

# 8.0 Resident Assessment and Evaluation

Last Updated: November 2022 RPC Approved: 18 November 2022

## 8.1 Overview

Assessment is a critical component of postgraduate training that requires the exercise of academic judgment. Such judgment must be fair, non-arbitrary and free from discrimination. Residents are assessed in accordance with the conjoint Residency Accreditation Standards of the RCPSC and CFPC which outlines the basic requirements for assessment system in each program.

Residents are assessed on an ongoing basis with formal low stakes and medium stakes formative and summative tools. Specific assessment procedures in any particular field or clinical setting are established by the PHPM Competence Committee (CC) and Residency Program Committee (RPC) programs and are communicated to Residents and supervising faculty. Supervisors provide ongoing, informal, verbal coaching to the Residents in addition to providing the formal feedback required by the programs.

If a problem is identified at any point during an Educational Experience or any component of a Resident's training the Supervisor will bring the problem to the attention of the Resident in a timely fashion, preferably in person. This must be documented and forwarded to the Program Director who will provide additional support as needed.

Resident progression and promotion are based on the recommendation of the PHPM CC, with approval by the Residency Program Committee. Where there is disagreement the Program Director has final authority over all matters related to assessment and resident individualized education plans. A resident can (only) appeal a decision involving failure of a rotation, formal remediation, suspension, and /or probation to the Associate Dean of PGME.

PGME maintains university-wide [policies](#) related to assessment, evaluation, remediation, probation and appeals, including:

- PGME Resident Assessment Policy
- Resident Appeal Policy

## 8.2 Evaluation of Residents

Residents are formally assessed by academic and clinical supervisors over the course of their training experiences using both formative and summative tools. These assessments and other related and relevant materials make up a resident's e-Learning Portfolio. The CC reviews this portfolio at a minimum biannually making recommendations and decisions regarding resident progression or promotion.

- It is the responsibility of the Program Manager to collect, collate and organize all relevant assessments and materials in a resident's e-Learning Portfolio.
- It is the responsibility of the resident to update their annual activity report bi-annually, ensure all relevant materials have been submitted to their competence tracking file, and that the contents are fairly represented in their e-Learning Portfolio.
- If residents wish to add additional items to their e-Portfolio, it is their responsibility to share the relevant materials with the Program Manager

Formative and summative assessments and other related and relevant materials reviewed by the CC include the following:

### 8.2.1 Academic Training

- Grades issued by UBC for coursework undertaken at SPPH
- Projects, presentations, and materials completed as a part of graduate course
- Self-directed learning activities and any other materials that contribute to Academic Half Day

### 8.2.2 Training in Direct Patient Care (BCY and FM)

- Projects, presentations, and materials completed as a part of the BCY or FM curriculum
- Workplace Based Assessments (WBAs) or other direct observations and assessments of PHPM relevant competencies, milestones, and or Entrustable Professional Activities (EPAs)
- In-Training Assessment Reports (ITARs) completed at the end-point of a given clinical rotation
- Self-directed learning activities and any other materials that contribute to Academic Half Day

### 8.2.3 Training in Public Health Practice

- Projects, presentations, and materials completed as a part of public health practice rotations
- Workplace Based Assessments (WBAs) or other direct observations and assessments of PHPM relevant competencies, milestones, and or Entrustable Professional Activities (EPAs)
- In-Training Evaluation Reports (ITERS) completed at the mid-point (short ITER) and end-point (long ITER) of a clinical rotation.
- Self-directed learning activities and any other materials that contribute to Academic Half Day

## 8.3 In-Training Evaluation Reports (ITERS)

Requests for completion of each ITER are sent by the PHPM program staff to the rotation supervisor, to be completed within two weeks of receipt of request. They can be completed as a single supervisor ITER form or as a multi-feedback contributor ITER form.

Residents can review their ITERS through One45, and PDF copies of mid- and final-ITERS will be stored in the resident's channel on the PHPM Resident Progression Teams site. In the case of any discrepancy, One45 will remain the source of truth for all resident ITERS.

Contributor forms are not typically made available to residents nor the CC. However, contributor forms may be pulled from One45 and shared with the resident and/or the CC when required (e.g., Freedom of Information request, Program Director request, CC or Oversight Committee request).

Supervisors are also expected to provide regular informal, verbal feedback to residents throughout their rotations. Low performance ratings in the ITERS or other concerns raised by supervisors should be brought to the attention of the Program Director, who may follow-up directly with the supervisor and resident.

## 8.4 Workplace Based Assessments

Workplace based assessments are low stakes formative assessments of clinical activities mapped to competencies or milestones. They are used with Coaching in the Moment to guide the conversation and document the encounter. WBAs provide residents with:

- A. Descriptive feedback on their performance during the clinical activity
- B. Suggested areas for improvement by '*practice/project component*'
- C. Prescriptive recommendations to improve their performance of that Competence
- D. A quantitative '*enstrustability score*' based on the level of faculty support required

The written record of the observation is added to the resident's e-Learning Portfolio which is used by the CC and the Program Director to assess resident progression and provide recommendations for learning and promotion.

## 8.5 Annual Activity Reports

Residents are required to maintain an Annual Activity Report updated bi-annually, and submitted to the PHPM program in a final version each year in June. Activity reports should track presentations given, conferences attended, training, and publications. Resident activity reports are a part of the e-Learning Portfolios, and align with the Competence-by-Design framework.

## 8.6 Competence Committee Resident Reviews

Resident performance and progress are evaluated a minimum of two times per academic year by the PHPM Competence Committee (CC). The PHPM staff, resident, PD, and Academic Advisor (if appointed) compiles documentation for the CC to review. Residents should always have access to the same documentation as members of the CC.

The CC will discuss the resident's performance and progress bi-annually and when concerns regarding progression are flagged by rotation supervisors. They will determine appropriate learning recommendations to support the resident's individualized educational plan based on this performance. In some cases, this may include recommendations to repeat a failed rotation, formal remediation, suspension, and/or probation (see PGME Resident Assessment Policy for definitions).

The PGME Resident Assessment Policy provides detailed information on monitoring resident progress and what recommendations are considered by the CC. The CC will:

- a. Determine whether a Resident is promoted to the next stage of training
- b. Review Performance Reviews
- c. Make adjustments to individual Learning Plans to address areas for improvement
- d. Review the Final Summative Assessments
- e. Determine readiness to write RCPSC exams
- f. Determine readiness to transition to independent practice
- g. Make recommendations regarding formal remediation, probation, or dismissal (termination)
- h. Monitor the progress of trainees placed on remediation or Probation

The CC may in its discretion and subject to the needs of the Program create one or more Academic Support Sub-committees to fulfill the following tasks:

- i. Review performance reviews of learners in difficulty
- ii. Make adjustments to individual Learning Plans to address areas of improvement
- iii. In appropriate cases develop and implement formal remediation plans
- iv. Monitor progress and outcome of remediation plan and make recommendations to the CC

- v. Assist the CC in fulfilling duties “a” through “h” of CC as described above

The CC is also responsible for recommendations related to:

1. credit earned for prior completion of training components
2. resident final completion of the program
3. awards that are determined based on academic merit
4. Requests for Extended Educational Leaves
5. assessment periods and reintegration periods upon return from extended leaves
6. make determinations regarding resident OOP electives

When a resident is experiencing significant difficulty or where formal remediation, probation, and dismissal is being considered, the PD and CC will seek the advice of the PGME Oversight Committee, an ad hoc advisory committee available as a resource to all UBC residency programs.

## 8.7 Bi-Annual Program Director Resident Reviews

Residents will meet twice per year with the PD for a resident review. These bi-annual reviews typically take place within 1-2 weeks of the resident’s review with the CC. The PD will review resident progress, provide feedback, and identify any recommended adjustments to the resident’s learning plan.

## 8.8 Resident Appeals

### 8.8.1 Workplace Based Assessments (WBA)

Residents should discuss their concerns related to WBA or other low stakes formative assessments directly with the supervisor or the faculty site or theme lead. Supervisors and faculty site or theme leads are often open to further discussion or feedback.

If concerns remain unresolved, residents are encouraged to bring their concerns forward to the PD as an informal appeal verbally or in writing. While the PD will support parties to find common ground, the resident's direct supervisor is best positioned to assess the resident’s performance of a particular clinical or learning activity. As such, it is unlikely the PD will override the assessment.

### 8.8.2 In-training Evaluations of Resident (ITER)

Residents should discuss their concerns related to ITER or other summative assessments directly with the supervisor or the faculty site or theme lead. Supervisors and faculty site or theme leads are often open to further discussion or feedback. Should additional details or supportive commentary be required the ITER form can be re-opened by the PM.

On the ITER form there is also a section for the resident to document a formal response to their evaluation. This will be taken into consideration by the CC at the biannual review.

If concerns remain unresolved, residents are encouraged to bring their concerns forward to the PD as an informal appeal verbally or in writing. The PD will seek advice from the CC, preceptor, and faculty site lead in an effort to resolve any disagreement.

While the PD will support parties to find common ground, the resident's direct supervisor and faculty site lead are best positioned to assess the resident's performance during a rotation. As such, it is unlikely the PD will override the evaluation.

Only decisions involving the failure of a rotation can be formally appealed in writing to the PD, who again in consultation with the CC, preceptor, and faculty site lead, will be the final arbiter on matters of assessment.

### 8.8.3 Competence Committee Recommendations

If a resident disagrees with the learning recommendations from the CC, the first step is always a meeting with the PD. A resident can bring additional information to the attention of the committee for further consideration either in writing or in person.

While recommendations can be amended to better reflect the needs of a resident, they are the best advice of committee members based on the information made available to them.

A resident can formally appeal a recommendation of the CC or decision made by the Residency Program Committee related to their progression and promotion. The appeal must be submitted in writing to the PD for reconsideration at the next committee meeting.

As a final course of action, a resident can (only) appeal a decision involving failure of a rotation, formal remediation, suspension, and /or probation to the Associate Dean of PGME.

## 8.9 Royal College Exams

Residents must pass both an oral and a written summative exam, delivered by the Royal College of Physicians and Surgeons of Canada (RCPSC). The exams typically take place in Spring of a resident's PGY-5 year.

**Residents must apply to the Royal College by April 30<sup>th</sup> of their PGY-4 year.** The Royal College will assess the resident's eligibility to sit the exams in the Spring of the following year. The resident must pay a fee of approximately \$750 for this application.

The PHPM CC and the Program Director also assess the resident's eligibility to write the Royal College exams. This typically takes place in August. The Program Director completes a *Confirm Completion of Training* (CCT) form on behalf of the resident and submits this to the Royal College in September.

Once the Royal College has confirmed a resident's eligibility, the resident must register to write the exams the following Spring. **The deadline to register is on or about November 1<sup>st</sup> of their PGY-5 year,** and the resident must pay a fee of approximately \$4500.

The Program Director, on advice from the CC, may withdraw the resident's CCT up to 24 hours prior to sitting the exam, and receive a refund from the RCPSC for registration. Eligibility to write the exams is non-refundable, however is effective for more than one year should the candidate be required to postpone.

As deadlines are subject to change, residents should confirm all deadlines on the RCPSC website.

## 8.10 Early Completion

Should a resident wish to complete their UBC residency program early, they should indicate their interest in early completion to the PD in writing at the start of their final year. Decisions related to a request will be made prior to the final 6 months of a residents training program by the PD and CC, and a recommendation made to the PGME Deans. Early completion of the final year up to a maximum of 3 months may be granted to residents who are deemed exceptional.