



## RESIDENCY TRAINING PROGRAMS

### Resident Assessment Policy

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#### 1 Purpose

- 1.1 This policy outlines the process and rules and regulations that oversee assessment of residents to evaluate their performance, progress and competency skills.

#### 2 Scope

- 2.1 This policy applies to all residents in all residency training programs. It is the professional responsibility of each resident to be familiar with the contents of this document.

#### 3 Process of Assessment

- 3.1 The resident is to be informed of the performance expectations of each component of the program prior to the start of the component and residents should receive regular feedback based on a comparison of their progress to their set objectives and their continuing performance.
- 3.1.1 The Program Director meets with each resident on a one-to-one basis twice a year and is advised by the Program Director on how to meet the objectives of the program's elements.
- 3.1.2 The Program Director will conduct an assessment and provide feedback within 28 days of the resident completing the program element.
- 3.1.3 Residents will be assessed using specific tools that will meet the requirements of CanMEDS, including as appropriate, observations, formal examinations (written, oral, clinical and/or national standard), rotation assessments and evaluations ITERs, Competence Committee review etc. The Competence Committee will meet and review each CBD Trainee's progress in achieving the required competencies at least twice per year.
- 3.1.4 The assessment must be on the specified goals and objectives and the required competencies of the resident, taking into consideration the resident's increasing responsibilities.
- 3.1.5 Assessment feedback should be concise and highlight the resident's strengths and areas for improvement, while providing advice on how to implement these improvements.



- 3.1.6 Residents are responsible for reviewing all feedback, both oral and written, and taking the appropriate action.
- 3.1.7 Oral and written feedback from the resident can be used to support decisions related to remediation, probation, and dismissal.
- 3.1.8 A Summative Performance Review will be produced through the e - portfolio which will include at a minimum:
- The resident's current CBD stage of training
  - A summary of the EPAs that were achieved by the resident or are in progress for that stage of training.
  - The summative assessment of progress, for example, "progress as expected", "concerns about progress", "failure to progress" etc. and the justification for that assessment.
  - Specific recommendations to enable the resident to make improvements, as required.

Once an assessment is complete, the results must be made available to resident in a timely manner.

- 3.1.9 If deficiencies are identified through the assessment, the resident should be informed in a timely manner so that the resident can review the assessment and take the appropriate action, including initiating the appeal process, if so desired.
- 3.1.10 If a resident has performance deficiencies, feedback and discussions can take place while the resident in the rotation, as part of the assessment or discussed face-to-face with the resident. The resident should be advised of any deficiencies in his/her performance so that the resident has the opportunity to take remedial action before the rotation ends.

**3.2** The Rotation Assessment is used at the end of a rotation for the final assessment of residents. Residents will be assessed using specific tools that will meet the requirements of CanMEDS, including as appropriate, observations, formal examinations, rotation assessments and evaluations ITERs etc.

- 3.2.1 Each program will determine the type of tools used in the assessment of a rotation.
- 3.2.2 The Program Director and the Program Director's personnel are responsible for ensuring that evaluations are completed within 28 days of completion of a rotation.
- 3.2.3 For a resident to be assessed, the resident should not be absent for more than 25% of the rotation.
- 3.2.4 If a rotation is deemed as being incomplete due to absences, the nature of the absences should be considered. The Program Director determines the validity of the absences, and if deemed valid, the time required to compensate for the absences for a meaningful assessment to be conducted.
- 3.2.5 When assessing residents, supervisors are expected to take into consideration the training level of the resident, the goals and objectives of the rotation, and the required competencies of the resident.
- 3.2.6 The RPC is responsible for determining if a resident has met the goals, objectives, and required competencies of the rotation.



- 3.2.7 If a resident has an unsatisfactory or borderline assessment result on any of the skills assessed, it results in the resident not meeting the goals and objectives of the rotation.
- 3.2.8 The RPC must advise the resident immediately if the resident does not receive a passing grade.
- 3.2.9 It is the responsibility of the resident who receives written feedback which highlights a performance deficiency to meet with the Program Director to discuss the evaluation and identify remedial steps.
- 3.4 It is the responsibility of the Program Director to consolidate the information obtained as part of the rotation assessment, part of which are the reports obtained from the experienced practitioner who supervised the resident during the rotation period. Any mid-rotation evaluations and other types of feedback must also be taken into consideration.
- 3.4.1 All assessments should be reviewed by the resident in a timely manner.
- 3.4.2 When reviewing a rotation evaluation, both the Program Director and the resident must sign the evaluation at the time the review takes place and make the appropriate arrangements for follow up with the Program Director.
- 3.4.3 When a resident is requested to sign a rotation evaluation, this indicates that the resident has read the evaluation and does not necessarily indicate that the resident agrees with assessment results.
- 3.5 When the Residency Program Committee meets to discuss a resident's assessment, the resident is not present.
- 3.5.1 The Residency Program Committee will determine whether the committee's resident representatives should be present during the discussion of another resident's assessment.
- 3.6 If a resident has an unsatisfactory assessment or feedback, the Residency Program Committee will define this as a performance deficiency.  
The Program Director must be informed if a resident shows deficiencies in his/her performance.  
A written record of all deficiencies reported either in writing or verbally to the Program Director or the Residency Program Committee should be maintained. Documentation must be made available to support a significant deficiency or repeated minor deficiencies.
- 3.6.1 A resident may fail a rotation if the performance deficiencies are not corrected, which may ultimately lead to remediation, probation or dismissal.
- 3.6.2 If a performance deficiency is related to a serious concern for patient safety, it will result in the resident failing the rotation.

#### **4 Types of Assessment**

- 4.1 • Specific tools that will meet the requirements of CanMEDS, including as appropriate, observations, formal examinations (written, oral, clinical and/or national standard), rotation assessments and evaluations ITERs, Competence Committee review etc will be used in resident assessment. The Competence



Committee will meet and review each CBD Trainee's progress in achieving the required competencies at least twice per year.

- Ongoing informal discussions with the resident concerning the level of performance and progress will take place during the daily rotations. As part of these discussions, the resident will receive recommendations on how to improve or correct any deficiencies in their performance.

## **5 Mid-Rotation Feedback**

- 5.1 Documented mid-rotation feedback may be provided in the form of an evaluation or other written format. Absence of documented evaluations and feedback may result in the resident being unsuccessful in the rotation.
  - 5.1.1 In order to pass a rotation, residents have to address any deficiencies highlighted in the mid-rotation feedback and evaluations.
- 5.2 If a rotation exceeds a period of 12 weeks, the Program Director must have a face-to-face meeting with the resident and provide documented comments on the resident's performance. Ideally, this meeting should take place in the middle of the rotation so that the resident has the opportunity to rectify deficiencies.
- 5.3 If a rotation is for a period less than 12 weeks, it is preferable for the Program Director to have a face-to-face meeting with the resident and provide documented comments on the resident's performance. Ideally, this meeting should take place in the middle of the rotation so that the resident has the opportunity to rectify deficiencies.
  - 5.3.1 For rotations of 12 weeks or less, a resident must be provided with documented feedback mid rotation in the following circumstances.
    - 5.3.1.1 The resident's performance is persistently deficient in the current rotation
    - 5.3.1.2 The resident is on a remediation program
    - 5.3.1.3 The resident is on probation

## **6 Rotation Assessments**

- 6.1 The residency programs have rotations of differing lengths. It is the responsibility of each program to define the length of its rotations.
- 6.2 Rotation Assessments are collated, summative (pass/fail) assessments completed at the end of a rotation.
  - 6.2.1 If daily assessments or different types of assessments are used, a process must be in place to consolidate the results of these assessments as part of the rotation assessment.
- 6.3 Once a resident completes a rotation, a Rotation Assessment has to be completed within 28 days.
- 6.4 The Residency Program Committee will evaluate and determine the final outcome of the rotation assessment. In doing so, the committee can permit changes in the weighting of the elements of the rotation. This will depend on specific factors, such as the type and length of clinical elements, the types of activities during the rotations, and any other factor the committee deems to be a consideration.



Therefore, a resident may fail a rotation as a result of a single negative assessment or a small number of negative assessments, even though the remaining assessments are positive.

- 6.5 It is recommended that the Program Director holds a face-to-face discussion with the resident within 28 days of the completion of the rotation if during the rotation, deficiencies were identified. (See Section 4.3.3)
- 6.6 If a resident fails a rotation, the Program Director will have a face-to-face discussion with the resident within 28 days of the completion of the assessment.
- 6.7 If a resident is absent, due to sickness or other special circumstances, before a meeting takes place, the meeting can be rescheduled but must take place no later than 28 days after the resident returns to duties.
- 6.8 A rotation is classified as incomplete if the resident completes less than 75% of the rotation or its elements.

## **7 Other Assessment Tools**

- 7.1 Assessment tools may include but are not limited to examinations, courses, logbooks, portfolios, presentations and other reviews at the discretion of the Residency Programs Committee.

## **8 Failed Rotation**

- 8.1 If a resident fails a rotation due to failure to meet the overall objectives of the rotation, this must be noted on the rotation assessment as either “failed” or “unsatisfactory”.
- 8.2 The Residency Program Committee has the discretionary powers to determine whether a resident will be deemed to have “failed” as a result of a performance deficiency related to patient safety issues or concerns.
- 8.3 Either the Program Director or the Residency Program Committee or its subcommittee will make the decision on whether a resident has failed a rotation.
- 8.4 If a resident fails a rotation, the resident must be advised within 28 days of the completion of the rotation assessment. The rotation supervisor or the program director should hold a face-to-face meeting with the resident to advise him/her of the failure. Within 28 days of being notified, the Program Director must hold a meeting with the resident to discuss the failed rotation.
- 8.5 When a resident fails a rotation, the Residency Program Committee will determine the course of action, which could include repeating a rotation, remediation, probation and/or an extension of training. Whatever is decided by the Residency Program Committee, the Associate Dean should be notified.
- 8.6 If a resident fails a rotation but passes the other rotations within the same post graduate year level, the Residency Program Committee, at its discretion, can allow the resident to advance to the next level. However, the resident may be requested to repeat the failed rotation.
- 8.7 Granting an extension to a resident so that training can be completed may have an impact on promotion and/or the date of graduation.
- 8.8 The Residency Program Committee will formally review the performance of a resident if the resident fails to obtain a “pass” in two or more rotations with a 12-



month period. The Residency Program Committee will consider the appropriateness of placing the resident on probation.

**9 Instructions – Disclosure of Performance Deficiencies**

- 9.1 Residents may experience difficulties, either professional or personal, during their training. All those involved should maintain their professional approach and maintain confidentiality regarding the circumstances of the resident. Therefore, it is essential that discretion, professionalism, and compassion are shown to those residents, in addition to using objective criteria when assessing the resident.
- 9.2 The experiences that a resident is exposed to should be appropriately selected in order to ensure patient safety and meet the needs of the resident and his/her goals.
  - 9.2.1 Program Directors can in exceptional circumstances inform educational leaders of the difficulties a resident is facing in order to provide appropriate support to the resident in the areas that are deficient and to ensure patient safety.
  - 9.2.2 When information related to a resident’s circumstances is shared, it does not infer any bias towards the assessment of the resident. Such information is shared with the intent of supporting the resident and providing opportunities for the resident to succeed.

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