Postgraduate Medical Education
UNIVERSITY OF TORONTO

PGME MINIMUM standards for Resident In-Training Evaluation Reports (ITERs)

1. 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 of the program,
    b. clearly identify the methods by which residents are to be evaluated, and
    c. clearly identify the level of performance expected of residents in the achievement of these objectives.[1]

2. ITERs should:
    a. Be of reasonable length[2]
    b. Reflect an explicit and integrated mapping[3] of
        i. rotation specific goals and objectives,
        ii. different practice contexts (i.e. patient populations, clinical/practice, settings)
        iii. graded responsibility (i.e. appropriately varying expectations between years of training and/or development from junior to senior trainees)
        iv. Allow some flexibility to incorporate program and environment specific design.

3. All ratings[4] questions will be on a 5-point scale with appropriate anchors. The anchors will be designed such that:
    a. The anchor with value 1 will be the lowest or worst ranking
    b. The anchor with value 5 will be the highest or best ranking,[5]
    c. A rating of 3 or more is a pass (i.e. less than 3 is a failure for that item)

4. All forms will have 1 question that serves as the overall global performance question
    a. This question will be rated on a 5 point scale (with 1 being the lowest or worst ranking and 5 being the highest or best ranking) that follows the rules set out in point #1
    b. This question will stand alone from other general performance questions and be considered the definitive score for global evaluation analysis
    c. A rating of less than 3 is a failure of the experience

5. ITER forms should be coded with questions pertaining to the CanMEDs roles.
    a. Each CanMEDs role should appear on at least 1 ITER form in your program per training level.

Approved:
PGMEAC, April 27, 2012

NOTES to PGME MINIMUM standards for Resident In-Training Evaluation Reports (ITERs)

1 Adapted from Standard 6.1, General Standards Applicable To All Residency Programs, January 2011).

2 As it is important to have many ITERs completed (i.e. multiple raters to increase reliability of ratings) when designing ITERs it is essential they are as brief as possible. Faculty are more likely to complete a form that will take 3-5 minutes than a longer form. In a 2010 PGME study of completion rates on Teacher Effectiveness Scores (TES) showed a correlation between length of form and completion. That study suggests that the ideal length in those situations is 6 ratings; that good completion rates are possible with 7-12 ratings; and that over 12 ratings have a poor completion rate.

3 The residency programs' in-training evaluation system should be documented in detail. This documentation provides clarity of expectations for faculty, residents and the program. While the whole program MUST cover each CanMEDS role over the course of the residency program, it is *not* recommended that all of the 7 roles are included each rotation/training block. Rather, each rotation or training block should select on 2 or 3 roles (i.e. including Medical Expert) so that for those 2 or 3 roles can be the focus of specific clinical learning/teaching/evaluation. A 'best practice' in program documentation is the use of a program curriculum map where each rotation or training block explicitly outlines the 2 or 3 roles (i.e. including Medical Expert) where there will be specific clinical learning/teaching/evaluation and the integrated plan across the residency program is clearly articulated. Based on the 'mapping' ITERs can also focus on those 2 (or 3 roles), each with 2-4 ratings. The other roles would be monitored on the ITER through the inclusion of 1 criterion each.

4 Non-ratings questions would include questions such as the # 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

5 Approved, POWER Steering Committee, Nov 2008