations to promote to the next stage and readiness for certification exams and readiness for practice.

## 6. **Academic Advisor**

- 6.1. Residency programs must have a system in place to supervise and support resident's progress through residency training and may choose to have the Program Director take this responsibility (e.g. in very small programs) or may delegate this responsibility to assigned Academic Advisors (See Academic Advisor Role Description).
- 6.2. The Academic Advisor (or equivalent) should have regular meetings with the assigned residents (advisee) at least quarterly, and no less than once per stage of training.
- 6.3. The Academic Advisor (or equivalent) will review the resident's assessments and electronic portfolio to provide guidance to the resident in maintaining an appropriate training trajectory.
- 6.4. The Academic Advisor (in consultation with the Program Director and/or Competence Committee) will identify areas for focused attention to help the resident achieve an appropriate training trajectory.
- 6.5. The Academic Advisor or program-assigned designate is responsible for presentation of the primary review of the resident's training summary at the Competence Committee meeting.
- 6.6. The Academic Advisor does not determine the Competence Committee's promotion recommendation for his/her advisee(s), and recused oneself from these decisions at the Competence Committee.
- 6.7. The Academic Advisor may be asked to participate in developing any needed revised educational plan.

## **7. Program Director**

- 7.1. The Program Director in collaboration with the RPC, and informed by the recommendations from the Competence Committee, makes all summative decisions. (See 9 below)
- 7.2. The Program Director in collaboration with the RPC, and informed by the recommendations from the Competence Committee, determine the need for Monitoring, and Minor and Major Learning Plan.
  - 7.2.1. The Program Director is responsible for the determination of the nature of needed Monitoring.
  - 7.2.2. The Program Director is responsible for the creation of Major and Minor Learning Plans.
- 7.3. The Program Director should conduct regular meetings with each resident every 6 months to review the resident's progress

## **8. Competence Committee**

- 8.1. The Competence Committee reviews all resident assessment data and makes determinations about EPA achievement, recommendations for learner status, promotion to the next CBD stage or the need for revised educational plan if the resident is not ready for promotion.
  - 8.1.1. Residents who are on leave will be recorded as inactive, and discussion deferred until the resident returns from leave to allow for EPA completion.

- 8.1.2. Residents who are in Monitoring or completing Minor or Major Learning Plans will be reviewed.
    - 8.1.2.1. The review can be deferred if there is not enough information for a recommendation.
  - 8.2. The Competence Committee should meet approximately quarterly, no less than once per stage of training and as frequently as required for recommendation on promotion to the next stage without undue delay.
  - 8.3. In addition to EPA assessment and general assessment guidelines, which are defined nationally, the Competence Committee should review any additional assessments used by the program in its decision making process.
  - 8.4. It is recommended that the Competence Committee develop set criteria for determining EPA achievement, and recommending learner status, promotion to each CBD stage, readiness for certification exams readiness and readiness for practice for transparency and consistency. These criteria need to align with those set by the respective national Specialty Committee.
9. **Progress and Status Recommendations by the Competence Committee**
- 9.1. Progress, learner status and other recommendations are made by the Competence Committee and must be presented to the RPC and the Program Director who ratify the actual summative decision.
    - 9.1.1. Recommendation for progression from one CBD stage to the next along the competence continuum.
    - 9.1.2. Recommendation regarding readiness for national certification examination.
    - 9.1.3. Recommendation regarding readiness for practice certification.
  - 9.2. A learner status recommendation must be made by the Competence Committee each time a learner is reviewed and will include one of the following:
    - 9.2.1. Progressing as Expected
      - 9.2.1.1. EPA achievement as expected, and
      - 9.2.1.2. Learning trajectory is as expected, and
      - 9.2.1.3. Satisfactory performance on other assessments as determined by program
    - 9.2.2. Progress is Accelerated
      - 9.2.2.1. EPA achievement well before expected date, and
      - 9.2.2.2. Learning trajectory is significantly above expected, and
      - 9.2.2.3. Satisfactory performance on other assessments as determined by program
    - 9.2.3. Not Progressing as Expected
      - 9.2.3.1. EPA achievement is below expected, or
      - 9.2.3.2. Learning trajectory is below expected, or
      - 9.2.3.3. Unsatisfactory performance on other assessments as determined by program
    - 9.2.4. Failure to Progress
      - 9.2.4.1. EPA achievement is substantially below expected, or



- 9.2.4.2. Learning trajectory is flat or substantially below what is expected, or
    - 9.2.4.3. Repeated and continued unsatisfactory performance on other assessments as determined by program
  - 9.3. Recommendations by the Competence Committee are not binding and not subject to appeal by the resident.
- 10. **Summative Decisions**
  - 10.1. The actual summative decision on learner status, stage progression, readiness for certification examination, and readiness for practice is made by the Program Director in collaboration with the RPC, and is subject to appeal by the resident. (See Faculty PGME Appeals Policy)
- 11. **Possible Actions for Resident who is “Progressing as Expected”**
  - 11.1. The resident remains in the current stage
  - 11.2. The resident can be considered for promotion to the next stage, or
  - 11.3. The resident can be deemed eligible for RCPSC exam, or
  - 11.4. The resident can be deemed eligible for RCPSC certification, or
    - 11.4.1. The Associate Dean must be notified in writing of this decision
  - 11.5. The resident can be recommended for Monitoring (see Definition), when there is concern that a resident is at risk of “not progressing as expected” and needs adjustments to the learning/assessment experiences or additional focus on EPA completion.
- 12. **Possible Actions for Resident whose “Progress is Accelerated”**
  - 12.1. The resident can remain in the current stage.
  - 12.2. Action plan will be determined by the Program Director in collaboration with RPC, and should be informed by the Competence Committee.
  - 12.3. The resident can be considered for promotion to the next stage earlier than expected.
    - 12.3.1. The training may be modified, but must take into account patient safety and contractual obligations.
  - 12.4. The resident can be deemed eligible for RCPSC exam earlier than expected
    - 12.4.1. The Associate Dean must be notified in writing of this decision
  - 12.5. The resident can be deemed eligible for RCPSC certification earlier than expected
    - 12.5.1. The Associate Dean must be notified in writing of this decision
- 13. **Possible Actions for Resident who is “Not Progressing as Expected”**
  - 13.1. Action plan will be determined by the Program Director in collaboration with the RPC, and should be informed by the Competence Committee.
  - 13.2. Action plan can include, but not limited to:
    - 13.2.1. Minor Learning Plan (see Definition)
    - 13.2.2. Major Learning Plan (see Definition)

14. **Possible Actions for Resident who is deemed to have “Failure to Progress”**
  - 14.1. Action plan will be determined by the Program Director in collaboration with the RPC, and should be informed by the Competence Committee.
  - 14.2. Action plan will include a Major Learning Plan unless conditions for Requirement to Withdraw have been met.
  
15. **Rotation (Training Experience) Duration and Attendance Requirement**
  - 15.1. While CBME de-emphasizes time, training experiences may still be organized as discrete rotations with defined duration.
  - 15.2. In order to meet pedagogical requirements and need for robust workplace based assessment, a resident should not miss more than 1/4 of a rotation (training experience) or a horizontal learning experience due to illness, leave, holidays etc.
  - 15.3. For patient safety, ongoing development of expertise and contractual obligations, residents must continue to attend assigned training experiences even when the suggested number of EPA assessments have been documented and/or the EPAs have been marked as achieved by the Competence Committee. It is expected that they will work toward mastery of these skills and higher levels of expertise in any time remaining.
  
16. **When to Consider Requirement to Withdraw from the Program**
  - 16.1. In the interest of responsible career planning for the resident and fiscal responsibility for training resources, it is important to monitor resident’s progress.
  - 16.2. It is expected that the majority of residents will be “Progressing as Expected” in their training program.
  - 16.3. In the event that the resident is “Not Progressing as Expected”, the resident will undergo Minor Learning Plan, or Major Learning Plan.
  - 16.4. Residents who, despite Major Learning Plan(s), have two decisions of “Failure to Progress” in the same CBD Stage will be considered for Requirement to Withdraw (see Section 17) from the program.
  
17. **Requirement to Withdraw from the Program**
  - 17.1. The resident can be required to withdraw from the program for, but not limited to, any of the following:
    - 17.1.1. Two decisions of “Failure to Progress” in the same CBD Stage
    - 17.1.2. Recurring significant deficiency in the same CanMEDs role.
    - 17.1.3. In the interest of public health or safety (see Practicum Intervention Policy)
    - 17.1.4. Criminal activity
  - 17.2. In the event of Requirement to Withdraw, the Program Director forwards the resident’s entire academic record to the Academic Review Board (ARB) via the PME office to determine if there are sufficient grounds to recommend Requirement to Withdraw.
  - 17.3. The ARB makes the recommendation to the Program Director.
  - 17.4. The Program Director in collaboration with the RPC makes the final decision on Require to Withdraw after receiving the ARB’s recommendation.

- 17.5. The Program Director advises the PME Office on the program's decision for the resident to be required to withdraw from the program.
- 17.6. The Program Director will advise the resident of the decision both in person and in writing. The PME Office must advise Alberta Health Services administration and College of Physicians and Surgeons of Alberta when a resident is required to withdraw.
- 17.7. The resident shall be informed of the right to appeal the Requirement to Withdraw decision through the process set out in the *Faculty of Medicine & Dentistry Academic Appeals Policy for Postgraduate Medical Education Students*.

<sup>1</sup> RCPSC CBD Policy Working Group Communique: Assessment