Guidance Document on ITERs/ITARs

In-Training Evaluation Reports/In Training Assessment Reports (Royal College Programs)

Relevant Accreditation Standards

3.4.1.1: The system of assessment is based on residents' attainment of experience-specific competencies and/or objectives.

3.4.1.6: The system of assessment is based on multiple assessments of residents' competencies during the various educational experiences and over time, by multiple assessors, in multiple contexts.

Meeting the Standards

1. ITERs/ITARs must be integrated into the resident assessments as one component of resident assessment. Programs must not rely on ITERs/ITARs alone for assessments. While ITERs/ITARs (summative records of performance over time) add value, relying solely on these for promotion decisions is not compatible with CBME principles or the CBD design. Programs must ensure that their assessment program is based on multiple assessments of residents' competencies across various educational experiences, over time, by multiple assessors, and in multiple contexts.

2. ITERs/ITARs should be completed at the end of each training experience (rotation/block or longitudinal training experience). For longitudinal training experiences that are longer than a block an ITER/ITAR should be generated every 3 months at minimum.

3. It is vital that assessments be completed in a timely manner – ITERs/ITARs should be completed within 14 days of the end of the training experience.

4. Royal College Competence by Design (CBD) programs should incorporate ITERs/ITARs into the assessment process, in addition to Entrustable Professional Activities (EPAs) as well as other assessments such as OSCEs, written and oral examinations, research progress reports, teaching/presentation evaluations, logbooks, etc.

5. ITERs/ITARs must:

   - Be based on the goals and objectives/competencies of the program.
   - Identify the level of performance expected by the resident.
   - Incorporate CanMEDS roles – each CanMEDS role should appear on at least one ITER/ITAR for the program. Note that an ITER/ITAR does not require that all CanMEDS roles be incorporated – for example a research ITER/ITAR may focus on 'Scholar', without incorporating less applicable roles such as Advocate or Collaborator.

6. ITERs/ITARs should:

   - Be of reasonable length – no more than 20 questions (less is more, and increasing length and complexity does not necessarily improve the validity of the assessment). A shorter length and fewer questions may improve completion rate.

- Focus on the CanMEDS roles, including Medical Expert, that are most applicable to the training experience. Each ITER/ITAR does not require all the CanMEDS roles to be assessed.

7. ITERs/ITARs must:

- Identify the program name, training experience (for example name of rotation), and dates of the training experience.
- Identify the resident by name with a photo. Include resident PGY year and stage of training.
- Identify the supervisor completing the ITER/ITAR.
- Provide the date of completion of the ITER/ITAR.
- Incorporate a 5-point scale (with N/A available) with the left most anchor as the lowest, and the right most anchor the highest. Numbers are not required on the scale. The scale should provide clarity on what is an expected level of performance (descriptors). Examples are included in the appendix.
- Incorporate an overall (global performance) rating of 'Does Not Meet Expectations', 'Borderline' and 'Meets Expectations'.
- A rating of 'Does not Meet Expectations' means that the resident has demonstrated significant deficiencies in one of more of the competencies. A rating of 'Borderline' means that the resident's performance in on or more areas is below expectations.
- Include a narrative section for the supervisor to add comments.
- Include a section where residents will indicate that they have seen the ITER/ITAR and a narrative section to provide an opportunity for the resident to comment.

8. The narrative section must be completed by the supervisor when the overall assessment is 'Borderline' or 'Does Not Meet Expectations'.

9. Decisions about requirements for an Enhanced Education Plan, Remediation or Probation are made by the Competence Committee or equivalent. This decision is not made by the training experience supervisor.

10. For concerns with patient safety, professionalism, or performance below expectations for training level a mid-rotation ITER/ITAR should be done, and the program director must be informed.

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MEDICINE & DENTISTRY

In-Training Evaluation Reports (Royal College Programs) Scales and Anchors

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

1	2	3	4	5
Below Expectations For Stage of Training		**Meets Expectations For Stage of Training**		**Exceeds Expectations For Stage of Training**

1	2	3	4	5	N/A
Below the minimally acceptable level for a resident at this stage of training 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). 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 understanding of the issues, ability to interpret problems and implement solutions. Exceeds the benchmark for competent performance at stage of training.	

1	2	3	4	5	N/A
Quality of performance in many aspects is lower than expected for residents at this stage of training.		Quality of performance is consistent with expectations for residents at this stage of training. Performance is consistent with educational competencies.		Quality of performance is outstanding and consistently exceeds expected for residents at this stage of training. Performance consistently exceeds levels of proficiency defined by the educational competencies.	

1	2	3	4	5	N/A
Did not meet the accepted benchmark for competent performance at level of training in the required competencies. Significant and/or multiple performance deficits, knowledge or skills in understanding of the issues, and interpretation or management of common problems.		Meets expectations for competencies for stage of training. Meets the essential requirements for a resident at this stage of training. Performance meets expectations in handling common or straightforward situations and presentations in day- to-day practice.		Knowledge or skills excellent in most areas. Performs very well with minimal guidance or instruction. Performs well beyond expectations for stage of training.	