

Policy for Residents' Evaluation

The Royal College mandate (Standards of Accreditation of Residency Programs) dictates that ***there must be mechanisms in place to ensure the systematic collection and interpretation of evaluation data on each resident enrolled in the program.*** There must be honest, helpful and timely feedback provided to each resident.

A. Rotation Evaluations

As per Royal College guidelines, documented feedback sessions must occur regularly, **at least at the end of every rotation.** There should also be regular feedback to residents on an informal basis. Feedback sessions to residents must include face-to-face meetings as an essential part of resident assessment.

1. The resident is to remind their faculty head evaluator in the last week of their rotation to complete their ITERs.
2. ITERs are to be completed for each resident's rotation block within 2 weeks of the end of the rotation. There will be an e-mail prompt (to Western email address) to remind relevant faculty that there is a task to complete by logging into One 45.
3. Whether the relevant team wishes to discuss and complete the resident's evaluation in a group meeting, or through individual submission of paper-based or e-ITERs to the head evaluator is at the discretion of the teams. The ultimate responsibility for ensuring the ITER is completed falls to the team leader of the subspecialty or area (S:\PATH\SHARED\Pathologists\Subspecialties\Team Leaders.doc). This includes a face-to-face discussion with the resident.
4. The Program Administrator will circulate an electronic list every month of the status of all residents' evaluations. This will list the residents' names, rotation and the status of their most recent evaluation – including faculty members and team leaders who have been non-compliant in the process. Continued non-compliance with evaluations may lead to withdrawal of involvement of that faculty member with residents, as per Western/UWO PGME policy.

B. In-Training Examinations

1. In-training examinations are held three times a year, usually September, December and June. A fourth in-training examination, usually in March, is an external one obtained from the ASCP (Residents' In-Service Examination).
2. Each internal examination consists of the following: written component, and practical components - gross/forensic/cytology images and surgical pathology glass slides.

3. Examinations are organized by: Dr. A. Haig.
4. Results are to be distributed to the residents within two weeks of the examination, then tabulated and reviewed at the subsequent Residency Program Committee (RPC) meeting.

C. Oral Examinations

1. Oral examinations, conducted by paired faculty pathologists, are held twice a year, usually November/December and May/June.
2. Each oral examination consists of three cases that lead to some discussion regarding differential diagnosis, work-up and/or management.
3. Evaluations for oral performance are discussed with the resident immediately after the examination, and documented on an Oral Examination Evaluation Form which is delivered to the program director (currently, Dr. J. Shepherd).
4. Results are tabulated by the program director and reviewed at the subsequent RPC meeting.

D. Overall Evaluation

The progress and promotion of each resident, based on ITERs, in-training examinations and any other relevant input, is to be discussed as a standing item in the last RPC meeting of the academic year, in May or early June.

Reviewed July 2014