Appendix 3: Frequently Asked Questions (FAQ)

FAQ1: *Should the names for rotations 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.