



McGill

Faculty of
Medicine and
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PGME Learners' Assessment Guidelines

PREAMBLE

Assessment refers to a process of gathering evidence in order to make decisions regarding learners' level of attainment of educational goals. In the clinical learning environment, the goals are defined through rotation objectives. The major purposes of assessment include: A) understanding how learners are progressing; B) understanding the effectiveness of teaching; C) making inferences about learners' attainment of competencies; and D) informing decisions about learners' promotion and certification.

Assessment can be used for formative or summative purposes. **Formative assessment** is an ongoing process used to gather information about learners' performance. It can happen both formally and informally generating information about learners' progress in achieving intended instructional goals and clinical training objectives (purpose A), and feedback for teachers about their instruction (purpose B). **Summative assessment** refers to methods used to decide about the cumulative overall level of learners' knowledge, skills and attitudes (competencies) judged at the completion of an educational unit (purpose C) or at the end of a program of training (purpose D).

The process of assessment encompasses five phases: 1) designing and developing assessment tools, 2) gathering information on performance using a variety of assessments, 3) generating assessments, 4) reporting feedback to learners and teachers, so learners' strengths and areas of improvement are identified; and 5) continuously reviewing and revising assessment methods. Generating trustworthy assessment information partly depends on the characteristics of the tools being used, as well as in the knowledge and skills of assessors who use them. Ensuring the strength of these qualities will also contribute to the provision of meaningful and timely feedback to learners, and in the robustness and comprehensiveness of the information provided to promotions and/or competency committees to make well-supported decisions about the promotion of learners.

No single assessment tool can provide sufficient and comprehensive information about learners' level of competence. Instead, a **program of assessment** that encompasses a variety of complementary assessment methods, purposefully selected and/or designed in order to better capture performance and to provide and generate feedback to learners should be used. The program of assessment should include both include formative and summative assessments.

McGill University residents in either *The Royal College of Physicians and Surgeons of Canada* (RCPSC) or the *College of Family Physicians of Canada* (CFPC) programs need to be regularly assessed both formally and informally. In Postgraduate Medical Education (PGME), learning takes place mainly in the clinical setting. Hence, assessment of learning is most frequently designed to capture performance in the workplace-based context. At the same time, it needs to be recognized that other forms of learning take place that focus on learners' acquisition of knowledge. These learning contexts also require creating assessments.

Examples of assessments created in PGME include: In Training Evaluation Report (ITER); Entrustable Professional Activity (EPA) Forms; Field Notes; Direct Observation Checklist (e.g., Mini-CEX; GOALS, STACER); Indirect Observation Forms; Rubrics; Written Examinations; Multisource Feedback Forms; reflection exercises; Assessment Forms from Simulation Activities.

The following guidelines inform the creation of assessments in PGME:

1.1. Assessments should be aligned with curricular goals and educational objectives.

Every residency program has a specific set of goals and educational objectives that should guide assessment. The goals and objectives for the Royal College of Physicians and Surgeons of Canada (RCPSC) programs are specific to the stage of training, cover the CanMEDS competencies and reflect the program's required training experiences. The Family Medicine programs have developed level specific goals and objectives that reflect the CanMEDS-FM competencies identified in the College of Family Physicians of Canada (CFPC) Triple C Curriculum.

1.1.1. Assessments should be designed to measure expected goals and objectives specific to each learning experience (e.g., clinical rotation, research rotation, elective rotation).

1.2. Assessments should be designed to adhere to established principles of high-quality assessment design.

High-quality assessments generate high-quality information. As such, assessments should be purposeful (designed with intention to meet the needs of learning experiences); effective (provide meaningful information to learners, and programs); fair (evidence supporting its use, absence of bias, accessible to all); defensible (justifiable to stakeholders); and transparent (openly communicated with learners and programs).

1.3. Individual assessments should be articulated within a program of assessment.

Given the complexities of workplace-based learning, multiple assessment methods are required to provide meaningful information to learners to advance their education, and to offer competence and promotions committees with trustworthy information to make sound educational decisions.

1.4. Each residency program is responsible for the creation of assessments in collaboration with the PGME office.

Creating assessments begins in residency programs where content expertise resides, thereby identifying *what* needs to be assessed. The PGME office supports the creation of assessment tools by providing both logistical and educational resources to ensure the quality of the assessments.

1.4.1. The program director of each residency program is responsible for creating assessment forms for residents completing off-service rotations.

1.5. Programs need to comply with assessment guidelines created by the RCPSC or CFPC (e.g. Standards of Accreditation for Residency Programs).

The RCPSC and the CFPC provide guidelines for the assessment of learners that can be used to inform assessment in each residency program.

	<p>1.5.1. Residency programs are responsible for the implementation and use of assessment forms developed and mandated by RCPSC and CFPC assessment forms (e.g., EPAs). The PGME office provides educational and logistical support in these processes.</p>
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Learners should be assessed on their performance both formally and informally. Formal assessments include completion of assessment forms (documented) for both formative and summative purposes. Informal assessments include conversations, coaching and questioning based on observations of performance.

2.1. Residents should be assessed during and at the end of their learning experiences.

- 2.1.1. Frequent assessments of learners are highly encouraged during their learning experiences. These assessments can take the form of: mid-rotation assessments (e.g., interim forms; contributor forms); direct observation assessment (e.g., checklists); informal feedback; field notes.
- 2.1.2. At the end of each learning experience, residents should be assessed in order to generate summative information. At the end of each **rotation**, an ITER need to be completed for each resident. An ITER should include: a) descriptors of performance organized according to the CanMEDS or CanMEDS-FM framework; b) Global assessment of competence and progress; and c) Narrative comments.
- 2.1.3. In CBD-transitioning programs, EPA forms also need to be completed during learning experiences. EPA forms complement residents' assessment generated from ITERs (creating a program of assessment).

2.2. Anchor points on an ITER are used to distinguish between learners' level of performance.

The four anchor points on an ITER are: Unsatisfactory, Borderline; Satisfactory; and Superior. Additionally, an option exists to select 'unable to judge'.

Unsatisfactory should be selected when learners are failing to achieve the minimum requirements specific to their level of training when there are major weaknesses and concerns with learners' performance. *Borderline* should be selected when residents are not achieving minimal expected standards of performance specific to their level of training. *Satisfactory* should be selected when learners have successfully met the goals and objectives of the learning experience at their level of training. *Superior* should be selected when residents surpass the expected standard of performance at their level of training. *Unable to judge* may be selected when the assessor does not have sufficient information to make a reliable decision about the learner's level of performance.

2.3. On an ITER, the Global assessment of competence uses the same anchor points as those used for the descriptions of performance (see 2.2) with the exception that 'could not judge' is substituted with 'incomplete'.

Incomplete should be selected when more than twenty-five per cent of the learning experience is not completed irrespective of the reason, e.g., illness, leave of absence. A detailed definition of *incomplete* is provided in Articles 3.15 and 3.16 of the Assessment and Promotion document.

<https://www.mcgill.ca/pgme/current-trainees/policies-procedures>

2.4. An assessor, identified by the residency program director (e.g., head evaluator, site director), should be responsible for ensuring that enough assessment information has been generated for residents to make a summative decision about their performance.

- 2.4.1. The residency program director may also identify senior trainees as assessors for formative assessments.

2.5. Timeliness is paramount for generating assessment information that is beneficial to all stakeholders.

- 2.5.1. The duration of a typical rotation is four weeks; at the end of which it is expected that all residents are assessed for summative purposes. In the cases of longitudinal rotations (longer than four weeks

and up to twelve months), summative assessment information, using ITERs, should be generated at least every every three months.

2.6. Assessors should review their completed assessments to ensure that there is consistency between their use of scales (e.g., rubrics, checklists) and narrative comments on any individual assessment form.

Assessments should identify the gap between learners' current level of knowledge and skills, and a desired level of attainment. Feedback provided to learners describes this gap by identifying their strengths and areas for improvement.

3.1. Assessors should ensure that learners receive feedback following every documented assessment.

3.2. Assessment feedback should focus on learners' performance, and avoid any reference to specific patients and their data, peers, other health professionals, or any other hospital personnel.

3.3. Assessors should deliver feedback to learner as soon as possible following an assessment to maximize the positive impacts of feedback on learning.

Feedback may be delivered both orally or in writing. Following direct observation of learners, assessors may note aspects of performance that they wish to comment on immediately. Other feedback may be delivered following documented, formal assessments.

3.4. Feedback should be provided such that it is clear, and easily understood by learners.

Documented assessments may have multiple audiences (learners, program directors, promotions/competence committees). As such, when completing assessment forms, assessors should be mindful of the different audiences for the assessment information.

3.5. Feedback from summative assessments and promotions decisions should be communicated with learners. Learners' acknowledgement of the receipt of assessment information should be documented.

Summative assessment and promotions decisions should be communicated in a clear and transparent way to learners, so they have the opportunity to reflect on the feedback, assimilate it, and if necessary, ask for clarification.. Learners are expected to acknowledge the ITERs when they are available on the assessment platform, as a way to verify that they have read the assessment information. The acknowledgement of the assessment implies neither agreement nor acceptance on the part of the learner. All meetings of the Competence Committee should be minuted (as per accreditation standards).

3.6. In the case where learners are identified as performing at either unsatisfactory or borderline levels, efforts need to be made to document feedback that includes narrative comments specifying areas for improvement.

3.7. Any assessment of performance deemed as *Unsatisfactory* or *Borderline* should be flagged to alert the Program Directors and their delegates, and the PGME promotions' administrator.

Learners who are not progressing towards attaining competence as expected should be identified such that appropriate educational supports are provided to assist their learning and progress. Details about this process are included in the Assessment and Promotions document

<https://www.mcgill.ca/pgme/current-trainees/policies-procedures>

3.8. Academic advisors and/or program directors should meet periodically with learners to review their learning progression and assessments reports.

It is advised that these meetings occur at least twice annually.

4. DECISION MAKING	<p>The combination of assessments provide information about learners' attainment of competence. This assessment information is used to make a variety of decisions about learners' educational progress. These decisions impact learners at all stages of their training resulting in both low- and high-stakes outcomes.</p> <p>4.1. Assessments should be used to make decisions about learners' progression and quality of teaching. Assessment of learners provides information to track and monitor learning; at the same time, Program Directors and Competence Committees may use the feedback to augment the quality of the learning experiences and teaching to develop and/or improve educational strategies to foster learners' attainment of educational goals and objectives.</p> <p>4.2. Assessments should be used to make promotions decisions. For detailed information regarding guidelines on promotions, remediation and probation, processes refer to the document, Assessment and Promotions document https://www.mcgill.ca/pgme/current-trainees/policies-procedures</p>
5. CONTINUOUS QUALITY IMPROVEMENT	<p>Assessments are part of the cycle of education which encompasses curriculum and teaching. In order for assessments to provide meaningful, trustworthy information regarding learners' attainment of competence, they need to be continuously reviewed, and revised to reflect any changes to residents' learning experiences including (but not limited to): curriculum, educational frameworks, allocation of resources, programming decisions, guidelines from governing bodies (e.g., RCPSC, CFPC, CMQ). Additionally, trustworthiness of assessments is also related to validity evidence that supports their use.</p> <p>5.1. Program directors should facilitate an ongoing process of review and revision of assessments. Residency Program Committees should establish a systematic process to review their assessments to evaluate their alignment with curricular goals and objectives. In addition, programs should examine the necessity of adding new assessment methods to better capture learners' progression and performance levels.</p> <p>5.2. Validity evidence should be gathered to provide evidence supporting the quality of assessments and the extent to which they generate meaningful information about learners. The extent to which an assessment provides meaningful, trustworthy decisions about learners is provided by evaluating multiple types of validity evidence such as: consistency of raters' use and interpretation of assessment tools; comprehensiveness of assessments to measure relevant aspects of residents' learning; and quality of feedback generated for learners. Gathering validity evidence and using it to improve assessments has the potential to yield meaningful assessment information and trustworthy results.</p>

6. ACCESS TO LEARNERS' INFORMATION	<p>Access to learners' assessment information is privileged and as much as possible should remain confidential and limited to select individuals. Access to this information may be granted upon considering the: i) benefits for advancing individual learner's education; ii) use of the information to evaluate the effectiveness of the curriculum, and track trends in learners' progression; iii) necessity of the information to make decisions (e.g., promotion); and iv) logistical needs of learners and programs (e.g., scheduling, report preparation).</p> <p>6.1. Access to learners' assessment information should be limited to a select group of individuals to: a) preserve learners' confidentiality and privacy; and, b) use the information for the maximum benefit of learners' educational experience.</p> <p>6.1.1. Residents should have access to all documented assessments of their learning experiences.</p> <p>6.1.2. Associate Dean, Program Directors, and their delegates, should have access to the assessment information of learners under their purview.</p> <p>6.1.3. Competence/Promotions/Appeal committees should have access to learners' assessment information in order to make relevant decisions.</p> <p>6.1.4. Senior administrative, student affairs, and residency program coordinators should have access to learners' assessment information for the purposes of compiling the data and creating reports.</p> <p>6.1.5. Managers of the technology systems should have access to uncompleted forms to assist with creation and activation of assessment forms. They should have access to completed forms only in an aggregated format for the purposes of creating reports.</p> <p>6.1.6. Access to learners' assessment information by third parties should only be granted on a case-by-case basis, upon the University's receipt of learners' written consent. Details about this process are included in the Verification of Training documentation: https://www.mcgill.ca/pgme/verification-training</p>
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History: Since onsite accreditation visit 2019

FPGEC:

- Approved: 2018-12-12
- Reviewed and updated by Dr. Elizabeth Hazel and Carlos Gomez-Garibello 2024-09-11

Central PGME policies take precedence over all program-specific policies.