PGME Minimum Standards[1]: Resident In-Training Assessment Reports (ITARs) and In-Training Evaluation Reports (ITERs)

OVERVIEW:

The following roles for the ITAR and ITER are consistent with the requirements outlined in the *Guidelines for the Assessment of Postgraduate Residents of the Faculty of Medicine at the University of Toronto[2]*.

- ITARs and ITERs sit within a program of assessment

- ITARs and ITERs are linked to the program of assessment (e.g. goals and objectives, rotation plans, Required Training Experiences (RTEs), and Entrustable Professional Activities (EPAs))

- ITARs and ITERs are completed at defined intervals, such as at the end of a rotation or as per progress review timelines, and at least every 6 months

- ITARs and ITERs are part of a transparent approach to monitor resident progress and enable learner handover

- Prompt flags for unacceptable performance enables prompt follow-up related to performance gaps.

STANDARDS:

1. ITARs and ITERs must be integrated as one assessment method within the residency programs' in-training evaluation system, which must:
   a. be based on the goals and objectives and/or curriculum map for the program,

   b. clearly identify the methods by which residents are to be evaluated[3], and

   c. clearly identify the level of performance expected of residents in the achievement of these objectives.[4]

2. ITARs should:
   a. reflect additional assessment items that are not captured in EPAs

   b. be of reasonable length (i.e. maximum of 20 items)

   c. reflect an explicit and integrated mapping of: rotation-specific goals and objectives, Entrustable Professional Activities (EPAs), Required Training Experiences (RTEs), and specialty specific competencies and graded responsibility (i.e. appropriately varying expectations between years of training and/or development from junior to senior trainees).

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[1] The ITAR guidelines apply to programs when they formally implement Competence by Design (CBD). Other programs may use either the ITER or ITAR guideline.
[2] Link: Guidelines for the Assessment of PG Residents
[3] General Standards of Accreditation for Residency Programs, v. 1.1, July 2017: 3.4.1.1 & 3.4.1.2
[4] General Standards of Accreditation for Residency Programs, v. 1.1, July 2017: 3.1.4.3

3. ITERs should:
    a. be of reasonable length (max 20 items)

    b. reflect an explicit and integrated mapping of:

        i. rotation specific goals and objectives different practice contexts (i.e. patient populations, clinical/practice, settings)

        ii. graded responsibility (i.e. appropriately varying expectations between years of training and/or development from junior to senior trainees).

4. ITARs and ITERs should be coded with items pertaining to the CanMEDs framework.

5. All ratings items will be on a 5-point scale with appropriate anchors[5] or yes/no items[6].
    a. Each scale will provide clarity on what is an acceptable level of performance and what rating indicates a need for improvement.

    b. The use of numbers is not required on the form:

        i. Where questions use a 5-point numerical scale, 1 will be the lowest and 5 will be the highest.

        ii. Where there is a descriptive 5-point scale, the left most anchor will be the lowest and the right most anchor will be the highest.

    c. Numbers will be employed for statistical and summary purposes.

6. All forms will have 1 item that serves as the overall global performance item.
    a. This overall item will be rated on a 5-point scale.

    b. Where items use a 5-point numerical scale, 1 will be the lowest and 5 will be the highest.

    c. Where there is a descriptive 5-point scale, the left most anchor will be the lowest and the right most anchor will be the highest.

    d. This item will stand alone from other general performance questions and for systems in which the ITAR or ITER is the single definitive assessment tool for a rotation, be considered the definitive score for global evaluation analysis.

    e. The scale will provide clarity on what is an acceptable performance and what rating indicates a need for improvement.

7. Any unacceptable rating on the ITAR or ITER will trigger a flag for the Program Director or their designate.

8. All ITARs will have a section where the residents will indicate they have seen the ITAR and also have the opportunity to provide comments.

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Original approved: PGMEAC, April 27, 2012
Updated approved: PGMEAC, January 20, 2018
Updated template, sample, FAQs, & Hints on Completion: Dec 8, 2019

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Appendices:

Appendix 1: Sample ITAR

Original approved: PGMEAC, April 27, 2012
Updated approved: PGMEAC, January 20, 2018
Updated template, sample, FAQs, & Hints on Completion: Dec 8, 2019

University of Toronto, Department of Laboratory Medicine, Anatomical Pathology PGY1 Medical Oncology Rotation (FOD)
In-Training Assessment Report (ITAR)

Rotation Service : _
Period : _
Trainee : _
Teacher/Supervisor : _
Location/Site : _

Preamble

Please review the Rotation Plan before completing the form. The Rotation Plan can be found by clicking link:

Medical Oncology - FOD

The appropriate assessments were completed during this rotation, as outlined in the Rotation Plan (e.g. procedure logs, chart documentation assessment, MSF, rounds assessment):

O Yes
O No
O In Progress
O Not Applicable

This Rotation

Rating Scale Descriptors:

Please note: 3 or higher is a pass.

1. Below Expectations for Training Level:

- Below the minimally acceptable level for a trainee at this postgraduate level in the specified practice context (i.e., patient population, learning environment, practice setting).
- Does not know limits or ask for assistance
- when needed. Not responding to feedback.

3. Meets Expectations For Training Level:

- Demonstrates a solid understanding of the issues, interpretation of problems and basic implementation of
- solution(s). Does what is expected.
- Handles common or straightforward situations and presentations competently.

5. Exceeds Expectations For Training Level:

- Demonstrates ease and efficiency in handling common, straightforward as well as increasingly complex situations and
- presentations. Demonstrates excellence in his or her understanding of the issues, ability to interpret problems and implement solutions.
- Exceeds the benchmark for competent performance at the training level.

	Below expectations for training level	2	Meets expectations for training level	4	Exceeds expectations for training level	N/A
	1	2	3	4	5	N/A
Conducts an appropriate history and physical examination and recognizes pertinent abnormalities.	O	O	O	O	O	O
Develops a differential diagnosis, plans investigations to obtain ancillary clinical information (e.g. laboratory investigations, diagnostic imaging) and demonstrates knowledge of principles of management for commonly presenting patient illnesses.	O	O	O	O	O	O
Integrates pathological diagnoses and other laboratory findings into the multidisciplinary approach to patient management.	O	O	O	O	O	O
Establishes a therapeutic relationship with patients and communicates well with family.	O	O	O	O	O	O
Cooperates and works effectively with all members of the health care team.	O	O	O	O	O	O

Progress In Training - Learner Handover

MEDICAL EXPERT COMPETENCIES including: Demonstrates the basic scientific and clinical knowledge relevant to Medical Oncology and is generally able to relate it appropriately to patient care.

Acceptable?

O Yes
O No

COMMUNICATOR COMPETENCIES including: Communicates effectively and empathetically with patients and their families. Communicates their level of training and involvement in patient care with patients and colleagues.

Acceptable?

    O Yes
    O No

COLLABORATOR COMPETENCIES including: Presents relevant information to supervisors in a clear, concise manner. Consults effectively and provides appropriate transition of care with other physicians and health care professionals. Participates effectively on health care teams.

Acceptable?

    O Yes
    O No

LEADER COMPETENCIES including: Takes appropriate safety precautions for self and others. Identifies gaps in knowledge by seeking feedback. Demonstrates time management skills to reflect and balance priorities for patient care in the medical oncology setting.

Acceptable?

    O Yes
    O No

HEALTH ADVOCATE COMPETENCIES including: Demonstrates the sensitivity to meet the non-physical as well as the physical needs of the patient and helps to organize appropriate hospital resources such as chaplaincy, dietician, social service, psychology, occupational health and physiotherapy. Supports health of patients/families by appropriate referrals, support and information on health maintenance, lifestyle, community/home resources.

Acceptable?

    O Yes
    O No

SCHOLAR COMPETENCIES including: Effectively uses evidence in day-to-day clinical work. Reads around cases and is knowledgeable about own patients. Demonstrates ability to meet ongoing learning needs with respect to management of commonly presenting patient situations.

Acceptable?

    O Yes
    O No

PROFESSIONAL COMPETENCIES including: Demonstrates a commitment to patients and their families, as well as to their profession and to society, through ethical practice. Exhibits proper professional behavior. Is punctual, prepared, reliable, honest, and completes responsibilities in a timely fashion.

Acceptable?

    O Yes
    O No

Is the resident on an appropriate trajectory for this point in training?

O Yes
O No

Needs: Are there any areas that need focused work in the next rotation?

O Yes
O No

If Yes to areas that need focused work in the next rotation, please describe below:

Overall Performance related to this Rotation

Please note: 3 or higher is a pass.

	Below expectations for training level	2	Meets expectations for training level	4	Exceeds expectations for training level	N/A
	1	2	3	4	5	N/A
OVERALL performance related to this educational experience.	O	O	O	O	O	O

Feedback and Comments

Describe Strengths

Actions or Areas for Improvement

Other Comments

Appendix 2:

Template for In-Training Assessment Reports (ITAR)

Background

As part of the implementation of Competency Based Medical Education (CBME) models for Family Medicine (i.e. Triple C) or Royal College (i.e. Competence by Design (CBD)), a new guideline on the purpose, content and format of In- Training Assessment Reports (i.e. 'ITARs') and In-Training Evaluation Reports (i.e. ITERs) was approved by the Postgraduate Medical Education Advisory Committee (PGMEAC) in January 2018. The approved guidelines[7] can both be found on the PostMD Website.

The purpose of this current document is to provide guidance to residency programs in creating an ITAR that meets the requirements of the Minimum Standards.

An ITAR is an assessment tool that is used to summarize the performance of the trainee for a given rotation. It reports on the completion of required assessments for this rotation (e.g. EPAs, procedure logs), the performance on the key objectives for the rotation (as outlined in the Rotation Plan), and overall performance on the CanMEDS roles. One purpose of the ITAR is as a Learner Handover tool[8], and as such, it identifies any areas needing extra work in future rotations.

Common questions are found in Appendix 2, and a sample of a built ITAR is presented in Appendix 3 at the end of this document.
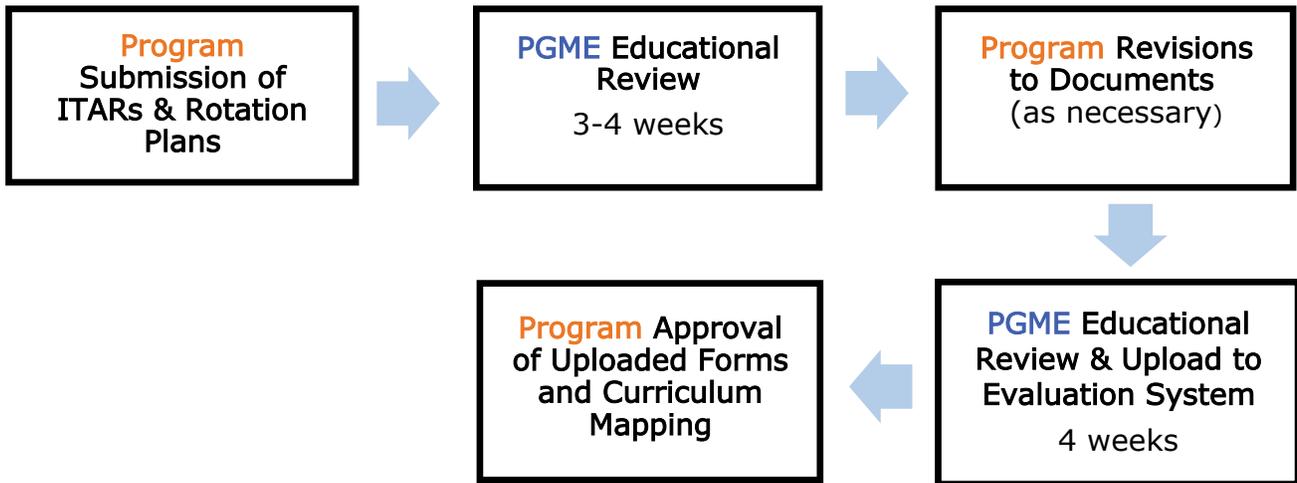
Once drafted, each ITAR will be reviewed and approved by PGME staff.

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[7] Link: PGME Minimum Standards: Resident In-Training Assessment Reports (ITARs) and In-Training Evaluation Reports (ITERs)
[8] Link: Learner Handover and Appropriate Disclosure of Learner Needs

Who does what for ITAR development and review process

Program Submission of ITARs & Rotation Plans	→	PGME Educational Review 3-4 weeks	→	Program Revisions to Documents (as necessary)

Program Approval of Uploaded Forms and Curriculum Mapping	←	PGME Educational Review & Upload to Evaluation System 4 weeks

Step 1: Program Submission of ITARs & Rotation Plans to PGME

Step 2: PGME Education Review
- Once submitted, the Educational Review takes approximately 3-4 weeks.
- It is highly recommended to meet with the educational consultant. This is often a 1-2 hour in-person meeting at PGME, however if travel is an issue then a webinar meeting can be considered.
- ITARs (and other assessment tools) should be approved by your Residency Program Committee. It is recommended that ITARs not be approved by the RPC until after they have had their educational review by PGME.

Step 3: Program Revisions to Documents
- After the educational review, documents are sent back to the program with comments/questions.
- When the program has completed this review, the documents are sent back to PGME for a final Educational Review.

Step 4: PGME Educational Review & Uploading
- PGME provides a final review prior to sending the documents to the Evaluation Systems (POWER) Team.
- Once forwarded to the Evaluation Systems Team, the process to load the documents to POWER can take up to 4 weeks.

Step 5: Program Approval of Uploaded Forms and Curriculum Mapping
- You will be asked to review and sign off on the version 'built' in the online system. You will be asked what rotation/PGY level the new forms should be linked to.

Program process to develop a new ITAR

Before you start:

- Develop your Curriculum and Assessment Map

- Develop the Rotation Plan[9] for the particular rotation. The Key Objectives from a Rotation Plan are included in the ITAR.

- Once the Rotation Plan is completed, move on to filling in the ITAR, following the instructions below.

Reminders:

- After the ITAR is drafted, please send to the CBME & CBD email: cbme.pgme@utoronto.ca.

- The documents will be reviewed and returned to you with requested changes or revisions.

- After reviewing the comments return back to the cbme.pgme@utoronto.ca email for the person who sent you the feedback.

Section 1: (Required

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[9] Link Rotation Plan Template

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In-training Assessment Report (ITAR) for Department of [Department Name] [Program Name] [Rotation Name] PGY [Year(s)] CBD [Stage(s)]

Please review the HINTS file for tips on completing the ITAR. The file can be found by clicking the link: *Hints for completing the ITAR (see page 16 for what will be displayed)*

Please review the Rotation Plan before completing the form. The Rotation Plan can be found by clicking link: *Link to rotation plan*

Section 2:
(Standard for All Programs)

The appropriate assessments were completed during this rotation, as outlined in the Rotation Plan (e.g. EPA, procedure logs, chart documentation assessment, MSF, rounds)

- Yes
- No
- In Progress
- Not Applicable

Section 3:

(Required)

Rating Scale Definitions:

Please Note: *3 or higher* is a pass.

1	2	3	4	5	N/A
Label		Label		Label	
Descriptor		Descriptor		Descriptor	

Section 4:

(Required)

N/A = Not Applicable

IN THIS PROGRAM NAME–ROTATION NAME ROTATION OBJECTIVES	1	2	3	4	5	N/A
1.	○	○	○	○	○	○
2.	○	○	○	○	○	○
3.	○	○	○	○	○	○
4.	○	○	○	○	○	○
5.	○	○	○	○	○	○
6.	○	○	○	○	○	○
7.	○	○	○	○	○	○
8.	○	○	○	○	○	○
9.	○	○	○	○	○	○
10.	○	○	○	○	○	○

Section 5:

(Required)

PROGRESS IN TRAINING – Learner handover	Acceptable?	
MEDICAL EXPERT COMPETENCIES including:	Yes	No
COMMUNICATOR COMPETENCIES including:	Yes	No
COLLABORATOR COMPETENCIES including:	Yes	No
LEADER COMPETENCIES including:	Yes	No
HEALTH ADVOCATE COMPETENCIES including:	Yes	No
SCHOLAR COMPETENCIES including:	Yes	No
PROFESSIONAL COMPETENCIES including:	Yes	No

Section 6:
(Standard for All Programs)

Is this resident on an appropriate trajectory for this point in training?	Yes	No
Needs: Are there any areas that need focused work in the next rotation? *If yes, describe below in "Actions or Areas for Improvement*	Yes	No

Section 7:
(Standard with Exception of Labels)

Overall Performance related to this Rotation

Please Note: *3 or higher* is a pass

	Label		Label		Label
OVERALL performance related to this educational experience	1	2	3	4	5

Feedback & Comments
Describe Strengths
Actions or Areas for Improvement
Other Comments

Section 8:
(Standard Questions AFTER ITAR Submitted)

After the faculty member submits the ITAR, when the resident opens the ITAR, there are 2 standard questions that Residents must complete:

1. I received detailed verbal feedback on my performance at or near the end of the rotation.
   - o Yes
   - o No

2. In general this evaluation accurately reflects my performance.
   - o Yes
   - o No

SELECTION: ITAR Labels and Descriptors

ITAR Label Options
Select one set of labels, *to be inserted* in the ITAR.
The same set of labels will be used for *all* the ITARs for the Program.

Only these 3 labels are available for 2020-2021

Label Option 1

1	2	3	4	5
Fails to Meet Essential Competencies		Meets Essential Competencies		Demonstrates Enhanced Competencies

Label Option 2

1	2	3	4	5
Below Expectations For Training Level		Meets Expectations For Training Level		Exceeds Expectations For Training Level

Label Option 3

1	2	3	4	5
Unsatisfactory		Solid performance		Superior

ITAR/ITER Descriptors Options

ITAR Descriptors Options
- Select one set of descriptors, *to be inserted* in the ITAR/ITER.
- The same set of descriptors will be used for *all* the ITARs/ITERs for the Program.

> *Please select one of these for 2019-2020. Minor changes permissible IF approved by PGME* Changes to be identified using track changes in Word.*

Descriptors Option 1

1	2	3	4	5	N/A
Quality of performance in many aspects is lower than expected for trainees in this postgraduate level. Deficiencies are extreme and will not be remediable within the regular program.		Quality of performance is consistent with expectations for trainees in this postgraduate level. Performance is consistent with educational objectives.		Quality of performance is outstanding and consistently exceeds expected for trainees in this postgraduate level. Performance consistently exceeds levels of proficiency defined by the education objectives.	

Descriptors Option 2

1	2	3	4	5	N/A
Below the minimally acceptable level for a trainee at this postgraduate level in the specified practice context (i.e., patient population, learning environment, practice setting). Does not know limits or ask for assistance when needed. Not responding to feedback.		Demonstrates a solid understanding of the issues, interpretation of problems and basic implementation of solution(s). Does what is expected. Handles common or straightforward situations and presentations competently.		Demonstrates ease and efficiency in handling common, straightforward as well as increasingly complex situations and presentations. Demonstrates excellence in his or her understanding of the issues, ability to interpret problems and implement solutions. Exceeds the benchmark for competent performance at the training level.	

Descriptors Option 3

1	2	3	4	5	N/A
Does not know limits or ask for assistance when needed. Not responding to feedback. Lacks flexibility.		Improved with minor intervention/attention. Solid, teachable resident, improves with instruction. Knowledge or skills in certain areas need modest development. Adaptable.		Proactively initiates development and improvements. Dynamic learner, synthesizing beyond training level and improves the performance of other team members. Responsive and reflective in enabling effective outcomes patients, team and self Anticipates what is	

				needed.	

Descriptors Option 4

1	2	3	4	5	N/A
Overall unacceptable performance for level of training. Did not meet the accepted benchmark for competent performance at level of training in the required competencies. Significant and/or multiple performance deficits. Unacceptable knowledge or skills in understanding of the issues, to interpret or manage common problems.		Meets accepted benchmark for competent performance for level of training. Meets the essential requirements for a trainee at training level. Performance meets expectations in handling common or straightforward situations and presentations in day-to-day practice.		Knowledge or skills superb in most/many areas. Performs very well with minimal guidance or instruction. Performs well beyond level of typical resident. Skillful performance Few or no areas of weakness demonstrated.	

Descriptors Option 5

1	2	3	4	5	N/A
Underachiever. Really needs improvement. Unsafe and/or dangerous actions. Not trustworthy.		Solid, dependable. Strong resident.		Exemplary. High performer. Outstanding resident.	

Appendix 3: Frequently Asked Questions (FAQ)

FAQ1: *Should the <u>names for rotations</u> change in CBD?*

A: Generally, if there are few or only modest changes to the training experiences for a given rotation, then it is advisable to keep the same name for the rotation for reporting and recognition purposes.

In other circumstances, when the training experiences for a given rotation are significantly different, then an updated name for the rotation makes sense. Other instances that require a rotation name change will be those where rotation names help to identify form mapping (e.g. as it relates to training level and location).

FAQ2: *Should the names for ITARs include PGY info, CBD info or both?*

A: As per the ITAR template, ITARs should be identified by CBD stage and PGY level. The description of the rotation should otherwise be as straightforward as possible and should be consistent with the past approach (i.e. the approach used for ITERs) so that administrators, residents and faculty can easily locate them.

FAQ3: *Can a rotation be named only as the CBD stage (e.g. TTD rotation)?*

A: Generally no. The stage of residency on its own may not be sufficient to identify the clinical/education nature of the rotation.

FAQ4: *Can I update the title of my ITERs forms by calling them ITARs but not changing the content of the form?*

A: No. To use the title ITAR implies the form has the assessment questions related to resident progress and handover.

Family Medicine programs and Royal College Programs who are not yet part of the Competence by Design formal implementation can decide if they want to use ITARs and update their assessment questions to be consistent with both the ITAR guidelines and templates, while also being consistent with other specialty requirements.

FAQ5: *Can I, as PD, add questions for my program to the ITAR templated questions?*

A: Programs are strongly encouraged to use the ITAR questions 'as is' for their initial and ongoing implementation.

Our research shows that adding questions has a direct relationship to completion rates and faculty/resident satisfaction with assessment tools (i.e. it is so important to keep assessment tools as short as feasible).

As PD, the addition of ITAR question(s) is possible when:
- The number of additional questions is 3 or fewer.

- There is no requirement for programming to include the additional question(s).

- The Program Director organizes a program evaluation after 6 months to determine the value of the additional question(s).

- The results of the program evaluation is shared with the PGME office to collaborate on appropriateness of continuing the additional question(s).

HINTS for completing: In-Training Assessment Reports (ITARs)

PURPOSE OF ITAR:
The In-Training Assessment Report (ITAR) is **summary of the resident's performance and progress while on their rotation.** The ITAR should be based on the assessment of clinical knowledge, judgement, and performance *for their stage of training.*

REMEMBER:
The resident's Rotation Plan should be reviewed prior to completing the ITAR.

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1. Inventory of progress

> The appropriate assessments were completed during this rotation, as outlined in the Rotation Plan
> (e.g. procedure logs, chart documentation assessments, MSF, rounds assessment):
>   o Yes
>   o No
>   o In Progress
>   o Not Applicable

Consider using the following information to inform your ITAR assessment:
- Observations of clinical work during the rotation
- Formal presentations (journal club, rounds etc.)
- Teaching of junior residents as appropriate
- Review of clinical notes
- Discussions with the resident.

2. Rating scales and ratings
- Complete the ratings on objectives as you would have completed the prior "ITERS".

3. Progress in Training – Learner Handover
- Consider this section a review of the CanMEDS competencies displayed by the resident during the rotation.
- Consider the described elements for each role.
- If a rating is "No", please provide an explanatory comment at the end of the form.
- If a deficiency is noted, it will be flagged for the Program Director's review and action.
- Concerns identified in this section may be forwarded to the faculty member who is the rotation coordinator of the resident's next rotation.

REMEMBER: Feedback and Comments
- Please share your experience and suggestions.
- Specific, observed feedback and actionable suggestions for improvement are HIGHLY valuable to improve performance.