



Postgraduate Medical Education

Resident Assessment Policy:

EVALUATION, PROMOTION, REMEDIATION, PROBATION, & DISMISSAL

INTRODUCTION

This document outlines the principles governing the evaluation, promotion, remediation, probation, and dismissal of residents in all postgraduate residency programs at the University of Calgary. Residency programs may have additional program-specific policies for resident assessment and promotion. All residents must be given a copy of, or access to, this document as well as any program-specific documents relating to assessment when they enter a postgraduate program.

Any responsibility of the Program Director found in this document may be delegated to an appropriate faculty member. Committees responsible for residency programs are herein referred to as "Residency Program Committees" (RPCs). However, "Residency Education Committees" (RECs), "Residency Training Committees" (RTCs) and "Residency Program Training Committees" (RPTCs) are acceptable equivalent terms in use by some programs. Any RPC duty described herein may be delegated to an appropriate RPC subcommittee.

In Training Evaluation Reports (ITERS) are described as "preceptor ITERS" (completed by individual preceptors based on their experience with a resident on a rotation), "mid-rotation ITERS" (collated, formative evaluations completed partway through a rotation when required by this policy), and "overall rotation ITERS" (collated, summative [pass/fail] evaluations completed at the end of a rotation).

THE EVALUATION PROCESS

Residents must receive regular feedback on their performance and progress. Individual programs will use various tools and explicit criteria to assess residents as Medical Experts (including technical skills), Communicators, Collaborators, Managers, Health Advocates, Scholars, and Professionals that may include direct observation, formal examinations, courses, and other methods. Evaluations must be based on goals and objectives and take into account the PGY level of the resident. Residents must be informed in advance of the program's performance expectations.

Disclosure

It is essential that everyone associated with a residency program maintain appropriate professionalism and confidentiality regarding any problems that residents are experiencing. However, tailoring the resident's experience appropriately, addressing individual resident's needs, ensuring patient safety, and meeting other goals of postgraduate medical education may require carefully considered disclosure of a resident's performance deficiencies. Therefore, with due cause, Program Directors may exercise their discretion in informing preceptors and/or other appropriate educational leaders of a resident's difficulties and individualized goals. Such disclosure does not and should not imply harmful interference or bias in the evaluation of the resident, but rather, adherence to sound educational principles and the goal of enhancing the resident's opportunities to succeed. This requires the application of discretion, professionalism, compassion, and the use of objective criteria for evaluation. Preceptors who are not able to provide unbiased evaluations should excuse themselves from the formal evaluation process. When remediation or probationary rotations are done off-service, at a minimum, the off-service Program

Director must agree to provide the rotation, be informed of the resident's status, and be provided with a copy of the Remediation Program or Probation Letter.

Evaluation Requirements

The primary tool for final evaluation of a resident rotation is the overall rotation evaluation that is completed at the end of a rotation (rotation ITER). In addition to the rotation ITER, frank, accurate, and timely assessments must be provided to residents during their rotations. This includes informal face-to-face evaluation and feedback given frequently throughout rotations by individual preceptors, preceptor ITERs, and in many cases mid-rotation evaluations. Feedback should be specific and include both strengths and deficiencies, with advice and assistance for improvement provided even for residents who are doing well. Every resident, regardless of their performance or length of rotation must receive in-person feedback and advice from the Program Director at least once in each academic year.

The Program Director and the resident must sign all mid-rotation and overall rotation ITERs. The resident's signature on an evaluation does not indicate that the resident necessarily agrees with its content. It is the combined responsibility of the resident, the preceptors, and the Program Director to ensure that overall rotation ITERs are completed within FOUR WEEKS of completion of a rotation. The individual resident will not be present at the RPC meeting during which his or her evaluation is being discussed. This applies to RPC discussions of overall rotation ITERs, promotion, Remediation Programs, Probation, and dismissal. RPC resident representatives may be present or be excused at the discretion of the RPC during the discussion of other residents' assessments.

1. Informal Evaluation and Feedback: There must be an ongoing dialogue with the resident about his or her performance and progress through informal feedback that is given as part of the day-to-day course of rotations. The frequency of this activity will range from daily to every two weeks at the program's discretion. Constructive recommendations for improvement and correction of minor performance deficiencies are part of this process. Documentation of this informal process is required in the case of significant performance deficiencies or conflicts. Preceptors must inform the Program Director of any resident demonstrating a significant performance deficiency in a timely manner.
2. Preceptor ITERs: Individual preceptor ITERs are completed according to the policies of the individual programs.
3. Mid-rotation Evaluations (mid-rotation ITERs): For all residents on any rotation of 12 weeks or longer, there must be a documented in-person formative evaluation done by at least one preceptor or the Program Director (ideally mid-rotation) in addition to the summative (pass/fail) overall rotation ITER that is completed at the end of the rotation.

For rotations of less than 12 weeks, formative mid-rotation evaluations are required for any resident who:

- i. has demonstrated a performance deficiency in the current rotation;
- ii. has demonstrated a performance deficiency on any rotation within the past 3 months;
- iii. is on a Remediation Program;
- iv. is on Probation.

The Program Director will insure that a mid-rotation evaluation is done when indicated. Residents are expected to address deficiencies identified on mid-rotation evaluations in order to pass the overall rotation ITER.

For all other residents on rotations of less than 12 weeks, a formative mid-rotation evaluation is strongly encouraged but is not an absolute PGME requirement.

4. Overall Rotation Evaluations (rotation ITERs): Each program defines the length of its rotations. An overall rotation evaluation must be completed for each resident within FOUR WEEKS of completion of

each rotation. The Program Director is responsible for collating rotation evaluations, including reports from the individual preceptors (preceptor ITERs) who have had exposure to the resident during the rotation, and any mid-rotation ITERs. The faculty member completing the overall rotation ITER may or may not have worked with the resident personally. The Program Director is obliged to advise preceptors regarding any program policies and processes for the completion of preceptor ITERs. In completing the overall rotation ITER, the program may allow that differential weighting be given to preceptors' input, depending on factors such as the length and type of exposure to the resident, type of activity, and other factors at the discretion of the RPC. For this reason, a resident can fail a rotation due to a single or small number of negative preceptor evaluations, even when the remainder are positive. In the case of programs using daily evaluations or multiple types of evaluation, there must be a defined process for collating these into the overall rotation evaluation. Programs must have clear policies as to which preceptors are to complete which evaluations and these policies must be clearly communicated to residents.

An in-person discussion of the overall rotation evaluation is recommended for all residents within FOUR WEEKS of completion of the rotation, and is required if performance deficiencies were identified during the rotation, and/or when a resident fails the rotation.

5. Other Types of Evaluation: Programs may also use types of evaluation other than ITERs that may be unrelated to specific rotations. These may include examinations, courses, logbooks, portfolios, and others at the discretion of the RPC. While these evaluations may not have a direct impact on any rotation ITER, the results will be included in the resident's file and may be included in assessments and RPC decisions regarding promotion, Remediation Programs, Probation, and dismissal.

PROMOTION

A resident will be promoted to the next PGY level when the resident has met the expectations of the preceding PGY level, including rotations and any other program-specific criteria. The program must approve each resident's promotion to the next PGY level (or completion status) annually. For residents having a promotion/completion date that is not June 30 (such residents are referred to as being "off-cycle"), the date must be explicitly communicated to the resident and the Postgraduate Medical Education (PGME) Office. The resident's pay level and PGY level will advance on that date annually, provided confirmation is received in the PGME Office.

WHEN A RESIDENT FAILS A ROTATION

A failed rotation is indicated by an overall rotation evaluation of "marginal", "borderline", "inconsistently" or "partially meets expectations for level of training", "unsatisfactory", "does not meet expectations for level of training" or an ITER score of "1/5" or "2/5". It should be noted that all of these terms indicate a failed rotation. A resident must be advised of a failed rotation within FOUR WEEKS of rotation completion. A resident cannot be failed on a rotation if a mid-rotation evaluation was not provided.

When a resident fails a rotation, the evaluation must be discussed in-person with the resident by the Program Director and reviewed by the home RPC to determine if action is required such as a Remediation Program and/or a repeated rotation.

When the resident fails one rotation and passes all others within a PGY level, the RPC may promote the resident to the next PGY level, but the resident can be required to repeat the failed rotation using elective time or scheduled rotations. This would not normally require an extension of training or a change in the promotion or graduation date.

When the resident fails two or more rotations within a 12-month period, the resident must be formally reviewed by the RPC with consideration given to placing the resident on Probation.

REMEDIATION PROGRAMS

A Remediation Program is a formal program of individualized educational support, assessment, and monitoring designed to assist a resident in correcting an identified performance deficiency.

A Remediation Program is required when informal feedback and support have not been fully effective in correcting a performance deficiency or when a resident has failed a rotation or significant program-specific requirement.

A resident with personal or medical factors that are causing or contributing to performance deficiencies must bring this to the attention of the Program Director and take a leave of absence until deemed fit to return to residency by the appropriate caregiver. When there are personal or medical issues present but not interfering with the resident's ability to meet the objectives of the Remediation Program, the resident may be allowed to continue but can be required by the program to seek assistance for personal or medical factors during the remediation period. Reports from the caregiver regarding compliance, engagement, and progress with personal or medical issues will be required by the Program Director as part of the Remediation Program.

When nonclinical and/or non-Medical Expert remediation is required, this will normally be included within scheduled rotations. However, if special circumstances warrant it, this type of remediation can be done during a paid leave of absence on the recommendation of the Program Director with approval by the Associate Dean, PGME. In this case an extension of training will be required. The policies for leaves of absence will apply to such leaves, and waivers of training are not permitted. A letter from the appropriate source indicating compliance, engagement, and progress with the remedial activity will be required by the Program Director as part of the Remediation Program.

Process for Remediation Programs

The Program Director must meet with the resident to discuss the Remediation Program. The Remediation Program must be documented in a letter sent to the resident and copied to the Associate Dean, PGME.

1. The Remediation Program must include:
 - a statement of the performance deficiencies that have been documented,
 - the learning experiences and other supports that will be provided to assist the resident to address these performance deficiencies,
 - any special reporting requirements,
 - the objectives of remediation,
 - how the resident will be evaluated to determine that the objectives have been accomplished,
 - a tentative (nonbinding) statement regarding the resident's promotion date, whether unaltered, or delayed due to a requirement for an extension of training (see #2 below). It is understood that in some cases this decision cannot be made until remediation has been successfully completed.
2. Any anticipated change in promotion date implies an extension of training and therefore must be approved by the Associate Dean, PGME. Waivers of training do not apply to such extensions.
3. A Remediation Program may include repeating rotations or program-specific requirements at the discretion of the RPC. Rotations will be chosen primarily for educational reasons. In addition to remedial clinical rotations, nonclinical remedial activities may be required of the resident.
4. The Remediation Program must be approved by the RPC.
5. The location of rotations during remediation will be determined by the RPC. Usually such rotations will be arranged at University of Calgary sites. Remedial rotations outside University of Calgary sites

will only be allowed in exceptional circumstances and must have prior approval from the Associate Dean, PGME. During remediation, rotations will normally be in the home program and the resident will not do elective rotations. However, when circumstances require an off-service remediation rotation, as noted above under Disclosure, *“When remediation or probationary rotations are done off-service, at a minimum, the off-service Program Director must agree to provide the rotation, be informed of the resident’s status, and be provided with a copy of the Remediation Program or Probation Letter.”*

6. The resident is expected to comply with the Remediation Program. Failure to do so is grounds for dismissal.
7. A resident who is on a Remediation Program is expected to focus on the performance deficiencies that have been identified. Other program requirements (such as research presentations) may be suspended during the remedial period.

PROBATION

Probation is similar to a Remediation Program (a formal program of individualized educational support, assessment, and monitoring designed to assist a resident in correcting an identified performance deficiency) but with the requirement that the resident must demonstrate sufficient improvement in order to be allowed to continue in the residency program.

A resident who has failed two rotations must be considered for Probation by the RPC. Probation consists of three, four-week blocks of time, during which the resident will receive close monitoring of performance and progress.

A resident with personal or medical factors that are causing or contributing to performance deficiencies must bring this to the attention of the Program Director and take a leave of absence until deemed fit to return to residency and Probation by the appropriate caregiver. When there are personal or medical issues present but not interfering with the resident’s ability to meet the objectives of the probationary period, the resident may be allowed to continue but can be required by the program to seek assistance for personal or medical factors during the probationary period. Reports from the caregiver regarding compliance, engagement, and progress with the personal or medical factors will be required by the Program Director as part of the Probation.

While the program’s assistance, educational support, and close monitoring will be in place during this time, the purpose of Probation is for the resident to demonstrate his or her ability to improve performance to the level necessary to continue in the program. A resident who fails Probation will be dismissed from the program.

Process for Probation

The Program Director must meet with the resident to discuss the Probation. The Probation must be documented in a letter sent to the resident and copied to the Associate Dean, PGME.

1. The Probation Letter must include the following which may be an adaptation of a Remediation Program if one was in place:
 - a statement of the performance deficiencies that have been documented,
 - the learning experiences and other supports that will be provided to assist the resident to address these performance deficiencies,
 - any special reporting requirements,
 - the objectives of Probation,
 - how the resident will be evaluated to determine that the objectives have been accomplished,

- a tentative (nonbinding) statement regarding the resident's promotion date if Probation is successful (see #2 below). It is understood that in some cases this decision cannot be made until Probation has been successfully completed.
2. An extension of training is usually required after successful Probation unless the resident was able to use either elective time or scheduled rotations for the probationary rotations and still fulfill the requirements of the current PGY level. The approval of the Associate Dean, PGME is required for any extension of training. Waivers of training do not apply to such extensions.
 3. Probation may include repeating rotations or program-specific requirements at the discretion of the RPC. Rotations will be chosen primarily so that the resident's ability to continue in the program can be assessed. In addition to performance on rotations, a demonstration of adequate non-Medical Expert competencies to continue in the program may also be required of the resident.
 4. Probation must be approved by the RPC.
 5. Probationary rotations must be arranged at University of Calgary sites. During the probationary period, rotations will be in the home program and the resident will not normally do elective rotations. However, when circumstances require an off-service probationary rotation, as noted above under Disclosure, *"When remediation or probationary rotations are done off-service, at a minimum, the off-service Program Director must agree to provide the rotation, be informed of the resident's status, and be provided with a copy of the Remediation Program or Probation Letter."*
 6. Failure to comply with Probation requirements is grounds for dismissal.
 7. A resident may not transfer to another program while on Probation.
 8. Time taken for vacation or a leave of absence for personal or medical reasons, will not be counted as part of the probationary period.
 9. In exceptional circumstances, and for specified reasons, if recommended by the RPC and approved by the Associate Dean, PGME, the probationary period may be extended to a second period of three four-week blocks. The maximum probation period shall not normally exceed six, four-week blocks.

Evaluation during Probation

1. The general evaluation policies outlined in this document apply during Probation. In addition, the resident must be evaluated, in writing, at the end of each four-week block of the probationary period. Although up to a FOUR-WEEK delay is normally allowed, programs should endeavor to provide probationary rotation evaluations as soon as possible after the completion of each block. It is understood however that completion of probationary evaluations may require the convening of groups of preceptors and/or committee members, making a four-week delay unavoidable. In such cases, the resident should be informed of the date that he or she can expect to receive the evaluation.
2. The resident must meet with the Program Director to review the evaluation of each block while on Probation.
3. The RPC must convene to determine the overall outcome of the Probation within FOUR WEEKS of completion.
4. IN THE INTERIM: If Probation was clearly successful based on the predefined criteria, then the resident will be provided with scheduled rotations while awaiting formal notification. If Probation was not successful based on the predefined requirements, or if the success of Probation requires the judgment of the RPC, then the resident will NOT be provided any scheduled rotations. In this case the resident will be on an unpaid leave of absence until the RPC has delivered its decision.
5. Upon successful completion of Probation, the resident must be notified in writing. The letter must include the following and a copy must be sent to the Associate Dean, PGME:

- i. that Probation is completed and the resident has returned to satisfactory standing in the training program;
 - ii. whether any further remediation is required;
 - iii. of the resident's promotion date.
6. Upon unsuccessful completion of the probationary period, the RPC will convene to discuss the formal dismissal of the resident.

DISMISSAL

If a resident fails two rotations during Probation then the resident will be dismissed from the program by the RPC. The RPC must convene in order to formally discuss the decision. This decision is not made until the resident has completed the full probationary period, even in the case of failing the first two rotations. A resident on Probation will also be dismissed if specific goals of Probation (as stated in the Probation Letter) are not met.

Failure of a resident to comply with a Remediation Program is also grounds for dismissal.

The resident must be advised by the Program Director, in writing, of the decision for dismissal and the reasons for the decision. A copy of the Dismissal Letter must be sent to the Associate Dean, PGME. The resident should be advised of the right to appeal and directed to the appeal policies. When a resident is dismissed, he or she must immediately surrender all Alberta Health Services property such as ID badges, pagers, etc., and electronic access, therefore the regional liaison office will be notified at once, by the PGME Office of any dismissals.

Other Grounds

The process described above outlines the grounds for dismissal from residency on the grounds of performance deficiencies. There may be other grounds, such as criminal, academic, or professional misconduct that warrant dismissal or immediate suspension.

Approved by PGME Committee - February 2005

Revision approved by PGME Committee – November 20, 2009