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Resident Assessment Guidelines and Procedures

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Table of Contents

1. Introduction
2. Scope
3. Definitions
4. Resident Assessment Process at the University of Alberta
5. Rotation Attendance Requirement
6. Satisfactory Assessment
7. Borderline Assessment
8. Unsatisfactory Assessment
9. RPC's role in Assessment
10. Annual Promotional Process
11. Resident Transition to Senior Role

1. Introduction

All Residents who are enrolled in programs leading to certification with either the College of Family Physicians of Canada (CFPC) or 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 an effective, organized system of resident assessment. Ultimately, it is the responsibility of the Program Director with the Resident Program Committee (RPC) and its subcommittee(s) to collect and interpret assessment data about each resident enrolled in the program.

Training programs can use different strategies and techniques of assessment that align with the characteristics being assessed (e.g., In-training evaluation report (ITER), written (essay, short answer, multiple choice), performance-based assessment (OSCE, mini-CEX), 360^o 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 **non competency-based** 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 follows the Triple C Competency based Curriculum. Residents in Family Medicine will be covered under a separate Assessment Guidelines and Procedures for Postgraduate Medical Education Students in Family Medicine Programs

3. Definitions

“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.

“Clinical Rotation Supervisor” is the most responsible physician to whom a resident reports during a given period of time in a rotation (including the physician on call for a service when a resident is on call).

“CPSA” is the College of Physicians and Surgeons of Alberta (CPSA), the body responsible for self-regulation of the practice of medicine in Alberta.

“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).

“FITER” refers to the final in-training evaluation report.

“ITER” refers to in-training evaluation report.

“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-M.D. 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).

“Program” means an accredited Residency Training program (or clinical fellowship or diploma 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 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.

“Rotation” means the period of time a resident is assigned to a clinical or research service, for which there are specifically defined learning objectives. These periods of time may be in the form of block rotations, normally not shorter than one block and not longer than six blocks. Blocks are defined as four-week periods of time. The academic year is composed of thirteen blocks. Alternatively, a resident may be involved in a different curriculum model incorporating horizontal clinical or research experiences into a longer clinical experience.

“Rotation Supervisor” means the faculty member who has direct responsibility for a resident’s clinical academic program during the rotation, including the completion of ITERs.

“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, evaluation of residents, on-going evaluations of the program including individual clinical supervisors.

“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. The Vice-Dean, Education acts under delegated authority from the Dean to oversee, the Faculty of Medicine & Dentistry student appeals.

4. Resident Assessment Process at the University

4.1. Overview of Assessment Process

- 4.1.1. At the beginning of each rotation, or horizontal learning experience, the Rotation Supervisor(s) or delegate must ensure the resident is provided with:
 - 4.1.1.1. Learning objectives for the rotation;
 - 4.1.1.2. List of duties, responsibilities, and expectations;
 - 4.1.1.3. A description of assessment strategies;
 - 4.1.1.4. A description of structure of relationships within the health care team; and
 - 4.1.1.5. A description of the resident's role in that health care team.
- 4.1.2. In cases where the provision of above is done through email, a copy of the email should be included in the resident's file.
- 4.1.3. Regular and timely feedback must occur throughout the rotation or horizontal learning experience.
- 4.1.4. Feedback sessions to residents must include face-to-face meetings as an essential part of the assessment.
- 4.1.5. The resident must be made aware of any concerns as these emerge over the course of the rotation or horizontal learning experience to provide opportunity for correction.
- 4.1.6. Written assessments must occur at regular intervals, at minimum at the end of each rotation or after 6 months of a horizontal learning experience.
- 4.1.7. Preparation of all assessment reports is the professional responsibility of the Rotation Supervisor(s) or delegate.
- 4.1.8. For assessment period ≥ 2 blocks, documented mid-period assessments (ITER-mid) are strongly recommended for all residents and are essential for any resident who is “not progressing as expected”, and in jeopardy of failing.
- 4.1.9. An end of rotation assessment (ITER-end) must be documented and discussed with the resident. This feedback must be timely, ideally during the last week of the rotation and should definitely occur within 1 month of completion of the rotation. An end of rotation ITER with a global rating other than “Meet Expectations” must be reviewed in a face-to-face meeting with the resident. Residents must be aware that ratings other

than “Meet Expectations” can be a trigger for the Program Director to consider remediation.

- 4.1.10. It is strongly recommended that residents be provided the opportunity to self-assess prior to arriving at end-of-rotation assessment meetings.
- 4.1.11. Completion of ITERs must be based on documented observations of resident’s performance.
- 4.1.12. 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), 360° assessment, chart review, and formal observation of clinical or procedure skills, etc.). Triggers for consideration of remediation need to be determined for each individual form of assessment, documented in the training manual, and communicated to the resident and Rotation Supervisor/assessor.
- 4.1.13. An assessment of a resident’s on-going progress in the program is the joint responsibility of the Program Director and the RPC. The assessment of residents must be a regular agenda item for RPC meetings.

4.2. ITER

- 4.2.1. The ITER is the usual format used to document assessment of a resident in a rotation. It should be designed or adopted by the RPC of the individual training program. The ITER forms must be in CanMEDs format. The purpose of the ITER is as follows
 - 4.2.1.1. To provide a framework for the assessment by a Rotation Supervisor of the resident’s knowledge, skills and attitudes.
 - 4.2.1.2. To facilitate feedback by a Rotation Supervisor or the Program Director to the resident.
 - 4.2.1.3. To serve as a record for the Program Director of the strengths and weaknesses of the resident.
 - 4.2.1.4. To enable the Program Director to provide a FITER to the RCPSC for the resident.
 - 4.2.1.5. To establish the basis for progression and promotion.
- 4.2.2. Scoring
 - 4.2.2.1. The ITER must contain or be accompanied by rating scale guidelines to assist the Rotation Supervisor(s) in scoring individual assessment items and should relate to level-specific learning goals and objectives. Comments should be made on any specific areas of performance, which contribute significantly to the assessment, especially in areas of weakness.
- 4.2.3. For the purpose of completing the ITER, appropriate medical and non-medical personnel should be consulted about the resident’s performance.
- 4.2.4. Standardized assessment terminology should be used on all assessment forms.
- 4.2.5. All assessment forms must include a section indicating that the resident has read the report.

- 4.2.6. The resident may enter a notation indicating that he/she disagrees with the assessment.
- 4.2.7. The resident shares responsibility with the Rotation Supervisor(s) and Program Director for ensuring that assessments are completed in a timely fashion, that he/she has received feedback and has reviewed the assessment forms.
- 4.2.8. Confidentiality
 - 4.2.8.1. ITER and FITER are confidential documents and must only be disclosed as strictly necessary. An ITER must only be provided to the Resident, Rotation Supervisor, Program Director, RPC, PME office, and where appropriate, the Vice-Dean, Academic Review Board, or any Faculty or appeal committee considering the resident's performance. The FITER is strictly intended for the use of the certifying college.
 - 4.2.8.2. ITER and FITER are for purposes of progress and promotion, except in the case of University appeals, RCSPC proceedings or appeals, CPSA inquiries, or required pursuant to a legal process.
 - 4.2.8.3. Assessment information can be shared to meet the educational needs of residents (e.g. generation of remediation plan).
- 4.3. Global Assessment Rating Scales
 - 4.3.1. Two areas on the ITER require the use of rating scales when documenting resident's performance. The first lists educational objectives for the specific rotation and the second provides space to document the global performance assessment.
 - 4.3.2. Mid-Rotation ITER
 - 4.3.2.1. The following 3-point rating scale should be used for global performance ratings in Mid-Rotation ITER:
 - 4.3.2.1.1. "Progressing as Expected"
 - 4.3.2.1.2. "Progressing as Expected with Specific Area Needing Improvement"
 - 4.3.2.1.3. "Not Progressing as Expected"
 - 4.3.3. End of Rotation ITER
 - 4.3.3.1. The following 3- point rating scale should be used for global performance ratings in End of Rotation ITER:
 - 4.3.3.1.1. "Meets Expectations"
 - 4.3.3.1.2. "Borderline" (See 7.0 below) or "Inconsistently Meets Expectations"
 - 4.3.3.1.3. "Does Not Meet Expectations"
- 4.4. Other Forms of Assessment
 - 4.4.1. In addition to a rotation ITER, individual programs can use different strategies and techniques of assessment that align with the characteristics/domains being assessed (e.g., written (essay, short answer, multiple choice), performance-based assessment (OSCE, mini-

CEX), 360⁰ assessment, chart review, and formal observation of clinical or procedure skills, etc.).

5. **Rotation Attendance Requirement**

- 5.1. In order to meet pedagogical requirements, a resident should not miss more than 1/4 of a rotation or a horizontal learning experience due to illness, leave, holidays etc.
- 5.2. A rotation or horizontal learning experience that includes less than 3/4 of the expected time commitment for program-endorsed clinical and academic activity may be considered incomplete, subject to the discretion of the Rotation Supervisor/Program Director.
- 5.3. An incomplete rotation or horizontal learning experience should be completed, the duration of which is determined by the nature of the experience and the need for continuity of the clinical experience.
- 5.4. For any clinical rotation, the Program Director in consultation with the Rotation Supervisor will determine whether the clinical experience of the resident was sufficient for meaningful assessment.

6. **Satisfactory Assessment**

- 6.1. A satisfactory assessment is defined as any ITER having a global performance rating of "Meets Expectations"
- 6.2. For other forms of assessment, each program should define the criteria for a satisfactory assessment, specific to the assessment tool or process

7. **Borderline Assessment**

- 7.1. A borderline assessment is defined as any ITER having a global performance rating of "Borderline" or "Inconsistently Meets Expectations".
- 7.2. This global rating can be used if there is an "Unsatisfactory" or "Below Expectation" rating for at least one (1) CanMEDs role, but deemed not significant enough to warrant a global performance rating of "Does not meet expectations".
- 7.3. For other forms of assessment, each program should define the criteria for "Borderline" assessment, specific to the assessment tool or process.
- 7.4. Borderline assessment on an end-of-rotation ITER shall be discussed with the resident face-to-face within ten (10) working days of the end-of-rotation assessment, especially if Remediation is being considered. Process or resources to address the specific area of concern should be discussed with the resident by the Program Director or delegate.
- 7.5. A Borderline assessment can serve as a trigger for the Program Director to consider remediation, especially if there has been previous global Borderline rating(s) and/or involving the same CanMEDs role. (*Resident Remediation and Monitoring Guidelines for Time Based Programs*).

8. **Unsatisfactory Assessment**

- 8.1. An unsatisfactory assessment is defined as an ITER having a global performance rating of "Does not meet expectations".
 - 8.2. For other forms of assessment, each program should define the criteria for "Unsatisfactory" assessment, specific to the assessment tool or process
 - 8.3. Unsatisfactory assessment on an end-of-rotation ITER or other forms of assessment shall be discussed with the resident face-to-face ten (10) working days of the end-of-rotation assessment.
 - 8.4. An Unsatisfactory assessment can serve as a trigger for the Program Director to consider remediation.
9. **Residency Program Committee's role in Assessment**
- 9.1. The Residency Program Committee (RPC) or a subcommittee must be responsible for the assessment of residents.
 - 9.2. If a resident's performance is discussed during RPC meetings, it is acceptable for the resident member(s) to be excused during the discussion, provided that this exclusion is by mutual agreement. The RPC should not unilaterally exclude student members from discussions.
 - 9.3. Any resident being discussed by the RPC may request that a resident member be present for the discussions. In such cases, the resident member will be identified as the non-voting advocate, and will remain for the discussions pertaining to the resident.
10. **Annual Promotion Process**
- 10.1. The Program Director must conduct an annual progress review with each resident.
 - 10.2. The Program Director and resident should review all assessments to date, discuss strengths and weaknesses identified and strategies to correct weaknesses. Career counseling may also be discussed.
 - 10.3. Resident annual progress must be reported to the RPC.
 - 10.4. Promotion of a resident to the next academic level occurs if all mandatory rotations (including remediation periods) during the academic year have been completed with satisfactory assessment.
 - 10.5. The decision to recommend promotion to the Associate Dean must be made by the Program Director and the RPC.
 - 10.6. The RPC must review all residents whose performance is not meeting expectations. If the resident is not recommended for promotion, the resident must be informed in person by the Program Director.
 - 10.7. The resident shall be informed of the right to appeal in the event that promotion is not recommended through the process set out in the *Faculty of Medicine & Dentistry's Academic Appeals Policy for Postgraduate Medical Education Students*.
11. **Resident Transition to Senior Resident Role**

- 11.1. The program must be organized such that residents are given increasing professional responsibility, according to their level of training, ability/competence, and experience.
- 11.2. Each training program should define a “senior” resident role with clear definitions of the expectations and criteria for advancement to the senior role.
- 11.3. The Program Director should review each resident’s progress in the senior resident role on a regular basis, and identify ways to facilitate its successful completion.
- 11.4. The RPC must review all resident’s whose performance is not meeting expectations for the senior resident role, and advise the Program Director to facilitate successful completion of the senior resident role.
- 11.5. The Program Director should present the resident’s final progress to the RPC, to recommend formal completion of the senior role.

Adapted in parts with permission from PME Evaluations, Promotions, and Appeals Policy, Queens University.