Policy: Evaluation of Post-Graduate Trainees

A. INTRODUCTION
1. The Faculty of Medicine wishes to ensure that there is a fair and transparent evaluation system for postgraduate trainees enrolled in postgraduate training programs at the Faculty of Medicine. It is also important that this evaluation system be consistent with the requirements of the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada, the College of Physicians and Surgeons of Ontario and other relevant bodies.

B. PURPOSE
2. The purpose of the Policy for the Evaluation of Postgraduate Trainees (“Policy”) is to provide the steps that need to be taken when evaluating a trainee, to provide guidance to a trainee when a trainee encounters significant academic difficulties, and to outline the actions to be taken in the case of an unsatisfactory performance by a trainee.

C. DEFINITIONS
3. For the purposes of this Policy:

- ITER In-Training Evaluation Report
- CITER Core In-Training Evaluation Report
- FITER Final In-Training Evaluation Report
- CPSO College of Physicians and Surgeons of Ontario
- CFPC College of Family Physicians of Canada
- RCPSC Royal College of Physicians and Surgeons of Canada
- STACER Standardized Assessment of a Clinical Encounter Report
- RPC Residency Program Committee
- Supervising physician Physicians who have taken on the responsibility for their respective training programs to guide, observe and assess the educational activities
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D. PRINCIPLES OF TRAINEE EVALUATION
4. During their postgraduate training program, trainees will receive formative and summative assessment through objective tests as well as performance assessment through in-training evaluations. The principles governing the performance assessment are as follows:
(a) There must be rotation-specific objectives provided to trainees and faculty in advance of the rotation to guide trainee learning and assessment strategies.
(b) The objectives should be reviewed by the trainee prior to each rotation.
(c) The evaluation process must be tied to educational objectives.
(d) Objectives should be evaluated with a range of evaluation tools as appropriate.
(e) An assessment should evaluate the performance in a setting as close to clinical practice as appropriate.
(f) There should be documented, mid-rotation, formative feedback when the rotation is two blocks or longer.
(g) There should be regular feedback to trainees on an informal basis.
(h) Trainees should be informed whenever serious concerns exist and given the opportunity to correct their performance.
(i) The final rotation evaluation should be reviewed with the trainee individually and as close to the completion of the rotation as possible.
(j) There must be a written evaluation and ideally oral feedback at the end of each rotation.
(k) Objective examinations should be given that reflect RCPSC or CFPC certification examinations.
(l) Systems of grading must be clear and uniformly applied.

5. The evaluation outcome will be confidential within the scope of the evaluation process. At times, future rotation supervisors may be apprised of performance deficits in order to provide focused education and evaluation.

6. The rules and regulations covering evaluation, promotion and appeals will be made available to trainees. Trainees are responsible for becoming familiar with such rules and regulations.

E. PROMOTION
7. It is the responsibility of the Residency Program Committee to review trainee performance on an annual basis and make decisions about promotion.

8. The promotion of a trainee in any program may be delayed based on any of the following:
   - Pending completion of an extension of training, a remedial or probation period, or a failure of a rotation;
   - The trainee is under suspension;
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- The trainee has encountered difficulties identified throughout the year that are considered by the program’s Residency Program Committee to warrant a non-promotion, in the absence of an unsatisfactory performance; (examples might include failure of one of the LMCC QE exams, performance issues identified on RISE in-service exam (FISHE/TMISE), inadequate compliance with attendance of required conferences);
- The trainee has not met the training requirements for that postgraduate year level.

9. Where the promotion of a trainee has been delayed, the trainee’s training will be addressed in accordance with Section 14.

F. UNSATISFACTORY PERFORMANCE

10. Reasons why a trainee’s performance may be deemed unsatisfactory include:
(a) The trainee has received an unsatisfactory evaluation in any domain of the rotational ITER;
(b) It has been documented that a trainee, regardless of the trainee’s clinical performance during the rotation, has not satisfied the standards of ethical and professional behavior including, but not limited to, disruptive behaviour;
(c) The trainee has been absent from a component of the rotation for reasons that are not sanctioned by the program director; or
(d) The trainee has failed to meet the objectives of the rotation.

Where there has been an unsatisfactory performance, the program’s Residency Program Committee may determine that the trainee has failed a rotation. If so, the trainee must repeat the rotation as well as undertake any further actions as set out in Section G. Otherwise, the unsatisfactory performance will be addressed in accordance with Section G.

G. OPTIONS FOR UNSATISFACTORY PERFORMANCE

12. In the event that a trainee’s performance has been deemed to be unsatisfactory, the trainee may be required to undergo one or more of the following:
(a) Extension of training;
(b) Remediation;
(c) Probation; or
(d) Extra educational activities.

Note: These options are defined below.
Note: The above options are in no particular order. A trainee may be placed into whichever one is most relevant to his/her academic situation.

13. An extension of training may be utilized to allow a trainee to achieve a required level of competence prior to assuming more responsibilities. This option may be used where it has been determined that a trainee should not be promoted to the next level of training because he/she has encountered difficulties during the year, but such difficulties are not significant enough to warrant a formal period of remediation or probation. In such cases,
the trainee will be required to continue training at the same level for a pre-determined amount of time, not to exceed one year.

14. Remediation is a structured period of training during which the trainee is expected to correct identified weaknesses and/or deficiencies. Remediation shall normally be for a period of two to six clinical blocks except where external assessment schedules require a longer period.

15. Probation is similar to remediation except that an unsatisfactory probation outcome leads to dismissal. Probation will be applied where a trainee:
   (a) Has not successfully completed a period of remediation;
   (b) Has successfully completed two remediation periods and subsequently has a failed rotation; or
   (c) Has encountered serious academic or other difficulties such that the program’s Residency Program Committee determines that an immediate period of probation is warranted.

16. Extra educational activities are intended to augment the trainee’s knowledge and/or skills in one or more specific CanMEDS role. These activities are undertaken concurrently with the trainee’s usual rotations, and therefore do not extend training time. Examples of extra educational activities include: a conflict resolution course; skill practice in a simulated setting; assessment and monitoring of professionalism concerns; communications skills training.

H. IMMEDIATE SUSPENSION
17. A rotation supervisor or program director may immediately suspend a trainee from clinical responsibilities if it is deemed that patient safety is at risk.

18. A serious incident of unprofessionalism or a series of incidents of unprofessionalism may also justify a rotation supervisor or program director imposing a suspension.

I. DISMISSAL FROM THE PROGRAM
19. A trainee will be dismissed from the program if any of the following conditions exist:
   (a) A trainee has a second failure of remediation;
   (b) A trainee fails a probation period;
   (c) A trainee does not maintain the standards of the profession as described in the standards of ethical and professional behavior; or
   (d) A trainee meets the criteria of the Regulated Health Professions Act of Ontario for clinical incompetence or incapacitation.

J. PROCEDURES
20. The Faculty of Medicine Postgraduate Medical Education Committee shall establish procedures relating to the implementation of this Policy.
K. GENERAL
21. This policy replaces any previous versions of the policies on PGME evaluations. Any active appeals at the time of policy change will follow the processes of the replaced policy unless otherwise mutually agreed to use the newer version.

L. REVIEW
21. This Policy will be reviewed one year after adoption and every three years subsequently.

<table>
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<tr>
<th>Committee</th>
<th>Date</th>
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<tbody>
<tr>
<td>Faculty Advisory Board</td>
<td>November 29, 2011</td>
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<td>Faculty Council</td>
<td>December 14, 2011</td>
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<tr>
<td>Executive Committee of the Senate</td>
<td>February 13, 2012</td>
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http://med.uottawa.ca/postgraduate/governance/policies
Accessed August 7, 2016
Revised for Hematological Pathology August 7, 2016
Purpose:
The purpose of this procedure is to establish the specific steps in the evaluation of resident performance and to establish the contents of the options that are available to a resident in case the resident’s performance is deemed to be unsatisfactory.

Steps in the Evaluation of Performance:
2. The evaluation of a resident’s performance must follow the following steps:
(a) The evaluation process must be described for the resident at the outset of a training program. This includes discussion of the tools for evaluation, timing of evaluation, and identification of those who will be doing the evaluation.
(b) A written evaluation must be completed and both the supervising physician and the resident must sign the evaluation with the understanding that the resident's signature does not necessarily imply that he/she agrees with the evaluation. The resident must have the opportunity to add written comments to the evaluation. In the exceptional case when the resident refuses to sign, this should be documented on the evaluation.
(c) Biannually, there will be a documented progress review made by the program director, or delegate and discussed with the resident.
(d) Residency Program Committee make decisions regarding the successful completion of an assessment period, rotation, academic year or the program as well as completion of the CITER, STACER and FITER.
(e) All decisions regarding completion of program, extension of training, remediation, probation or dismissal must be ratified by the Associate Dean, PGME or delegate.

Immediate Suspension:
3. Where a resident has been suspended from clinical duties, in accordance with section H of the Evaluation Policy, the Associate Dean (PGME) or delegate must be notified immediately by the resident's program director. The Associate Dean (PGME) or delegate, in consultation with the affected resident and program director, will make an inquiry of the situation within one month of notification during which time the resident will remain suspended from training. Outcome of this inquiry will result in either the resident returning to training, or, the issue being referred to the Professionalism Subcommittee of the PGEC for adjudication.

Failure of a Rotation:
4. Clinical supervisors will make recommendations pertaining to resident performance; however, the program’s Residency Program Committee will make final pass/fail decisions for all rotations based upon all available documentation.
Options for Unsatisfactory Performance:

- Extension of Training
5. Where the Program’s Residency Program Committee has recommended that the resident undergo a period of extended training, the Extension of Training form must be completed by the program. Its purpose is to delineate the reasons for non-promotion and outline the activities to be undertaken by the resident and the duration of the extended period of training.

- Remediation
6. Remediation is a structured program aimed at helping a resident correct identified weaknesses and/or deficiencies. The remediation plan must be ratified by the Associate Dean or delegate prior to its implementation.
7. Recommendations for remediation must be brought to the Program’s Residency Program Committee by the Program Director. A decision regarding remediation will only be taken by the Program’s Residency Program Committee.
8. If rotation(s) are required outside the resident's program, these will be discussed and arranged with the respective program director(s) prior to finalizing the period of remediation.
9. The nature and length of the remediation period will be determined by the Program’s Residency Program Committee, which shall inform the clinical supervisor(s) of the details of the remediation.
10. A remediation plan must be completed by the Program which must address the following:
   (a) details regarding the reasons for remediation;
   (b) the specific areas of deficiency;
   (c) the educational objectives during remediation; and
   (d) the possible outcomes of the remediation.
11. The remediation plan must be described for the resident. This includes the discussion of the following items:
   (a) details regarding the reasons for remediation;
   (b) the specific areas of deficiency;
   (c) the educational objectives during remediation; and
   (d) the possible outcomes of the remediation.
12. While a resident may appeal the RPC decision for remediation, they are required to undertake the remediation plan pending the results of the Appeal. Failure to do so, will result in their being excused from training.
13. Evaluation procedures for the period of remediation must be similar to those used for all residents in all rotations, though they may be more intensive and focused.
14. At the end of a remediation period, the Program Director, after review by the Program’s Residency Program Committee, must inform the resident as to the outcome and complete a Final Remediation Outcome form.
15. A resident may receive credit for training which is successfully completed during a period of remediation as decided by the RPC.
16. If a resident fails a remediation they will be placed in their home program pending the deliberations of the RPC.

-Probation
17. Recommendations for probation must be brought to the Program’s Residency Program Committee by the Program Director. A decision regarding probation will only be taken by the Program’s Residency Program Committee.
18. If rotation(s) are required outside the resident's program, these will be discussed and arranged with the respective program director(s) prior to finalizing the period of probation.
19. The nature and length of the probation period will be determined by the Program’s Residency Program Committee, which shall inform the clinical supervisor(s) of the details of the probation.
20. A probation plan must be completed by the Program which must address the following:
   (a) details regarding the reasons for probation;
   (b) the specific areas of deficiency;
   (c) the educational objectives during probation; and
   (d) the possible outcomes of the probation.
21. The probation plan must be described for the resident. This includes the discussion of the following items:
   (a) details regarding the reasons for probation;
   (b) the specific areas of deficiency;
   (c) the educational objectives during probation; and
   (d) the possible outcomes of the probation.
22. While a resident may appeal the RPC decision for probation, they are required to undertake the probation plan pending the results of the Appeal. Failure to do so will result in their being excused from training for the duration of the appeal process.
23. Evaluation procedures for the period of probation must be similar to those used for all residents in all rotations, though they may be more intensive and focused.
24. At the end of probation, the Program Director, after review by the Program’s Residency Program Committee, must complete a Final Probation Outcome form and inform the resident, in person and in writing, as to the results and recommendations of the probation.
25. A resident may receive credit for training which is successfully completed during a period of probation as decided by the RPC.
26. If a resident fails probation they will be placed in their home program pending the deliberations of the RPC. The outcome of the probation must be ratified by the Associate Dean (PGME) or delegate.