

Policies and Procedures for In-Training Evaluation & Evaluating Examination

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(formerly known as Part 1 examination)

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Introduction

The policies and procedures for In-Training Evaluation of Resident is a detailed manual outline the position of Kuwait Institute for Medical Specialization in regards to resident evaluation during structured training program that it supervises.

The purpose of this policy and procedure manual is to:

1. Provide *minimum requirement* for the evaluation practices throughout the postgraduate medical education programs at KIMS
2. Ensure *consistent* evaluation practices among postgraduate medical education programs KIMS mission.

The following outline a summery of the policy:

- Each resident registered in a specialty and subspecialty-training program will be evaluated using a generic *In-Training Evaluation Form* at the end of the rotation.
- The evaluation is based on *CanMEDS competencies* and the Objectives of the Rotation provided to the resident upon joining the training program and/or beginning of the designated rotation.
- *The resident* will be given a copy of the evaluation form at the beginning of each rotation to hand to the clinical tutor.
- The *clinical tutor* should complete the evaluation form and discuss the evaluation with the resident.
- The clinical tutor should hand the completed signed evaluation form to *the site coordinator* who is in turn sends the evaluation form to the program director.
- *The program director* should provide a feedback to each resident about his performance regularly.
- The program director should prepare *In-Training Evaluation Report* for each resident Annually based on the evaluation forms.

The In-training Evaluation Form is a property of KIMS and completed forms will be kept in secure until the ITER report is generated. The ITER will be kept until the Final In-Training Evaluation Report (FITER) is generated. The FITER will be kept for 5 years after the resident complete the training program.

Section 1: General Information

In-training evaluation of resident at KIMS is a *continuous process* by which the resident is monitored to ensure that he/she achieved targeted objectives of the rotation and overall training program goals.

In-training evaluation consists of direct observation of resident at clinical rotation by clinical tutors and site supervisors using generic *In-training Evaluation Form* as an assessment tool. The tool is based on CanMEDS competencies of medical expert, communicator, collaborator, scholar, manager, health advocate and professional. In addition, the evaluation includes *In-training Examination*. This may consist of written and practical component.

In-training evaluation is used to provide an objective feedback to the resident performance as well it is utilized toward the Final In-training Report (FITER), which is a pre-requisite toward the certifying examination.

1.1. Definitions

Resident: A physician enrolled in a training program recognized by KIMS and registered at the Office of Training and Examination at KIMS for the training year.

CanMEDS: A Physician Competency Framework describes the knowledge, skills and abilities that specialist physicians need for better patient outcomes. The framework is based on the seven roles that all physicians need to have, to be better doctors: Medical Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar, and Professional.

1.2. Objective of In-Training Evaluation

The main objectives of the In-Training Evaluation are to:

- 1.2.1. Measure the resident progress through the training using standardized tool.
- 1.2.2. Identify are of strength and area of improvement for each resident in accordance with level of training to help to achieve objective of training.
- 1.2.3. Identify resident with difficulties and the specific area of weakness.
- 1.2.4. Measure program ability to achieved targeted goals and objective of training.

- 1.2.5. Provide longitudinal data about resident performance toward his/her Final In-Training Evaluation Report (FITER).

1.3. Component of In-Training Evaluation

Evaluation must:

- o Meet the specific requirements of the program
- o Be compatible with the characteristic being assessed
- o Be based on the goals and objectives of the program
- o Clearly identify the methods by which residents are to be evaluated
- o Identify the level of performance expected

The In-Training Evaluation consists of:

- 1.3.1. In-Training Evaluation Report based on end of rotation evaluations during the year of training

- 1.3.2. In-Training Evaluation Examination conducted by the training program

Section 2: Policy & Procedure on In-training Evaluation

The Policy

- It is the program director responsibility to ensure that all resident in the program are evaluation no longer than 2 weeks (14 days) from the last day of the rotation.
- The program director must ensure that all resident have the objective of each rotation prior to joining the rotation.
- The program director must ensure that all clinical tutor and site supervisor have the objective of the rotation.
- It is the clinical tutor responsibility to discuss with the resident verbally at the mid-rotation using the provided form.
- It is the resident responsibility to ensure that he/she receives written evaluation at the end of the rotation using the provided form and no longer that 2 weeks (14 days) after finishing the rotation.
- It is the clinical tutor responsibility to complete the provide form and discuss the evaluation with the resident.
- Both the clinical tutor and the resident must be signed and date the evaluation form.
- It is the site coordinator responsibility to collect all completed evaluation forms and send them to the program director.
- The program director must provide face-to-face feedback to the resident based on the completed evaluation form at least twice yearly.
- Unsatisfactory completion of two rotations or more in one year requires activation of the remediation policy by the program director within 4 weeks (28 days) of receiving the evaluations.
- A rotation where the summative assessment of resident performance is unsatisfactory will be deemed an unsatisfactory rotation. In addition, a resident may be deemed to have failed to meet the criteria for a rotation with any of the following:
 1. An unsatisfactory evaluation in any domain of the rotational In-Training Evaluation report (ITER).

2. Documentation that a resident, regardless of their clinical performance during the rotation, has not satisfied accepted standards of ethical and professional behavior

The Procedure

1. Provide the resident, site supervisor, clinical tutors of the objective of rotation and the evaluation form at the beginning of the rotation.
2. At mid-rotation (e.g. *2 weeks of 4 week-rotation*), the clinical tutor will provide a verbal feedback on resident performance based on the objective of the rotation and evaluation form.
3. At the end of the rotation and no longer than 2 weeks (14 days), the clinical tutor will provide a written evaluation based of the objective of the rotation and evaluation form.
4. Both the clinical tutor and the resident will sign and date the evaluation form.
5. The clinical tutor will hand the evaluation form to the site coordinator.
6. The site coordinator will hand the evaluation for to the program director no longer than 2 weeks (14 days) to the program director.
7. The program director will keep all resident evaluation in secure place.
8. If the resident had two unsatisfactory rotations, follow the remediation policy.
9. The program director will provide the resident with a verbal feedback to the resident twice per year.
10. The program director will prepare In-Training Evaluation Report based on evaluations of the rotation with/without In-Training Examination annually.
11. When a resident has fully met the expectations for the level of training for all rotations during the year and has successfully met the program-specific criteria for that year, he/she will be promoted to the next academic level in the same program.
12. An overall score of 3 (meet expectation) and higher (4 above expectation, 5 exceed expectation) is considered a successful completion of rotation.

13. An overall score of 1 (unsatisfactory) or 2 (below expectation) is considered unsuccessful completion of rotation. A specific reason(s) has to be documented by the clinical tutor if such score is noted. If more than 2 areas competencies are scored 1 or 2 in respective of the overall score, remediation needs to be implemented.

Section 4: In-Training Evaluating Examination

Please note that the following programs will have **Principle of Surgery** (POS) Examination and NOT In-Training Evaluating Examination: **General Surgery, Orthopedics Surgery, Urology, Obstetric and Gynecology, Neurosurgery and Otolaryngology (ENT)**.

Please note that this section is NOT applicable to: Family Medicine, Dentistry and Radiology training programs.

4.1. Role of Examinations

In-training Evaluating Examination or Part 1 Exam is an in-training evaluation examination **and** a prerequisite for Final Exam for Residency Programs.

4.2. Eligibility for Examinations

Resident who has:

1. Two successful ITERs of initial two years of residency training &
2. Completion of minimum 21 months of residency training

The list of eligible candidate will be issued by the program director and sent to the Office of Postgraduate Education.

4.3. Examination frequency, postponement and effect

In-training Evaluating Examination or Part 1 examination is conducted twice every academic year for all eligible candidates in March and September. Exact dates of exam will be announced by the Postgraduate Office at least 6 months in advance.

When a resident is listed as eligible by the Program Director for Part 1 exam then the resident can only be postpone the exam based on a valid reason (for e.g., medical reasons) approved by the relevant authority and KIMS Appeals Committee.

A resident cannot start Year 4 of training without successfully passing Part 1 exam.

4.4. Examinations Format

KIMS examinations incorporate written component that may include MCQs, SAQs or other examination methods (e.g. glass slide review etc.)

Information about the examination format of each Residency must be communicated 6 months in advance to the candidates every academic year by the Program Director.

4.5. Candidates with Special Needs, Conditions or Disabilities

KIMS shall accommodate candidates with special needs, conditions or disabilities, except where such accommodation would not impose undue hardship on Postgraduate Office. Applicants with special needs, conditions or disabilities that require particular consideration must notify in writing to the Postgraduate Office at the time of registration for exams.

4.6. Examinations Language

KIMS examinations are offered in English. Candidates must ensure that they have reasonable fluency in English.

4.7. Declaration of Results

KIMS Postgraduate Office will be disclosed to the candidates, individually and confidentially.

4.8. Exam Attempts

Residents shall be allowed two attempts to Part 1 Exam. Residents must get an approval from the Appeal Committee in order to get a third attempt.

In addition,

1. The resident is allowed to progress in the program after the first attempt.
2. If the resident fails the second attempt, he/she will go through a period of remediation and shall not be promoted to the next level of training.
3. If the resident fails the third and final attempt, he/she will be dismissed from the training program.

Appendix A: **CanMEDS Competencies Framework**

Appendix B: **In-Training Evaluation Form**

Appendix C: Evaluation Flow Chart