

Queen's University Postgraduate Medical Education Faculty Assessment and Rotation Evaluation Policy

Purpose

Queen's Postgraduate Medical Education (PGME) program evaluation policy outlines processes and procedures for the collection, aggregation, and sharing of information gathered from residents about the quality of teaching and learning in residency programs. Standard Queen's PGME assessment and evaluation forms must be distributed by all programs and serve as school-wide indicators for our continuous quality improvement process.

Definition of Terms

Academic Advisor

CBME/Triple C Academic Advisors (AA) are faculty members who are directly responsible for supervising and supporting residents with their progression through residency training.

Associate Dean, Postgraduate Medical Education

Appointed by the Principal of Queen's University, is the senior faculty officer responsible for the overall conduct and supervision of postgraduate medical education within the faculty. The Associate Dean, Postgraduate Medical Education (PGME) reports to the Vice-Dean Education.

Department Head

Refers to highly qualified individual who serve simultaneously as the Head of the University academic department and also as the Head of the respective Clinical department of the Hospitals.

Faculty Members

Refers to members of the School of Medicine in the Faculty of Health Sciences.

Program

An accredited Residency Training program in the School of Medicine, Faculty of Health Sciences at Queen's University.

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.

The Program Director may delegate responsibility for resident activities at distributed sites.

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 colleges are met; this includes recruitment of residents, assessment of residents and on-going program evaluation processes.

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Rotation

A period of time a Resident is assigned to a clinical or research service, for which there are specifically defined learning objectives. These periods of time may be in the form of block rotations, normally not shorter than 1 block and not longer than 6 blocks. Blocks are defined as four-week periods of time. The PGME academic year is composed of thirteen blocks, each of which commences on a Tuesday. Alternatively, a Resident may be involved in a different curriculum model incorporating horizontal clinical or research experiences into longitudinal clinical experiences (ALE: Alternative Learning Experience). The term Rotation includes an ALE.

1.0 Data Collection

- 1.1 It is the Program Director's responsibility to ensure Queen's Standard PGME forms (faculty assessment & rotation evaluation) **are** distributed electronically to every resident at the end of each rotation or at minimum, after 6 months of an alternative learning experience.
- 1.2 It is the Program Director's responsibility to ensure Academic Advisor (AA) assessment forms **are** distributed electronically to every resident.
 - 1.2.1 For all Royal College programs this should occur following every AA meeting.
 - 1.2.2 For the Family Medicine program this should occur annually.
- 1.3 Standard Queen's PGME forms **must** be distributed to all residents. This requirement does NOT preclude the use of program specific forms. However, completion rates will be monitored centrally to evaluate the impact of multiple forms (e.g., PGME wide & program specific).
- 1.4 Flagging function **must** be activated for responses falling below the mid-point of the response scale on all evaluation forms (e.g., Disagree, Strongly disagree)
- 1.5 Residents may opt to make faculty assessments immediately accessible to faculty once this MEdTech feature is operational.

2.0 Access to Raw Data

- 2.1 Access to raw faculty and AA assessment data **will normally** be limited to the Department Head or delegate(s) and the Associate Dean of PGME or delegate(s).
- 2.2 Access to raw rotation evaluation data **will normally** be limited to the Department Head or delegate(s), Residency Program Committees, and the Associate Dean of PGME or delegate(s).
- 2.2 Notifications for flagged items **must** be forwarded to the Department Head or delegate(s) and the Associate Dean of PGME or delegate(s) for review.

3.0 Aggregation and Sharing of Data

- 3.1 It is the responsibility of the Department Head or delegate(s) to aggregate data collected from residents registered in the program.
- 3.2 The Department Head or delegate(s) **must** ensure information that could be linked to a resident is removed from summary reports prior to sharing.

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- 3.3 Only those summary reports that include aggregated data from a **minimum of 5** assessment forms should be shared. In cases where fewer than 5 forms are available, extra caution and discretion must be exercised to ensure resident confidentiality before sharing.
 - 3.3.1 De-identified data **may** be shared once a resident has completed a program to afford smaller programs the opportunity to engage in the quality improvement processes.
- 3.4 Summary reports for faculty members **within** a program (Teaching Report: CORE) **must** be generated on an annual basis at minimum* and reviewed by the Department Head or delegate(s) as a component of the annual performance review process.
- 3.5 Summary reports for **faculty members** teaching in **off-service rotations** (Teaching Report: OFF-service) **must** be generated on an annual basis at minimum* and forwarded to the faculty member and his/her Department Head or delegate(s).
- 3.6 Summary reports for **core rotations** (Service Report: CORE) **must** be generated on an annual basis at minimum* and reviewed by the Department Head or delegate(s) (e.g., Program Director or delegate(s) and Residency Program Committee or delegate subcommittee).
- 3.7 Summary reports for **off-service rotations** (Service Report: Off-service) **must** be generated on an annual basis at minimum* and reviewed by the Department Head or delegate(s) (e.g., Program Director or delegate(s) and Residency Program Committee or delegate subcommittee). These must also be forwarded to the Department Head or delegate(s) for that service. (Subject to adjustment once new MEdTech functionality is available)
- 3.8 Summary reports for academic advisors (AA Report) **must** be generated on an annual basis at minimum* and reviewed by the Department Head or delegate(s) (e.g. Program Director, Site Director) as a component of the annual performance review process or continuous quality improvement process (e.g., distributed sites).

* Where sufficient data affords confidentiality to residents – see item 3.3 & 3.3.1.

4.0 Confidentiality

- 4.1 Assessment and Evaluation forms are confidential documents. Access is normally restricted to the Department Head or delegate(s) and the Associate Dean of PGME or delegate(s).
- 4.2 Residents completing assessment and evaluation forms must be assured confidentiality in order to promote the honest documentation of experience.

5.0 Flag Notifications

- 5.1 The notification of a flagged item will trigger a comprehensive review process.
 - 5.1.1 Teaching and academic advisor flags will be reviewed by Department Head or delegate(s) and the Associate Dean of PGME or delegate(s)
 - 5.1.2 Service flags will be reviewed by Department Head or delegate(s)

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Appendix A:

Standard Queen's Postgraduate Medical Education Evaluation Questions

Response Scale

All Standard Queen's PGME faculty assessment and rotation evaluation questions must use the following 4-point Likert type scale to facilitate the aggregation of data across programs:

(1) Strongly disagree, (2) Disagree, (3) Agree, (4) Strongly agree

* The option of 'not applicable' (N/A) must be provided

Queen's Standard Faculty Assessment Questions

This faculty member:

1. Served as a role model of the kind of doctor I want to be (e.g., knowledgeable, professional, empathetic)
2. Demonstrated respect for others (e.g., learners, colleagues, & patients)
3. Offered useful feedback about my performance
4. Adjusted his/her teaching activities to my level of experience
5. Used 'how', 'when', and 'why' questions to probe my understanding and rationale for actions
6. Increased the scope of my independent responsibilities gradually and in line with my level of training, ability/competence, and experience during this CORE rotation. (NOTE: Please select N/A for off-service rotations).
7. Open-ended feedback:

Sharing your feedback: (once MEdTech functionality is fully developed)

Your faculty supervisors are asking for timely feedback in order to improve their teaching and the quality of your rotations in the future.

Please click here if you agree to send this feedback immediately to your supervisor. Yes no

Queen's Standard Rotation/learning experience Evaluation Questions

1. The orientation for this rotation/learning experience was adequate
2. Learning objectives for this rotation/learning experience were made clear to me
3. Expected standards of performance were discussed with me
4. I received regular feedback about my performance
5. The education to service ratio was reasonable
6. There was adequate supervision on this rotation/learning experience
7. There was a good **variety** of learning opportunities
8. There was sufficient **volume** of learning opportunities

Open-ended:

9. What did you like most about this rotation//learning experience?
10. How could this rotation/learning experience be improved?

Queen's Standard Academic Advisor Assessment Questions

My Academic advisor:

1. Reviewed my performance information prior to our meeting
2. Prompted me to compare my self-assessment with documented performance information (e.g., encounter cards, field notes, etc.)
3. Discussed discrepancies between my self-assessment and performance information
4. Helped me summarize and clarify my strengths and weaknesses

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5. Helped me develop a learning plan for the next learning cycle
6. Suggested resources/strategies to help me achieve my learning goals
7. Open-ended feedback: