Evaluation, Promotion and Appeals
Postgraduate Residency Programs
School of Medicine
Faculty of Health Sciences
Queen's University
September 2005
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Introduction

All residents who are enrolled in programs leading to certification with either the College of Family Physicians of Canada (CFPC) or the Royal College of Physicians and Surgeons of Canada (RCPSC) are registered as postgraduate students at Queen's University.

As such, they carry out their training responsibilities within a hospital, or other clinical education site to which they are appointed, at the level of training and in a manner befitting the profession as a whole and subject to university regulations and those of the hospital or other clinical education sites. The conditions governing the resident entering and remaining in the program are delineated in the letter of appointment which is a legally binding contract.

Regular In-Training Evaluation Reports (ITERs) are a necessary component of residency education in order to ensure that residents progressing through the programs acquire the necessary knowledge, skills and attitudes required of independent practicing physicians. Evaluations are necessary to assist the Residency Program Committee (RPC) in ensuring the systematic collection and interpretation of evaluation data on each resident in the program. Regular evaluations enable the resident to adjust their learning strategies to ensure that identified weaknesses in the ITER are addressed. Residency programs may use different strategies and techniques of evaluation.

The purpose of this document is to:

1. describe the evaluation process in place for all residency programs at Queen's University

2. provide the principles and guidelines for the remediation, probation, suspension, withdrawal of residents and the appeal mechanisms
Definitions

Academic Year - the academic year commences July 1 and finishes June 30. On occasion a resident may be out of phase and have a starting date other than July 1. Alternative start dates are September 1, January 1, and April 1.

Rotation - a period of time a resident is assigned to a clinical service, for which there are specific defined learning objectives, normally not shorter than 4 weeks and not longer than 6 months.

Clinical Supervisor - the most responsible staff physician to whom the resident reports during a given period of time for clinical problems (includes the staff physician on call for the service, when resident on call).

Rotation Supervisor - the member of faculty who has direct responsibility for the resident’s clinical academic program during the rotation (may be the Program Director in specialty programs, or Chief of Service for other rotations or delegate).

Program Director - defined by the RCPSC and CFPC as the university faculty member most responsible for the overall conduct of the residency program in a given discipline and responsible to the Head of the Department and to the Associate Dean for Postgraduate Medical Education at Queen's University.

Residency Program Committee (RPC) - the Residency Program Committee oversees the planning for the Residency Program and overall operation of the program to ensure that all requirements as defined by the national certifying college are met; this includes recruitment of residents, evaluation of residents, evaluations of the rotational components of the program including individual clinical supervisors.
Postgraduate Medical Education Committee (PGMEC) - a committee of Faculty Board, and is responsible for the conduct of postgraduate medical education.

Program - an accredited residency training program at Queen's University.

Associate Dean Postgraduate Medical Education - appointed by the Principal of Queen's University, is the faculty officer responsible for the overall conduct and supervision of postgraduate medical education within the faculty.

Senior Associate Dean Medical Education - appointed by the Principal of Queen's University, is responsible for all facets of medical education in the School of Medicine. The Associate Dean, Postgraduate Medical Education reports to the Senior Associate Dean, Medical Education.

Director School of Medicine - appointed by the Principal of Queen's University, and responsible for all activities of the School of Medicine. The Senior Associate Dean, Medical Education reports to the Director, School of Medicine.

Faculty - refers to the Faculty of Health Sciences, Queen's University at Kingston.

Royal College of Physicians and Surgeons of Canada (RCPSC) - the credentialing body for Postgraduate Medical Education for specialty education programs.

College of Family Physicians of Canada (CFPC) - the credentialing body for Postgraduate Medical Education for Family Medicine education programs.
**Requirements**

**A. Royal College of Physicians and Surgeons of Canada**

The Royal College defines its requirements in the "Blue Book" - General Standards of Accreditation. The section dealing with resident evaluations is extracted below;

**Standard B.VI: Evaluations of Resident Performance**

There must be mechanisms in place to ensure the systematic collection and interpretation of evaluation data on each resident enrolled in the program.

**Interpretation**

1. The in-training evaluation system must be based on the goals and objectives of the program and must clearly identify the methods by which residents are to be evaluated and the level of performance expected of residents in the achievement of these objectives.

2. Evaluation must meet the specific requirements of the specialty or subspecialty as set out in the Specific Standards of Accreditation and be compatible with the characteristic being assessed.

   2.1 the program must formally assess knowledge using appropriate written and oral examinations as well as direct observation.

   2.2 clinical skills must be assessed by direct observation and should be documented.

   2.3 attitudes should be assessed by such means as interviews with peers, supervisors, allied health personnel, and patients and their families.

   2.4 communication skills should be assessed by direct observation of resident interactions with patients and their families, and colleagues and by scrutiny of written communication to patients and colleagues, including clinical and scientific reports, particularly consultation letters to referring physicians where appropriate.
2.5 residents should be assessed for their performance, including interpersonal skills, in collaborating with all members of the patient care team and in the wise use of consultations with other professionals.

2.6 teaching skills should be assessed by written student evaluation and by direct observation of the resident in seminars, lectures and case presentations.

3. there must be formative feedback to the resident that is honest and will benefit the successful meeting of goals and objectives. Formal feedback sessions should occur regularly, as soon as possible after an assessment has been made. There should also be regular feedback to residents on an informal basis.

4. a Final In-Training Evaluation Report (FITER) must be provided by the program to the College for each resident who is eligible to sit the examinations of the College.
B. The College of Family Physicians of Canada

The principles of resident evaluation for Family Medicine residents are contained in the Standards for Accreditation of Residency Training Programs "Red Book" (section C II) which is extracted below.

Resident Evaluation

Each residency program must have an integrated evaluation system that:

1. focuses on the teaching and learning of the four principles of family medicine and the specific educational objectives of the program.
2. supports self-directed learning.
3. provides valid documentation of residents' competence.
4. is conducted in a fair manner.

Organization

Each program should identify a person, or persons, who will have the responsibility of coordinating resident evaluation. This responsibility will include:

1. preparing evaluation summaries for each resident at the conclusion of the program.
2. preparing a statement of successful completion of training for conveyance to the CFPC at the conclusion of the resident's training.
3. providing residents with details of the process for appealing evaluations.
4. promptly reviewing or referring residents with one or more borderline unsatisfactory evaluations from any rotation, and discussing possible opportunities for remediation.
5. promptly referring any appeal, with all background information, to the Postgraduate Dean.
6. participating in planning faculty development, as it relates to evaluation.

7. appointing a faculty advisor to help each resident:
   
i) understand the four principles of family medicine.
ii) reflect on program choices to be made.
iii) understand evaluation feedback.
iv) set and revise learning objectives.
v) define career plans.

**Resident Responsibility for Learning Objectives**

Residents should be encouraged to take major responsibility for directing and monitoring their own learning. This should begin with the setting of objectives that reflect:

1. the four principles of family medicine (encompassing the more specific program objectives).

2. each resident's own strengths and weaknesses and personal career goals.

**These objectives should guide both:**

1. residents' overall program choices, such as electives, teaching practice selection, and both block time and horizontal experiences.

2. their experiences within each elective, required block, or horizontal assignments.
Documentation of Competence

Residents' performance in each horizontal or block learning experience should be evaluated in terms of each of the four principles of family medicine.

A supervisor should be identified for each horizontal or block learning experience. This supervisor should:

1. meet with residents and discuss objectives and evaluation at the start of the experience.

2. ensure that the evaluation contains both qualitative and quantitative data.

3. ensure that the evaluation is based on regular and repeated sampling related to objectives. There must be:
   - a variety of methods (direct observation, review of records, discussion of cases, etc.)
   - different skills addressed (e.g. history, physical examination, procedures)
   - different patients and clinical problems

4. discuss the evaluation with the resident at the midpoint of experiences to review progress made, identify deficiencies and establish remedial plans, especially when performance is at an unacceptable or failing level.

5. complete a final written evaluation for that experience.

6. discuss this final evaluation with the resident with an opportunity for the resident to record his/her agreement, disagreement, or comments.

7. submit the evaluation signed by the resident and evaluator to the evaluation coordinator within a reasonable and defined period of time.
Process of the Evaluation of Residents at Queen's University

1.1 Time of Evaluation

- Regular and timely evaluations should occur throughout the rotation and ongoing verbal feedback is an important component of an effective evaluation strategy.

- Written evaluations will occur at regular intervals, at a minimum at the end of each rotation (i.e. at least every six months).

- Preparation of the evaluation reports is the responsibility of the Rotation Supervisor or delegate.

- Evaluations are the responsibility of the Program Director and the Residency Program Committee (RPC) and evaluation of residents and residents' evaluation of the program should be a standing agenda item for RPC meetings.

- At the beginning of each rotation the Rotation Supervisor should meet with the resident and outline:
  - duties, responsibilities, expectations
  - structure of the relationships of the team and resident role in the health care team
  - evaluation tools, timing of the formal evaluation
  - learning objectives for the rotation

- A midpoint evaluation should be documented in writing. Residents should be made aware of any concerns as early as possible in the rotation to provide opportunity for correction.

1.2 Completion of End of Rotation Evaluations

- At the end of the rotation, based on the rotational objectives, an end of rotation evaluation (ITER) should be completed within a reasonable time frame. A form specific for the rotation/program may be used, or the standard faculty form may be used. A narrative which describes the strengths and
weaknesses identified may be included and will be a part of the evaluation. The evaluation should be signed and dated by the resident and the rotation supervisor. The resident's signature indicates only that the resident has read the report. The resident may append a note indicating that he/she disagrees with the evaluation. If the report is not signed, an explanatory note will be appended. The resident bears some responsibility for ensuring that the evaluations are completed in a timely fashion, and that he/she has received feedback, signed the evaluation and has been provided the opportunity of providing an evaluation of the rotation. Incomplete or unsigned evaluations may not be acceptable to the credentialing college.

- Copies of ITERs and FITERs will be retained in the resident's file in the Department Office and in the Office of the Associate Dean, Postgraduate Medical Education.

1.3 Confidentiality

- ITERs are confidential documents. Access should normally be restricted to the Program Director (or delegate), the Residency Program Committee, the Associate Dean, and the resident him/herself and are for the purposes of promotion and progress, except in the case of university appeals, Royal College or CFPC proceedings or appeals, CPSO proceedings, or required pursuant to legal process. External certification and licensing bodies may access the files upon request with the consent of the resident and the Associate Dean. In general, evaluation information about a resident should not be transmitted from one supervisor to another. Under certain circumstances, such as those which might relate to issues of patient safety, or significant weaknesses in resident performance, evaluation information might be disclosed by a Program Director in consultation with the Associate Dean. Information regarding specific learning objectives created to assist a resident with individual weaknesses may also be discussed between supervisors, the Associate Dean and the Program Director to ensure ongoing evaluation of improvement and progress in the identified area(s).

1.4 Incomplete Rotations

- In order to meet pedagogical requirements, a resident should not miss more than 1/4 of a rotation due to illness, leave, holidays etc. A rotation which
includes less than 3/4 of the expected time commitment, may be considered incomplete. An incomplete rotation should be completed, the duration of which is determined by the nature of the experience and the need for continuity of the clinical experience. For any clinical rotation, the Program Director in consultation with the Rotation Supervisor will determine whether or not the clinical experience of the resident was sufficient for meaningful evaluation.

1.5 Ongoing Progress Reports

- A progress report for each resident will be prepared by the Program Director at a minimum frequency of every six months. This evaluation will be a summary of the resident's performance over the preceding six month period and will be presented and discussed at the Residency Program Committee. The resident will meet with the Program Director at least every six months to review the evaluations to date, discuss strengths and weaknesses identified and discuss strategies to correct weaknesses. Career counselling may also take place at these six monthly reviews. A narrative report will be prepared by the Program Director of the nature of the review and decisions taken. A copy of the report shall be sent to the resident.

1.6 Promotion

- Promotion of a resident to the next academic level occurs if all rotation periods during the academic year have been completed with satisfactory overall or global performance evaluations. The decision to promote will be made by the Associate Dean, upon the recommendation of the Program Director.

1.7 Evaluation Terminology

- In-Training Evaluation Reports are completed for residents in each rotation. It is to be noted that the terminology used in the Royal College program ITER differs from that of the Family Medicine program ITER.
The terms which are deemed to be equivalent for the purpose of evaluation are:

<table>
<thead>
<tr>
<th>Royal College ITER</th>
<th>Family Medicine ITER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceeds</td>
<td>Exceeds Expectations</td>
</tr>
<tr>
<td>Fully Meets or</td>
<td>Meets Objectives</td>
</tr>
<tr>
<td>Meets Adequately</td>
<td></td>
</tr>
<tr>
<td>Meets Marginally</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Fails to Meet Expectations</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>Global Performance</td>
<td>Overall Evaluation</td>
</tr>
</tbody>
</table>

1.8 **Satisfactory Evaluations**

- Subject to 1.9, a satisfactory evaluation is defined as any evaluation having a global performance/overall evaluation rating of “exceeds, fully meets, or meets adequately/exceeds expectations, or meets objectives”.

1.9 **Unsatisfactory Evaluations**

- An unsatisfactory evaluation is defined as any evaluation having a global performance/overall evaluation rating of “fails to meet expectations/unsatisfactory” or, three or more single items marked “fails to meet expectations/unsatisfactory”.

- If the resident receives an unsatisfactory evaluation the Program Director will send a copy of the evaluation to the Associate Dean. For a single rotation, this may mean a repeat of the rotation or remedial program or both.

- The remedial program will be developed by the Program Director and the Rotation Supervisor of the program providing the rotation with the participation of the resident.
• The Associate Dean will be advised of the outcome of the remedial program.

• If the remedial program is satisfactory, the resident proceeds in the program.

• If the result of the remedial program is “fails to meet expectations/unsatisfactory”, the resident proceeds to probation.

The resident may appeal an unsatisfactory evaluation only concerning the process of the evaluation according to the Appeals Procedures of the Faculty of Health Sciences. Academic judgments are not subject to appeal. (Refer to appeals section in this document).

2.0 Borderline Evaluation

• A borderline evaluation will be assigned if a resident has a global performance/overall evaluation of “meets marginally/needs improvement” or has 5 or more single categories marked as “meets marginally/needs improvement”.

• The Program Director and/or the Associate Dean may recommend that a resident repeat or have a remedial program.

• Two borderline evaluations in one academic year necessitate a remedial program.

The resident may appeal a borderline evaluation as indicated above.

2.1 Remediation and Probation

A remedial or probationary program will be designed to address the specific weaknesses identified with the participation of the resident. Specific goals and objectives for the remedial or probationary rotation will be developed.

Remediation

• Remediation is a program designed to assist the resident in correcting his or
her deficiencies.

- Remediation may follow the receipt of one unsatisfactory or borderline evaluation in a rotation

- Remediation will be implemented if there is an unsatisfactory or borderline evaluation in two rotations in one academic year

- The remedial program outline should include:
  - identified areas to be remediated
  - expected outcomes of remediation
  - nature of the remedial program
  - time frame for the remedial program
  - outline of the evaluation techniques to be used
  - consequences of an unsatisfactory remedial program

**Probation**

A probationary program is a program designed to assess specific aspects of resident performance and should include:

- identified areas of weakness requiring probation and methods for their evaluation
- the location and duration of the probationary program
- expected outcomes of the probationary program
- consequences of the successful completion or failure of the probationary program

A resident will be placed on probation for any of the following reasons:

i) unsatisfactory or borderline evaluation in a remedial rotation

ii) upon recommendation of the Residency Program Committee and/or the Program Director for any reason pertaining to academic progress or clinical skills which fails to meet expectations or is unsatisfactory, or any serious issues relating to professionalism or substantial absence from the program.
iii) upon recommendation of the Associate Dean for Postgraduate Medical Education, for any reason pertaining to academic progress or clinical skills which fails to meet expectations or is unsatisfactory, or any serious issues relating to professionalism or substantial absence from the program.

iv) a resident may be on probation for a period of up to one academic year subsequent to the commencement of the probation. The probationary period may or may not count towards the duration of training required for certification by the credentialing college. Progress to the next level of training will depend upon successful completion of the entire probationary period.

2.2 Remedial or Probationary Program

- During a remedial or probationary rotation any leaves of absence and all holiday requests must be approved by the Program Director.

- The remedial or probationary program may or may not count towards the duration of training required for certification by the credentialing colleges. Progress to the next level of training will depend upon the successful completion of the entire remedial period.

- The resident who successfully completes a remedial or probationary program will not be given academic credit for the successful remedial or probationary period and will continue in the residency program out of phase. Under exceptional circumstances, a Residency Program Committee may recommend that credit be given for the remedial or probationary period. This must be approved by the Associate Dean for Postgraduate Medical Education.

2.3 Unsatisfactory or Borderline Remedial or Probationary Program

- One unsatisfactory or borderline evaluation during a remedial period shall require the resident to proceed to a probationary period.

- One unsatisfactory or borderline evaluation during a probationary period shall require the resident to withdraw from the program.
2.4 **Withdrawal from Program if Two Probationary Periods During the Residency**

- A resident may be placed on probation on only one occasion during his/her residency. If a resident requires further probation, the resident must withdraw from the program. This regulation applies even when a resident changes from one program to another program.

2.5 **Emergency Situation**

- A Clinical Supervisor and or the Rotation Supervisor may request of the Program Director that the resident be suspended if patient care and safety are jeopardized, or in the case of drug or substance abuse, inappropriate patient/physician interactions, unethical behaviour, unprofessional conduct, negligence or criminal activity.

- The Program Director will consult with the Associate Dean.

- If the Associate Dean is of the opinion that the circumstances so require, the Associate Dean will notify the resident that he/she is suspended with pay, pending an urgent investigation to be conducted by the Associate Dean or his/her designate.

- The Associate Dean or delegate shall conduct an investigation including a review of the resident's academic record and make a determination regarding the resident's on going status in the program.

2.6 **Requirement to Withdraw**

The events leading to requirement to withdraw are:

- an unsatisfactory or borderline evaluation during a probationary rotation

- circumstances described in 2.4
• a finding of behavior in which patient care and safety are jeopardized, or a finding of drug or substance abuse, inappropriate patient/physician interactions, unethical behaviour, unprofessional conduct, negligence or criminal activity.

Requiring a resident to withdraw occurs after review of the entire academic record and recommendation by the Associate Dean, Postgraduate Medical Education.

The resident will be notified in writing, by the Associate Dean, Postgraduate Medical Education.
Appeals Process
Postgraduate Medical Education
Queen's University
September 2005

Appeals concerning the service component and other areas as outlined in the PAIRO-CAHO contract should be directed through the Professional Association of Interns and Residents of Ontario.

The following appeals process applies to decisions regarding the process of educational reappointment, promotion, suspension, requirement to withdraw, unsatisfactory evaluations, probation, remediation or decisions regarding emergency situations. Academic judgments are not subject to appeal.

In-training evaluation reports (ITER) and final in-training reports (FITER) may be appealed only as to issues of process and not with regard to academic judgments and academic decisions.

**Route of Appeal:**

There will be an emphasis on informal resolution.

The route of appeal should be to the individual above the decision maker. The following are the individuals to whom appeals may be taken depending on the circumstances:

1. Residency Program Director
2. Residency Program Committee
3. Associate Dean, Postgraduate Medical Education
4. Dean, Faculty of Health Sciences, Queen's University or Delegate

**Notice of Appeal:**

In proceeding with any of the preceding routes of appeal, notice of appeal must be given to the appropriate person or group in writing within 14 days of the decision that is being appealed. A further extension of 14 days may be granted at the request of the resident and with the agreement of the Residency Program Director in any instance.

The recipient of the notice of appeal must respond in writing within 14 days of the receipt of the notice of appeal.
Appeal Process at Program Committee Level:

Appeals from the Residency Program Director will be directed to the Residency Program Committee. The appeal process at the Residency Program Committee level will be determined by the individual Program Committee.

The appeal will be heard in confidence. The resident may be accompanied by an advisor, however that advisor may not be a participant in the presentation or discussion of the appeal.

Appeal Process at the Level of Associate Dean, Postgraduate Medical Education:

Upon the receipt of a written appeal by a resident, the Associate Dean of Postgraduate Medical Education may hear the appeal or may appoint a committee with the Associate Dean as chair. It shall consist of no less than three and not more than five members. These will be composed of one resident (minimum) and other members will be faculty members appointed from clinical departments but not programs with which the appellant has been associated.

Appeals to the Dean

Further appeals to the Dean may be heard by the Dean or may be referred by the Dean to the Faculty of Health Sciences Student Appeal and Discipline Board according to the procedures laid out in that Board's documents.

Relevant Documents in an Appeal at any level will include:

1. the PAIRO-CAHO contract, which outlines grievance procedures under section 8.  http://www.pairo.org/
5. Objectives of Training and training requirements for individual programs
7. Regulated Health Professions Act.
8. The Medicine Act.

(Evaluation Promotion and Appeals-Revised September 2005)
As Approved at November 24, 2005 PGME Committee Meeting
The School of Medicine Council January 17, 2006
and Faculty Board February 2, 2006