



**UNIVERSITY OF
CALGARY**

Departmental Policy

Departmental Procedure
Instructions/Forms

**POSTGRADUATE MEDICAL EDUCATION
Resident Assessment Policy**

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- Purpose** 1 The purpose of this policy is to outline the process governing the Assessment of Residents’ performance and progress in Residency Training Programs in the Cumming School of Medicine at the University of Calgary.
- Scope** 2 This policy applies to all Residents in all Residency Training Programs in the Cumming School of Medicine at the University of Calgary.
- 2.1 In this policy, the word “**must**” is used to denote something that is required, and the word “**should**” is used to denote something that is highly recommended.
- Definitions** 3 In this policy:
- a) “Assessment” means a systematic collection and interpretation of performance feedback data for a Resident that is both formative and summative to support and document progress and overall performance. ITERs and EPAs are examples of Assessments.

Some Programs use “Evaluation” interchangeably with “Assessment”.

- b) “Assessment for Certification” describes the final Assessment identifying that a Resident’s performance meets the RCPSC or CFPC standards for certification in a specific discipline.
- c) “Assessment for Progression” means Assessment that integrates multiple sources of information and provides intermittent decision-making by comparing a Resident’s performance to the expectations of progression and/or through Stages of Training in RCPSC CBME Programs. “Summative Assessment” is an equivalent term.
- d) “Associate Dean” means Associate Dean of Postgraduate Medical Education in the Cumming School of Medicine at the University of Calgary. The Associate Dean is the faculty member responsible for the overall conduct and supervision of PGME within the faculty.
- e) “CanMEDS and CanMEDS FM (Family Medicine)” refers to the framework describing roles and/or competencies implicit to the overall core knowledge skills and abilities of physicians.
- f) “CBME” means Competency Based Medical Education that is a medical curriculum paradigm that focuses on outcomes (acquisition of skills, knowledge, competencies or Program elements) that may or may not be constrained by defined periods of time, such as Rotations, for their acquisition. In this Policy, CBME Program refers to both an entire Program or a stream within a Program that is based on CBME.
- g) “Competence Committee” means a sub-committee of the RPC in RCPSC CBME Programs that is tasked with monitoring Resident performance and making decisions with respect to Resident progress within the Program, specifically, readiness for increasing professional responsibility and Promotion through the Stages of Training as well as recommending and monitoring Focused Learning Plans, Remediation, and Probation.
- h) “Dismissal” means the dismissal of a Resident from a Program. Refer to Policy on Resident Remediation, Probation, & Dismissal.
- i) “Educational Experience” means an experience in a particular environment or set of environments selected/selected to support the Resident’s achievement of competencies. This may or may not occur in a block, or Rotation. Other terms used are: “block”, “training experience”, or “Program element”.
- j) “EPA” or Entrustable Professional Activity in CBME means a task that may be delegated to a Resident by their Preceptor once sufficient competence has been demonstrated.
- k) “Failed Rotation” shall have the meaning set out in Section 7.

- l) “Focused Learning Plan” means a structured learning plan endorsed by the RPC, or subcommittee thereof, a Preceptor, or the Program Director to describe an area of performance deficiency requiring focused attention to bring the Resident up to the expected level of proficiency. The plan describes how the deficiency will be addressed and does not require an extension of training or result in a delay in Promotion to the next PGY level. “Modified Learning Plan” is an equivalent term.
- m) “ITER” means In-Training Evaluation Report, the usual method of Assessment for a Rotation in a Time-Based Program.
- n) “Milestone” means an observable marker of a Resident’s ability along a developmental continuum. Milestones are used for planning and teaching. Typically multiple Milestones constitute an EPA.
- o) “Not Progressing as Expected” means a status in RCPSC CBME Programs that a Resident is not progressing along the competency continuum as expected and includes a status of “Failing to Progress”.
- p) “Performance Deficiency” means inadequate performance in one or more of knowledge, skills, or attitudes, including professional behaviors, any one, or combination of which may lead to Rotation Failure or a designation of Not Progressing as Expected in RCPSC CBME Programs.
- q) “PGME” means Postgraduate Medical Education.
- r) “PGY level” means postgraduate year and is used interchangeably with “residency year”.
- s) “Preceptor” means a physician who has taken on the responsibility to guide, observe, and assess the Educational Experiences of a Resident. Refer to Policy on Supervision of Residents. “Supervisor” may be used interchangeably with “Preceptor”.
- t) “Probation” means a formal program of individualized educational support, assessment, and monitoring for a Resident that requires the Resident to demonstrate sufficient improvement in described areas in order to continue in the Program. Refer to Policy on Remediation, Probation, & Dismissal.
- u) “Program” means a RCPSC or CFPC accredited PGME residency training program in the Cumming School of Medicine at the University of Calgary.
- v) “Program Director” means the person responsible for the overall conduct of a Program who is responsible to the Associate Dean.

- w) “Promotion” means the advancement of a Resident from one PGY level to the next. In RCPSC CBME it also refers to the progression through the Stages of Training.
- x) “RCPSC” means the Royal College of Physicians and Surgeons of Canada, the body responsible for Program accreditation, examination and Resident certification for RCPSC disciplines.
- y) “Remediation” is a formal program of individualized educational support, Assessment, and monitoring for a Resident to assist in correcting identified performance deficiencies. Refer to Policy on Remediation, Probation, & Dismissal.
- z) “Rotation” is defined by each Program as a required element of training and may consist of one or more four (4) week Blocks.
- aa) “Resident” means a physician registered in a PGME training Program that is administered by the Cumming School of Medicine at the University of Calgary and leads to RCPSC or CFPC certification.
- bb) “Rotation Assessment” is the written feedback provided at the end of a Rotation and may be comprised of information compiled from one or more Assessment tools as determined by the Program. In Time-Based Programs this is usually an ITER.
- cc) “RPC” means Residency Program Committee, the committee or delegated subcommittee that assists the Program Director in the planning, organization, and supervision of the Program. “REC” (Residency Education Committee) or “RTC” (Residency Training Committee) are acceptable equivalent terms in use by some Programs. This also means the Family Medicine Postgraduate Education Committee.
- dd) “Time-Based Program” refers to a Program structure and Assessments based on Rotation-based time points.
- ee) “Stages of Training” in RCPSC CBME Programs means four developmental stages: transition to discipline, foundations of discipline, core of discipline, and transition to practice. Each stage has its own set of markers for learning and Assessment.

Policy Statement: 4
Process of Assessment and Underlying Principles of Assessment

PGME Assessment policies are based on four underlying principles: fairness, transparency, open communication and mutual accountability.

4.1 Assessments **must** be fair, equitable, timely, and unbiased. Residents **must** receive regular feedback on their performance and progress in relation to Program objectives.

4.1.1 Assessments must be based on goals and objectives, Milestones, and/or EPAs and take into account the PGY

level and/or the Stage of Training of the Resident. The PGY level and/or Stage of Training of the Resident reflects progressively increasing responsibilities and decreasing level of direct supervision of the Resident.

- 4.1.2 Programs should use various tools and explicit criteria to assess Residents in all CanMEDS and CanMEDS FM domains. These may include direct observations, formal examinations, courses, logbooks, portfolios, Rotation Assessments, ITERs, EPAs, and other methods.
 - 4.1.3 Timing of the provision of Assessments must be adhered to when made explicit in this policy and when not explicit is generally expected to occur within twenty-eight (28) days of the completion of a required Educational Experience or Program element.
 - 4.1.4 Feedback should be specific and include both strengths and deficiencies with advice and assistance for improvement, even for Residents who are doing well.
- 4.2 Expectations should be clearly articulated between the Resident and Program at entry into a Program and as policies are revised. This includes the clear identification of the processes and steps that are undertaken when it is determined that a Resident is not progressing as expected.
- 4.2.1 Performance expectations and methods of Assessment for each Program component or Educational Experience must be communicated to the Resident in advance of or at the beginning of each Program component or Educational Experience.
 - 4.2.2 Discussion of Performance Deficiencies in any area may be given during Rotation feedback, in required Assessments, or they may be addressed separately with the Resident. The Resident **must** be informed of Performance Deficiencies in a timely manner so that the Resident has an adequate opportunity to remedy them before the end of the Rotation or Educational Experience.
- 4.3 There **must** be open, ongoing, and timely communication between Program Directors, or delegates, Preceptors, and Residents.
- 4.3.1 Together with Rotation Assessments, frank, accurate, and timely Assessments **must** be provided to Residents during Rotations and Educational Experiences. These include face-to-face and written Assessments.
 - 4.3.2 There **must** be ongoing dialogue with the Resident about his/her performance and progress through feedback given as part of each Rotation or Educational Experience.

- 4.3.3 Preceptors **must** provide documentation of informal feedback in the case of significant Performance Deficiencies and/or a repeated pattern of minor deficiencies.
 - 4.3.4 Recommendations for improvement and correction of minor performance deficiencies are part of this process.
 - 4.3.5 Feedback should be face-to-face whenever possible.
 - 4.3.6 Every Resident **must** receive in-person feedback and advice on how to meet objectives, milestones, and EPAs from the Program Director, or delegate, at least every six (6) months and this should be documented and kept in the Resident's file.
 - 4.3.7 All feedback should be documented and kept in the Resident's file.
 - 4.3.8 Preceptors **must** inform the Program Director when a Resident demonstrates significant Performance Deficiencies.
- 4.4 Progress through PGME training is the joint responsibility of both Residents and the Program; Residents are not passive recipients of the Assessment process, but should be active participants in their own acquisition of competence.
- 4.4.1 Residents are active partners in their learning and are responsible for reviewing written feedback, reflecting on oral feedback and acting on all feedback. Residents are responsible for requesting that feedback be provided to them beyond formal Assessment requirements.
 - 4.4.2 Results of Assessments **must** be provided to Residents in a timely manner.
 - 4.4.3 Residents have a responsibility to both review and act on Assessments in a timely manner.
 - 4.4.4 Residents experiencing difficulties must be advised of the support available to them through the Professional Association of Resident Physicians of Alberta and that they may request any workplace accommodations (including medical) based upon restricted grounds as per Human Rights legislation through the University of Calgary and/or Alberta Health Services.

5. **Mid-Rotation Feedback** is desirable in all Rotations and Educational Experiences but is required in the following situations:

- 5.1 For any Rotation or Educational Experience of twelve (12) weeks or longer, at least one Preceptor **must** provide the Resident with documented in-person feedback.
- 5.2 For any Rotation or Educational Experience, mid-Rotation feedback and Assessment **must** be provided for any Resident:
 - 5.2.1 who demonstrates persistent Performance Deficiencies in the Rotation or Educational Experience,
 - 5.2.2 who is on Remediation, or
 - 5.2.3 who is on Probation.
- 5.3 Focused Learning Plan, Remediation, or Probation documents may provide further details as to the nature of feedback and Assessment required during a Rotation or Educational Experience.
- 5.4 Documented mid-rotation feedback may be provided in the form of an ITER or other written format.
- 5.5 If a Resident has demonstrated Performance Deficiencies in the three (3) months preceding a Rotation or Educational Experience, the Program Director or Competence Committee should consider documented mid-Rotation feedback and Assessment.
- 5.6 Residents are required to address identified Performance Deficiencies in the mid-Rotation feedback in order to pass the Rotation or Educational Experience.

6. Assessment for Progression in Time-Based Programs

- 6.1 ITERs are commonly used for Rotation Assessments but may not be the only form of Assessment available, as determined by each Program. Programs have the authority to determine the type(s) of tools used to compile Rotation Assessments, while meeting accreditation standards.
- 6.2 The Individual completing the Rotation Assessment may or may not have worked with the Resident but there must be a clear process for collating multiple types of Assessments and feedback including mid-Rotation ITERs, daily Assessments, etc., into the Rotation Assessment.
- 6.3 It is the combined responsibility of the Program Director, Preceptor, and the Resident to ensure that ITERs are completed within TWENTY-EIGHT (28) days of completion of a Rotation.

- 6.4 An in-person discussion with the Program Director (or delegate) or Preceptor to review a Rotation Assessment is recommended for all Residents completing a Rotation.
- 6.5 Residents receiving written feedback highlighting Performance Deficiencies **must** arrange to meet with the Program Director, or delegate, within TWENTY-EIGHT (28) days) of receiving the written feedback.
- 6.6 In the event that a leave, such as medical or special leave, is taken by a Resident before there has been a required meeting pursuant to this section, the meeting will be deferred until the Resident returns to the Program and will be completed as soon as possible on return of the Resident and no later than TWENTY-EIGHT (28) days following the Resident's return.
- 6.7 The Program Director, or delegate, and the Resident **must** sign to acknowledge receipt of all ITERS. This should be done at the time of review.
- 6.8 The Resident's signature on a Rotation Assessment does not mean that the Resident necessarily agrees with its content but acknowledges that they have seen and read the details of the Assessment.
- 6.9 A Resident failing to review and/or sign an ITER does not constitute procedural unfairness in the event of an appeal.
- 6.10 The RPC shall, at its discretion, determine the minimum time required to complete a Rotation, but it cannot be less than 75% of the length of the Rotation.
- 6.11 Program elements incorporating CBME, longitudinal experiences, and other non time-based Program elements will identify specific methods of Assessment for these at the RPC's discretion to meet accreditation requirements. These must be outlined by the RPC and be communicated to Residents.
- 6.12 Programs may use various types of Assessments and/or feedback other than ITERS that may be related or unrelated to specific Rotations, to determine overall progress in the Program for Promotion and/or to inform decisions with respect to Remediation, Probation, and Dismissal. These Assessments may include but are not limited to examinations, courses, logbooks, portfolios, presentations and other reviews at the discretion of the RPC.
- 6.13 In determining the final status of a Rotation Assessment, the RPC at its discretion may allow for differential weighting of contributing elements depending on factors such as the length and type of clinical interactions with the Resident, type of activity during the Rotation, and other factors at the discretion of the

RPC. For this reason, a Resident can fail a rotation due to a single or small number of negative Assessments, even when others are positive.

Policy Statement: 7

7.1 A Resident fails a Rotation when it is determined that the Resident did not meet the Rotation objectives. This **must** be indicated on the Rotation Assessment by a designation of “unsatisfactory” or “failed”.

Failed Rotation

7.1.1 An unsatisfactory (failed) Rotation can be identified using any of the following language (as defined by individual Program standards and outlined on Assessments): “marginal”, “borderline”, “inconsistently” or “partially meets expectations for level of training”, “unsatisfactory”, “does not meet expectations for level of training”, or an ITER score of “1/5” or “2/5

7.1.2 The Program Director, delegate, RPC, or Competence Committee makes the determination of whether a Rotation is “failed”.

7.1.3 Any serious patient safety issue/concern may be defined as a performance deficiency and lead to a Failed Rotation. This must be documented in the Resident file.

7.1.4 Uncorrected Performance Deficiencies on any type of Assessment may contribute to failing a Rotation, and/or may independently contribute subsequently to Remediation, Probation, and Dismissal decisions. Refer to Policy on Remediation, Probation, & Dismissal.

7.2 Residents **must** be advised of a Failed Rotation within TWENTY-EIGHT (28) days of completion of the Rotation Assessment. It is preferable that this is done in-person by the Rotation Preceptor, the Program Director, or delegate; but may also be completed through usual Rotation Assessment formats (e.g. online through One45).

7.3 When a Resident fails a Rotation, the Assessment **must** be discussed in-person with the Resident by the Program Director, or delegate, within TWENTY-EIGHT (28) days after the Resident receives notice of the failure.

7.4 The RPC will determine what action is required for a Failed Rotation, such as a Focused Learning Plan, repeating the Rotation, Remediation, or Probation.

7.4.1 In the event that Remediation or Probation may lead to an extension of training, the Associate Dean must be notified.

7.4.2 If an extension of training is required; this may result in a change in the promotion and/or Program completion date. Refer to Policy on Resident Promotion.

7.5 When a Resident fails two or more Rotations within a 12-month period, the Resident **must** be formally reviewed by the RPC with consideration given to placing the Resident on Probation. Refer to Policy on Remediation, Probation, & Dismissal.

Policy Statement:
Assessment in
CBME

8 In RCPSC CBME Programs, the RPC **must** create a Competence Committee and reflect this in the RPC terms of reference. The RPC or Competence Committee reviews and makes recommendations and decisions related to the progress of a Resident in CBME Programs, in achieving RCPSC standards established by each specialty.

8.1 The Competence Committee is governed by the following roles and responsibilities:

8.1.1 The Competence Committee is guided by the national competency framework (including specialty-specific Milestones and EPAs) established by the specialty committees, as well as the relevant RCPSC, and University of Calgary Assessment policies.

8.1.2 The Competence Committee's role is to determine if Residents have met the appropriate standard(s), or are on an appropriate trajectory, to move between Stages of Training and to determine when Residents are ready for RCPSC examinations, as well as Assessment for Certification upon completion of their transition to practice Stage of Training.

8.1.3 The Competence Committee is expected to exercise judgment in making progress decisions: i.e. they will use specialty defined EPAs and the expected number of observations as a guideline but are not bound to a specific number of Assessments. Competence Committees must have adequate information on the EPAs to make judgments on the progress of the Resident.

8.1.4 In addition to utilizing Milestones and/or EPAs, Competence Committee decisions will be based on a group of Assessment tools, which may or may not include Rotation ITERS, and relevant evidence as uploaded in the Resident's electronic portfolio at the time of the decision. Individual Competence Committee member experience with the Resident can only be introduced with appropriate support from the electronic portfolio.

8.2 **Authority of the Competence Committee:** The Competence Committee reports to the RPC and will be responsible for

monitoring the progress of each Resident in demonstrating achievement of the EPAs or Milestones within each Stage of Training and synthesizing the results from multiple Assessments and observations to make decisions and recommendations related to:

- 8.2.1 Promotion of a Resident to the next Stage of Training,
 - 8.2.2 Achievement of EPAs,
 - 8.2.3 Determining if a Resident is Not Progressing as Expected,
 - 8.2.4 Recommending and monitoring of a Focused Learning Plan for a Resident,
 - 8.2.5 Recommending and monitoring of Remediation for a Resident,
 - 8.2.6 Recommending and monitoring of Probation for a Resident,
 - 8.2.7 Recommending Dismissal of a Resident, and
 - 8.2.8 Determining a Resident is ready to challenge RCPSC examinations.
- 8.3 The RPC can delegate decisions relating to advancement through the Stages of Training and the achievement of EPAs to the Competence Committee. All other decisions/recommendations by the Competence Committee **must** be ratified by the RPC.

Policy Statement: 9
General Principles

- 9.1 The Program Director, Competence Committee, RPC, or a subcommittee thereof will undertake the review of Resident Assessments.
- 9.2 The Resident will not be present at the RPC meeting during which his or her Assessment is being discussed.
- 9.3 RPC Resident representatives may be present or be excused at the discretion of the RPC during the discussion of other Residents' Assessments.
- 9.4 At the discretion of the RPC, or delegate, or Competence Committee, a less than satisfactory Assessment of a Resident on any documented Assessment tool or other documented feedback may be defined as a Performance Deficiency.
- 9.5 All Assessments will be included in the Resident's file.
- 9.6 Notwithstanding the requirement for timely feedback, the Program may use information from any Assessments that are

provided after the suggested reporting time to inform decisions around Focused Learning Plans, Remediation, Probation, and Dismissal.

- 9.7 All decisions and discussions of the RPC, or delegate, or Competence Committee relating to Assessment are strictly confidential and only shared on a professional need-to-know basis.

Policy Statement:

- 10** 10.1 It is essential that everyone associated with a Residency Training Program maintain professionalism and appropriate confidentiality regarding any difficulties that Residents are experiencing. This requires the application of discretion, professionalism, compassion, and the use of objective criteria for assessing Residents.

Disclosure of Performance Deficiencies

- 10.2 Tailoring the Resident's experience appropriately, addressing individual Resident's needs, ensuring patient safety, and meeting other goals of PGME requires carefully considered disclosure of a Resident's performance deficiencies to those working directly with and assessing the Resident.

- 10.2.1 Therefore, with due cause, Program Directors may exercise their discretion in informing Preceptors and/or other appropriate educational leaders of a Resident's difficulties and individualized goals. The intent of this is to be able to provide the Resident support in identified areas of deficiency and to ensure patient safety.

- 10.2.2 Such disclosure does not and should not imply harmful interference or bias in the Assessment of the Resident, but rather, adherence to sound educational principles and the goal of enhancing the Resident's opportunities to succeed.

- 10.2.3 Regulatory requirements and placement agreements must be adhered to and this may mandate the sharing of information regarding performance deficiencies with the College of Physicians of Alberta and/or Alberta Health Services.

Special Situations

- 11** 11.1 Residency Training Programs may have additional Program-specific policies for Resident Assessment.
- 11.2 Any responsibility of the Program Director found in this policy may be delegated to an appropriate faculty member.

Responsibilities

12 Approval Authority

- 12.1 The PGME Committee ensures appropriate rigor and due diligence in the development and/or revision of this policy.

12.2 The Associate Dean has the following responsibilities:

12.2.1 To ensure that University and PGME associated staff are aware of and understand this policy and related procedures.

12.2.2 To monitor compliance with this policy.

12.2.3 To regularly review this policy and related procedures to ensure consistency in practice. Policy reviews/revisions are recommended to occur within a 5-year cycle.

12.2.4 To sponsor the revision of this policy and related procedures when necessary.

12.2.5 To ensure Program-specific policies related to the assessment of Residents are in appropriate compliance with this policy.

Related Information

13 All Residents **must** be given a copy of, or access to, this policy as well as any Program-specific policies relating to Assessment when they enter a Postgraduate Medical Education Program at the University of Calgary and when placed on a Remediation or Probation.

It is the responsibility of the Resident to familiarize themselves with all PGME and Program-specific policies related to PGME training.

History

14 *Approved: February 25, 2005*
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