



## EM Resident Assessment Policy

<b>Category:</b>	Appointments, Curriculum, Assessments and Promotions
<b>Responsibility:</b>	Royal College Emergency Medicine Program Director
<b>Approval:</b>	Emergency Medicine Residency Program Committee
<b>Date:</b>	Date initially approved: May 2023 Date reformatted or revised: June 20, 2023

### Purpose:

To outline the principles and process of assessment, promotion, remediation, probation, suspension and dismissal of Emergency Medicine Residents.

### Principles:

Assessment is based on the Residents' attainment of specific objectives and competencies. Competencies are assessed over time, by multiple assessors and in multiple contexts.

Assessment includes identification and use of appropriate assessment tools tailored to specific CanMEDS competencies within the training experience, with emphasis on direct observation, whenever possible.

Residents are expected to receive regular, timely and meaningful (narrative, actionable and concrete) feedback on their performance.

Assessment of Residents occurs in an open collegial atmosphere that supports and encourages active participation and self-reflection on the part of the Resident.

Assessment of Residents and the assessment documents are confidential. Access should be restricted to the Program Director, any individual or committee making promotion decisions, external certification and licensing bodies, and the Resident herself/himself.

### Definitions:

**Academic Year** typically commences July 1 and finishes June 30. On occasion a Resident may be out of phase at start or finish.

**Academic Advisor (AA)** is a Faculty member who is responsible for coaching and guiding their assigned Resident(s) during their progression through residency training; including regular meetings with Resident(s) to conduct summative reviews of progress and facilitate creation and implementation of individualized learning plans, and reporting to the Competence Committee.

**Assessment** refers to the methods used to measure and document the competency, learning progress and skill acquisition of Residents throughout residency training.

**Associate Dean, Postgraduate Medical Education (PGME)** the senior Faculty officer responsible for overall conduct and supervision of Postgraduate Medical Education within the Faculty in the College of Medicine. The Associate Dean, PGME reports to the Vice-Dean, Medical Education.

**Competence** refers to the array of attributes across multiple domains or aspects of physician's performance in a given context. It is dynamic, multi-dimensional and changes over time.

**Competence Committee (CC)** is a subcommittee of the Residency Program Committee which is responsible for assessing the progress of Residents in achieving the specialty-specific requirements of the program. It reports to the Residency Program Committee and monitors progress of each Resident, reviews and synthesizes qualitative and quantitative assessment data at each stage of training.

**Dismissal** is the termination of the Resident's appointment with the residency training program for academic or professional reasons.

**Enhanced Learning Plan** is an informal individualized learning plan intended to guide the Resident toward successful attainment of competencies.

**Entrustable Professional Activity (EPA)** is a key task of a discipline that an individual can be trusted to perform without direct supervision in a given health care context, once the individual has demonstrated sufficient competence, and typically integrates several milestones.

**Milestone** is an observable marker of an individual's ability along the Competence Continuum.

**Observer** refers to the individual responsible for documenting their observations of a Resident's performance conducting specific procedure, milestone or EPA. Observers are faculty members or other healthcare professionals, where appropriate.

**Probation** is a formal modification of residency training to address specific identified weaknesses and where the extent of those weaknesses is such that the Resident's ability to continue training is, or is likely to be, significantly compromised. Probation is typically preceded by remediation.

**Program** is the Royal College of Physicians and Surgeons of Canada (RCPSC) Emergency Medicine accredited Residency Training Program at the College of Medicine.

**Program Director** is the Faculty member most responsible for the overall conduct of the Emergency Medicine Residency program in a given discipline and responsible to the Head of the Department and to the Associate Dean, PGME in accordance with the criteria of the RCPSC. Responsibilities of the Program Director can also apply to the responsibilities of the Site Director in distributed programs.

**Postgraduate Medical Education (PGME) Office** refers to the Associate Dean, PGME and the administrative personnel who are responsible for coordination and administration related to the oversight of the residency training programs.

**Remediation** is a period of targeted training with a Resident where the focus is on area(s) where the Resident is experiencing difficulties or is demonstrating lack of skills or knowledge, and where such difficulties are significant but potentially remediable.

**Residency Program Committee (RPC; synonym Residency Training Committee)** oversees the planning for the residency training program and overall operation of the program to ensure that all requirements as defined by the national certifying college are met; this includes selection of Residents, assessment and promotion of Residents, assessment of the rotational components/learning experiences of the program and individual clinical supervisors, program evaluation and curriculum development, and other tasks defined in the B 1.3 standard of the General Standards Applicable to All Residency Programs.

**Resident** refers to postgraduate medical trainee enrolled in the RCPSC Emergency Medicine Residency Program.

**Rotation** (or learning experience) means the period of time a Resident is assigned to clinical or research service, for which there are specifically defined learning objectives. The duration of a rotation/learning experience is defined by the residency training program, and may be measured in blocks.

## **Scope of this Policy:**

This policy applies to Residents in the Royal College Emergency Medicine Residency Training Program.

## **Policy:**

This policy adheres to the [Resident Assessment Policy](#) of the PGME office.

**Assessment:** The University of Saskatchewan RCPSC EM Program has created an assessment standards document that outlines the minimum training and assessment requirements for residents in each stage of training. This document is provided to residents at the beginning of their training. Residents are responsible for tracking their requirements/assessments and submitting data prior to scheduled competence committee meetings for the committee to review.

**Progress/Promotion:** Each resident will meet with their Academic Advisor 3 times per year before the Competence Committee meeting to discuss their self-assessment (includes previous and upcoming blocks, longitudinal rotations completed, courses done, challenges and goals, wellness check-in). The advisor fills in EPA TTP7 - Developing Personal Learning Plans. The competence committee will meet 5 times per year plus ad hoc meetings as needed. Each resident will be reviewed 3 times a year. The committee will use diverse assessment data (as outlined in the program's assessment standards document) from multiple sources - self-assessment forms, EPAs, narratives, and exam performance, which will be displayed on the locally developed dashboard that has been built into the learning management system, Elentra. At the competence committee meeting, the reviewer will present on the resident, makes a recommendation of the resident's status (i.e. progressing as expected, remain in Foundations) and the committee will discuss and vote. Resident statuses will be updated in Elentra. If there is any change in status this is sent to the PGME Associate Dean to approve.

The program director, associate program director of assessment and Regina site director will meet with residents to discuss their competence committee reviews and progress. This information will be shared with their AA and longitudinal supervisor to monitor learning plans.

At the next Residency Program Committee meeting, a resident statuses report compiled by the Competence Committee Chair will be circulated to the RPC voting members only. The CC Chair will present on the resident statuses report to the RPC voting members. After discussion, voting will take place to approve or not approve the statuses. If quorum is not achieved at the RPC meeting, an emailed vote will take place.

**Accelerated Learning Plan:** If a resident is deemed to be “progress is accelerated”, he/she/they will be placed on an accelerated learning plan. The program will follow the template laid out by the College of Medicine PGME office [See PGME Resident Assessment Policy under Resources].

**Enhanced Learning Plan:** If a resident is deemed to be “not progressing as expected”, he/she/they will be placed on an enhanced learning plan. The program will follow the template laid out by the College of Medicine PGME office [See PGME Resident Assessment Policy under Resources].

**Probation/Remediation:** If a resident is deemed to be “failure to progress”, he/she/they will be placed on probation or remediation. The program will follow the template laid out by the College of Medicine PGME office [See PGME Resident Assessment Policy under Resources]. Briefly this will involve the following: a written probation plan which clearly articulates the domains of the performance concerns-creation of a structure for the probation/remediation period: time period, preceptors, overall supervisor, mentor, learning

resources, assessment plan and performance standards.; and protected time for the resident to engage in all elements of the plan.

**Appeals:** The College of Medicine PGME office has a policy for residents to deal with unsatisfactory evaluations [Please see PGME Resident Appeal Policy under Resources]. The program does not have its own appeal policy.

## **Responsibilities:**

It is the responsibility of the Program to have written goals, objectives and competencies each Resident is required to attain at each stage of training, and on which the assessment process and progress in the program is based. Resident must be provided with these upon entering the program or when starting a different stage within the program. The policy is to be circulated to residents in advance of each CC review and brought for review before each RPC as needed.

Residents have the responsibility to familiarize themselves with the rules and processes governing assessment and promotion.

It is the responsibility of a Resident with a barrier to learning to request accommodation in a timely manner, if he or she feels that their performance in the program is or might be adversely affected by their disability.

## **Non-compliance:**

Instances or concerns of non-compliance with this policy should be brought to the attention of the Program Director, Emergency Medicine.

## **Resources:**

[PGME Resident Appeal Policy](#)

[PGME Resident Assessment Policy](#)

Emergency Medicine Resident Assessment Standards Document

## **Contact:**

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