PGME Minimum Standards¹: Resident In-Training Assessment Reports (ITARs) and In-Training Evaluation Reports (ITERs)

OVERVIEW:
The following roles for the ITAR and ITER are consistent with the requirements outlined in the Guidelines for the Assessment of Postgraduate Residents of the Faculty of Medicine at the University of Toronto².

- ITARs and ITERs sit within a program of assessment
- ITARs and ITERs are linked to the program of assessment (e.g. goals and objectives, rotation plans, Required Training Experiences (RTEs), and Entrustable Professional Activities (EPAs))
- ITARs and ITERs are completed at defined intervals, such as at the end of a rotation or as per progress review timelines, and at least every 6 months
- ITARs and ITERs are part of a transparent approach to monitor resident progress and enable learner handover
- Prompt flags for unacceptable performance enables prompt follow-up related to performance gaps.

STANDARDS:
1. ITARs and ITERs must be integrated as one assessment method within the residency programs’ in-training evaluation system, which must:
   a. be based on the goals and objectives and/or curriculum map for the program,
   b. clearly identify the methods by which residents are to be evaluated³, and
   c. clearly identify the level of performance expected of residents in the achievement of these objectives.⁴

2. ITARs should:
   a. reflect additional assessment items that are not captured in EPAs
   b. be of reasonable length (i.e. maximum of 20 items)
   c. reflect an explicit and integrated mapping to: rotation specific goals and objectives, Entrustable Professional Activities (EPA)s, Required Training Experiences (RTEs), and specialty specific competencies and graded

¹ The ITAR guidelines apply to programs when they formally implement Competence by Design (CBD). Other programs may use either the ITER or ITAR guideline.
³ General Standards of Accreditation for Residency Programs, v. 1.1, July 2017: 3.4.1.1 & 3.4.1.2
⁴ General Standards of Accreditation for Residency Programs, v. 1.1, July 2017: 3.1.4.3
responsibility (i.e. appropriately varying expectations between years of training and/or development from junior to senior trainees).

3. ITERs should:
   a. Be of reasonable length (max 20 items)
   b. Reflect an explicit and integrated mapping of:
      i. rotation specific goals and objectives different practice contexts (i.e. patient populations, clinical/practice, settings)
      ii. graded responsibility (i.e. appropriately varying expectations between years of training and/or development from junior to senior trainees)

4. ITARs and ITERs should be coded with items pertaining to the CanMEDs framework.

5. All ratings items will be on a 5-point scale with appropriate anchors\(^5\) or yes/no items\(^6\).
   a. Each scale will provide clarity on what is an acceptable level of performance and what rating indicates a need for improvement.
   b. The use of numbers is not required on the form.
      i. Where questions use a 5-point numerical scale, 1 will be the lowest and 5 will be the highest
      ii. Where there is a descriptive 5-point scale, the left most anchor will be the lowest and the right most anchor will be the highest
   c. Numbers will be employed for statistical and summary purposes.

6. All forms will have 1 item that serves as the overall global performance item.
   a. This overall item will be rated on a 5-point scale
   b. Where items use a 5-point numerical scale, 1 will be the lowest and 5 will be the highest
   c. Where there is a descriptive 5-point scale, the left most anchor will be the lowest and the right most anchor will be the highest
   d. This item will stand alone from other general performance questions and for systems in which the ITAR or ITER is the single definitive assessment tool for a rotation be considered the definitive score for global evaluation analysis
   e. The scale will provide clarity on what is an acceptable performance and what rating indicates a need for improvement.

7. Any unacceptable rating on the ITAR or ITER will trigger a flag for the Program Director or their designate.

8. All ITARs will have a section where the residents will indicate they have seen the ITAR and also have the opportunity to provide comments.

\(^5\) Non-ratings questions would include questions such as the number of procedures performed, yes/no questions, and all others where the user is not asked to rate or evaluate using a set of values and anchors

\(^6\) Approved, POWER Steering Committee, Nov 2008
Appendix 1: SAMPLE ITAR TEMPLATE

<<PROGRAM ABBREVIATION>> ITAR for << PROGRAM NAME – NAME OF Rotation >>

<<Select which assessments were to be completed in this rotation; add any that are missing>>

The appropriate assessments were completed during this rotation (e.g. <<EPAs, procedure logs, chart documentation assessment, MSF, rounds>>)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>In Progress</th>
<th>Not Applicable</th>
</tr>
</thead>
</table>

<<Choose one set of descriptors from the end of this template. That set of descriptors will then be used for all the ITERs/ITARs for the Program>>

3 or more is acceptable

<<Insert the goals from Rotation Plan as those are what will be assessed on this rotation>>

<table>
<thead>
<tr>
<th>IN THIS PROGRAM NAME–ROTATION NAME ROTATION</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

<<Wording to be modified to match the focus of the rotation. ALL roles to be included >>

PROGRESS IN TRAINING – Learner handover

| 1. MEDICAL EXPERT COMPETENCIES including: Early clinical activities with adults | Acceptable |
| 2. COMMUNICATOR COMPETENCIES including: Establishes a therapeutic relationship with patients and communicates well with family. Provides clear and thorough explanations of diagnosis, investigation and management. Demonstrates empathy and sensitivity. | Yes | No |
| 3. COLLABORATOR COMPETENCIES including: Establishes good relationships with peers and other health professionals. Effectively provides and receives information. Handles conflict situations well. | Yes | No |
| 4. LEADER COMPETENCIES including: Carries out appropriate clinical services in the context of limited resources, limited expected lengths of stay, and limited time available for the resident. | Yes | No |
| 5. HEALTH ADVOCATE COMPETENCIES including: Supports health of patients/families by appropriate referrals, support and information on health maintenance, lifestyle, community/home resources | Yes | No |
| 6. SCHOLAR COMPETENCIES including: Effectively uses evidence in day to day clinical work. Reads around cases and is knowledgeable about own patients. | Yes | No |
| 7. PROFESSIONAL COMPETENCIES including: Demonstrates a commitment to excellence in clinical care and personal ethical conduct. Exhibits proper professional behaviour. | Yes | No |
| 8. The resident is on an appropriate trajectory for this point in training | Yes | No |
| 9. Are there any areas that need focused work in the next rotation? (If yes, please describe) | Yes | No |

OVERALL RATING (performance related to this educational experience)

Select options from ITAR OVERALL RATING Labels and Descriptors

<<Open text fields>>

Feedback & Comments

Describe Strengths

Actions or Areas for Improvement

Other Comments

Options for Overall Rating
A. ITAR OVERALL RATING Labels and Descriptors

**ITAR Label OVERALL RATING Options**
- Select one set of labels, *to be inserted* in the ITAR.
- The same set of labels will be used for *all* the ITARs for the Program.
- *NOTE:* 3 or more is acceptable

1. **Label Option 1**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fails to Meet Essential Competencies</td>
<td>Meets Essential Competencies</td>
<td>Demonstrates Enhanced Competencies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. **Label Option 2**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Below Expectations For Training Level</td>
<td>Meets Expectations For Training Level</td>
<td>Exceeds Expectations For Training Level</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. **Label Option 3**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unsatisfactory</td>
<td>Solid performance</td>
<td></td>
<td>Superior</td>
</tr>
</tbody>
</table>
B. **ITAR Descriptor** Options

**ITAR Descriptor** Options
- Select one set of labels, to be inserted in the ITAR.
- The same set of labels will be used for all the ITARs for the Program.
- **NOTE:** 3 or more is acceptable score

1. **Descriptors Option 1**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Quality of performance in many aspects is lower than expected for trainees in this postgraduate level;</td>
<td>Quality of performance is consistent with expectations for trainees in this postgraduate level</td>
<td>Quality of performance is outstanding and consistently exceeds expected for trainees in this postgraduate level</td>
<td>Performance is consistent with educational objectives.</td>
<td>Performance consistently exceeds levels of proficiency defined by the education objectives.</td>
</tr>
<tr>
<td>2.</td>
<td>Deficiencies are extreme and will not be remediable within the regular program.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. **Descriptors Option 2**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Below the minimally acceptable level for a trainee at this postgraduate level in the specified practice context (i.e., patient population, learning environment, practice setting).</td>
<td>Demonstrates a solid understanding of the issues, interpretation of problems and basic implementation of solution(s)</td>
<td>Demonstrates ease and efficiency in handling common, straightforward as well as increasingly complex situations and presentations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Does not know limits or ask for assistance when needed</td>
<td>Does what is expected.</td>
<td>Demonstrates excellence in his or her understanding of the issues, ability to interpret problems and implement solutions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Not responding to feedback</td>
<td>Handles common or straightforward situations and presentations competently.</td>
<td>Exceeds the benchmark for competent performance at the training level</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. **Descriptors Option 3**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Below the minimally acceptable level for a trainee at expected training level in the specified practice context (i.e., patient population, learning environment, practice setting).</td>
<td>Demonstrates a solid understanding of the issues, interpretation of problems and basic implementation of solution(s)</td>
<td>Demonstrated ease and efficiency in handling common, straightforward as well as increasingly complex situations and presentations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Does not know limits or ask for assistance when needed</td>
<td>Does what is expected.</td>
<td>Demonstrated excellence in his or her understanding of the issues, ability to interpret problems and implement solutions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Not responding to feedback</td>
<td>Handles common or straightforward situations and presentations competently.</td>
<td>Exceeds the benchmark for competent performance at the training level</td>
<td></td>
<td></td>
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</tbody>
</table>
4. **Descriptors Option 4**

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</thead>
</table>
| • Does not know limits or ask for assistance when needed  
  • Not responding to feedback  
  • Lacks flexibility | • Improved with minor intervention/attention  
  • Solid, teachable resident, improves with instruction  
  • Knowledge or skills in certain areas need modest development  
  • Adaptable | • Proactively initiates development and improvements  
  • Dynamic learner, synthesizing beyond training level and improves the performance of other team members  
  • Responsive and reflective in enabling effective outcomes patients, team and self  
  • Anticipates what is needed. |

5. **Descriptors Option 5**

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<tr>
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<th>2</th>
<th>3</th>
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<th>5</th>
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</thead>
</table>
| • Overall unacceptable performance for level of training  
  • Did not meet the accepted benchmark for competent performance at level of training in the required competencies  
  • Significant and/or multiple performance deficits  
  • Unacceptable knowledge or skills in understanding of the issues, to interpret or manage common problems | • Meets accepted benchmark for competent performance for level of training  
  • Meets the essential requirements for a trainee at training level  
  • Performance meets expectations in handling common or straightforward situations and presentations in day-to-day practice | • Knowledge or skills superb in most/many areas  
  • Performs very well with minimal guidance or instruction  
  • Performs well beyond level of typical resident  
  • Skillful performance  
  • Few or no areas of weakness demonstrated |

6. **Descriptors Option 6**

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<th>5</th>
</tr>
</thead>
</table>
| • Underachiever  
  • Really needs improvement  
  • Unsafe and/or dangerous actions.  
  • Not trustworthy | • Solid, dependable  
  • Strong resident | • Exemplary  
  • High performer  
  • Outstanding resident |