Resident Assessment Guidelines and Procedures for CBME Programs

Office of Accountability: Faculty of Medicine & Dentistry
Office of Administrative Responsibility: Postgraduate Medical Education
Approver: Postgraduate Medical Education Committee
Scope: All Residents in RCPSC Competency Based Medical Education (CBME) Programs
Classification: Residency Training

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1. Introduction

All Residents who are enrolled in programs leading to certification with the Royal College of Physicians and Surgeons of Canada (RCPSC) are registered as Postgraduate Medical Education (PME) Students in the Faculty of Medicine & Dentistry at the University of Alberta.

Residents carry out their training responsibilities within a hospital, or other clinical education sites, at the appropriate level of training and in accordance with the relevant professional
requirements and subject to University regulations and those of the hospital, other clinical education sites, or health authority. The conditions governing the resident entering and remaining in the training program are delineated in the letter of engagement, which is a legally binding contract.

There must be mechanisms in place to ensure the systematic collection and interpretation of assessment data on each resident enrolled in a program. Assessment is the process of gathering and analyzing information in order to measure a physician’s competence or performance, and compare it to defined criteria. Guiding principles for assessment include fairness, transparency, open communication, and mutual accountability.¹

One of the core components of Competence Based Medical Education (CBME) is that assessment practices are intended to support and document the progressive development of competencies. In Competency by Design (CBD), there is a distinction between two types of assessment. Assessment for learning is formative, continuous, constructive and “low stakes”; its overall purpose is to guide and improve the learner’s performance. Assessment for progression also provides guidance to improve learner performance, but integrates multiple sources of information and provides intermittent, summative decisions that compare performance to the expectations for progression. Assessment for certification describes the final summative decision that identifies that performance meets the national standards for certification; that competence has been demonstrated.¹

CBD also incorporates the principles of programmatic assessment (Schuwirth and Van der Vleuten, 2011). A program of assessment is an arrangement of individual methods of assessment, each purposefully chosen for their alignment with desired outcomes. Individual data points provide feedback to the learner. Multiple data points from diverse sources and methods are aggregated to make decisions about progress.¹

To document competence in specific tasks of the profession, assessment of Entrustable Professional Activities (EPAs) is used. Individual programs needs to adhere to CBD stage-specific EPAs defined by their respective Royal College Specialty Committees. Training programs can use additional assessment that align with the competencies being assessed (e.g., written (essay, short answer, multiple choice), performance-based assessment (OSCE, mini-CEX, STACER), 360° assessment, chart review, and formal observation of clinical or procedure skills, etc.).

2. Scope

The document describes the assessment guideline and process that should be in place for all RCPSC CBME residency training programs in the Faculty of Medicine & Dentistry at the University. It serves to ensure that assessment practices are consistent with program goals and objectives of postgraduate medical education at the University and meet the requirements of the RCPSC. This document does not apply to the Family Medicine programs, which follow the
Triple C Competency based Curriculum, or to time based programs. Please refer to appropriate guidelines for these programs.

3. **Definitions**

- “Academic Advisor” supervises and supports residents’ progress through residency training.
- “Academic Review Board” is the body responsible for reviewing cases of Postgraduate Medical Education (PME) Students in academic difficulty.
- “Academic Year” commences July 1 and finishes June 30. A resident may be out of phase and have a starting date other than July 1.
- “Associate Dean” means Associate Dean, Postgraduate Medical Education of the Faculty of Medicine & Dentistry, the senior faculty officer responsible for the overall conduct and supervision of postgraduate medical education within the Faculty. The Associate Dean reports to the Vice-Dean, Education.
- “CBD Stage” refers to one of the four CBD stages of training in the Royal College Competence Continuum: Transition to Discipline, Foundations, Core and Transition to Practice.
- “Clinical or Rotation Supervisor” organizes the training experience to facilitate development of competence in relevant EPAs and ensures documentation of assessments.
- “Competence Committee” is a subcommittee of the Residency Program Committee whose primary focus is for regularly reviewing assessment data and making recommendations to the Program Director and RPC on resident progress.
- “CPSA” is the College of Physicians and Surgeons of Alberta (CPSA), the body responsible for self-regulation of the practice of medicine in Alberta.
- “EPA” is Royal College Entrustable Professional Activity, and refers to the task of a discipline that may be delegated to a trainee once competence in that task has been demonstrated. It is linked to a specific stage of the competence continuum and integrates multiple CanMEDS milestones from various CanMEDS Roles relevant to that stage.
- “EPA Assessor” is a faculty member observing and documenting their ability to entrust a trainee for an EPA in a specific instance.
- “Faculty” means the Faculty of Medicine & Dentistry and includes any person or body who has exercised, is exercising, or will exercise any power of the Faculty. (“faculty” used in the lower case means any staff member in the Faculty who is involved in the training of residents).
- “Milestone” refers to the RCPSC definition; an observable marker of an individual’s ability along a developmental continuum.
- “PARA” means the Professional Association of Resident Physicians of Alberta, the non-profit organization that endeavors to provide effective representation of physicians completing further training in a residency program in Alberta.
“PGEC” is the Postgraduate Medical Education Committee (PGEC), a committee responsible for the postgraduate medical education programs in the Faculty of Medicine and Dentistry.

“PME” means Postgraduate Medical Education.

“Resident” is a post-MD trainee registered in an approved postgraduate training program whose training for that contract term is credited towards certification by the Royal College of Physicians and Surgeons (RCPSC) or the College of Family Physicians of Canada (CFPC).

“Program” means an accredited Residency Training program in the Faculty of Medicine & Dentistry.

“Program Director” is appointed by the RCPSC as the University faculty member most responsible for the overall conduct of the residency program in a given discipline and responsible to the Head of the Division and/or Department and to the Associate Dean, Postgraduate Medical Education. As necessary, the Program Director may delegate responsibility for resident activities.

“RCPSC” means the Royal College of Physicians and Surgeons of Canada, the body responsible for program accreditation, resident credentials, and resident certification for specialty medicine education programs.

“RPC” means the Residency Program Committee (also known as Residency Training Committee (RTC)), which oversees the planning for the residency program and overall operation of the program to ensure that all requirements as defined by the national certifying colleges are met; this includes recruitment of residents, assessment of residents, on-going evaluation of the program including individual clinical supervisors.

“RTE” is Required Training Experience defined nationally by respective Specialty Committee as a mandatory component of training.

“Training experience” are training activities, which support a resident's acquisition of competence. As time is a resource in CBME, training experiences may be organized as a traditional block rotation. Blocks are defined as four-week periods of time. The academic year is composed of thirteen blocks. Alternatively, training experiences may be organized as horizontal (longitudinal) clinical or other experiences (e.g. research, quality improvement, advocacy etc.). Each training experience should be defined in terms of competencies to be achieved and service expectations.

“University” means the University of Alberta

Vice-Dean” means the Vice-Dean, Education, the senior faculty officer responsible for all facets of education in the Faculty of Medicine & Dentistry.

4. **Overview of Resident Assessment Process**

4.1. At the beginning of each training experience, the Program must ensure the clinical supervisor and the resident is provided with:

   4.1.1. Required and Recommended Training Experiences
   4.1.2. List of EPAs that should be assessed with their associated milestones;
   4.1.3. List of duties, responsibilities, and expectations;
   4.1.4. A description of other assessment strategies;
4.1.5. A description of the minimal time of attendance/participation to ensure patient safety, appropriate supervision and opportunities for observation and assessment;
4.1.6. A description of structure of relationships within the healthcare team;
4.1.7. A description of the resident's role in that healthcare team.

4.2. Regular timely coaching feedback and documented assessment should be ongoing throughout the training experience.
4.3. Assessment is by frequent observations, which will guide further learning during the training experience.
4.4. Feedback to residents must include face-to-face meetings as an essential part of the assessment.
4.5. Both the resident and the clinical supervisor and EPA assessor should actively seek out opportunities for assessment of applicable EPAs during the training experience.
4.6. To reflect a learner's demonstration of milestones, language such as 'in progress' or 'achieved' or entrustment related anchors should be used in day to day assessment (instead of pass/fail).
4.7. During the transition phase to CBME and EPA assessment, an individual program may choose to retain the ITER as an end of training experience assessment.
4.8. The Program Director or Academic Advisor, or delegate meets with assigned residents at regular intervals to conduct comprehensive reviews of performance information.
4.9. The RPC will clearly outline who will take responsibility for identifying and documenting strategies to help the resident who is designated by the Competence Committee as "Not Progressing as Expected" or "Failure to Progress" achieve an appropriate training trajectory.
4.10. Training experiences may need to be extended, modified or added if the training trajectory has been identified by the Competence Committee as "Not Progressing as Expected" or "Failure to Progress".
4.11. In addition to EPA assessments, other forms of assessment can and should be used by the program in a summative manner. Examples include, but are not limited to, written assessments (essay, short answer, multiple choice), performance-based assessment (OSCE, mini-CEX, STACER), 360° assessment, chart review, portfolio, log, reflections and formal observation of clinical or procedure skills, etc.).
4.12. The Program Director, Academic Advisor, or delegate summarizes and presents the resident assessment data to the Competence Committee.
4.13. The Competence Committee reviews all resident assessment data and makes recommendations about EPA achievement, promotion to the next CBD stage (or the need for revised educational plan if the resident is not ready for promotion), readiness for certification examination or readiness for practice.
4.14. The criteria for recommendation of EPA achievement, progress and promotions recommendation for readiness for certification examinations or practice by the Competence Committee should be defined, fair and transparent.

4.15. Assessment of a resident’s progress in the program is the responsibility of the Program Director and the RPC as informed by the recommendations of the Competence Committee. The assessment of residents must be a regular agenda item for RPC meetings.

4.16. RPC meetings should be scheduled shortly after Competence Committee meeting to allow timely communication of assessment decisions to the resident.

5. **EPA**

   5.1. EPA refers to the task of a discipline that may be delegated to a resident once competence in that task has been demonstrated. It is linked to a specific stage of the competence continuum and integrates multiple CanMEDS milestones from various CanMEDS Roles relevant to that stage.

   5.2. Specific guidelines regarding assessment of an EPA are defined nationally by the Royal College Specialty Committee, and should be adhered to.

   5.3. EPA achievement is determined by the Competence Committee upon reviewing the documented EPA assessment data.

   5.4. EPA achievement along with other assessment tools as designated by the national guidelines and the program specifications, are used by the Competence Committee to inform recommendations to promote to the next stage and readiness for certification exams and readiness for practice.

6. **Academic Advisor**

   6.1. Residency programs must have a system in place to supervise and support resident’s progress through residency training and may choose to have the Program Director take this responsibility (e.g. in very small programs) or may delegate this responsibility to assigned Academic Advisors (See Academic Advisor Role Description).

   6.2. The Academic Advisor (or equivalent) should have regular meetings with the assigned residents (advisee) at least quarterly, and no less than once per stage of training.

   6.3. The Academic Advisor (or equivalent) will review the resident’s assessments and electronic portfolio to provide guidance to the resident in maintaining an appropriate training trajectory.

   6.4. The Academic Advisor (in consultation with the Program Director and/or Competence Committee) will identify areas for focused attention to help the resident achieve an appropriate training trajectory.

   6.5. The Academic Advisor is responsible for presentation of the resident’s training summary at the Competence Committee meeting.

   6.6. The Academic Advisor does not determine the promotion recommendation for his/her advisee(s), and recuses oneself from these decisions at the Competence Committee.
6.7. The Academic Advisor may be asked to participate in developing any needed revised educational plan.

7. **Competence Committee**

7.1. The Competence Committee reviews all resident assessment data and makes recommendations about EPA achievement, promotion to the next CBD stage or the need for revised educational plan if the resident is not ready for promotion.

7.2. The Competence Committee should meet approximately quarterly, no less than once per stage of training and as frequently as required for recommendation on promotion to the next stage without undue delay.

7.3. In addition to EPA assessment and general assessment guidelines, which are defined nationally, Competence Committee should review any additional assessments used by the program in its decision making process.

7.4. It is recommended that individual Competence Committee develops set criteria for recommending EPA achievement, promotion to each CBD stage, readiness for certification exams readiness and readiness for practice for transparency and consistency. These criteria need to align with those set by the respective national Specialty Committee.

8. **Progress and Status Recommendations by the Competence Committee**

8.1. Progress, status and other recommendations are made by the Competence Committee and must be presented to the RPC and the Program Director who confirms the actual summative decision.

8.1.1. Recommendation for EPA achievement.

8.1.2. Recommendation for progression from one CBD stage to the next along the competence continuum.

8.1.3. Recommendation regarding readiness for national certification examination.

8.1.4. Recommendation regarding readiness for practice certification.

8.2. The following learner status recommendations can be made by the Competence Committee:

8.2.1. Progressing as Expected

8.2.1.1. EPA achievement as expected, and

8.2.1.2. Learning trajectory is as expected, and

8.2.1.3. Satisfactory performance on other assessments as determined by program

8.2.2. Progress is Accelerated

8.2.2.1. EPA achievement well before expected date, and

8.2.2.2. Learning trajectory is significantly above expected, and

8.2.2.3. Satisfactory performance on other assessments as determined by program

8.2.3. Not Progressing as Expected

8.2.3.1. EPA achievement is below expected rate of completion, or

8.2.3.2. Learning trajectory is slightly below expected, or
8.2.3.3. Unsatisfactory performance on other assessments as determined by program

8.2.4. Failure to Progress
8.2.4.1. EPA achievement is substantially below expected rate of completion, or
8.2.4.2. Learning trajectory is flat or substantially below what is expected, or
8.2.4.3. Repeated and continued unsatisfactory performance on other assessments as determined by program

8.3. Recommendations by the Competence Committee are not binding and not subject to appeal by the resident.

9. Summative Decisions
9.1. The actual summative decision on stage progression, readiness for certification examination, and readiness for practice is made by the Program Director, and is subject to appeal by the resident. (See Faculty PGME Appeals Policy)

10. Actions for Resident whose “Progress is Accelerated”
10.1. Action plan will be determined by Program Director, and may include input from Academic Advisor, Competence Committee, and RPC.
10.2. At the discretion of the Program Director, the resident can be considered for promotion to the next stage earlier than expected.
10.2.1. At the discretion of the Program Director, training may be modified while taking into account patient safety and contractual obligations.
10.3. At the discretion of the Program Director, the resident can be deemed eligible for RCPSC exam earlier than expected
10.3.1. The Associate Dean must be notified in writing of this decision
10.4. At the discretion of the Program Director, the resident can be deemed eligible for RCPSC certification earlier than expected
10.4.1. The Associate Dean must be notified in writing of this decision

11. Actions for Resident who are “Not Progressing as Expected” or “Failure to Progress”
11.1. Action plan will be determined by Program Director, and may include input from Academic Advisor, Competence Committee, and RPC.
11.2. Action plan can include, but not limited to:
11.2.1. Modification in learning plan
11.2.2. Modification in Required Training Experience (RTE)
11.2.3. Additional focus on EPA observations
11.3. For residents who are “Not Progressing as Expected”
11.3.1. Training modification that will likely lead to any prolongation in training must be documented in writing using the Training Modification Plan Template.
11.3.2. Training modification that will likely lead to any prolongation in training must be approved by the PME office with submission of the formal plan.

11.4. For residents who are deemed to have “Failure to Progress”

11.4.1. All training modification must be documented in writing using the Training Modification Plan Template.

11.4.2. All training modification must be approved by the PME office with submission of the formal plan.

12. Rotation (Training Experience) Duration and Attendance Requirement

12.1. While CBME de-emphasizes time, training experiences may still be organized as discrete rotations with defined duration.

12.2. In order to meet pedagogical requirements and need for robust workplace based assessment, a resident should not miss more than 1/4 of a rotation (training experience) or a horizontal learning experience due to illness, leave, holidays etc.

12.3. For patient safety, ongoing development of expertise and contractual obligations, residents must continue to attend assigned training experiences even when the suggested number of EPA assessments have been documented and/or the EPAs have been marked as achieved by the Competence Committee. It is expected that they will work toward mastery of these skills and higher levels of expertise in any time remaining.

13. When to Consider Requirement to Withdraw from the Program

13.1. In the interest of responsible career planning for the resident and fiscal responsibility for training resources, it is important to monitor resident’s progress.

13.2. It is expected that the majority of residents will be “Progressing as Expected” in their training program.

13.3. In the event that the resident is “Not Progressing as Expected”, the training will be modified.

13.4. If despite modifications to training, the resident is deemed by the Competence Committee as “Failure to Progress” (and decision ratified by the PD), further training modifications will be offered.

13.5. Residents who, despite training modifications, are deemed by the Competence Committee to have two consecutive recommendations of “Failure to Progress” (and decision ratified by the Program Director) will be considered for Requirement to Withdraw (see 14 below) from the program.

14. Requirement to Withdraw from the Program

14.1. The resident can be required to withdraw from the program for, but not limited to, any of the following:

14.1.1. Two consecutive recommendations by the Competence Committee (and decision ratified by the Program Director) of “Failure to Progress”

14.1.2. Recurring significant deficiency in the same CanMEDs role.
14.1.3. In the interest of public health or safety (see Practicum Intervention Policy)
14.1.4. Criminal activity
14.2. In the event of requirement to withdraw, the Program Director forwards the resident’s entire academic record to the Academic Review Board (ARB) via the PME office to determine if there are sufficient grounds to recommend requirement to withdraw.
14.3. The ARB makes the recommendation to the Program Director.
14.4. The Program Director makes the final decision on requirement to withdraw after receiving ARB’s recommendation and consulting with the RPC.
14.5. The Program Director advises the PME Office on the program’s intent for the resident to be required to withdraw.
14.6. The Program Director will advise the resident of the decision both in person and in writing. The PME Office must advise Alberta Health Services administration and College of Physicians and Surgeons of Alberta when a resident is required to withdraw.
14.7. The resident shall be informed of the right to appeal the requirement to withdraw through the process set out in the Faculty of Medicine & Dentistry's Academic Appeals Policy for Postgraduate Medical Education Students.

\(^1\) RCPSC CBD Policy Working Group Communique: Assessment