

CBD-ITER Final Template – October 25, 2016

Important Notes:

Some programs have revised the ITER to reflect some of the concepts of CBD. For the purposes of this document these are referred to as CBD-ITER. It is one assessment tool that will form part of the larger picture of the Resident's overall performance. **It is recommended that programs only use the CBD-ITER for their HOME rotations given the faculty development that will have to take place prior to its implementation. Programs who elect to use the CBD-ITER will have to ensure that their faculty and residents understand the key concepts, particularly the rating scale.**

Process:

1. Programs who are planning to use the CBD-ITER are hopefully underway in developing their CBD-ITER's.
2. PGME will be developing a survey collection tool – similar to the lime survey – to collect the elements. This should be available by mid-November; deadline end of December.

Guidelines:

The same guidelines for regular ITER's apply to the CBD-ITER:

- ITERs must be integrated as one assessment method within the residency programs' in-training evaluation system which must be based on the goals and objectives of the program and clearly identify the level of performance expected of residents in the achievement of these objectives.
- ITERs should be of reasonable length. Faculty are more likely to complete an ITER properly if it is not too lengthy. PGME is recommending the number of items to be evaluated be restricted to between 3 – 4 items per section.

They should reflect an explicit and integrated mapping of rotation specific goals and objectives. Objectives should be based on level of training (i.e. appropriately varying expectation between years of training and/or development from junior to senior trainees). It is recognized that it is complex and there may be rationale to support the necessity for numerous items to be evaluated.

Many of these evaluations were written at a time when we wanted to include all CanMEDS competencies we now know that not all competencies need to be evaluated for all rotations.

While the whole program MUST cover each CanMEDS role over the course of the residency program, it is not recommended that all of the 7 roles are included each rotation/training block. Rather, each rotation or training block should select on 2 or 3 roles (i.e. including Medical Expert) so that for those 2 or 3 roles can be the focus of specific clinical learning/teaching/evaluation. A 'best practice' in program documentation is the use of a program curriculum map where each rotation or training block explicitly outlines the 2 or 3 roles (i.e. including Medical Expert) where there will be specific clinical learning/teaching/evaluation and the integrated plan across the residency program is clearly articulated. Based on the 'mapping' ITERs can also focus on those 2 (or 3 roles), each with 2-4 ratings. The other roles would be monitored on the ITER through the inclusion of 1 criterion each using the suggestions below.

The form below is a sample form only.

MEDICAL EXPERT

	Below level 1	Level 1 (Novice)	Level 2 (Beginner)	Level 3 (Intermediate)	Level 4 (Advanced)	Level 5 (Competent)
History Taking		Elicits a history that informs the diagnosis, but misses relevant information, unable to filter pertinent positives or negatives		Focused and concise, prioritized data gathering synthesized into specific diagnostic considerations		Accurate and relevant history, targeted and efficient. Prioritizes and synthesizes information for complex or uncommon presentations
Physical Examination		Performs appropriate physical examination, misinterprets key findings, not an organized approach		Accurate and focused, identifies problems relevant to problem formulation, organized approach		Highly organized, efficient and focused and based on differential diagnosis, identifies subtle and unusual findings that influence clinical decision making
Clinical Decision Making		Limited differential diagnosis, able to develop initial management plan for common problems with assistance		Prioritized and relevant differential diagnosis for common relevant problems, organized approach to work-up and management		Develops complete and relevant differential diagnosis, including complex or uncommon conditions. Efficient and effective plan for work-up and management tailored to the individual patient

COMMUNICATOR

	Below level 1	Level 1 (Novice)	Level 2 (Beginner)	Level 3 (Intermediate)	Level 4 (Advanced)	Level 5 (Competent)
Oral Communication		Delivers impression and plan but lacks organization and some key point missed. Delivers information to families and other health care professionals, some gaps in consistency and clarity.		Effectively conveys clinical impression and plan. Develops scripts to approach most difficult communication scenarios and is able to mitigate most physical, cultural and social barriers to communication. Clearly conveys information that is relevant to families and other health professionals.		Intuitively manages difficult communication scenarios. Effectively synthesizes and conveys information that is relevant to the condition to families and other health care professionals with appropriate focus and modification based on the setting.
Written Communication		Organizes information in appropriate sections within written medical records and dictations, occasionally not concise and some irrelevant information		Document clinical encounters in an accurate, complete, and timely manner. Develops clear consultation that effectively conveys clinical impression and plan to primary physician and other professionals.		Successfully uses consultation and clinic letters to address concerns of referring physicians and provide education regarding patients and their condition.

COLLABORATOR

	Below level 1	Level 1 (Novice)	Level 2 (Beginner)	Level 3 (Intermediate)	Level 4 (Advanced)	Level 5 (Competent)
Collaboration with inter-professional healthcare team		Formulates a clinical question for another consultant but lacks some clarity. Identifies roles of other team members, but does not recognize how or when to use them as resources. Avoids or inadvertently contributes to inter-professional conflicts.		Asks meaningful questions to guide the input of other specialists. Carefully considers recommendations from all team members. Understands the roles and responsibilities of team members and partners well with them to provide care. Demonstrates consistent and respectful approach to inter-professional conflicts.		Requests consultations and tests with clear understanding of questions being asked. Integrates well with other members of the inter-professional team and efficiently coordinates activities to optimize the care. Manages discordant recommendations from multiple consultants. Prevents, negotiates and resolves inter-professional conflicts effectively.

LEADER

	Below level 1	Level 1 (Novice)	Level 2 (Beginner)	Level 3 (Intermediate)	Level 4 (Advanced)	Level 5 (Competent)
Set priorities and manages time		Organizes patient care responsibilities and focuses care on problems as they arise but lacks prioritization		Prioritizes patient care responsibilities and anticipates future needs. Organizes and manages time appropriately, unless patient volume is high or there is a perception of competing priorities.		Serves as role model of efficiency. Actively prioritizes responsibilities to proactively prevent interruptions that can be anticipated and to multi-task effectively and safely for interruptions that are unavoidable.
Allocates health care resources for optimal patient care		Suggests ordering too many or too few investigations.		Identifies medically appropriate investigations for children in an ethical and resource-effective manner.		Allocates health care resources for optimal patient care

HEALTH ADVOCATE

	Below level 1	Level 1 (Novice)	Level 2 (Beginner)	Level 3 (Intermediate)	Level 4 (Advanced)	Level 5 (Competent)
Advocacy		Attends to the medical needs of patients. Demonstrates active desire to take good care of patients and to act in their best interests.		Identifies and appropriately responds to individual patient issues. Promotes safety in home. Gives accurate information with respect to presenting problem.		Picks up on even subtle cues from family to identify issues that may impact the patient's well-being and effectively acts on opportunities for advocacy and health promotion. Models desire to have impact beyond the individual patient, clinic and/or hospital.

SCHOLAR

	Below level 1	Level 1 (Novice)	Level 2 (Beginner)	Level 3 (Intermediate)	Level 4 (Advanced)	Level 5 (Competent)
Self Directed Learning		Create a learning plan in collaboration with a designated supervisor and others as needed, identifying learning needs related to their own discipline and career goals.		Develops individualized learning objectives based on specific interests, needs, and learning style. Actively seeks opportunities to meet objectives. Demonstrates understanding of own performance and both welcomes and incorporates feedback.		Create a learning plan, incorporating all CanMEDS domains, targeting residency program completion and the transition to practice. Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice.
Evidence-Gathering		Inconsistently reads material that is readily available to learn more about common problems in pediatric patients. Does not ask questions or access literature or previous knowledge when developing management plans.		Consistently reads around patients seen during the rotation and consults resources beyond readily available materials. Displays active questioning, analysis and application of evidence in developing rationale for care plan.		Addresses clinical scenarios based on current and prior experiences and approaches identified knowledge gaps by accessing multiple evidence resources. Displays elaborate questioning and critical analysis of complex care evidence in developing rationale for patient management.
Facilitate the Teaching of Others		Demonstrate basic skills in teaching others, including peers. Completely teacher-centered; focused on perception of what needs to be taught rather than the learning needs of the students.		Exhibits some learner-centered teaching behaviors, but remains mostly teacher-centered. Able to identify a few of the discrete qualities of effective teaching behaviors. Teaching methods and repertoire are expanding.		Choose appropriate content, teaching format, and strategies tailored to a specific educational context. Consistently demonstrates a learner-centered approach to teaching. Understands and seeks new information regarding teaching and learning. Seen as a dedicated teacher.

PROFESSIONAL

	Below level 1	Level 1 (Novice)	Level 2 (Beginner)	Level 3 (Intermediate)	Level 4 (Advanced)	Level 5 (Competent)
Professional and ethical practice		Exhibit honesty and integrity with patients, peers, physicians, and other health care professionals. Recognize and respect boundaries. Demonstrate sensitivity to issues		Manage complex issues while preserving confidentiality. Intervene when behaviours toward colleagues and learners undermine a respectful environment.		Lead and advise on professionalism and professional behaviour. Lead initiatives that promote respectful work environments.

aspects of practice.		concerning diversity with respect to peers, colleagues, and patients. Consistently maintain confidentiality in the clinical setting, while recognizing the special limitations on confidentiality				
Recognize and respond to ethical issues encountered in practice.		Describe principles and theories of core ethical concepts. Identify appropriate ethical concepts to address ethical issues encountered during clinical and academic activities		Manage ethical issues encountered in the clinical and academic setting.		Advise on complex ethical issues in practice. Teach and assess the management of ethical issues in clinical practice.

OVERALL COMPETENCE (FOR LEVEL OF TRAINING)

Please check the appropriate box for the overall competency for this resident for his or her level of training.

Incomplete	Unsatisfactory	Provisional Satisfactory	Satisfactory

1. Was a mid-rotation assessment done?

a. Yes No

2. If yes, was the mid-rotation:

Incomplete	Unsatisfactory	Provisional Satisfactory	Satisfactory

3. Was input sought from other faculty, allied health team members, patients and families?

a. Yes No

4. If yes, whom:

5. What other sources were used to base this assessment (eg field notes, daily assessment card, mini-cex etc.)

SUMMATIVE COMMENTS: (any item evaluated above or below a 3 must include comments, including examples to justify the rating)

FORMATIVE COMMENTS: Please provide 1- 2 items for resident to work on to progress along the competency continuum.

Final